COVID-19, the Flu, and Zika: Considerations for Pregnancy in the Winter Travel Season

It's that time of year again, when the holidays invite family gatherings, and colder, shorter days make us long for sunny destinations. Yes, the winter travel season is upon us! Remember winters past when COVID-19 wasn't around and we'd never heard of Zika? When we didn't give much thought to health concerns related to hopping on a plane or going to busy holiday venues? Things are different now. If you're pregnant, you might pause before booking airline tickets or RSVPing "yes" to that extended family reunion. Take a moment to consider the possible risks associated with your plans, and how you might reduce them (by taking precautions) or eliminate them (by making alternate plans instead). Here are a few things to think about:

COVID-19:

Try as we might, we can't escape it or wish it away. We are, in fact, still in the middle of a pandemic, with new variants appearing and cases still rising and falling unpredictably in most places. Traveling on public transportation (such as airplanes, ships, trains, subways, taxis, and ride shares) can make getting and spreading COVID-19 more likely. So can being in crowded indoor spaces, especially if not everyone in those spaces is fully vaccinated against COVID-19 and/or wearing a mask. Having COVID-19 in pregnancy can increase pregnancy risks such as stillbirth and preterm delivery. So, how can you eliminate or reduce your chance of exposure to the virus?

- **Avoid public transportation.** If you must travel, using your own vehicle with members of your own household is the safest bet. Using drive-thrus or packing your own food to stop and eat along the way is safer than eating in crowded restaurants full of other holiday travelers.

- If you must travel on a plane or use other public transportation, **wear a well-fitting mask** the whole time (this is required), **stay at least 6 feet away** from other travelers when possible, and **wash your hands**/use an alcohol-based hand sanitizer frequently. Most importantly, make sure you're **fully vaccinated** before you travel, including getting a booster dose when you're eligible.

- Did I mention making sure you're **FULLY VACCINATED** before travel? It's the single best way to reduce the chance of getting very sick if you're exposed to the virus that causes COVID-19. Pregnancy and being very sick don't go well together, so this one is really, really important, whether you're traveling or not. MotherToBaby has helpful resources on the COVID-19 vaccines and booster shot, and you can contact us to talk through any questions or concerns you may have about getting the vaccine.

- Even if you're fully vaccinated, you might still consider **wearing a mask indoors** during holiday gatherings (and elsewhere), especially if you're getting together with people from different households coming from different places. If everyone else at the gathering also wears a mask indoors, even better.

- Find more tips and information about safer holiday celebrations and travel in the time of COVID at this link: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/holidays/celebrations.html.

Influenza (the Flu):

Flu season carries its own risks for people who are pregnant. Like COVID-19, having the flu during pregnancy increases the chance of being very sick compared to people who aren't pregnant. Many of the same precautions that apply to COVID-19 apply to the flu as well:

- **Get the flu shot.** Like the COVID-19 vaccine, the flu shot can be given at any time during pregnancy, and can even be given at the same time as a COVID vaccine or booster. The sooner you're vaccinated, the sooner you and your pregnancy will have good protection against becoming very sick from the flu. And (bonus!) getting vaccinated in pregnancy may pass some protective antibodies to your developing baby.
- **Avoiding public transportation and crowded indoor spaces** will also reduce your chance of exposure to the flu virus. **Washing your hands frequently**/using an alcohol-based hand sanitizer is also an excellent flu prevention technique.

Zika:

Yes, Zika is still around. There are no known "outbreaks" of Zika anywhere in the world at this time, but there is ongoing, low-level, sporadic transmission in some places. Having Zika during pregnancy increases the chance of serious and lifelong effects for a developing baby. There is no vaccine against the Zika virus.

- The safest course in pregnancy (or if you're trying to conceive) is to **avoid travel** to places with a chance of exposure. Unfortunately, it's virtually impossible now to know the exact risk of being exposed to Zika in any given country, but if you must travel, you can use the CDC's Zika map to help you plan.
- If you travel,**use insect repellent** and take other precautions to help avoid mosquito bites, such as wearing long sleeves and pants. If your partner travels with you, take steps to **avoid sexual transmission of Zika**. If you're planning a pregnancy, follow the recommended wait times (2 months for women, 3 months for men) before trying to conceive.

Other infections:

If you're considering international travel, there may be other infections to consider, such as malaria and foodborne illnesses. You might also need other vaccines, so be sure to review the current vaccine recommendations for your

destination. Some vaccines can be given during pregnancy, but it's a good idea to check with your healthcare provider or contact MotherToBaby to discuss the risks and benefits of specific vaccines as you're deciding about travel.

Medical concerns:

Other travel considerations include the increased chance of blood clots during travel if you're pregnant, and where you will receive medical care in case of unexpected preterm labor or another medical emergency. Before any travel, be sure to talk with your healthcare provider about any additional considerations that are specific to you and your pregnancy.

Given all these considerations, if you're pregnant you might decide this year is a good one to enjoy low-key holidays at home and save the travel for another time. However you decide to spend the season, we hope it's safe, healthy, and happy!

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, December 2, 2021.

COVID-19, the Flu, and Zika: Considerations for Pregnancy in the Winter Travel Season

By MotherToBaby, a service of the Organization of Teratology Information Specialists (OTIS)

Why should pregnant women care about influenza? Isn't Zika a bigger deal?

The second you get pregnant, the advice starts coming in from everyone. No eating unpasteurized cheese (Listeria!), don't change the cat litter (Toxoplasmosis!), and definitely don't travel to South America (Zika!). While these are all

valid concerns, influenza tends to get forgotten, and dismissed as “just the flu.” The Influenza virus may not make sensational headlines, but it’s a serious problem every year, and pregnant women are especially vulnerable to this infection.

