

Transcript Details

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Trends, Treatments, & Tips for the Flu Season

Announcer:

You're listening to ReachMD.

This medical industry feature, titled "Trends, Treatments, & Tips for the Flu Season" is sponsored by Genentech. This program is intended for healthcare professionals only. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

The winter is back, and just like that, so is another season of fighting influenza. And since the CDC estimates that influenza-related complications cause the death of between 12,000 and 79,000 Americans every year, knowing how to protect those most at risk is essential.

This is ReachMD, and I'm your host, Dr. Jennifer Caudle. Here with me today are Dr. Frank LoVecchio, Professor of Emergency Medicine at the University of Arizona, and Principle Investigator for the Infectious Disease Network; and Dr. Casey Lafferty, Family Medicine Physician and Urgent Care Medical Director at Health First Now Medical Group. Together, we'll be discussing this season's flu activity and patterns along with tips you can provide to your patients on how they can protect themselves and those around them. Thank you both so much for joining me today.

Dr. LoVecchio:

Thank you. Thank you for having me.

Dr. Lafferty:

Yes, thank you for having us, Dr. Caudle. It's a pleasure to talk about this with you.

Dr. Caudle:

Absolutely. So, let's jump right in. The 2018-2019 flu season was unusual in that the virus appeared to impact the country in two waves. One that peaked at the end of December, and a second that peaked in early March. So, what have the early influenza trends this season indicated in terms of severity? Dr. LoVecchio, why don't we start with you?

Dr. LoVecchio:

Thanks again for having me. I'm working with Genentech to increase awareness about the flu this year. And last year, I worked in the emergency department quite a bit, and it was an exhausting year because people came in with the flu, and we kind of thought it was over. We thought that they were peaking in October or so. Unfortunately, it was like two waves. The flu season last year lasted about 20 weeks. And it was the longest flu season we had seen in about a decade. And it was interesting that it was two different viruses that caused this. The one in October, it seemed to be mainly H1N1, and then there was a surge of H3N2 in February. And the flu vaccine wasn't perfect for both of those. It never is perfect, but it was less perfect, or less so for the second strain, the H3N2. It was only about 9% coverage, or 9% effective for that strain. So the CDC put the overall effectiveness rate at about 29%. We did fairly well with the first wave; the wave in October where it was 47% effective. So I think it was a rough season for us working on the frontline in the emergency department where we saw these two waves, we thought it was over, and it kind of just came back, or it looked like just one long sort of flu season. Dr. Lafferty, did you have a similar scenario?

Dr. Lafferty:

I will say yes, I definitely did. In urgent care, we were seeing patients left and right during both waves, and were just very surprised that even until March I was finding patients with positive flu testing that we were treating, and even some that were false – we think were false-positives, we treated them anyways just because of how long that season had gone into that year. And then the one thing I do want

to say regarding the flu vaccination, even though it wasn't as normally as effective as we have seen lately, it still did prevent up to 90,000 hospitalizations last year. So it is still really important for us to get that flu vaccination, and it also helps reduce the severity of flu illness if someone does unfortunately catch it.

Dr. Caudle:

You know, Dr. Lafferty, why don't we stay with you for the next question. What types of guidance do you follow when it comes to protecting patients throughout the flu season?

Dr. Lafferty:

So I always go by the CDC and their recommendations, and right now it is always recommended that patients six months of age or older should be vaccinated annually, especially those at high risk for complications from influenza. There are benefits to the flu vaccine that we should discuss with all of our patients. And some of these are obviously to reduce the flu illnesses themselves, to reduce the amount of doctor's visits and, as a physician myself, when you have a clinic fully booked and then you have little Tommy, and Johnny, and Susie, and Susie's mom all walking in thinking they have the flu, you're adding more and more patients to your already-full schedule. So this is really important for you, as well, as the provider. It also reduces the amount of absences from work and school, so it helps with productivity in the long run. And it also helps prevent flu-related hospitalizations. It should be administered to patients by the end of October per the CDC; however, I live in Florida, and we have patients that are what we call snowbirds and they come in any time in the fall, sometimes in November or December. If they haven't received their vaccination, it's still recommended to give it. It's beneficial for them throughout the entire season even past January and beyond, we should talk to our patients about the vaccination. This year, in particular, the World Health Organization and the FDA did recommend particular strains for the vaccination. And the Trivalent vaccine they did discuss for the H1N1 virus to use the Brisbane-like virus, and then for the H3N2 the Kansas-like virus. For flu B, they recommended the Colorado-like virus from the Victoria lineage. And for the Quadrivalent vaccine, they added the Phuket, which was the flu B from the Yamagata lineage.

Dr. Caudle:

So who is at higher risk of contracting serious complications from the flu? Dr. LoVecchio, why don't we steer this question towards you.

Dr. LoVecchio:

I think the people who are at high risk for developing flu complications are listed on sites such as the CDC website, etc. and they extrapolate data of people who do worse when they get the flu. And a lot of them include people who are over 65 who have lung disease such as asthma, or diabetes, or heart disease or morbid obesity.

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 Drs. Casey Lafferty and Frank LoVecchio about how we can keep our patients and ourselves safe during the flu season.

We spoke a bit earlier about who's at higher risk of developing serious complications from influenza, but now let's shift over to discussing what a patient should do if they contract the flu. So, starting with you, Dr. Lafferty, can you tell us why antiviral treatment as an adjunct to vaccination is so important?

