

The Flu Stops with You – 2017/2018 Influenza Vaccination Recommendations - Frankly Speaking EP 36

Transcript Details

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Dr. Frank Domino:

Michael, your 50-year-old patient, is here for his follow-up appointment. He was newly diagnosed with Type 2 diabetes this past year and also has a history of hypertension. As part of today's visit, the influenza vaccine is available in your office, and he has told the assistant he is not interested in receiving this vaccine. How would you approach Michael, someone who's hesitant to take the vaccine but has multiple risk factors? Good morning. This is Frank Domino, Family Physician at the University of Massachusetts Medical School. And joining me today is Jill Terrien, Director of Nurse Practitioner Programs at the University of Massachusetts Medical School Graduate School of Nursing. Welcome to the show, Jill.

Jill Terrien:

Thank you, Frank.

Dr. Frank Domino:

So, Michael is not not at all uncommon. He's fairly well-adjusted, has multiple comorbidities, is making what he thinks is a rational decision not to take the flu shot. Can you tell me a little bit about what this year's recommendations are regarding flu shot and how we should approach Michael?

Jill Terrien:

One of the bigger recommendations is that we are not using the actual nasal spray version, but

otherwise everybody should get an influenza vaccine injection. Anybody from age six months and older is the current recommendation, and there are several vaccines out there, and you wanna make sure, whatever you're using in your practice setting, that you follow the manufacturer label directions.

Dr. Frank Domino:

In particular, are there any time constraints about when we should be giving the vaccine, what time of year should we start, and when is it too late?

Jill Terrien:

Great questions. It's really interesting because we've seen a shift in immunizations because, rather than people going to maybe their primary care office or family medicine office, they might stop at a retail location because there is a sign and it's been up since pretty much August that they have their influenza vaccines, as well as other things available to them. The recommendations from the Center for Disease Control and Prevention is that people get vaccinated in the month of October, that they complete their vaccination by October 31st. Typical peak flu season happens January, February, and if people get vaccinated in October, that will carry them through the season and protect them. We have had a few years though that the flu has come late in the season, as late as March and April, and I don't know about you, Frank, but in my practice there was a year when we re-vaccinated people because we did still have vaccine available late in March.

Dr. Frank Domino:

While we're talking about influenza, can you remind us, Jill, a little bit about what the symptoms are of influenza? Sometimes patients catch a cold in winter and they're certain they have the flu.

Jill Terrien:

Right. First of all, I always like to see people, I don't usually prescribe over the phone, and what I do is counsel them and educate them on what the symptoms are, and usually they have a runny nose. They do have a fever, it's usually over 100. It's not anything that's 98 or below. They can

have muscle aches, usually really sore muscles, and sometimes a cough goes along with it.

Dr. Frank Domino:

I agree. I think sometimes patients' expectations of what the flu is is somewhat different than what we think medically. While we're on that subject, can you tell us about some other common myths about the flu and the flu vaccine and how we might be able to address that with our patients?

Jill Terrien:

Well, I think that Michael's case brings to light a very common misconception, that if you get the flu vaccine, you're gonna get... You can get the flu from the vaccine itself, and that is a myth. The vaccines are made now from inactive viruses or synthetic components. So I talk to the patient, I would say to Michael, "So tell me why you think you would get the flu from an immunization." And sometimes patients would say, "Well, I have a friend that got really sick after they had the flu vaccine," or they might tell you that, some years ago, they received the vaccine and they were sick immediately after. I'm not gonna say that if they did come in with some... Maybe there were subclinical symptoms, they felt good the day they get the flu vaccine, but then the next day they do have some symptoms. So basically shared decision-making, talking to them about how safe it is. The other thing is does Michael have any children in his household? Does he have any elderly or older parents in his household or relatives living with them because if you don't get vaccinated, you put them at risk. The best protection for all of us is for everybody to get their flu vaccine from the age of six months and older.

Dr. Frank Domino:

I often tell patients that, especially adults who are relatively healthy, they're not getting the flu vaccine for themselves. They're getting their flu vaccine just so the child they pass in the hallway or they go to visit an elderly person, if they happen to have the flu and be asymptomatic and shed it, they could actually make the other parties, the parties at greatest risk for adverse outcomes with the flu, potentially die. So I tend to frame the discussion around the influenza vaccine as something you're doing for everyone around you, not just yourself.

