

# Knowledge and Attitudes Regarding Influenza Vaccination among Pregnant Women in Tunisia

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## ABSTRACT

Vaccination coverage among expectants remains suboptimal worldwide. To achieve a successful vaccination program, it is essential to understand reasons behind the acceptance of vaccination or its rejection. The present study aimed to describe knowledge and attitudes related to flu vaccine during pregnancy among Tunisian women. A national survey type Knowledge, and Attitudes was conducted during the 2018-19 flu season using a self-weighted two stages sampling method. Data were collected through face-to-face interviews with pregnant women present at the obstetrics outpatient consultations of the selected primary or secondary health care facilities. A total of 1157 pregnant women agreed to be interviewed. More than half of participants (60.3%) had heard about the influenza vaccine before. Among them, only 75 (10.9%) declared that they had enough information about safety and side effects of influenza vaccine. When asked about flu vaccine safety, most than half disagreed with those statements in disfavor of vaccine during pregnancy: the vaccine can be dangerous for pregnant women (62.2%), for the fetus (64.7%), for the newborn (66.7%) and can cause the flu (82.5%). Whereas, less than half were in agreement with those statements in favor of influenza vaccine effectiveness: flu vaccination of pregnant women helps to protect the mother (47.8%), the fetus (36.0%) and the unborn child (34.2%) against influenza.

**Keywords:** Influenza; Vaccination; Immunization; Virus infection; Vaccine

## INTRODUCTION

In addition, 36.5% reported a positive willingness to receive the flu vaccine during pregnancy. Vaccine recommendation from healthcare workers was reported as the most important reason for vaccine acceptance and Health care workers were identified as the most trusted source of information about influenza immunization. Health care workers, especially midwives and gynecologists should be aware of the crucial role that they can play to increase knowledge and positive attitudes towards safety and effectiveness of the flu vaccine among pregnant women to achieve a high vaccine coverage during pregnancies.

Pregnant women and their babies are at increased risk for influenza-related complications. Pregnant women are also more likely to be hospitalized with flu than women of reproductive age who are not pregnant. CDC has received reports of flu hospitalizations and deaths in pregnant women with influenza

virus infection. It is important that we stay vigilant in protecting pregnant and postpartum women from flu.

Different investigations have demonstrated that ladies who have gotten influenza shots during pregnancy have not had a higher hazard for unconstrained premature birth (unsuccessful labor). One of the biggest and most grounded examinations outer symbol was directed in CDC's Vaccine Safety Data connect (VSD) venture. The as of late distributed examination secured three influenza seasons (2012-13, 2013-14, 2014-15) searching for any expanded hazard for premature delivery among pregnant ladies who had gotten an influenza immunization during their pregnancy. The examination found NO expanded hazard for unnatural birth cycle after influenza immunization during pregnancy. This investigation was directed in follow-up to a past littler examination. The earlier investigation outside symbol analyzed information from the 2010-2011 and 2011-2012 influenza seasons and distinguished a relationship between

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influenza inoculation right off the bat in pregnancy and an expanded danger of unconstrained premature birth or unsuccessful labor; especially among ladies who had gotten influenza antibody during the past influenza season. In any case, the investigation had a few restrictions, including little example size which could have prompted uncertain outcomes. This investigation was the main examination to show that affiliation; no different investigations had discovered an expanded danger of SAB following influenza inoculation. At this time, the Advisory Committee on Immunization Practices (ACIP), the American College of Obstetricians and Gynecologists (ACOG) outer symbol and CDC keep on suggesting that pregnant ladies get an influenza antibody during any trimester of their pregnancy since influenza represents a risk to pregnant ladies and an influenza antibody can forestall genuine disease, including hospitalization, in pregnant ladies. Getting an influenza flu vaccine is the first and most important step in protecting against flu. Pregnant women should get a flu shot and not the nasal spray flu vaccine. Flu shots given during pregnancy help protect both the mother and her baby from flu. Vaccination has been shown to reduce the risk of flu-associated acute respiratory infection in pregnant women by about one-half.

Subsequently, it is principal to acquire data about immunization adequacy and wellbeing from randomized controlled preliminaries (RCTs). Cochrane audits have recognized only one RCT with "okay of inclination". Its outcomes were indistinct as far as maternal, perinatal, and newborn child passings and hospitalization, and indicated a Number Needed to Vaccine (NNV) of 55 for moms, with an abundance of neighborhood antagonistic impacts. A Cochrane audit presumed that the

inactivated flu immunization gives pregnant ladies dubious or constrained insurance against flu like diseases and flu. Some observational examinations have proposed conceivable unfavorable impacts of the aggravation following the inoculation. Reliable with the Cochrane commentators' decisions, further preliminaries for flu antibodies with proper investigation plans and examination bunches are required before advancing all inclusive occasional flu inoculations of pregnant ladies. In the interim, immunization in second to third trimester ought to be offered while conveying the vulnerabilities that despite everything exist, advancing educated decisions. Inoculation in the principal trimester is begging to be proven wrong and discussed. This doesn't mean leaving ladies exposed; numerous other helpful conduct and ecological measures can diminish irresistible ailment.

## CONCLUSION

A recent update of a Cochrane Review on vaccines for preventing influenza in healthy adults again included only the aforementioned RCT (at low risk of bias) and one controlled clinical trial (at high risk of bias), assessing the effects of vaccination in pregnant women. The efficacy of inactivated vaccine containing pH1N1 against influenza was 50% (95% CI 14% to 71%) in mothers (NNV 55), and 49% (95% CI 12% to 70%) in infants up to 24 weeks (NNV 56). No data were available on efficacy against seasonal influenza during pregnancy. Evidence from observational studies, more subject to bias, showed the effectiveness of influenza vaccines against influenza-like illness (ILI) in pregnant women to be 24% (95% CI 11% to 36%, NNV 94), and against influenza in infants from vaccinated women to be 41% (95% CI 6% to 63%, NNV 27).