

### Transcript Details

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Managing the Toll of Influenza on Health Systems: Challenges & Strategies

### 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:

Welcome to *VacciNation* on ReachMD. I'm Dr. Charles Turck, and joining me to discuss how we can reduce the burden of influenza on health systems are Drs. Darvin Scott Smith and John Russell. Dr. Smith is an Infectious Disease Consultant of Public Health Works, LLC in Northern California. Dr. Smith, thanks for being here today.

#### Dr. Smith:

Thank you. It's a pleasure to be here.

#### Dr. Turck:

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, it's great to have you with us as well.

#### Dr. Russell:

Terrific to be here.

#### Dr. Turck:

So, Dr. Smith, let's begin our discussion with you and focus on the economic consequences of low flu vaccination rates. First, what are the healthcare costs associated with influenza that hospitals and other health system environments need to shoulder?

#### Dr. Smith:

Sure. There are a variety of costs that occur when flu takes hold and starts going up in rates in a community, and the obvious first one that people think of is, well, you have to pay for the medical treatments for all these patients that are coming in to ask for treatment, maybe in an outpatient setting, but as well as in the hospitalized setting. There's more laboratory testing just to query what the diagnosis is, and then hospitalization itself with the severe cases are very costly. It may take everything from hospital rooms, nursing care, medical equipment, all of the things that go into even intensive care, if it reaches that level, ventilator support. And so these costs can mount quite quickly in the midst of a busy flu season.

#### Dr. Turck:

And how about productivity in these settings, Dr. Smith? How's that impacted by low vaccination rates?

#### Dr. Smith:

Productivity is adversely influenced by low vaccine rates. Obviously, there's an increase in healthcare worker illness, and if there's absenteeism, that stresses the rest of the staff out and causes all kinds of economic consequences. And with the reduced capacities, health facilities might need to allocate more resources to treat influenza cases, but also to manage other medical services because their staff is out, so elective procedures and appointments might be postponed or cancelled, and that affects patients and revenue as well.

#### Dr. Turck:

With those economic and logistical consequences in mind, let's turn to you now, Dr. Russell. Would you walk us through the flu vaccination recommendations from the CDC and the Advisory Committee on Immunization Practices, or ACIP for short?

**Dr. Russell:**

I would love to. So first of all, everyone over the age of 6 months should be vaccinated against influenza, which that would be about 99.8 percent of the population. For timing of flu vaccine, the recommended ideal time is September and October. Some signs that we might give it a little bit early is if you have a child under the age of 9 who has received less than 2 flu vaccines in their life, then we should give two vaccines this season; you could give that first dose in July or August. So that would be a time to give it early. You might give it early in a pregnant patient as well. And again, if you don't think the patient is going to be back to the office in September or October, you could give it then as well. So that would be the timing.

It's recommended that everyone get a quadrivalent flu vaccine, two strains of A and two strains of B. There are no preferential recommendations for vaccine up until the age of 65. So really whatever someone has in their office would be fine to give to someone. And then for patients who are over the age of 65, some newer recommendations are that someone should receive one of the three higher doses or adjuvant vaccines as a preferential recommendation for patients over the age of 65.

**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 Scott Smith and John Russell about the burden of influenza in the health system setting.

Now we spoke a bit earlier about the economic consequences associated with low rates of flu vaccination. So with that in mind, let's zero in on how we can increase flu vaccine uptake. Coming back to you, Dr. Russell, what policies or programs could we implement in hospital and other health system environments?

**Dr. Russell:**

So I think we need to make it as easy as possible. So whether we're going to have nurse-driven protocols, whether in our offices we're going to say, "Even before I get in the room, offer the influenza vaccine to that patient." If you have a patient who has an EMR, sending out people reminders and ticklers to come in and get an influenza vaccine. Vaccinating a patient who is hospitalized who has not yet received the influenza vaccine. And then being creative. So during the COVID pandemic, at my office, we started giving flu vaccines once or twice during the flu season out in the parking lot and having a drive-up influenza vaccine. It worked really, really well. So I think however it is, it's creative. We shouldn't view our friends in the drug store business as competitors; we should view them as people who are helping with the public health mission.

**Dr. Turck:**

And Dr. Smith, what could be done at the community level to boost vaccination rates?

**Dr. Smith:**

Sure, a variety of things should be considered at the community level, such as vaccine initiatives and programs within organizations like schools, churches, businesses, and health centers to promote vaccines and to make it as easy as possible. And that might also entail making the vaccine free or low-cost. And that encourages people with the not needing all of the preparation, the money, and the check-in procedures that you might have to go through with normal medical care if it can be normalized as a community activity. Also, holding special community flu vaccine events is another avenue to increase vaccine uptake, as well as the use of social media, and social media might be aimed more effectively at younger people. And getting vaccines in the schools is also critical, not only to get young people because they get flu. But even though people say, "Oh, they don't get flu as bad, it's not as serious, it's not as important to get vaccinated." But we also know that the younger population can transfer flu to the older or more susceptible population, and so having them vaccinated is actually an important strategy for the whole community at large.

**Dr. Turck:**

Now before we close, I'd like to hear some key takeaways from each of you. Dr. Russell, let's start with you.

**Dr. Russell:**

So, there are some great new treatments available for influenza, but the best influenza is the influenza that never happens. So getting vaccinated, studies show 40 to 70 percent lower chances of ending up in the hospital, and the best way to get your patients to take a vaccine is a personal recommendation from their healthcare provider. So we should share our own recommendation and share our own narrative that we get the vaccine every year.

**Dr. Turck:**

Thanks, Dr. Russell. And Dr. Smith, I'll give you the final word.

**Dr. Smith:**

Sure, I would echo what Dr. Russell is saying to normalize the use of flu vaccine, that it is safe and that everybody should get it who qualifies, and that's everybody 6 months and up. And making it as easy as possible to access is critical for communities to stay safe. And also, don't underestimate the influence you as a healthcare provider has in communication directly with patients about the importance of flu and with your staff and those around you who are watching because when you get the flu vaccine, everybody is watching, listening, and thinking that that's the right thing to do, which it is for the vast majority of everybody in the community.

**Dr. Turck:**

Thank you both for sharing those takeaways with us. And as that brings us to the end of today's program, I want to thank my guests, Drs. Darwin Scott Smith and John Russell, for joining me to share strategies for reducing the burden of influenza on hospitals and other health system settings. Dr. Smith, Dr Russell, it was great having you both on the program.

**Dr. Russell:**

It was great to be here.

**Dr. Smith:**

Thank you very much.

**Announcer Close**

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