



#HowIRecommend Flu Vaccine: How to Make Recommendations that Matter to Patients

John Donovan, MPH

Seasonal Flu Campaign Lead, NCIRD

December 12, 2018

Agenda

- Burden and severity of 2017-2018 flu season, flu vaccine benefits and burden averted
 - Melissa Rolfes, PhD, MPH; Epidemiologist, Influenza Division, NCIRD
- How to make a strong and effective flu vaccine recommendation to your patients and why it matters
 - Sandra Leal, PharmD, MPH, FAPhA; Pharmacist and Certified Diabetes Educator (CDE), SinfoníaRx
- How to properly administer flu vaccine
 - JoEllen Wolicki, BSN, RN; Nurse Educator, Immunization Services Division, NCIRD

Housekeeping Items

- All attendees are muted. If you are using your phone, please choose the “Phone call” option and enter your Audio PIN (found in the “Audio” panel). If you are using your computer speakers, please choose the “Computer audio” option.
- The slides are available for download in the “Handouts” section of your control panel.
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The screenshot displays the GoToWebinar control panel interface. At the top, there is a menu bar with 'File', 'View', and 'Help' options. Below this, the 'Audio' section is expanded, showing two radio button options: 'Computer audio' (unselected) and 'Phone call' (selected). The 'Phone call' section displays the following information: 'Dial: +1 (631) 992-3221', 'Access Code: 760-806-913', and 'Audio PIN: 36'. Below this, there is a prompt: 'Already on the call? Press #36# now.' and a link: 'Problem dialing in?'. The 'Handouts' section is also expanded, showing a single item: 'GoToWebinar Attendee Slides.pptx'. The 'Questions' section is expanded, showing a text input field with the placeholder text '[Enter a question for staff]' and a 'Send' button. At the bottom of the panel, there is a 'Test' section with the text 'Webinar ID: 275-096-715' and the GoToWebinar logo.



Severity and burden of the 2017–2018 influenza season and the effect of influenza vaccination

Melissa Rolfes, PhD, MPH

Epidemiologist

Influenza Division

Centers for Disease Control and Prevention

#HowIRecommend Flu Vaccine Webinar

December 12, 2018

Severity and burden of the 2017-2018 influenza season

This Flu Season Is the Worst in Nearly a Decade

By Donald G. McNeil Jr.

Jan. 26, 2018



An emergency room nurse treating a flu patient in Vista, Calif., this month. Mike Blake/Reuters

Atlanta hospital opens nation's only mobile ER to treat flu patients

As flu epidemic slams Georgia, Grady Memorial opens specialized trailer to relieve overwhelmed waiting rooms.

By Ariel Hart - The Atlanta Journal-Constitution



Dr. Harry Abalain, the chief of emergency medicine at Grady Memorial Hospital, speaks with Sheryl Pearson, the vice chairwoman of administrative affairs in the department of emergency medicine, while they're inside Carolina MED-4, the mobile medical facility currently located outside of the trauma and emergency room at Grady Memorial Hospital to help handle flu cases. AYLISA POINTER/ALYSSA POINTER@AJC.COM