Dr. Lafferty:

Yes, of course, Dr. Caudle. Once again, the vaccination is the best line of defense against the flu in preventing it, but you know not every patient gets the flu vaccination, or they do develop the flu even with the vaccine. So that's why the antiviral becomes important. They need to be administered promptly, and especially we need to think about our high-risk patients. CDC in particular recommends treatment to be done as early as possible with any patient confirmed or suspected. So even if you have that patient that was flu-negative, but they look like, they walk like, they talk like, they smell like the flu, you should really treat them, especially those who are hospitalized or have severe complicated or progressive illness from the flu, and also those at higher risk for developing flu complications such as those who are over 65 or have underlying medical conditions that leave them susceptible to these issues.

Dr. Caudle:

And now that we know why it's so important, Dr. LoVecchio, can you talk about the antiviral treatment options that are currently available?

Dr. LoVecchio:

Yes, currently there are four influenza antiviral medications approved by the FDA. The most recent one approved is a one-dose treatment called Xofluza, or baloxavir marboxil. And we're really excited about it. It's FDA approved to treat people over 12 years of age who have had the flu for no more than 48 hours. In addition, it's also approved to treat people who are at risk for developing complications associated with influenza, again 12 years and older. It's important to note, you know, that it does have certain side

effects, as with all medications. The side effects associated with Xofluza include common things like diarrhea, bronchitis, sinusitis, headache, and nausea. In clinical trials, the adverse events from Xofluza were similar to or even lower than placebo. But I think it is an exciting time for antivirals because this is one of the first antivirals in the last 20 years that has novel mechanisms. So it's a new mechanism to combat this very serious disease of influenza.

Dr. Caudle:

So what's the significance of having a one-dose treatment option? Dr. Lafferty, why don't we have you answer that question.

Dr. Lafferty:

Okay, perfect. So I am working alongside with Genentech this year to help raise awareness on the flu season preparedness, as well as treatment, and I will say Xofluza, or baloxavir marboxil, is a single weight-based dose of medication. It's taken two pills at the same time, and it reduces your flu symptoms by more than one day, compared to placebo. There are other antivirals on the market, and we do use them. They can, however, require as many as 10 pills over the course of several days for a patient to take. In my practice, a simpler regimen tends to have a higher rate of adherence with my patients. And in our society where people like things one and done or as quickly as possible so they can get back on their feet and keep moving along, when I tell them, 'Hey, there is a one-dose treatment,' they're jumping all over it.

Dr. Caudle:

So looking ahead at the rest of this flu season, what predictions do you have, and what tips can you share with our listeners?

Dr. Lafferty:

I would say there are some important things regarding this season. Obviously, as we've said, flu vaccines are the first and foremost important thing for our line of defense against the flu each year. In addition to that, if our patients do get sick, we should really think about the antivirals that are available within the first 48 hours of onset of the symptoms, especially those high-risk patients, which prescribing an antiviral such as Xofluza would be important for. Dr. LoVecchio, what are your thoughts on this season?

Dr. LoVecchio:

So, I echo what Dr. Lafferty said, and I agree that the flu vaccine is the single most important line of defense against the flu. I also agree that good hand hygiene, good cough etiquette, et cetera. If you do get the flu and you have potential for developing complications, Xofluza is FDA approved and should think about taking Xofluza.

Dr. Lafferty:

Okay. And, Dr. LoVecchio, kind of what I was saying about this one-dose option and adherence, what have you been seeing in the ER lately?

Dr. LoVecchio:

You know, working in the ER, working at an inner-city ER with my residency program, et cetera, and I think a lot of my patients have difficulty with access to medication. I think giving them that one dose in the ER, I guarantee they've been treated for the whole time. By including it in the ER visit, they don't have to do a co-pay by going to the pharmacy and have to worry did they get the medication, did they fill it. They are really happy about it, I think. The reception from patients is good. And it's just a matter of education to say to them this is as good as other drugs out on the market that you take in longer amounts.

Dr. Caudle:

Excellent. You know, that's a great way to round out our discussion on this year's flu season and what people can expect over the upcoming cold months. I'd like to thank my guests for joining me in this discussion, Dr. Lafferty and Dr. LoVecchio, it was great speaking with you both today.

Dr. Lafferty:

Thank you, as well, Dr. Caudle. It was great talking to you.

Dr. LoVecchio:

Thank you for having me. It's been a pleasure. Thank you so much.

Announcer:

Indication

XOFLUZA™ is indicated for the 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

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.

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.

Important Safety Information

Hypersensitivity

Cases of anaphylaxis, urticaria, angioedema, and erythema multiforme have been reported in postmarketing experience with XOFLUZA. Appropriate treatment should be instituted if an allergic-like reaction occurs or is suspected. The use of XOFLUZA is contraindicated in patients with known hypersensitivity to XOFLUZA.

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.

Drug Interactions

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).

Concurrent Use with Live Attenuated Influenza Vaccine

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 decrease the effectiveness of LAIV vaccination. Interactions between inactivated influenza vaccines and XOFLUZA have not been evaluated.

Most Common Adverse Reactions

Adverse events (regardless of causality assessment) reported in at least 1% of adult and adolescent subjects (n=1,440) who received XOFLUZA at the recommended dose included diarrhea (3%), bronchitis (3%), nausea (2%), sinusitis (2%), and headache (1%).

For additional important safety information, please see XOFLUZA full prescribing information at 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.

This program was sponsored by Genentech. If you missed any part of this discussion, visit ReachMD.com/fluseason. This is ReachMD. Be part of the knowledge.