

Transcript Details

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Educate & Vaccinate: Exploring the Benefits of the Flu Shot

Announcer:

You're listening to Deep Breaths: Updates from CHEST on ReachMD. This series is produced in partnership with the American College of CHEST Physicians and is sponsored by Sanofi Pasteur. Here's your host Dr. De De Gardner, Associate Professor at Texas State University in the department of respiratory care.

Dr. Gardner:

Despite widespread eligibility, only half of Americans received the flu vaccine last year. Due to this, the Centers of Disease Control estimated that 38 million Americans caught the flu, leading to approximately 400,000 hospitalizations and 22,000 deaths. With that in mind, why have so many Americans avoided getting the flu shot, and what are some of the benefits that come with receiving one?

Coming to you from ReachMD studios, I'm Dr. DeDe Gardner. Joining me is Dr. Stephanie Briney, Assistant Professor in Family, Community, and Preventive Medicine at the University of Arizona College of Medicine, Phoenix.

Dr. Briney:

Oh, thank you, Dr. Gardner, it's nice to be joining you, today, for this very timely discussion.

Dr. Gardner:

Well, Stephanie, we'd like to start, why is the topic of the flu vaccine important, not only for healthcare providers but also for our patients?

Dr. Briney:

Well, of course. As you mentioned the staggering numbers that we see in terms of 38 million Americans who were affected by the flu last year is certainly an important reason to address the vaccine, but the flu and pneumonia are among the top 10 causes of death in the U.S., so combined, they make up the 8th cause of death. Among the top 10 causes of death, they are the only one that can be prevented by a vaccine. Not only does the flu vaccine reduce the risk of death, but it also reduces the risk of hospitalization and flu-related severe illness. However, only 50% of people who are eligible for the vaccine in the U.S. will have received one in the previous year.

Dr. Gardner:

This is really a concern, we see this every day with our patients, don't we?

Dr. Briney:

Yes, all the time, despite our best efforts to educate and vaccinate.

Dr. Gardner:

And, what are some of the complications of the flu that can be prevented with the flu vaccine?

Dr. Briney:

Well, among the complications, death is obviously the most devastating, but we also see complications such as respiratory failure worsening of chronic illness such as asthma, or COPD, an increased need for respiratory support and hospitalization. Cardiovascular disease is another area where we don't see a lot of it in the literature, but we know that the flu vaccine has been linked to reduced rates of myocardial infarction and stroke. There are actually, several studies which have shown that cardiovascular benefit some of them have shown a reduced rate of myocardial infarction or stroke within 30 days after a vaccine administration and there's one meta-analysis

which showed a vaccine effectiveness of about 29% for prevention of acute MI. Another meta-analysis of a randomized control trials, concluded that the use of the influenza vaccine was associated with a lower risk of major adverse cardiovascular events and that treatment effect was seen most impressively among those patients who have more active coronary artery disease. So, what we're seeing here is a trend among patients who have a higher risk of cardiovascular-related complications and a higher risk of flu-related complications and they're very likely to benefit from the flu vaccine.

Dr. Gardner:

So, Stephanie, how do you think the current COVID-19 pandemic has impacted our patients receiving the flu vaccine?

Dr. Briney:

Oh, that's a good question, DeDe. I think in general, what we're going to find is that fewer patients are receiving care in a direct care setting. So, since the onset of the pandemic last spring, we've seen a reduction in patients both seeking and receiving routine preventive care, including preventive vaccines and we've also seen a reduction in the number of patients receiving medical care in the outpatient less acute setting. I think that we'll see, as a result of that, there are fewer patients receiving the flu and other vaccines this year. It will also be a little bit harder for us, as providers, to coordinate that care for them. I'm not sure what your experience has been this year, but for me, it's been a lot harder with the majority of my visits with patients taking place via telehealth and although I can ask my patients about their vaccines, and it's actually easier for me to do that because I'm now looking at the screen more than I am looking at my patient, oftentimes, so I'm able to find out when they have the need to get certain vaccines. And so, I can ask them about it, I can provide education, I can often times change their minds if their initial response towards getting the vaccine is a "no" but I'm not really able to help them follow through with that as easily as I may have been able to in the past. What has your experience been?

