

Why Get A Flu Shot? - Frankly Speaking EP 94

Transcript Details

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Dr. Frank Domino:

Cindy is a 52-year-old female and showing up today for a blood pressure check. She mentions to you that the medical assistant asked her prior to the visit, if she wanted a flu shot, which she declined. "I hear it doesn't work. And once when I got the flu shot, I got the flu the next day". This is a common scenario. How do we address Cindy's apprehension about getting the influenza vaccine? Hi, this is Frank Domino, Professor in the Department of Family Medicine Community Health at the University of Massachusetts Medical School, and joining me today to discuss the influenza vaccine is Susan Feeney, Coordinator of the Family Nurse Practitioner and Adult Primary Care Nurse Practitioner Program in the Graduate School of Nursing at the University of Massachusetts Medical school. Hi Susan.

Susan Feeney:

Hi Frank.

Dr. Domino:

So do you have any patients like Cindy?

Susan Feeney:

Oh my gosh. This is such a common scenario and it's one that's hard to get people off of.

They'll say, "I got sick immediately after taking it, I got the flu". And their understanding of the concept of flu, is this sort of fluid, could be GI track issues, it could be cold symptoms, but they're convinced that they got the flu. So what is the deal with this, how do we address this?

Dr. Domino:

Well, the influenza vaccine's job is to stimulate your immune system against a variety of antigens that may be associated with that season's influenza strain, so you're going to get often some reaction to getting the influenza vaccine. You might get myalgias and pain at the injection site, that's the two most common side effects. Rarely people will get a low grade fever, that's very different than influenza. Influenza is fever, severe chills, you're often best being supine, you don't wanna move, respiratory symptoms and prolonged illness that can go on for a week or even 10 days.

Susan Feeney:

Right? So what happened in the past flu season, the past 2017-2018.

Dr. Domino:

So the last year's flu season, certainly brought a challenge forward for us because the vaccine was believed to be about 40% effective, meaning that it was only effective for about 40% of the strain that was going around. So the vast majority of people who got the flu vaccine still got the flu that were going to get the flu.

Susan Feeney:

Right and this complicates people's belief in the flu vaccine.

Dr. Domino:

Sure, I think everyone believes everything always works. And that's just not true, it's not true in any pill that we give, it's not true in even any surgery that we perform, but last year's flu vaccine was particularly ineffective. Another complicating feature, which has got to do with us is that only about three quarters of all health care providers agree to receive the flu vaccine. So we are the folks who are most likely to trans... Who both get exposed to it and then transmit it. And if three quarters of us weren't getting the vaccine it just led to a great deal higher risk.

Susan Feeney:

Right? So you, you know, this is just a dilemma that we deal with all the time and then people will say, "Well if I get the flu can't I just get a pill to help me with the flu? And why is this such a big deal? Why can't I just take the flu pill?"

Dr. Domino:

The flu pill? Well, the flu pill has a number of issues, but let's begin with getting the flu. The populations who are most at risk from getting influenza, are young children and seniors. Last year, the CDC estimates 80,000 Americans died from the flu. That's in one in 229 US citizens died from the flu last year. Just contemplate that, that was so, so common. On the other hand, the risks of getting the influenza vaccine are mostly local pain, low grade fever and aches. People often site the severe risks of the influenza vaccine and the severe risk is death from a related syndrome, Guillain-Barré syndrome. So, the risk in the general population is around one to two per million at any time of the year, but in particular, in the winter will go on to develop Guillain-Barré syndrome and die. The risk after the influenza vaccine is essentially the same. So the vaccine's rate of possibly causing an adverse outcome is equal to the baseline rate in society. So the fears people have about getting the vaccine are unwarranted. Let's talk a little bit about the pill.

Susan Feeney:

Right.

Dr. Domino:

The medications that we have available for treating influenza are extremely ineffective. The best data that we have mostly from industry-sponsored studies shows that using an oral anti-viral within 48 hours of developing flu symptoms will shorten the course of your illness by about 23 hours. So, you don't necessarily, it doesn't kill the virus, it just prevents it from replicating and if you're in those high risk populations, the benefit is going to be extremely small. And that's why the recommendations with regard to using oral anti-virals for low risk populations are, to not give it because it doesn't provide them any benefit, it doesn't decrease the mortality or even the morbidity. That being said, if you have asthma or COPD or heart disease or diabetes and you don't get the vaccine and you go on to get the flu, don't be afraid to ask your healthcare provider for the medication. But realize that for the general population like someone like Cindy there's gonna be no benefit to her taking it. And lots of people who are at low risk, who take it, go on to provide a shortage of this medication, and just creates even more confusion in medical circles.

Susan Feeney:

Yeah, that's great information. And so how do we respond to Cindy's apprehension? I know one thing that I was that sometimes I use is, if you're gonna be around people who are at-risk, children under the age of two, adults over the age of 65, or who are immunocompromised, do you want to be a vector for this disease? And I use this as a cudgel for my family. We have a new baby, he'll be a year in November...

Dr. Domino:

Congratulations.

Susan Feeney:

Thank you. But I told Grandpa and Auntie that they couldn't be with him if they didn't get a flu shot and it was a great motivator.

Dr. Domino:

I grew up in an Italian household and guilt works really well.

Susan Feeney:

Absolutely.

Dr. Domino:

The other thing I might ask Cindy, I tend to try to draw parallels in their every day life, and so I'll ask her, did she wear her seatbelt to today's visit?

Susan Feeney:

That's a great analogy.

Dr. Domino:

And most people do, and I say, "Well do you find seat belts uncomfortable"? "Oh yeah, they're a little uncomfortable". So the chance of you dying in a car accident are less than you dying from Influenza based upon last year's number and yet you wear a seat belt every time you get in the car. I'm asking you to get one shot to lower your risk and as you point out, more importantly, lower the risk of high-risk patients who could actually be very ill or die. So this is, if nothing else, people should consider this their personal commitment to

public health, that getting themselves immunized lowers the risk of everyone being ill.

Susan Feeney:

Right. So, that was a great point. So protect yourself, the risk of you getting the flu and dying from it it's much more of a risk than anything that could happen because you got the vaccine and you're gonna protect those around us who are vulnerable.

Dr. Domino:

I just wanna point out one other difference in last year that may have complicated things was the CDC recommended a change in their approach to immunizing young children. They went back this year to their previous route. They recommend that all children through ages six months through eight years, receive two doses of the influenza vaccine for their very first year that they're immunized. They can get either vaccine, and they should get the first one as soon as possible because you need to get the second one about 28 days after the first. And so if you've got children who haven't been immunized before, they should be immunized as soon as they can, and then bring them back a month later to get their second dose. Again, either the nasal or intramuscular immunizations are both applicable to all ages, this year, and that should hopefully increase the apprehension of some parents about giving children an injection.

Susan Feeney:

Great, this is very helpful and timely.

Dr. Domino:

Thank you.

Susan Feeney:

Thank you, Frank.

Dr. Domino:

Thanks Susan. Practice pointer, influenza killed over 80,000 US citizens in the 2017-'18 season. Please encourage all patients who are eligible to receive this immunization. Join us next time when we talk about helping type two diabetics lose weight by the addition of Psyllium fiber prior to their lunch and dinner.