

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/navigating-the-flu-season-during-the-coronavirus-pandemic/12149/>

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Navigating the Flu Season During the Coronavirus Pandemic

Announcer Introduction:

Welcome to ReachMD.

This medical industry feature titled, "Navigating the Flu Season During the Coronavirus Pandemic," is sponsored by Genentech. This program is intended for healthcare professionals only.

Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

With the ongoing COVID-19 pandemic threatening our health system and adding burden to our healthcare system, it's more important than ever to educate patients on the flu and its symptoms. This is ReachMD, and I'm your host, Dr. Jennifer Caudle, and here with me today are Dr. Casey Lafferty, a board-certified family medicine physician, and the Integrated Care Program Medical Director at Health First in Florida, and Dr. Eder Hernandez, a physician assistant doctorate and clinical director of Valley Med Urgent Care Centers in Texas. Together, we'll be discussing the intersection of the flu season and COVID-19, along with tips you can provide to your patients on how they can protect themselves. Thank you both for joining me today.

Dr. Lafferty:

Likewise. I'm happy to be here.

Dr. Hernandez:

Thank you for having us.

Dr. Caudle:

Well, we're excited that you're both here, so why don't we start with you, Dr. Lafferty. Can you tell us a little bit about the flu season, and how the COVID-19 pandemic has changed how healthcare providers are thinking about flu this year?

Dr. Lafferty:

Well, I would love to, but first, I wanted to say how thankful I am for having this opportunity to work with Genentech to help raise awareness about the flu season and how we as providers can prepare, diagnose, and treat it. The flu, as we all know, is a very common, but potentially serious illness. As many as 45 million Americans can get the virus each year, and this is why it's critical to educate our patients how best to protect themselves from the flu, and what to do if they get it. In light of the ongoing COVID-19 pandemic also threatening our health, and adding additional burdens on our healthcare systems, it is more important than ever to be aware of the flu and its symptoms. Remember, vaccines are still our best line of defense, so the Centers for Disease Control and Prevention recommends that all people, six months of age and older, be vaccinated annually. And just remember, it is not too late to encourage your patients to get their flu shot, this time of year. The vaccination can still be beneficial as long as flu viruses are circulating, and this disease can occur even as late as May.

There are FDA-approved antiviral treatments that are available for eligible patients who contract the flu. The CDC notes that the flu and COVID-19 have overlapping signs and symptoms, so they caution clinicians not to wait for the results of flu testing or SARS-CoV-2 testing during periods of community co-circulation, before starting empiric antiviral treatment for clinically-diagnosed flu, especially in certain priority groups, such as those who are hospitalized patients with respiratory illness, outpatients with severe, complicated or progressive illness, and patients – outpatients that are higher risk of flu complications who present with any respiratory illness symptoms, with or without fever.

The CDC has also noted that when influenza is known to be circulating in a community, we as clinicians can consider starting early empiric antiviral treatment, meaning less than 48 hours of onset of symptoms, and that can be done with our non-high-risk patients with the clinical diagnosis of flu, and that includes without an office visit. In light of our current situation with the COVID-19 pandemic, we should consider our virtual visits, our telemed and nursing visits to treat these patients appropriately. And finally, COVID-19 and other potential causes of these symptoms should be considered, when we are making our clinical judgment of treating these individuals.

Dr. Caudle:

Turning to you now, Dr. Hernandez, what are some of the similarities and key differences between COVID-19 and the flu?

Dr. Hernandez:

Thank you for an amazing opportunity in partnering with Genentech. It is important to describe the key similarities and differences between COVID-19 and influenza. Although some of the symptoms of COVID-19 and influenza can look similar, the two illnesses are caused by completely different viruses. While influenza and COVID-19 are both contagious respiratory illnesses, COVID-19 is caused by a novel coronavirus, and flu is caused by an infection with influenza viruses. Flu can cause mild to severe illness, and symptoms start abruptly. Fever, aches and chills are common flu symptoms, and additional symptoms may include fatigue, runny nose, sneezing, sore throat, cough and headache. Symptoms of COVID-19 are fever, cough, shortness of breath which may appear anywhere between two to fourteen days after exposure, and another key symptom in regards to COVID-19 is loss of taste or smell, disturbances in taste and smell, and rashes, specifically in children. Because some of the symptoms of flu and COVID-19 are similar, it may be hard to tell the difference between them based on symptoms alone, and testing may be needed to confirm a diagnosis. Usually this is done by a rapid viral antigen test for influenza A, influenza B, and now, rapid antigen testing for SARS-CoV-2, or confirmatory testing, via RT-PCR.

