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The Importance of Respiratory Virus Preventative Measures for Vulnerable Patient Populations

Announcer:
You're listening to *VacciNation* on ReachMD, and this episode is sponsored by Moderna. Here's your host, Dr. Brian McDonough.

Dr. McDonough:
Welcome to *VacciNation* on ReachMD. I'm Dr. Brian McDonough, and joining me to discuss preventative measures for respiratory viruses that vulnerable patient populations can take is Dr. Laura Knockel. She's a Clinical Associate Professor at the University of Iowa College of Pharmacy and an ambulatory care clinical pharmacist at the University of Iowa Hospitals and Clinics. Dr. Knockel, it's great to have you with us today.

Dr. Knockel:
Thank you. I'm happy to be here.

Dr. McDonough:
So why don't we start with some background, Dr. Knockel. We often hear a lot about COVID-19, but what other respiratory viruses should we be concerned about?

Dr. Knockel:
Yeah. When I think of respiratory viruses, and typically, I think of three viruses; COVID-19, like you mentioned, respiratory syncytial virus, or RSV, and then influenza. All three of them do have similar symptoms that typical cold, sore throat, stuffy head, fever, fatigue, and you really can't tell which virus you have unless you get tested.

So all three of these viruses do have substantial morbidity and mortality. Even though we're out of that COVID-19 pandemic, it really hasn't gone away. In 2023, more than 900,000 people were hospitalized for COVID-19, and more than 75,000 people died from COVID-19. During the 2023-2024 influenza season, almost 45,000 people were estimated to have died from flu complications.

Then if we think of RSV, that third virus each year for children younger than five years old, there are over 2,000,000 outpatient visits, up to 80,000 hospitalizations, and between 100 and 300 deaths from RSV. Another population we think of with RSV is patients ages 65 and older, and each year there are between 60, 160,000 hospitalizations and 6,000 to 10,000 deaths related to RSV.

Dr. McDonough:
As a quick follow up to that, which patient populations are most vulnerable to those viruses? Because some of those numbers are quite large. And how are they impacted?

Dr. Knockel:
Yeah, I hinted at a couple different patient populations already, but I usually think of three different populations that tend to be most vulnerable. Those infants and young children, older adults, so ages 65 years and older, and then patients with underlying medical conditions. Chronic lung disease, chronic heart disease, diabetes, patients that are immunocompromised, as well.

Dr. McDonough:
For those just tuning in, you're listening to *VacciNation* on ReachMD. I'm Dr. Brian McDonough, and I'm speaking with Dr. Laura Knockel about the impact of respiratory viruses on patients 65 and older, as well as adults living with comorbidities.

So, Dr. Knockel, given the ongoing threat of respiratory viruses, what preventive measures should vulnerable populations take before the fall season begins?

Dr. Knockel:
Yeah. The best preventative measure really is to ensure that you're up to date on your vaccinations. Influenza is a yearly vaccine, and COVID-19 looks like it will have that pattern as well, so both of those vaccines have been updated for 2024 and are recommended for everybody aged six-months and older regardless of your past vaccination status.

For the influenza vaccine, specifically, I wanted to talk for a moment about timing and how important that can be with this vaccine. It lasts for about six months, gives you six months of protection, so we want to make sure we don't give it too early and risk not being covered for the entire influenza season. But we also want to make sure we administer it early enough in the season that we give our bodies that two weeks to build that immune response that we need. So for most patients, we're thinking between September and October is really the best time to receive your influenza vaccine. However, it can still be given in November and even later. So if you do miss that two-month window I mentioned, it's absolutely worth it to still receive that vaccine.

With RSV, it's a little bit different. There are a couple specific patient populations that we target with that one. And as of right now, it's only a one-time dose as compared to the annual vaccine that COVID and influenza is.

Dr. McDonough:
What about the RSV population?

Dr. Knockel:
Yeah, that's a little bit different from influenza and the COVID-19 vaccines. We have a couple different populations that we like to target. It is recommended for everyone ages 75 years and older. Patients are eligible if their ages 60 to 74 and have an underlying condition that makes them at an increased risk for severe RSV complications. This would be those patients I mentioned earlier that may have a chronic heart or lung disease, other chronic medical conditions. Then, other patients would include residents in long-term care or nursing home facilities.

So besides that older adult population, we also have another population we can help protect from RSV and that is infants and young children. So to prevent severe RSV in this population, we have two different options. And for most all of these patients, the infants and young children, really only one of these two options is needed. So there is a maternal vaccine that we can give for RSV. It's administered between weeks 32 through 36 of pregnancy. And that's just during September through January, so a very specific patient population and a very specific time window.

Dr. McDonough:
And how about during the fall season? What steps can they take to stay healthy then?

Dr. Knockel:
Yeah. If we think back to the skills we learned in kindergarten, those still apply; washing your hands, covering your mouth and nose when you sneeze or cough, cleaning high-touch surfaces, such as doorknobs, avoiding touching your face and eyes if at all possible, getting plenty of sleep, drinking lots of fluids, staying active, and then eating a well-balanced diet. Also, sometimes this can be hard for some of us, but staying home when you're sick can really help. Take care of yourself and other people as well.

I also like to think ahead to what happens if you do get sick. We do have a couple options when it comes to COVID-19 and influenza. We have two different antivirals. They can help prevent severe complications. But there's a very specific window they have to be started within from when the symptoms start. We have 48-hours from when your influenza symptoms start to use that antiviral, and then we have up to five days after COVID-19 symptoms start for that antiviral.

Dr. McDonough:
With those preventive measures in mind, Dr. Knockel, how do you approach educating your patients on the risk of respiratory viruses and the importance of prevention?

Dr. Knockel:
I like to find out what's important to them. Do they have family members with immunocompromising conditions, maybe they have a new grandchild on the way that they want to help protect. Perhaps they have a vacation they've been looking forward to all summer, and now they have it in the fall. We want to make sure that they are able to stay healthy, and of course not pass the disease on to anyone else.

I also like to appropriately set expectations. If we really think about what a vaccine's purpose is it's to prevent hospitalizations and other severe outcomes from having that disease. So a flu shot or a COVID vaccine may not prevent you from getting sick, but it can help, so you won't get as sick as you would have if you didn't have that vaccine.

I also like to talk to patients about any post-vaccination symptoms, so that way they know what to expect. So that typical sore arm also

maybe some fatigue the next day. And I think that really helps patients understand what to expect out of their vaccine experience.

Dr. McDonough:
Lastly, Dr. Knockel, are there any final thoughts you'd like to share with our audience today?

Dr. Knockel:
There's a lot of vaccine fatigue out there, but we really shouldn't let that deter us as healthcare professionals from talking to our patients every time we have the opportunity about vaccines and about other preventative healthcare measures. Even if they don't receive the vaccine that day, that doesn't mean it wasn't a helpful conversation between you and your patient. They may end up changing their mind and come back at a later time to receive that vaccine, whether it be from you or another healthcare provider. So really, our job is to provide that accurate information so that way patients can make the best decision for themselves.

Dr. McDonough:
Those are great comments for us to think on as we come to the end of today's program. And I want to thank my guest, Dr. Laura Knockel, for joining me to share her insights on preventing respiratory viruses in vulnerable populations. Dr. Knockel, it was great having you on the program.

Dr. Knockel:
Thank you for having me.

Announcer:
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