Jill Terrien:

You're right, and that's the concept of herd immunity, which is really important 'cause the more people we vaccinate, basically the safer we all are during the season.

Dr. Frank Domino:

So, often people will refuse the flu vaccine because they believe some contraindication to it. What is the data on egg allergies, and how important is that for not taking the flu vaccine?

Jill Terrien:

So the recommendations stated in the report by Grohskopf is that, even with egg allergy, it is... Everybody should get vaccinated. However, there are caveats to that. Basically, if you can eat scrambled eggs and have no problem, you have no egg allergy so you can get the vaccine. Let's just say you have some moderate symptoms to eating eggs, such as hives, they still say that you can get the influenza vaccine. They even go so far to say, if you have a severe allergy, that you can still get vaccinated. However, you really need to be in a location that has epinephrine available and support for that. Now, in my practice, I might refer them to possibly an allergist to receive their influenza vaccine. In my practice, I wouldn't look to that if they've had a severe reaction in the past. Also, if they've had Guillain-Barre Syndrome in the past, you would not give them the flu vaccine.

Dr. Frank Domino:

So those are very, very, very rare instances.

Jill Terrien:

Yes, they are.

Dr. Frank Domino:

I agree. Any thoughts about elders and those who are morbidly obese? Do they need any change in vaccine plan?

Jill Terrien:

Actually, the best vaccine for that population, both of those populations, is the quadrivalent or... They have four types, two As in the vaccine and two Bs in the vaccine, and there's a few of those available this season. However, the message is, if you don't have the quadrivalent vaccine available at the time you're seeing the patient, you wanna at least give them the trivalent because it's better to immunize them rather than wait. Because what if something happens, they don't come back? That gives them some protection.

Dr. Frank Domino:

Sure. So let's say Michael comes in, it's late January, he's got a fever to 102, he feels horrible, and on clinical exam, his lungs are clear, and this sounds like it could be influenza. How are we gonna treat him?

Jill Terrien:

So I am... Well, first of all, onset of symptoms. I believe you said maybe one or two days. I would need to define that. Was it within 48 hours? You do have an option, if you choose to take it, to give him an antiviral treatment, and... But they are reserved for people that do have more comorbidities. He does have type 2 diabetes, he does have hypertension, and he does have significant fever of 102, and maybe shaking chills, that he might be a candidate for an antiviral treatment.

Dr. Frank Domino:

Yeah. I think antivirals help patients have decrease in severity of symptoms and make them less contagious, and those are its real values. We have to remind patients that influenza is serious and they should stay home, drink a lot of water, avoid other people, wash their hands a lot. Their job, once they get the flu, is to not contaminate anyone else, and the antivirals help in that regard. Their help in helping them get back to work in a day or two is just unrealistic. So sometimes we have to direct their expectations a bit. Any final thoughts on this year's flu season, Jill?

Jill Terrien:

I think that people need to be reminded that the flu is a serious illness, and anything that we can do to prevent it is really important. There are several thousand people that die every year related to the flu and its complications, mainly pneumonia, and it's usually our very young and our very old. But it's not to say that Michael, 50 years old, with a few comorbidities, couldn't have a complication and have a very serious illness from the flu. The other thing is, whenever I see patients, and especially during flu season, educating them what the signs and symptoms are, and how to protect themselves, as you said earlier, Frank, with the frequent handwashing, and getting enough rest, and basically just self-care, having them eat right, sleep at least seven hours a night, and try and keep their stress level down.

Dr. Frank Domino:

Yeah. They need my mother to sit on them and make sure they don't contaminate anyone else. Jill, thanks so much for bringing this forward as we approach flu season. This is all very important.

Jill Terrien:

Thank you, Frank.

Dr. Frank Domino:

Practice pointer: Now is the season to begin vaccinating patients for the influenza season that comes this winter. Even if it's later in the year, please still vaccinate. Don't put it off. You're helping the patient as well as everyone in their community. Join us next time when we discuss the role of chronic proton pump inhibitors and the best evidence on the management of GERD.