Dr. Caudle:

Dr. Lafferty, how has your practice been preparing for flu season during COVID-19?

Dr. Lafferty:

Well, we've been listening to the experts, and they've warned us that the flu season combined with the COVID-19 pandemic could lead to large surges of both coronavirus and the flu. This can potentially overwhelm our hospitals and our healthcare systems, so with that in mind, our practice has set up committees with administration and healthcare provider leaders, to have a pulse on the local situation. We've continued to monitor the CDC website for any updates in our area. We've increased our virtual and telemed capabilities for our patients who are otherwise concerned about coming in for in-person office visits. We've also educated our patients on the symptoms of flu, and strongly encouraged them to call us within 48 hours of symptom onset, so that they can be treated appropriately. We've set up drive-thru vaccine and testing areas, and we screen all of our patients at entry points into our clinics. We're also requiring our patients and our staff to wear masks, so that we protect them, those around them, and ourselves. Dr. Hernandez, is there anything else you wanna touch base on in your area that you're doing?

Dr. Hernandez:

Yes, some of the key things that we have done is we have increased our hours of operation, to be able to meet the healthcare needs of the community. We're open seven days a week, um, as an urgent care, and we also have capability to test two to three hundred patients a day with rapid antigen testing that differentiates between flu A, flu B and SARS-CoV-2, which gives us an immediate diagnosis and a confirmation of what the patient has at – in real time, and we can make an appropriate clinical decision for the patient at that time.

Dr. Lafferty:

I think that's a great idea, of what you guys are doing to help out your patients and your community at large.

Dr. Hernandez:

Thank you.

Dr. Caudle:

For those of you who are just tuning in, you're listening to ReachMD. I'm your host, Dr. Jennifer Caudle, and today I'm speaking with Dr. Casey Lafferty and Dr. Eder Hernandez, about flu season amidst the COVID-19 pandemic. We spoke a bit earlier about how the pandemic has impacted how we're thinking about the flu, but now, let's shift over to what a patient should do if they, or someone in their household, contracts the flu.

Dr. Caudle:

So, what treatment options are available if patients do get the flu, Dr. Hernandez?

Dr. Hernandez:

As Dr. Lafferty shared earlier, if your patients contract the flu, the CDC recommends antiviral medications, which can lessen symptoms

and reduce the amount of time a patient is sick. Antiviral treatments must be taken within 48 hours of symptom onset, and this is specifically important for patients who have a greater chance of serious flu complications, due to age and medical conditions. There are four antiviral medications approved by the FDA, with the most recent FDA-approved drug being a one-time dose treatment called Xofluza (baloxavir marboxil). Xofluza is approved for the treatment of acute uncomplicated influenza in people 12 years of age and older, who are otherwise healthy or at a high risk of developing serious complications from influenza, and who have been symptomatic for no more than 48 hours. Additionally, Xofluza is the first single-dose influenza medication approved as a treatment to prevent flu following contact with an infected person, known as post-exposure prophylaxis, in people 12 years and above.

Dr. Caudle:

Dr. Lafferty, what rule do you see prophylactic antiviral flu treatment playing this season, versus previous seasons?

Dr. Lafferty:

Well, I'm excited to say that this past November, Xofluza was approved by the U.S. Food and Drug Administration as the first single-dose flu treatment to prevent influenza in people 12 years of age or older, following contact with someone with influenza. This post-exposure prevention with single-dose Xofluza was evaluated in the Phase 3 BLOCKSTONE study. BLOCKSTONE evaluated Xofluza compared with placebo as a preventative treatment for household members, both adults and children, who were living with someone with influenza. It showed a statistically significant prophylactic effect on influenza after a single oral dose of Xofluza in people exposed to an infected household contact. The proportion of household members, 12 years of age and older, who developed influenza was only 1% in participants treated with Xofluza, compared to 13% in the placebo-tested group. It was also well-tolerated in this study. The most common adverse reaction with Xofluza in the study, for post-exposure prophylaxis was nasal pharyngitis, at 6%. The threat of influenza is its ability, of the virus, to spread quickly and efficiently from person to person, so this medication, known as Xofluza, can help people protect themselves, and prevent the spread if someone in their household has now been diagnosed with the flu. This is particularly important for those who are at high risk of influenza complications in a household, especially considering the unprecedented influenza season. The hope is that by reducing the burden of influenza, we will be able to help mitigate any additional strain on our healthcare system, amid the COVID-19 pandemic.

