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Implementing ACIP's 2025 Flu Vaccine Guidelines Across Patient Populations

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:

This is *VacciNation* on ReachMD, and I'm Dr. Charles Turck. Joining me to discuss the latest recommendations on influenza vaccination from the Advisory Committee on Immunization Practices, or ACIP for short, and their implications for clinical practice are Drs. Darwin Smith and Rob Danoff.

Dr. Smith is an infectious disease specialist at San Mateo Medical Center in San Mateo, California. Darwin, thanks for being here today.

Dr. Smith:

Thank you.

Dr. Turck:

And Dr. Danoff is the Program Director of both the Family Medicine Residency and the Combined Family Medicine and Emergency Medicine Residency at Jefferson Health Northeast in Philadelphia. He's also a Clinical Professor of Family and Community Medicine at the Sidney Kimmel Medical College of Thomas Jefferson University. Rob, it's great to have you with us as well.

Dr. Danoff:

Great to be here. Thank you.

Dr. Turck:

Well, Rob, I'll start with you. As of July 22, 2025, the HHS Secretary formally adopted the ACIP's reaffirmed guidance that annual influenza vaccination is recommended for everyone age six months and older who does not have contraindication. In addition, single-dose, thimerosal-free formulations are now required for children up to 18, pregnant individuals, and all adults. So with all that being said, why are these new recommendations particularly meaningful for clinical practice?

Dr. Danoff:

Since about 1999, the government has talked about—and ACIP has talked about—reducing or eliminating thimerosal from the vaccinations. And the reason why it was there—as you all know, probably—was because we often used multi-dose vials, right? So whenever we would draw a dose, put a needle in, and take a needle out, it could introduce bacteria or fungi into these multi-dose containers. And so the thimerosal was there to prevent that, and it did, very well. However, there were some public trust concerns. Other people raised concerns about thimerosal. So now that it's been eliminated, I think it's going to regain public trust.

Dr. Turck:

Now, with that background in mind, I'd like to turn to you now, Darwin, and zero in on considerations for a few specific patient populations. Starting with young children and pregnant individuals, would you walk us through the practical steps for ensuring these groups are fully protected under the updated guidance?

Dr. Smith:

Sure. Thank you, Dr. Turck. And the updated guidance is pretty similar with respect to the groups that the recommendations are for, for vaccination.

So starting with the pediatric patients, especially those under nine needing two doses, you should begin that vaccine series early, ideally

as soon as it's available— maybe as late as late September, just such that the two doses can be given before the first part of October, when exposure to actual influenza might be a concern.

Regarding pregnant individuals, the benefit from integrating the flu vaccination into the prenatal care is the main goal, just for convenience, because people are coming in for those visits anyway. And so giving reassuring messages about getting the flu vaccine to prevent complications with influenza is a good idea, and hopefully the uptake would be improved if it's linked to those visits.

Dr. Danoff:

Charles and Scott, I think it's really good, especially for the kids, that we do have that thimerosal-free, because a lot of parents will come in and say, "Look, I don't want the preservative. I'm going to give them the vaccine, but I'm worried about this." And we can cite many studies that showed thimerosal was fine. But you know what? It takes the doubt out of parents. And I'm hoping now that maybe for more children six months and above, we'll be able to give them the vaccine without the parents or the caregivers' worry about that component.

Dr. Turck:

Now, Rob, adults age 65 and older often require adjuvanted or higher dose formulations. Why are those important and what is access to them look like this year?

Dr. Danoff:

For this year, as in previous years, we have high-dose and adjuvant influenza vaccines for those 65 and above. And these work great because they have an increased response for those 65 and above—their immune systems—to better protect them against complications from influenza. And they are all thimerosal- and preservative-free. So it's a great option for those 65 and above, and they should be available in a really good supply. So I think this is going to make it a lot easier.

When we order it, we really are going to base it on what the need was from the previous year. And I think this is going to make it easier for offices, clinics, or hospitals just to order what they think the demand was last year, plus hopefully a little bit more.

Because I'm hoping that now that the word is out that there's going to be more uptake and hopefully more protection for the population.

Dr. Turck:

And Darwin, when it comes to patients who are immunocompromised, what strategies can help ensure they receive effective and timely influenza protection?

Dr. Smith:

Yeah, thank you. That's a good question. And I think timing is key. So administering the flu vaccines at least a couple of weeks before, for example, chemotherapy in these immunocompromised folks, prior to B-cell suppression or getting their chemo, is crucial. Because as you know, to remind you, it's two weeks to gain a good immune response. And with a weakened immune system, you want to try and coordinate it with the therapy so that the antigenicity or the immunity is optimized.

