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Boosting Flu Vaccination Rates: A Guide for Primary Care Providers

Announcer:

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

Dr. Turck:

Welcome to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss strategies for tackling the recent decline in influenza vaccination rates is Dr. John Russell. Not only is he a fellow ReachMD host, but he's also the Chair of Family Medicine at Jefferson Abington Hospital in Abington, Pennsylvania. John, thanks for being here today.

Dr. Russell:

Charles, thanks for having me.

Dr. Turck:

Now for some background, the CDC currently estimates that flu vaccine coverage for all adults is about 47 percent, and there's been a continued decline among pregnant patients and children since 2020. So to start us off, John, would you tell us about the factors contributing to this decline?

Dr. Russell:

Yeah, and boy, it is a multi-faceted question. So going back kind of pre-pandemic, the two highest groups for vaccination rates in the United States were children under the age of 4 and seniors over 65. And both of those groups really tapped out at 65 percent, and actually, for seniors, it's been that way for 12 or 14 years. So there's been about 1/3 of the population in our highest vaccinated groups that we haven't been able to get vaccinated despite things that have happened. So we have always had that as a problem. COVID comes along, and suddenly, it becomes really hard for people to get to the doctors; doctors' offices are closed, or people are afraid to go out.

If you look at what happened with influenza during the COVID epidemic, we don't always know how many numbers of influenza there are in the United States, but what we do know is how many pediatric deaths there are because that's a reportable condition. In 2020, there was only 1 pediatric flu death in the United States, and usually, they're somewhere around 150. So there was a ton less flu activity. I think people developed a certain amount of vaccine fatigue, and people didn't think that the flu was important because they hadn't heard of people having flu; they heard of people having COVID. And then we had the "vaccines are bad" kind of talk in social media and things like that, so a lot of people who weren't rock solid in their confidence about getting a vaccine might have wavered a little bit and decided not to get vaccinated or thought, "I got a COVID vaccine, so I don't need a flu vaccine."

Dr. Turck:

And as a follow-up to that, what are the consequences of these reduced vaccination rates not only for our patients, but also the health care system as a whole?

Dr. Russell:

Yeah, and part of vaccinating a population is to prevent the spread to other people. There's a concept called R0, and that's how many people I will get sick if I have an infectious agent and I'm around a population who's not protected. The R0 for flu is roughly about 1.5 to 2. The R0 for measles is about 18 to 19. So it is something that I am going to spread to 1.5 people, who will spread it on to 1.5 people and such and such. So you can have a huge flu sweep through a community. When flu shows up in a community, it affects up to 25 percent of the people in that population as it goes through town.

Dr. Turck:

For those just joining us, this is *VacciNation* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Dr. John Russell about the decline in flu vaccination rates.

So, John, now that we have a better understanding of why it's so important to tackle the decline in flu vaccination rates, let's switch gears and focus on the primary care physician's role in all of this. To set the stage, would you tell us about the common misconceptions patients have about the flu vaccine and how you address them?

Dr. Russell:

Yeah. And there's been a lot of misconceptions for a long time. I think the largest one is you can get flu from the flu vaccine. It's not a live virus for the most part, besides the nasal product. You're not going to get influenza from that, but people get a shot and feel achy, especially the first time they get it, and actually believe that's influenza. When I get a tetanus shot and my arm's sore, I don't think I have tetanus. So I think part of it is addressing a little bit of that misconception. There are newer misconceptions, and people cannot completely wrap their head around that there are three respiratory viruses that have vaccines: COVID, RSV, and flu. And people kind of think they are the same, and if I'm vaccinated for one, I'm vaccinated for all three. So there are a bunch of misconceptions around influenza.

Dr. Turck:

And are there any other strategies, tools, or resources that you use to help educate patients?

Dr. Russell:

Yeah, the CDC has really great materials. There's a whole patient tool kit that you can download, and you can have handouts to give out in your office and that you can hang in your waiting room or hang in your exam room that really kind of helps. And so that could be really helpful, and programs like this I think help kind of pass information on to clinicians.

Dr. Turck:

Now what about community outreach? How can primary care providers leverage that to help boost flu vaccination rates?

Dr. Russell:

I think one of the things for community outreach is it begins with me. So I think the strongest predictor of whether someone will be vaccinated is a strong recommendation from their primary care clinician. So if I say I got the vaccine, everyone in my family has been vaccinated this season, and everyone who works in this office has been vaccinated, it really helps. Moving further out into communities, make it easy. So if someone could get a flu vaccine at their place of worship, if someone could get a flu vaccine at their place of employment, or even just making it easier. Since COVID, my office has a drive-up flu vaccine clinic in the fall that people kind of pull up in the car, and we give them shots, and they wait for few minutes, and drive off, and this has made it very easy for people to get a flu vaccine. If someone has to take time off work, wait in the waiting room, get a shot, wait to check out, etc. The harder we make it, the more people that are just going to skip it.

Dr. Turck

So given everything we've discussed today, John, if you had to give one call to action about flu vaccination to your colleagues in primary care, what would that be?

Dr. Russell:

So flu is still important. In a given year, it causes 12,000 to 80,000 deaths if you look over the last 15 years. We can make a difference just with a recommendation. We have to be the leaders, and part of being the leader is being vaccinated yourself, getting your staff vaccinated, and being a pro-pace for talking about influenza vaccination. Make it easy for your patients to get vaccinated. Use the electronic medical record to kind of have a little bit of a tickler for people to come in and really be a believer.

Dr. Turck:

Well, with those sentiments in mind, I want to thank my guest, Dr. John Russell, for joining me to discuss how primary care physicians can help increase flu vaccination rates. John, it was great having you on the program.

Dr. Russell:

Charles, thanks for having me. I appreciate it.

Announcer:

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