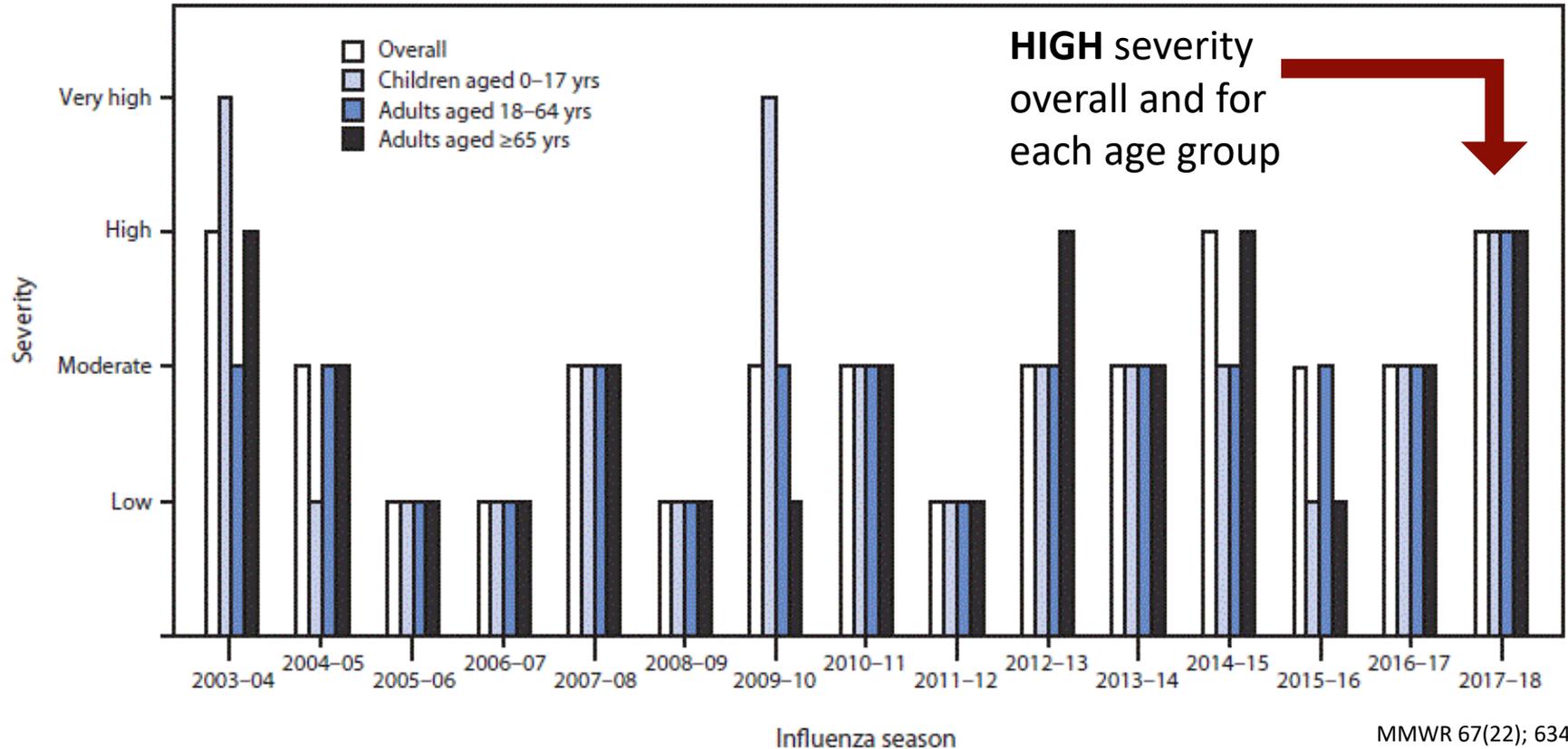
Posted: 8:56 p.m. Monday, January 29, 2018

Severe flu brings medicine shortages, packed ERs and a rising death toll in California

By SOUMYA KARLAMANGLA JAN 06, 2018 | 10:10 AM

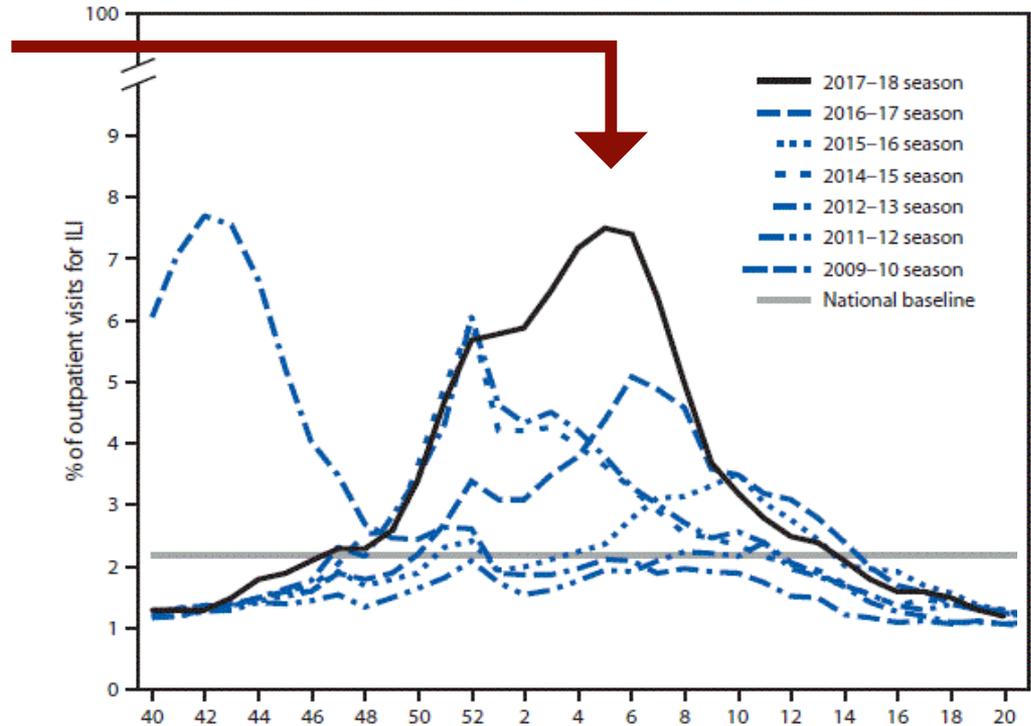


2017–2018 Influenza Season (US)



2017–2018 Influenza Season (US)

