

### 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/vaccination/addressing-the-burden-of-influenza-in-pediatric-patients-the-role-of-vaccines/15716/>

### ReachMD

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

---

Addressing the Burden of Influenza in Pediatric Patients: The Role of Vaccines

### Announcer Introduction

You're listening to *VacciNation* on ReachMD, and [this episode](#) is sponsored by CSL Seqirus. Here's your host, Dr. Charles Turck.

#### Dr. Turck:

This is *VacciNation* on ReachMD, and I'm Dr. Charles Turck. Joining me to discuss the burden associated with pediatric flu and how we can address it is Dr. Jill Foster. Dr. Foster is a Professor in the Department of Pediatrics and the Director of the Division of Pediatric Infectious Diseases at the University of Minnesota Medical School in Minneapolis. Dr. Foster, welcome to the program.

#### Dr. Foster:

Thank you.

#### Dr. Turck:

So let's start with some background, Dr. Foster. How prevalent is the flu in pediatric patients?

#### Dr. Foster:

I think the flu is a lot more prevalent than a lot of people even imagine. I think that people view the flu as just, they look around and they see kids with runny noses, and then they say, "Oh, well, you know, it's the flu, but it is usually really more just a common cold." And the thing that we worry more about is the children that have more of a serious illness, more coughing, more fever, which can really get them in trouble.

#### Dr. Turck:

And with that background in mind, let's turn our attention to the burden associated with the flu. Starting with the clinical side of things, how does the flu impact our youngest patients?

#### Dr. Foster:

Well, I think anybody who was around last fall realized that we really had a terrible flu season. There were long lines at the urgent care, emergency rooms were packed, and pediatric hospitals were just really struggling to cope with it. And I think that [people](#) think that flu is this mild illness, and yet basically one in four to one in five of visits to any doctor, any provider for respiratory illnesses are from children under five. And the majority of those are kids with respiratory illness, especially with flu, during flu season.

#### Dr. Turck:

And how about the non-clinical burden? What can you tell us about that?

#### Dr. Foster:

I think beyond thinking about the suffering from children, the loss of life from children - last year, a hundred children died from flu. And that was not only the horrible loss that it was for their families for loss of a child, but the economic burden really goes much wider than that on us as a nation, the amount of money that is spent on the reimbursement and cost of having enough urgent care centers and all the billings from the urgent care centers. [Once](#) somebody goes to an urgent care center, there's often x-rays that are taken. There's lab

tests that are done. Those all cost money. Beyond the direct effects to the healthcare system itself is the economic burden to families, much more than just the cost of Tylenol. It is the families have to take off from work. Some families will even have three or four kids who all have the flu. They may actually lose their employment. And so the economic burden is much more, I think, than people think about when they think about a simple sort of bad cold.

**Dr. Turck:**

For those just tuning in, you're listening to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. Jill Foster about the burden of pediatric flu. So, Dr. Foster, given everything that we've discussed so far, would you share the flu vaccination recommendations for children from the CDC and the Advisory Committee on Immunization Practices, or ACIP?

**Dr. Foster:**

So, I mean, the first thing I'll say to people is there's a number of different flu shots and nasal that can be given to children. And one of the things I'll advise people is to really make sure you know what product you have because different ones have different amounts that you give and all sorts of subtle changes. So figure out in your office which one you're giving, and then make sure you have the schedule and try to decrease any confusion that you might have from that. So then the first thing is children six to eight months who've never had a flu vaccine before, they'll need to get two doses four weeks apart.

So for the six month olds that are coming, it's pretty easy, you know that they haven't had any flu vaccine before. They didn't become eligible until six months. So those ones are pretty easy and you want to get those kids in as pretty much as soon as you can and once you have the flu vaccine available because they're not really going to be covered well until they have that second vaccine. And most people aren't going to be that good about, you know, the day that they're eligible and four weeks later that they're in your office getting their shot. So those you want to kind of plan ahead for.

For the kids that got two vaccines last year in that two to eight month span, they just need one shot. And even for the kids that got two vaccines even in different years, so say you have a four year old who last year they got one and the year before they got one, that's good enough that they're only going to need to have one vaccine this time and likely in future years. Oh, it's hard to predict future years. Vaccines can become available probably later in August, and then starting in September to October, really people should have their plans in place for how to really roll out their flu vaccine.

**Dr. Turck:**

You were talking about how, especially in the case of infants and children who have not had a flu vaccine before, they don't usually get in exactly four weeks later for their second dose. I think it may make a lot of sense to schedule that second dose on the way out of their appointment for the first one.

**Dr. Foster:**

Yeah. I'm always amazed when I look at a lot of people talk about sort of the anti-vaxxers is the biggest challenge for improving vaccination, but a lot of it is people just can't take off that many times from work to go. I've worked with a lot of clinics that did vaccine clinics on Saturday mornings to try to get people vaccinated and to have a good reminder system in place to make sure that they do schedule, as you said, that visit right when they're leaving the doctor's office.

**Dr. Turck:**

Now how might an increase in vaccination rates in this patient population help address the burden they, and the clinicians who treat them, face?

**Dr. Foster:**

Well, I think we know that we're going to decrease the number of those clogged up emergency rooms that I talked about. So even if a flu vaccine is only 40 percent effective, you're probably going to eliminate about 2 million visits to a provider office across all age groups. So already, just by giving a vaccine to people at recommended dosages that's not even a perfect vaccine, you're already going to take 2 million visits away. So that's going to be an incredible thing. You're going to have more parents that are going to be back to work. You have more kids that are in school learning and fewer kids that are going to be spreading flu to everybody else in their families, their schools, and their daycare. And so it's really going to make a huge difference to give that flu vaccine both for the individual that you're giving it to who now won't have to potentially face a hospitalization, a doctor's visit, or even death, but for all the people that are around them.

**Dr. Turck:**

And lastly, Dr. Foster, I was wondering if you had any parting thoughts about this topic to share with our audience today?

**Dr. Foster:**

Yeah, I think the biggest thing to think about is sort of our big goal of getting as many people vaccinated as possible. During the pandemic, we lost ground, and we have fewer people vaccinated for influenza since the pandemic began compared to before the pandemic. So I think our first goal really should be to try to at least get back to where we were before the pandemic. Because that was a group of people who were willing to vaccinate, we need to look at maybe something logistical going on, maybe sort of different hours, you know, just work out the logistics of what's changed now. I know it's difficult for a lot of people to get doctor's appointments still. The second thing though is I think some attitudes have changed in this country around vaccination for a lot of different reasons. And so perhaps the solution is to have a conversation with folks to find out if it's just that they can't get in or is it that they don't want to get in. And first try to get back to where we were before the pandemic with our vaccination rates, and then even try to do better than that.

**Dr. Turck:**

Well given just how heavy the burden associated with pediatric flu is, I want to thank my guest, Dr. Jill Foster, for giving us a better understanding of its impact. Dr. Foster, it was great having you on the program.

**Dr. Foster:**

Thank you.

**Announcer Close**

This episode of *VacciNation* was sponsored by CSL Seqirus. To access other episodes in this series, visit ReachMD dot com slash vaccination, where you can Be Part of the Knowledge. Thanks for listening!