

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/comprehensive-immunization-co-administering-flu-rsv-and-covid-19-vaccines/26595/>

ReachMD

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

Comprehensive Immunization: Co-Administering Flu, RSV, and COVID-19 Vaccines

Announcer:

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

Dr. Cheeley:

This is *VacciNation* on ReachMD, and I'm Dr. Mary Katherine Cheeley. Joining me today to share their perspectives on the co-administration of flu, RSV, and COVID-19 vaccines are Drs. Jill Foster and John Russell. 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. Cheeley:

And Dr. Russell is not only a fellow ReachMD host, but he's also a family medicine physician at Jefferson Health System in Abington, Pennsylvania. Dr. Russell, thanks for joining on the other side of the table this time.

Dr. Russell:

Dr. Cheeley, thank you so much.

Dr. Cheeley:

Now for some background before we jump in, recent studies and data suggest that co-administering the flu and RSV and COVID-19 vaccines is generally safe, and side effects are typically mild to moderate. So let's get started, Dr. Foster. Can you tell us what those side effects are and if there's any specific patient populations or conditions we should monitor just a little bit more closely?

Dr. Foster:

So I think that there's pretty common side effects with it that are pretty predictable too, like soreness at the sites of the injection and usually a little bit of stiffness—especially if it's in their arm—moving the arm. If there is soreness, you can do a hot pack or cold pack, whichever feels better, and that will help. The other part is sort of systemic side effects that you feel a little bit achy or maybe have a fever, usually not a very high fever, just a low-grade fever. And just almost a feeling like you're coming down with something, but that's actually a good thing, and I always tell my patients it's a good thing because it just shows your immune system is responding to the vaccine.

Dr. Cheeley:

I think that's such a great point. I tell my patients that all the time. And because of the safety data that we have, the current recommendations from the CDC and ACIP support the co-administration of these three respiratory vaccines. However, each vaccine should be administered at a different injection site to minimize that local reaction. So, Dr. Russell, how do you typically approach giving multiple vaccines in different administration sites?

Dr. Russell:

I think one of the things that's interesting is we wouldn't get through the first year of life immunization schedule if someone couldn't get multiple vaccines. So I think sometimes adults get a little kind of weirded out by it. They should be at least an inch apart, and the CDC

has a nice piece of paper that you can download if you're giving multiple vaccines in the same arm to help your staff keep track of things. On a very practical level, if something's a novel vaccine for our patient who has not received something in that family before, I might have that as the isolated one if I was giving three in one arm versus two arms.

Dr. Cheeley:

And, Dr. Russell, sticking with you, the CDC and the ACIP also recommend that this co-administration should occur before the peak season begins in the fall and winter months. Why is this timing so important?

Dr. Russell:

Yeah, and you can break it down a little bit by the vaccines. So we're thinking about influenza vaccine, and it seems to show up at commercial drug stores in July. So giving a vaccine in July is closer to February going backwards than forwards. So really, I think especially for our high-risk population, our senior population, I don't think anyone should be getting their vaccine—and the ACIP supports this—really on the early side of Labor Day. I think someone should get it after Labor Day, and probably October is the main month.

Moving on to RSV, RSV is a little bit different for our adult population. It's not an annual vaccine, so if someone got the RSV vaccine last year, they don't need it this year. RSV season typically is November to December, but we are a real big country, and RSV season starts about a month to a month and a half sooner in Florida and Texas than it does in Pennsylvania, where I am. So I think people need to be mindful to do that. We want a good 2 weeks before we give the vaccine.

And then the COVID vaccine has not really completely played itself out to be a seasonal illness.

If we're looking in the pediatric space, there is much more prescriptive with regard to getting the RSV vaccine, on what months either/whether you're giving them a maternal vaccine or whether you're giving the monoclonal antibody for that. And if it is a child with the flu vaccine, you might give that first dose in August, if it's the first time their getting it, because they're going to need a second dose at least a month later.

Dr. Cheeley:

For those just joining us, this is *VacciNation* on ReachMD. I'm Dr. Mary Katherine Cheely, and I'm speaking with Drs. Jill Foster and John Russell about the latest safety data and recommendations for co-administering the flu, RSV, and COVID-19 vaccines.

