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ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

Key Considerations for Coadministration: Fighting Against COVID-19 & Other Infectious Diseases

Announcer:

You're listening to *Deep Breaths: Updates from CHEST* on ReachMD. This episode is produced in partnership with the American College of CHEST Physicians and sponsored by Sanofi Pasteur. Here's your host, Dr. Michael Greenberg, Head of Medical Affairs for Sanofi Pasteur's North America Division.

Dr. Greenberg:

Despite widespread eligibility, only half of Americans received their flu vaccine last year, and only 55% have been fully vaccinated against COVID-19. With that in mind, let's take a look at the new coadministration guidelines and how they could impact vaccination rates.

Welcome to *Deep Breaths: Updates from CHEST* on ReachMD. I'm Dr. Michael Greenberg. Joining me to discuss coadministration of the COVID-19 and influenza vaccines is Dr. Randy Young, a practicing pulmonary and critical care physician. Dr. Young, thanks for being here today.

Dr. Young:

Great to be here, Michael. Thank you so much.

Dr. Greenberg:

What are the most recent guidelines from the Advisory Committee on Immunization Practices and the Centers for Disease Control and Prevention on the coadministration of COVID-19 vaccines with other vaccines?

Dr. Young:

I think that's an excellent question, Mike. Prior to this year, we've had significant experience coadministering influenza with, for example, the pneumococcal vaccine, which is recommended for everybody over age 65. And we know that coadministering those vaccines is both safe and efficacious.

However, the CDC and the FDA had recommended the administration of COVID-19 vaccine by itself without simultaneously giving another vaccine. But they've decided this year and have just issued in their weekly publication, the MMWR, to recommend that whenever necessary or possible, the influenza vaccine of the various types available and the COVID-19 vaccine can be administered either on the same day, or at essentially the same time within 14 days of each other. There are emerging data to suggest that that is safe, it's effective. And it hopefully will help overcome some of the barriers to getting people vaccinated, one of the most important of which is just getting people to interact with a healthcare provider, their primary care provider, a vaccine clinic, a pharmacy, wherever they might be able to get the vaccine. And ideally, the ability to get both of them on the same day will simplify the process for people, will enable them to get two vaccines when they, prior to this, might have only gotten one or perhaps neither of those two vaccines.

Dr. Greenberg:

And given the guidelines, what are some of the benefits for patients if they receive the flu and the COVID-19 vaccine simultaneously?

Dr. Young:

I think the biggest advantage is just that people are more likely to get both vaccines, which we clearly recognize everybody needs. There's still a tremendous amount of vaccine reluctance and hesitancy out there as you're aware, and that vaccine hesitancy applies to both the traditional influenza vaccines that have been available for a number of years and to the newer COVID-19 vaccines. As you said, only 55% of the population are considered fully vaccinated against COVID. And it's that remaining unvaccinated portion of the populace

that's clogging up our hospitals, our emergency departments, and our intensive care units. We also know that given that healthcare facilities are so stressed and stretched at the moment, that if there is a significant influenza outbreak this winter, those healthcare facilities are going to have a really hard time handling that surge of patients.

So if we can overcome some of the hesitancy and just the inertia that patients experience about coming into the healthcare facility, the doctor's office, the clinic, the pharmacy, whatever to get their vaccines, and we can give them both vaccines at once, we'll have significantly advanced not only our concerns for protecting their health as well as protecting the health of the population.

I think other benefits surround the fact that we may get more people influenza vaccine. We were very fortunate last flu season that we didn't see very much influenza. That may have resulted in the fact that we were all wearing masks as many of us were wearing masks as recommended by the CDC against COVID. But if that trend reverses itself this year and we see our usual amount of influenza, we're going to have a hard time handling that surge of patients. And I think if we can use this opportunity to get people in to get both vaccines at the same time, we'll be ahead of the game.

Dr. Greenberg:

Absolutely. So Dr. Young, you spoke about a lot of the benefits that patients can have from getting both vaccines at the same time. Can you share any of the emerging research about the safety of giving both vaccines together?

Dr. Young:

Well that research is ongoing. But it really is fundamentally based upon some very careful observational studies that the CDC has done and that have been done in academic medical centers around the country. The vaccines are both individually very well tolerated. A small fraction of people get an influenza-like reaction to the flu vaccine. But that's by and large not severe and very short lived. And the administration of both vaccines on the same day, they're recommended to be given in separate arms, not in the same single site, so that they shouldn't produce any more severe local effects. And all the data suggests that the risk of a more severe flu-like or febrile reaction to the vaccine administrations is very low.

Dr. Greenberg:

For those of you just joining us, this is ReachMD. I'm Dr. Michael Greenberg. And today I'm speaking with Dr. Randy Young about the coadministration of the COVID-19 and influenza vaccines.

Dr. Young, we discussed the safety of coadministering vaccines, but should patients expect a different immune response than if they were to take the vaccine separately?

Dr. Young:

It unclear what fraction of people might experience a slightly enhanced sort of early reaction over the first few hours to a day or so. But I think the data are very strongly suggestive that they will develop robust immune responses to both the flu vaccine and to the COVID vaccine.