Dr. Danoff:

I wanted to ask you too—if you don't mind, Charles—talking about those who might be immunosuppressed or on chemo, say they started chemo already. If it's okay with the oncologist, would you give it a couple weeks off of it and then give the vaccine? Like, what would be the timing?

Dr. Smith:

That's a pretty individual sort of scenario, and it would probably depend on the timing from the chemo exposure. But sometimes the best idea would be to give the vaccine when the patient is there and the vaccine is available, recognizing that you very well may not be doing it when it's optimal. But you don't want to miss that opportunity. And also, you don't want to miss immunity if you can even get a little bit, though it may not be optimal.

So considering these facts is critical, but it's going to vary a lot depending on patient circumstances.

Dr. Turck:

For those just tuning in, you're listening to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and I'm speaking with Drs. Darwin Smith and Rob Danoff about practical strategies for implementing the Advisory Committee on Immunization Practices', or ACIP's, flu vaccination guidelines across patient populations.

So, Rob, now that we've discussed considerations for specific patients, let's take a bird's-eye view of the guidelines. Would you give us a sense of the most common hurdles practices run into when implementing new guidance like this, and how they can be addressed?

Dr. Danoff:

Yeah, for this year, I think it was June 26 when thimerosal-free and single-dose was recommended by ACIP, and then in July it was signed off by the Secretary of Health and Human Services. So for those institutions that maybe still were buying the multi-dose, it didn't give them a lot of time to pivot.

But thankfully, there is plenty of supply. We've been told I think 156 million doses will be available—somewhere around there. So basically, it's ordering and making sure that we're getting it on time. CDC is tracking influenza, and the timing of when we give the doses is really key, because, as Dr. Smith mentioned, it takes two weeks from the time we give the vaccine to really be effective.

So basically, it's ordering, simplifying, making sure that everyone is aware of this new guidance, and that it's disseminated out there. So whether you're a rural, inner-city, suburban, or urban clinic, everyone needs to know this.

There's a lot of academic practices, and we get this all the time. But say you're out in a really small or rural area, are you getting the information right off? So we want to make sure this is disseminated to everybody so they can order properly.

And the other thing is our electronic health records—making sure that they are updated so we know which vaccine they're getting. Is it 65 and above? Is it below that? Which one do you have? Do we have to adjust the dose for young kids? It really depends.

So it's some coordination, making sure the EMR is up to date, making sure our team knows, whether it's the doctors, nurses or medical assistants giving the vaccine. We just put in influenza vaccination in the electronic health record, so we have to make sure that our team knows, how old is the person? Which one are we giving? And it's really coordination and making sure we have a good process.

Dr. Turck:

And before we wrap up our program, Darwin, what communication strategies do you find most effective for explaining these updates, especially with hesitant parents?

Dr. Smith:

Yeah, that's a great question, Dr. Turck. And I think the main thing to connect is leading with empathy and trust, acknowledging concerns if there are any, and affirming their role in figuring out what's the best thing for them.

So position yourself as the caregiver, as the health practitioner, and as a partner with the patient. And I think that will launch into the best stance. But use simple, relatable explanations. Don't use jargon. Say this year's flu shot has been updated to match the flu strains that we expect to see, just like, maybe, updating your phone software so that it will work against the new bugs. That type of thing I think will make it understandable and relatable.

And then the other focus might be protecting loved ones, because people are always interested, sometimes before themselves, in protecting their family. So making that point is important as well.

And then the other bit is just to normalize flu vaccine. And you could say, "Most of my patients choose a flu shot every year, especially since COVID taught us how serious respiratory infections can be," or something that would give them confidence. And it's a normal thing to do. You check your smoke alarms every year, you get your flu shot every year. It's about staying safe. You wear a seat belt.

And then lastly, I would say don't use numbers, but just be as simple as possible. So the flu shot won't stop every case, but it greatly reduces your chance of getting really sick, needing hospitalization, or even passing the flu on to the next person.

Dr. Turck:

Such great comments for us to consider as we come to the end of today's program. And I want to thank my guests, Drs. Darwin Smith and Rob Danoff, for joining me to provide their insights on incorporating the ACIP's latest flu vaccine recommendations into practice. Darwin, Rob, it was great having you both on the program.

Dr. Smith:

Thank you, Dr. Turck. It was a pleasure.

Dr. Danoff:

Thanks, Dr. Turck, it's great to be here with all of you.

Announcer:

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