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Vax Myths Unveiled: Navigating Flu Vaccine Misconceptions

### ReachMD Announcer:

Welcome to ReachMD. This medical industry feature, titled “Vax Myths Unveiled: Navigating Flu Vaccine Misconceptions,” is sponsored by CSL Seqirus.

Here’s your host, Dr. Charles Turck.

### Dr. Turck:

With flu season well underway, it’s critical that clinicians stay up to date on the latest recommendations and best practices around flu vaccination. But how can we address current and concerning trends in declining flu vaccination rates while emphasizing the importance of the flu vaccine in reducing severity, especially in light of COVID-19 and RSV vaccines?

This is ReachMD, and I’m your host Dr. Charles Turck. Joining me to discuss declining flu vaccination rates based on CDC data, and why it’s critical to improve rates this season, are Dr. Wendy Wright and Dr. Elias Chahine. Dr. Wright is a Family Nurse Practitioner and owner of Wright & Associates Family Healthcare, PLLC in Amherst, New Hampshire. And Dr. Chahine is a Professor of Pharmacy Practice at Palm Beach Atlantic University in West Palm Beach, Florida, and a Clinical Pharmacy Specialist at Wellington Regional Medical Center. Welcome to you both.

### Dr. Wright:

Thank you so much for having me.

### Dr. Chahine:

It’s a pleasure to be here.

### Dr. Turck:

Dr. Wright, let’s start with you. Can you tell us about the current rates of influenza infection in the United States?

### Dr. Wright:

Yes, so as we know, the 2023/2024 flu season is well under way, and note that this is the second earliest start to flu season in the past six years.<sup>1</sup>

As of December 2023, seasonal influenza activity is increasing in most parts of the country. And as with previous years, children ages zero to four years old are the most impacted.<sup>1</sup>

In addition, early on in the season, influenza-like illness activity has been trending upward in the majority of the country. In fact, we are seeing outpatient visits due to respiratory illness above the national baseline of 2.9%, as reported by the U.S. Outpatient Influenza-like Illness Surveillance Network.<sup>1</sup> And that is certainly something I am seeing in my clinic as well.

But despite this increase in activity, flu vaccination trends in retail and healthcare settings for the 2023/2024 season are already below last season, which then marked a 10-year low for flu vaccination rates.<sup>2</sup> So clearly, missed flu vaccination opportunities are happening. And this becomes especially clear when we look at the results of the 2023 annual survey commissioned by the National Foundation for Infectious Disease. The goal of this survey was to better understand beliefs about influenza and other respiratory diseases, as well as attitudes and practices around vaccination. And this survey shows that 65% of people know flu vaccination is best to help prevent

hospitalizations and death, but 43% don't plan to or aren't sure that they will be vaccinated.<sup>3</sup>

And some of what we hear from patients may be that they're worried about vaccine safety, especially when clinicians recommend getting three vaccinations at once—I'll address this later in the program. Or it may just be that vaccination isn't top of mind.<sup>4</sup> But this is part of what's causing low and lagging vaccination rates that I just mentioned as compared with last year. In all, we're down more than 7,000,000 doses from the 2022/2023 season.<sup>4</sup>

**Dr. Turck:**

Thank you, Dr. Wright. Now turning to you, Dr. Chahine, why is it so critical that we improve flu vaccination rates?

**Dr. Chahine:**

There are a few key reasons. First, while the flu may seem benign to some, it may result in up to 710,000 hospitalizations and up to 52,000 deaths every year in the United States.<sup>5</sup> And clinicians need to convey to our patients that getting vaccinated doesn't just protect from the flu, but it also reduces severity and complications if patients get infected.<sup>6</sup>

And second, even though flu vaccine effectiveness varies year to year, the data clearly show that it can prevent intensive care unit visits and save lives. A 2021 study showed that among adults hospitalized with influenza infection, vaccinated patients had a 26% lower risk of ICU admissions and a 31% lower risk of death from flu compared with those who were unvaccinated.<sup>7</sup> We need to reverse this trend of declining vaccination.

So these are the reasons why I strongly recommend flu vaccination to all my eligible patients every flu season. But I've also noticed it's become more difficult to encourage influenza vaccination when there are at least two other prominent infectious diseases requiring vaccination circulating simultaneously, and those are of course COVID-19 and respiratory syncytial virus, or RSV for short.

**Dr. Turck:**

I'd like to focus on that a bit more. Dr. Wright, there seems to be some confusion or reluctance among patients and clinicians around giving flu vaccines along with COVID-19 and RSV vaccines, so I'd like to clear things up here. What do the guidelines recommend?