Dr. Caudle:

So, Dr. Lafferty, what do you want the healthcare professionals listening today to take away from our discussion?

Dr. Lafferty:

Well, as I said before, vaccination is our best first-line of defense against the flu, and getting one this year will be more important than ever before. Additionally, we should encourage our patients to be diligent about things like social distancing, wearing masks, and washing your hands frequently. They're equally beneficial at helping to prevent the flu as they are for COVID-19. And if your patient unfortunately does get the flu, antivirals should be administered within 48 hours of symptom onset, to reduce the duration of illness. Dr. Hernandez, is there anything else you want to add?

Dr. Hernandez:

Yes. In addition to being the first and only single-dose oral medication approved by the FDA to treat the flu in people 12 years of age and older, who are otherwise healthy, or at high risk of developing flu-related complications, healthcare providers now have a new option in Xofluza for post-exposure prophylaxis in patients 12 years and above, to prevent flu if someone in the household has been infected with the flu virus. We're hopeful that this will help curb the spread of the flu this season, in this COVID-19 pandemic.

Dr. Caudle:

That's a great comment for us to think on as we come to the end of today's program. I'd like to thank my guests for helping us better understand this unprecedented season. Dr. Hernandez and Dr. Lafferty, it was great speaking with you both today.

Dr. Lafferty:

Same here, and thanks so much for having us.

Dr. Hernandez:

Thank you so much for having us.

Dr. Caudle:

Of course. I'm Dr. Jennifer Caudle, and thanks for listening.

Xofluza U.S. Indication:

XOFLUZA is an influenza virus polymerase acidic (PA) endonuclease inhibitor indicated for:

- Treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours and who are:
 - Otherwise healthy, or
 - At high risk of developing influenza related complications
- Post-exposure prophylaxis (PEP) of influenza in patients 12 years of age and older following contact with an individual who has influenza

Limitations of Use

Influenza viruses change over time, and factors such as the virus type or subtype, emergence of resistance, or changes in viral virulence could diminish the clinical benefit of antiviral drugs. Consider available information on drug susceptibility patterns for circulating influenza virus strains when deciding whether to use XOFLUZA.

Important Safety Information

Contraindications

XOFLUZA is contraindicated in patients with a history of hypersensitivity to baloxavir marboxil or any of its ingredients. Serious allergic reactions have included anaphylaxis, angioedema, urticaria, and erythema multiforme.

Warning and Precautions

- **Hypersensitivity:** Cases of anaphylaxis, urticaria, angioedema, and erythema multiforme have been reported in post marketing experience with XOFLUZA. Appropriate treatment should be instituted if an allergic-like reaction occurs or is suspected.
- **Risk of Bacterial Infections:** There is no evidence of the efficacy of XOFLUZA in any illness caused by pathogens other than influenza viruses. Serious bacterial infections may begin with influenza-like symptoms or may coexist with, or occur as, a complication of influenza. XOFLUZA has not been shown to prevent such complications. Prescribers should be alert to potential secondary bacterial infections and treat them as appropriate.

Adverse Reactions

- The most common adverse reactions ($\geq 1\%$) in clinical studies for acute uncomplicated influenza were diarrhea (3%), bronchitis (3%), nausea (2%), sinusitis (2%), and headache (1%).
- The most common adverse reactions ($\geq 1\%$) in clinical studies for PEP was nasopharyngitis (6%).

Drug Interactions

- **Polyvalent cations:** Co-administration with polyvalent cation-containing products may decrease plasma concentrations of baloxavir, which may reduce XOFLUZA efficacy. Avoid co-administration of XOFLUZA with dairy products, calcium-fortified beverages, polyvalent cation-containing laxatives or antacids, or oral supplements (e.g., calcium, iron, magnesium, selenium, or zinc).
- **Vaccines:** The concurrent use of XOFLUZA with intranasal live attenuated influenza vaccine (LAIV) has not been evaluated. Concurrent administration of antiviral drugs may inhibit viral replication of LAIV and thereby decreases the effectiveness of LAIV vaccination. Interactions between inactivated influenza vaccines and XOFLUZA have not been evaluated.

For additional important safety information, please see XOFLUZA full [Prescribing Information](#) and visit www.XOFLUZA.com.

You are encouraged to report side effects to Genentech by calling 1-888-835-2555 or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

Announcer Close:

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