Dr. Gardner:

Yeah, I think previously we had an inter-professional or inter-disciplinary clinic and so if a patient were to say "no", we had a respiratory therapist, a physical therapist/occupational therapist all singing the same song that Mr. Jones should get his vaccine or Mrs. Jones. And by the end, usually after hearing it so many times, they would agree. And this year, because we're not having patients in clinic very often, we are not able to, just like you said, there's more steps to getting to make that appointment to come and get a vaccine. And many of our patients do have barriers and they're coming from miles away, you know, to meet our practitioners, and so it's taking a toll on everyone, even though we know that the resources are available, getting the patient to that resource has been difficult.

Dr. Gardner:

For those just turning in, you're listening to ReachMD, I'm Dr. DeDe Gardner and today I'm speaking with Dr. Stephanie Briney about some of the myths surrounding the flu vaccine and the advantages of receiving one. So, Stephanie, earlier you listed several individual benefits of receiving the flu vaccine, but what are some of the public benefits of patients receiving the flu vaccine that our colleagues should consider when counseling their patients?

Dr. Briney:

One of the most important benefits, I think, this year from a public health standpoint is that it's going to really help us to preserve valuable resources amidst the pandemic, so we hope by reducing the burden of influenza-related illness that we may also help reduce the number of patients seeking care in the acute-care setting, the number of patients who are going to need to receive higher-level care in terms of either hospitalization or ventilator use and so there's certainly that public health benefit. There's also the benefit of herd immunity; this is something that we hear discussed quite frequently now that we're starting the initial roll-out of the COVID vaccine and although experts predict that we would likely need upwards of 80% vaccination so, in addition to preserving these valuable resources one of the other benefits that we see from the flu vaccine beyond the direct benefits to the patient, is the benefits to the patient's family or their community and so this is, of course, the benefit of herd immunity. But there are often times patients who might not be eligible to receive the flu vaccine, this typically relates to infants under the age of 6 months, though there are some other patient populations, for whom the flu vaccine is contra-indicated. But there's also that benefit of herd immunity. And this is something that we hear discussed more recently, as we are discussing the COVID-19 vaccine and herd immunity is something that can be achieved with adequate vaccination rates. And what is an adequate vaccination rate? Well, it probably depends on the virus that we're discussing in terms of flu virus, the experts predict that we likely need upwards of an 80% vaccination rate within our eligible patient population in the U.S. and certainly, we're nowhere near that. However, I don't want that to be a deterrent for providers or, kind of, feel overwhelming instead of seeing this as something that's impossible to achieve, really, we should be focusing on the fact that every little bit counts. Vaccinating our patients benefits them, benefits their families, potentially, and does have some benefit to the community, though not as overarching as we would hope with complete herd immunity. But this should also be a call to action. The more we, as providers, can really help our patients to receive the flu vaccine, either through education reducing barriers to get the vaccine or just asking and reaching out to patients who are in the higher risk groups, we're going to see a greater benefit for our community.

Dr. Gardner:

Yeah, I agree with you. It's extremely important for those parents and their family members to obtain the flu vaccine and especially those trying to protect those that are immunocompromised might be a number 1 reason, too, to get vaccinated this year. So, with all of these benefits in mind, why do you think only 50% of the eligible U.S. population received the vaccine last year?

