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Navigating Vaccine Communication: A Medical Affairs Perspective

Dr. Birnholz:
Coming to you from the Medical Affairs Professional Society's Annual Conference in Denver, Colorado, this is ReachMD *MAPSChats*, and I'm Dr. Matt Birnholz. Today I have the distinct pleasure of being joined by Dr. Abigail Sporer. She's the Director of US Medical Affairs for CSL Seqirus.

Abigail, welcome.

Dr. Sporer:
Thanks very much for having me.

Dr. Birnholz:
Now, this is a distinct pleasure for me. We've had the opportunity to work on a lot of infectious disease content over the years, and I consider you the architect of all things influenza. Everything in that area—all the creative, and a lot of really fantastic education that my team is particularly proud of—it's because of a lot of the work that you've done to put together the most important insights. A lot of the information and the education that we drew from—that was your brainchild. And I just want to take a moment to acknowledge that first and foremost. It's been fantastic working with you over the years on that.

Dr. Sporer:
Well, thanks for that. I have valued the opportunity to think about what really matters to us as a vaccine company—to think about how best to reach healthcare providers with the differentiated portfolio that we have, the mechanisms of our products, and the way we can help protect patients. It's been fun to think about different ways to share that information. And your team has been a real value add for us in terms of thinking about how best to share what can maybe otherwise be somewhat dry, but it's relevant for so many people.

Dr. Birnholz:
I want to talk a little bit more about your perspectives on microbiology, infectious disease, influenza, and vaccination. But why don't we take it back a few steps because many people wake up and they're like, "How did I get into this area?" In your case, I see a pretty clear trajectory in which, if I'm not mistaken, your PhD was based on genetics and microbiology. Each one of them would be a mouthful, but I think you were going for the double in many respects. Tell us a little bit about how you got to this point in terms of the training and areas of expertise.

Dr. Sporer:
I'm going to go back even further. It's true, I have a PhD in molecular biology, and my focus was yeast genetics. But actually, before I was a scientist, I was a stagehand. So my background is in technical theater. And the through line I see that really knits all of this together is, I like to know how things work. I like to peel back the curtain, if you will. Literally and figuratively. I like to look in the microscope. I like to understand what's beneath, what's behind, and how does it work? And that's what's interested me in medicine. That's what's interested me in infectious disease; if you understand how it works, you can intervene to keep it working, or fix it when it's broken or to prevent breakdowns from happening.

So I went from theater to science. I got a PhD in molecular biology. Then I did a teaching fellowship at Columbia, where I worked also in a microbiology lab on pseudomonas aeruginosa biofilm formation and colony formation and was teaching. From there, I made the hop into industry and the medical science liaison role, and that's when I started working on influenza.

I've always been passionate about the power of vaccines. For me, if we look at healthcare in this country, the disparities can be really

stark in access to care and outcomes. And if we can prevent disease, that, for me, is the most powerful thing. And so I've always been very keen on vaccines. The opportunity to work on a virus—how does it work, why does it work—it's super cool, and to work on vaccines, prevention and bringing better outcomes to people through prevention, has been really a fantastic opportunity.

Dr. Birnholz:
Yeah, absolutely. It's been a fascinating endeavor as we've worked on some of this education and uncovered more and more information. It almost felt like, and you used the term, peeling back. The more we peeled back, the more complex the subject got. When we talk about influenza vaccination, it brings up a number of thoughts for a lot of our healthcare practitioners out there. Getting into the differences in vaccination types, where their respective strengths and weaknesses are, tell us a little bit about how that experience was for you as you started getting into the field and finding out just how complex it was.

Dr. Sporer:
I will say, it's been a journey. And I think there's still a perception among a lot of people that flu vaccines are all the same; there is a flu vaccine. And that isn't true. But it's a recent development. It's only in the last 20 years that technology has differentiated enough that we're not using just standard dose egg-based vaccines anymore. There's a wide variety of technologies people use.

And in some ways, I think the COVID pandemic helped more people understand that there can be different ways to make vaccines. Pediatricians actually knew a lot about this because the pediatric vaccine schedule is so diverse. They're giving oral vaccines, protein subunit vaccines, and conjugated vaccines. They know more about this typically than I think some other healthcare providers do. But during COVID, even the lay public knew which brand they got. They knew whether they got the adenoviral vector vaccine or one of the mRNA vaccines or the protein subunit vaccine—people who have almost no scientific background.

In some ways, I think that has helped us in flu to talk about vaccine technologies. So it's been fun for me. I've been in this role in this company for eight and a half years now, and during that time, the perception of the field has changed as more people are saying, "Oh, they're not all the same. It's not a commodity, it's an intervention. And we can choose the intervention for our population that's most appropriate, and make sure the right patient's getting the right vaccine."

Dr. Birnholz:
Right. What challenges have you seen persisting, or even maybe accentuated during the COVID period, with respect to how people perceived influenza and the risks therein?

Dr. Sporer:
Well, flu disappeared for a bit there. The burden of disease went away, and that's a challenge we faced even before COVID. People would say, "Oh, well, it's just the flu, right?" We've always heard that. It's just the flu. I think many people don't recognize influenza as the disease that lays you out for a week because we call a cold "just the flu," and we talk about the stomach flu. The lay public uses "little bit of the flu." There's no such thing as a little bit flu. There is no "a little bit."