In 2009/2010, the United States (U.S.) experienced a flu pandemic. The flu hit the public hard, and many pregnant women were hospitalized. The U.S. saw higher rates of admission to intensive care units for pregnant women, and 109 pregnant women died from confirmed or suspected flu infection. In comparison, Zika virus, which received much media attention and continues to be a source of great concern for many pregnant women, rarely results in hospitalization and has not resulted in any maternal deaths.

5 Quick Flu Facts:

- The flu is a risk year-round, and is not limited to a particular area of the country.
- Changes with the immune system, heart, and lungs put pregnant women at an increased risk of developing serious complications from the flu, such as respiratory distress. Pregnant women who get the flu are also much more likely to be hospitalized, and can even die from influenza complications.
- Fever is a common flu symptom. Research shows that an untreated high fever early in pregnancy can result in an increased risk for a certain class of birth defects known as neural tube defects (spina bifida is one example).
- Being very sick from the flu can increase the risk of pregnancy complications such as miscarriage and preterm delivery.
- For pregnant women looking to ensure the healthiest start to life for their little one, influenza is an important infection to be aware of, and to try to prevent.

Is it too late to get a flu shot? It’s January, isn’t flu season over?

It’s never too late to get a flu shot! Flu season can start as early as October, and runs as late as May some years. However, research shows that the highest number of flu cases each year usually occurs in February. While vaccine effectiveness can vary from season to season, the flu vaccine is thought to reduce the risk of illness by about 50% to 60% when the flu viruses that end up circulating in the community closely match the viruses included in that year’s vaccine. Even during years when the flu vaccine is not a good match, it is still thought to provide some protection against the flu. If you haven’t received this year’s flu vaccine yet, talk to your health care provider as soon as possible.

10 Quick Flu Vaccine Facts:

- The best way to avoid getting the flu virus is to receive the flu vaccine.
- Women who are planning a pregnancy and women who are currently pregnant are strongly encouraged to get the seasonal flu shot as early as possible during the flu season.
- There is no known risk from getting the flu shot during pregnancy. The seasonal flu shot is an inactivated virus vaccine, which means that it won’t cause you to get sick with the flu.
- Pregnant women are asked to avoid the live attenuated flu vaccine (also called the nasal spray vaccine) as it contains a tiny amount of weakened live virus.
- There is no trimester during pregnancy when the flu shot has to be avoided.
- Studies of thousands of women who have received the flu shot just before or during pregnancy have found no increased risk for birth defects.
- Studies have found that when pregnant women get the flu shot, their baby is born with protection against the flu for anywhere from 2 to 6 months after birth.
- Most women who receive the flu shot will not experience any problems.
- A small number of individuals who receive the flu vaccine may experience soreness/redness/swelling at the injection site, headache, fever, nausea and/or muscle aches. Reassuringly, these symptoms are usually mild and go away on their own within a few days.
- Anyone with a severe, life-threatening allergy to any of the vaccine ingredients should talk with their health care provider before getting the flu vaccine.

Is there anything else I can do to avoid the flu?

In addition to getting vaccinated, healthy habits can further reduce your risk of getting the flu. Avoid close contact with other individuals who are sick. If you're caring for someone with the flu (like a partner or a child), make sure to clean and disinfect common surfaces that may be contaminated with germs. Wash your hands frequently with soap and water. Cover your mouth and nose while coughing or sneezing, and practice good health habits like staying well hydrated and eating nutritious food.

If you develop symptoms of the flu, you should contact your health care provider as soon as possible. When indicated, antiviral medications may be prescribed (ideally within 48 hours) to lessen flu symptoms and reduce the risk of serious illness.

MotherToBaby is a suggested resource by many federal agencies including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration's (FDA) Office of Women's Health, and HRSA, and provides the most up-to-date information. More than 100,000 women and their health care providers seek information about birth defects prevention from MotherToBaby every year. Additionally, MotherToBaby conducts observational research studies in order to contribute more information to the published literature about a variety of exposures. To be connected with a MotherToBaby expert, please call (866) 626-6847, text questions to (855) 999-3525 (standard messaging rates might apply) or visit www.MotherToBaby.org.

REFERENCES:

Flu Shot Effectiveness: https://www.cdc.gov/flu/about/qa/vaccineeffect.htm
Flu Prevention: https://www.cdc.gov/flu/protect/habits.htm
Peaks In February: https://www.cdc.gov/flu/about/season/flu-season.htm
MTB Flu Shot Fact Sheet: https://mothertobaby.org/fact-sheets/seasonal-influenza-vaccine-flu-shot-pregnancy/
MTB Flu Fact Sheet: https://mothertobaby.org/fact-sheets/seasonal-influenza-the-flu-pregnancy/
MTB Antiviral Fact Sheet:
https://mothertobaby.org/fact-sheets/antiviral-medications-treatprevent-influenza-the-flu-pregnancy/
Flu Shot Side Effects: https://www.cdc.gov/flu/protect/vaccine/general.htm
Flu Shot Protects Baby: https://www.cdc.gov/features/pregnancyandflu/index.html
CDC Illness/Death Stats: https://www.cdc.gov/flu/about/disease/burden.htm
https://immunizationforwomen.org/uploads/Pregnancy_Related_Mortality_Resulting_From%206.pdf

Disclaimer: MotherToBaby Fact Sheets are meant for general information purposes and should not replace the advice of your health care provider. MotherToBaby is a service of the non-profit Organization of Teratology Information Specialists (OTIS). Copyright by OTIS, December 2, 2021.