Dr. Briney:

Oh, that's a hard question. I think that part of it is patient education and also, I think part of it, probably, depends on better patient outreach. So, I'm not sure what your most common reason for patients declining the flu vaccine is, but in my clinic, I feel like one of the top reasons is that patients believe that they can get the flu from the flu vaccine. So when we talk about the 50% of the eligible U.S. population receiving the flu vaccine, that doesn't even include the patients for whom the vaccine is a contraindication and true contraindications to the flu vaccine are actually very few. And even when there is a relative contraindication, oftentimes there are alternatives that exist for patients so that they can receive the vaccine safely. So, for the patients who believe they can get the flu from the flu vaccine one of the things that I oftentimes do is I just start, any time a patient declines the flu vaccine, I ask them their reasons for hesitancy and if they tell me that they're worried about getting the flu from the vaccine, I oftentimes start by asking them why they have that fear and sometimes it's based on previous experience where they had maybe flu-like symptoms that occurred shortly after the vaccine and or maybe they even had the full-blown flu after the vaccine and, it may have just been a coincidence because, you know, the flu vaccine itself doesn't work immediately. So, there is a chance that patients may have already been sick or exposed prior to receiving the flu vaccine. Another thing worth mentioning to patients is that the vaccine is made from an inactivated virus that does not transmit infection. There's still a lot of misconceptions among patients that they can get the flu virus from the vaccine and I think it's based on the fact that the vaccine uses components of the flu virus in the vaccine.

Dr. Gardner:

Yes, I would agree. I have had family members and patients both tell me the exact same thing and so I try to go back through how the vaccine is created and then sharing with them the importance of getting the vaccine. So, it's important, like you said, too, earlier, is that patient education you know, is so important at this time to make sure patients really understand the reason to get a flu vaccine during this COVID pandemic time, but even prior to this, patient education was extremely important.

Dr. Briney:

Yes, and certainly asking the patients their reasons for their concerns at the beginning will help us a lot because there's so many potential patient concerns about the vaccine and so if we know more specifically their reasons for being a little bit hesitant, it can really help us, kind of, narrow down our choice of education and response to really help them.

Dr. Gardner:

So, Stephanie, finally, if you could offer one final tip or piece of advice for our colleagues, what would you share regarding some of these myths about receiving the flu vaccine, especially for those patients who believe they never get the flu?

Dr. Briney:

I think that those patients who believe they've never had the flu are the hardest ones, oftentimes to educate because they feel very confident that their past experience is a pretty good predictor of their future experience and so I try to point out to them that previous illness related to the flu is in no way a predictor to how a person might be affected in this current year or in future years. It also is not a good predictor of flu-related and is also not a good predictor of the severity of flu-related illness should they become affected by the flu virus. It is also not a good predictor of the severity with which they may be affected by influenza should they become affected in the current year. So, I use this opportunity, as well, to point out any other benefits that they may receive from the flu vaccine. So, if it's somebody who has coronary artery disease, I like to bring up that the vaccine also reduces the risk of cardiovascular-related illness including reduces, including reduced rates of myocardial infarction. If they have respiratory conditions, obviously that one is a little bit easier to make that relation to reduced risk of asthma or COPD exacerbations.

Dr. Gardner:

I would agree with you that those patients that have the experience that they have never experienced the flu in the past is their truth. But that doesn't predict how they're going to be impacted in the future, especially as cardiovascular disease, as we know, worsens over time their risk of obtaining or acquiring influenza also increases. So, when would you recommend that the patients or patients or their caregivers receive their vaccine over the year?

Dr. Briney:

Well, the ideal time is earlier in the season. So, ideally, September or October is when a person should be vaccinated. Sometimes, we'll see that patients don't present to our office until, maybe November or December, that's still an ideal time, but even as late as March for us in Arizona is an appropriate time to be vaccinating our patients.

Dr. Gardner:

Well, I think this has been a great way to round out our discussion. I want to thank my guest, Dr. Stephanie Briney, for helping us better understand the misconceptions about the flu vaccination and sharing some benefits of receiving the flu shot. Dr. Briney is a great, it was great speaking with you, today.

Dr. Briney:

Thank you, DeDe. It was so nice speaking with you, as well.

Dr. Gardner:

I'm Dr. DeDe Gardner. Thanks for listening.

Announcer:

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