So then it disappeared. The perception of risk disappeared as well, and that really impacted immunization rates. We've seen flu vaccination rates continue to drop every year since the first year of the pandemic. This year, it looks like maybe we've leveled off, but maybe it's bottomed out. We'll wait and see on that, but it's not good. Then, as flu has come back—not this past season, but the year before—we had the most pediatric deaths we've seen from flu since we started recording. So the burden is back, vaccination rates are down, and I think for providers and patients, many are tired of having vaccine conversations. There's a lot of hesitancy, there's a lot of resistance, and there's a lot of burnout. All of those things have compounded to make it a tough landscape right now, but the virus doesn't care. So it's been back, and I'm hopeful that as the disease has come back, people will again be motivated to be protected against it.

Dr. Birnholz:
And are there ongoing misconceptions around peak seasonality around the flu? And I ask because, of course, I'm known to casually check CDC all the time. When I look at the fastest rate of incline for flu diagnoses, it seems to be earlier than I would've initially expected. It's the September to November range where it seems like the highest increase seems to be within the CDC's counting of it. But I think of flu season in very much the winter terms. Where does that reconcile? Is there a seasonality that follows, or is a little bit different than what either some patients or HCPs might think in terms of how they need to prepare preventatively?

Dr. Sporer:
Well, I would say this year we peaked in January, end of December to January. Every year is different. Flu typically peaks in January or February, but we have had past early seasons, and two or three years ago, we saw what you're describing. We saw an early rise of infections before perhaps people had managed to get vaccinated. So the balance is always in the timing. People think of fall as the time to get their flu shot, and that is the recommendation by the end of October. They say "flu before boo." By Halloween, you should be

vaccinated.

But typically, we don't actually see most of the disease start picking up until December. So there's some time there, and then it can circulate as late as April or May. So really, every year is different, which is a big challenge for our providers and for people to know when to get vaccinated. The vaccine does wane over time; all of them do. So to get vaccinated too early, you might not be as protected if there's a late spring wave. But if you get vaccinated too late, you might miss it if October is the time when flu starts picking up. So it's a balance to make sure every patient gets protected.

Dr. Birnholz:
Yeah, absolutely. Why don't we shift over to MAPS? As we're at this conference, you yourself have some MSL background, and I'm interested in your take on this conference. You've probably been coming to this for a few years.

Dr. Sporer:
I have, yeah. I think it's maybe my fourth time coming to MAPS, and this is the first time I added on a masterclass at the beginning. So typically, the conference has a full-day masterclass the day before the conference officially starts. And for me, MAPS is a really valuable opportunity to step back from the work that I'm doing every day.

I am very busy, and so I take a forced reflection on how and why I do the work I do, and to talk to peers from other companies—big, small, startup, ginormous. The resources they have, the resources they don't have. How many hats do they wear? “Oh, I have a whole department to do the one thing you're doing on the side.” We get a perspective of how other people are approaching the same things we are trying to do. “How do we provide the communications and information that doctors, nurses, and pharmacists need to do their jobs as well as they can? How do we improve outcomes for patients? How do we structure real-world evidence generation? What are the best ways to communicate in this changing landscape? What are you doing? What could we be doing? How do you answer medical information queries?” Just take that time to think, “What's our strategy? Is it aligned with what we actually care about?” To the point of our keynote speaker, the things that we measure are the things we're going to prioritize, but are the measurements aligned with our outcomes? Are there better ways we could measure the things we truly care about the most?

And to take three or four days and talk to people and think about it has been incredibly valuable. The problem is I'm leaving tonight. I have to be in the office tomorrow, and I have meetings for the rest of the week. So I have to find time to schedule myself some time to implement the reflections and think about what we can do to change our strategy based on what I learned this week. But for me, it's that reflection. That's really key.

Dr. Birnholz:
As we look forward, I'm interested in what interests you amongst all the meetings and the very busy schedule that you have. What continues to motivate you and gives you a sense of purpose, cause, and passion going into the future of the work that you do?

Dr. Sporer:
There are a few things I'm thinking about that I'm really excited about moving forward, and a few things that really light my fire. One is, there's been a lot of, as I've been calling it, external churn in the vaccine space the last couple of years. There's been a lot of misinformation, disinformation, and confusion, and in a lot of ways, that makes the work we are doing in medical affairs even more important than before. And because it is our job to provide fair, balanced, relevant medical information, we need to be that source. We need to be that voice. We need to elevate that truth where we can. And so that is frustrating and difficult, that it's so much more important, but it also means we really need to get it right. So for me, that's a big motivation.

Another one is I'm excited about the idea of trying to incorporate the patient journey and the patient voice a little more in the work that we're doing. Flu vaccines are an interesting therapeutic area to be in because something almost everyone should get. There's not a patient population; it's all of them. And so, is it more effective to talk about people with hypertension? Should we be focusing on people with diabetes? Is there a way to do that to make the importance of vaccination speak to them? Or do we really need to just be like, “No, it's everyone?” And so which of those methods are most effective at actually reaching people and motivating people? Can we find out what it is that moves the needle for both the public and for their healthcare providers and incorporate that in the work we're doing to give healthcare professionals the tools they need to do their best work?

Dr. Birnholz:
Well, Abigail, it's been an absolute pleasure being able to connect with you in this fashion over at MAPS. Looking forward very much to continuing our discussions in this arena.

Dr. Sporer:
I appreciate the opportunity to take this time and think about what we do and why we do it, and how we can talk to more people about it.

So thanks for that.

Dr. Birnholz:
This has been an episode of ReachMD *MAPSChats*, and I'm Dr. Matt Birnholz. For more episodes in this series, visit ReachMD.com, where you can Be Part of the Knowledge. Thanks so much for listening.