Flu vaccines in the vast majority of individuals are given just a single time. As you're aware, there are populations of children principally who need to get two vaccines in order to develop a complete immune response. But that's a population of children to who at this point in time are not yet eligible for COVID vaccine. So we're really talking about individuals 12 years of age and older. And those folks should get a robust immune response against the flu vaccine, as well as the response that we already recognize to be very robust against the COVID vaccine. Presumably, people would be getting their first of probably two COVID vaccine injections at the time that they get their influenza. If it happens that they're getting their second one, then the immune response should be even better. And we won't really address the whole question about boosters, since that's still a gray area the FDA and the CDC have yet to rule on.

Dr. Greenberg:

Just to let listeners know, there is a clinical trial currently underway looking at the coadministration of a flu vaccine with a COVID-19 vaccine in individuals over the age of 65.

Dr. Young:

I'll be very excited to see those data. I really think this is a significant advance in the strategy that the nation needs to be using to get maximal vaccine uptake among the population. And I'll be very excited to see those results. I fully expect that they'll document what we've been expecting, which is a very high degree of safety, a low degree of adverse effects, and very strong immune responses to both of the immunogens that are being administered.

Dr. Greenberg:

You mentioned earlier about some patients having hesitancy either about the COVID-19 vaccine or flu vaccine or possibly both. So what are some strategies you might recommend for patients who are hesitant about following the coadministration guidelines

specifically?

Dr. Young:

As you know, this is a really thorny topic and touches on people's willingness to listen to misinformation, to political influences, to the very strong societal influences. But I think the most productive approaches we can undertake are really just try to provide as much solid, useful, accurate information as we can so that people have an easy time finding the information that we all recognize is true and useful. I don't think arguing with patients, certainly my experience that's not been terribly useful, not trying to evangelize to them at the outset. I think providing information and trying to encourage them to turn to people that they trust, be that the family physician, the primary care provider that they work with on a routine basis, be that members of their own families who have correct information, be that members of the clergy, other sources of respect and knowledge in the community. Any of those people whom we can bring to bear on providing useful information to these individuals is I think going to be very, very helpful. And studies have shown that all that we can do to provide accurate information to counter the misinformation that's unfortunately so prevalent out there is a good first step.

I think we need to make abundant opportunities available to individuals to come in and get vaccinated. So to the extent that those can happen close by in their community, especially in communities of color that traditionally have been underserved in this regard. I think those are useful adjuncts to overcoming the hesitancy. I think just making it clear to people through advertising and public service announcements and so forth that they can get both their flu and their COVID vaccines at the same time. That will be an incentive. I think the lottery type attempts that have been undertaken the financial compensation, some of those things were tried, but didn't seem to make a big, big difference. I think, though the government mandates about vaccine administration are not terribly popular in some segments of our population, I think they may help to spread goodwill and help to reduce some of the hesitancy.

So I think the necessary approach is going to require a multi-pronged strategy like that principally focusing on getting people accurate information in a way that they find it reassuring.

Dr. Greenberg:

Absolutely. And you've raised a number of very good points in terms of what some of the concerns are, what the options are. You mentioned that there's a lot of hesitancy in certain populations. Any other ways that you can think of that we can better spread awareness that there is an option to receive both the COVID-19 and influenza vaccines at the same time?

Dr. Young:

I think one strategy that might be especially helpful is to recruit spokespeople from various communities among our population, so that people who are perceived by the population as being leaders, as being trusted spokespeople, as being folks to whom one can turn for accurate and believable information will be good. And that may mean not only geographical diversity among our spokespeople, it may mean doing things in people's native languages for non-native English speakers, it may mean community leadership in communities of color and other underserved areas of the country. I think in rural America, where there's been a particularly difficult time getting people to buy into the vaccine it will be important to have the leaders in the rural segments of the country to speak about it. Sometimes that's community leaders, sometimes that's church leadership. I think one can imagine a whole variety of spokespeople to share the message. It's clear that coming from Washington, D.C. as the main source of messaging is not going to get the job done. I think people are relatively distrustful of centralized authority. I had a patient the other day tell me that because the government had a hand in the vaccine, he just immediately didn't trust it. He didn't want any parts of anything that the government had to hand in. And I think that's a powerful indictment of how we see our leadership, our central governmental leadership these days. So I think it had the same message been coming from this person's clergyman or clergywoman or from a respected physician in his community, we might have seen a different attitude.

So I think my bottom line would be to try to get as many people in positions of respect and local community authority to speak up on behalf of both vaccines and on behalf of the fact that they can be co administered.

Dr. Greenberg:

Well there's no question that those trusted voices are going to be absolutely key to raising confidence and getting the message out.

But with those considerations and recommendations in mind, I want to thank my guest, Dr. Randy Young, for sharing his insights, helping us better understand the recent guidelines on the coadministration of the COVID-19 and influenza vaccines. Dr. Young, it was great speaking with you today.

Dr. Young:

Thanks, Mike. I've really enjoyed it. I'll look forward to staying closely in touch as we move forward together.

Dr. Greenberg:

Absolutely. I'm Dr. Michael Greenberg. Thank you for listening.

Announcer:

This was *Deep Breaths: Updates from CHEST* produced in partnership with the American College of Chest Physicians and sponsored by Sanofi Pasteur. To access other episodes of this series, visit ReachMD.com/CHEST, where you can be part of the knowledge.

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