**Dr. Wright:**

So it's definitely common practice to give one or more vaccinations during a single visit. We call this co-administration. The flu vaccine may be given with COVID-19 or RSV vaccine if the patient is eligible and the timing for each vaccine is right. It's also possible to give all three vaccines in one visit, or patients can receive them in separate visits with no minimum amount of time required between vaccinations.<sup>8</sup>

Now I do understand the reluctance that comes with co-administration, and clinicians and patients alike want to know if it's safe to do so. Well, studies conducted throughout the COVID-19 pandemic supported the safety of getting a flu vaccine with the COVID-19 monovalent vaccine during the same visit. One CDC study showed that patients who received a flu vaccine and a COVID-19 monovalent vaccine at the same time were slightly more likely to have reactions including fatigue, headache, and muscle aches than people who only got a COVID-19 monovalent vaccine, but those reactions were mostly mild and went away quickly.<sup>8</sup>

Now we have limited data on getting flu and RSV vaccines at the same time because RSV vaccines are newer. However, in clinical trials, co-administration of RSV and flu vaccines was safe, but reactions at the injection site might be more common after getting flu and RSV vaccines at the same time than after getting the flu vaccine alone.<sup>8</sup>

I should note that with co-administration, vaccines should be given either in different places—perhaps one in each arm—or, if given in the same arm, they should be injected at least one inch apart.<sup>8</sup>

In my opinion, the bottom line here is that all clinicians should be strongly promoting comprehensive immunity against the prominent circulating viruses for the health and the safety of our communities.

**Dr. Turck:**

For those just tuning in, you're listening to ReachMD. I'm Dr. Charles Turck, and joining me to review current trends and dispel some misconceptions about influenza vaccinations are Drs. Wendy Wright and Elias Chahine.

Now that we've cleared up some confusion around co-administration, Dr. Chahine, what should clinicians consider when caring for and educating specific populations about flu vaccination, such as for pregnant patients?

**Dr. Chahine:**

Just like other specific populations, a pregnant patient and their developing child are at high risk for flu complications, so this makes influenza vaccination all the more important for this population. After all, influenza infection is more likely to send pregnant patients to the hospital than non-pregnant patients of child-bearing years. Even a fever can cause neural tube defects and other adverse outcomes to an unborn baby.<sup>9</sup>

So it's extremely important to encourage pregnant patients to get vaccinated against influenza to help prevent hospitalizations and other complications, as well as protect the health of their developing babies. Even after a baby is born, that vaccination will protect the child against the flu and flu-related hospitalizations as the mother passes antibodies to the child during pregnancy and while breastfeeding.<sup>9</sup>

Again, the question of safety is usually top of mind in this patient population, and patients may have misconceptions and reluctance around getting vaccinated. If this comes up, it's crucial to let these patients know that clinicians have given influenza vaccines to millions of pregnant patients for more than 50 years, and we have substantial evidence that flu vaccines are safe to receive during pregnancy in any trimester, as recommended by the CDC and the Advisory Committee on Immunization Practices, or ACIP.<sup>9</sup>

**Dr. Turck:**

Well, we've covered a lot of ground here today, but I'd like to get some final thoughts from each of you. So, Dr. Wright, starting with you, what do you want our listeners to take away from today's discussion?

**Dr. Wright:**

I want to stress that it is not too late to vaccinate. In fact, the CDC recommends that flu vaccination continue through the full season, which typically peaks in December or later.<sup>10</sup>

Our strong recommendations and offers of vaccination to all eligible patients six months of age and older are crucial to whether our patients get vaccinated. We see abundant data showing that recommending and offering a vaccine during the same visit makes a patient more likely to get fully vaccinated.<sup>5</sup>

And in fact, in December 2023 the CDC's Health Alert Network issued a health advisory alerting clinicians about the urgency of this season's low vaccination rates, and that clinicians should administer influenza, COVID-19, and RSV immunizations now to patients, if recommended.<sup>4</sup>

**Dr. Turck:**

Thanks, Dr. Wright. And Dr. Chahine, you get the final word.

**Dr. Chahine:**

Because vaccination, whether flu vaccination alone or co-administration, is so important, I would like to point our listeners to the CDC's FluVaxView interactive dashboard, which is updated weekly so you can stay up to date on vaccination rates and trends in your area.

I encourage clinicians to use these data and the latest CDC and ACIP resources as motivation for their vaccination efforts. Again, we still have time left this flu season to improve protection and potentially reverse this downward trend.

**Dr. Turck:**

Well, those are great comments for us to keep in mind as we come to the end of today's program. And I want to thank my guests, Drs. Wendy Wright and Elias Chahine for helping us better understand current flu vaccination trends and unraveling misconceptions about flu vaccination and co-administration.

Dr. Wright, Dr. Chahine, it was great speaking with you both today. Thanks again for being here.

**Dr. Wright:**

It was truly my pleasure.

**Dr. Chahine:**

Thank you for having me.

**ReachMD Announcer:**

This program was sponsored by CSL Seqirus. If you missed any part of this discussion, visit [Industry Feature on ReachMD.com/IndustryFeature](https://ReachMD.com/IndustryFeature). This is ReachMD. Be Part of the Knowledge.

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