Thank you so much for reviewing that latest safety data and recommendations. Let's kind of zero in on how we can optimize vaccination rates. It's gotten harder and harder in the last couple years. So, Dr. Foster, what are some common concerns patients have about getting these three vaccines, specifically at the same time? And how do you address them with your patients?

Dr. Foster:

Well, with my patients, I always try to have a dialogue with them. I mean hopefully, the first time that I'm giving them vaccines is not the first time I have seen them, although that sometimes happens. But I try and figure out where they're coming from and what their concerns are so that I can put all of those into the equation of thinking about things. People are worried sometimes that the side effects are going to be worse with three at the same time. That doesn't really show up to be as a problem. Some people worry that their immune systems are going to be overwhelmed by having three different vaccines at the same time, and what I talk to them about is sort of the way we are in nature and how we have developed as human beings; we're often exposed to a bunch of different things at the same time, and our immune systems are really able to handle that. And there's some evidence that when administering them at the same time, your immune system is all primed and ready to handle them, and so having multiple things at the same time, your immune system is awakened and ready to receive them. Some people just don't want to have three at the same time or it's inconvenient for them to have at the same time. And so we sit down, and we work on having a very concrete plan. If you've got them in your office right at that moment, and they only want to have one vaccine or two vaccines, really make sure that they don't leave your office without an appointment for the second one and a really good plan in place.

Dr. Cheeley:

Those are awesome tidbits. Dr. Russell, what strategies do you use to encourage your patients to get flu, RSV, and COVID-19 vaccines?

Dr. Russell:

You know, I think when you look at the data on what is going to be most influential, it's a strong recommendation from someone's personal physician. So in general, I have to say why I think it's important for a particular patient, and I share my narrative. I've gotten a flu vaccine every year for the last 40 years. Everyone in my family gets a flu vaccine every year. Everyone who works in this office gets a flu vaccine every year.

You know, the COVID space has become a little bit more complicated because there's people who've had no vaccines. There's people who've had six vaccines. There's people who have had six vaccines and COVID and things along that line. We probably have less to explain, but I think people need to know what's the additive benefit for this.

And I think with RSV, part of it is a whole new educational space, right? A lot of people might know that RSV affects children and has about 150 deaths per year. RSV in adults has about 14,000 deaths a year, and I think even a lot of clinicians don't know that. So I think we have to explain why we would be giving the RSV vaccine. And then the RSV has a universal recommendation now for patients over the age of 75. For patients who are in that 60 to 75 range, it's kind of more, "Do you have some risks that would make it worth you getting the vaccine?" So a little bit more nuanced and a newer vaccine for us to explain to patients.

Dr. Cheeley:

I totally agree with you. Dr. Foster, let's come back to you for our final word. What kind of impact can this have if we're able to protect our patients against these three prevalent respiratory viruses?

Dr. Foster:

Well, we can decrease suffering, which as a physician, that's the first thing that we want to do. I think a lot of people confuse the common cold with the flu and say, "Oh, you know, how bad is it?" But somebody who truly has influenza, it feels pretty sick and has the risk of spreading to other family members, contacts, and people they work with who may be vulnerable and not be able to have it be just the flu. So that's one thing.

The other thing is to keep it lower in the population; these viruses—especially influenza—change all the time, and they can combine with each other. And there's some evidence that having RSV and influenza at the same time may make one or the other worse by having the two at the same time. So you want to try to decrease the amount of viruses that you have at any given time.

I think the other thing that people can get hung up on, especially around COVID, which is very complicated, is "I had the vaccine, and I still got sick, and so why should I get the vaccine again?" And the vaccine really is designed to make it be that you don't get horribly sick from it. And also that you're going to be sick a little bit shorter, which therefore means a shorter time that you're going to be spreading it to others, especially the most vulnerable people, the ones we're worried about. So people need to think about it slightly in a different way.

Dr. Cheeley:

I love the way that you said it. Decrease suffering is one of the best impacts that we can have, and I completely agree with you. Thank you both to my guests, Dr. Jill Foster and Dr. John Russell, for joining me to share their strategies and best practices for co-administering the flu, RSV, and COVID-19 vaccines. Dr. Foster, Dr. Russell, it was amazing having both of you on the program today.

Dr. Foster:

Thank you.

Dr. Russell:

Thanks for having us.

Announcer Close

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