- **HIGH** levels of outpatient visits for influenza-like-illness

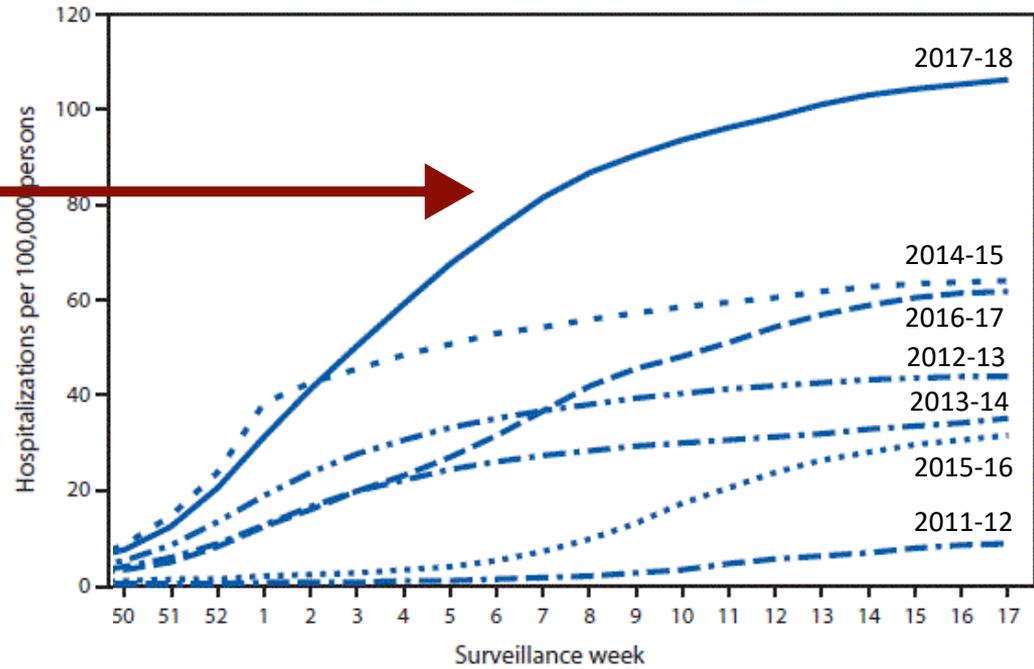


Surveillance week

Adapted from MMWR 67(22); 634-642

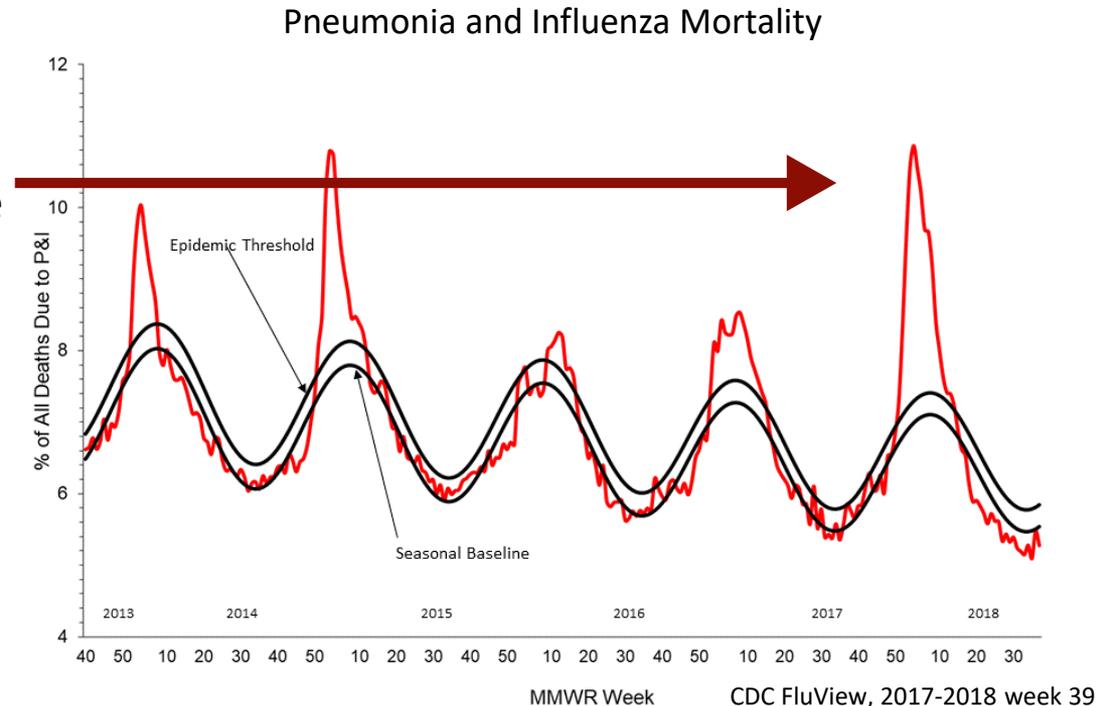
2017–2018 Influenza Season (US)

- **HIGH** levels of outpatient visits for influenza-like-illness
- **HIGH** rates of influenza-related hospitalizations

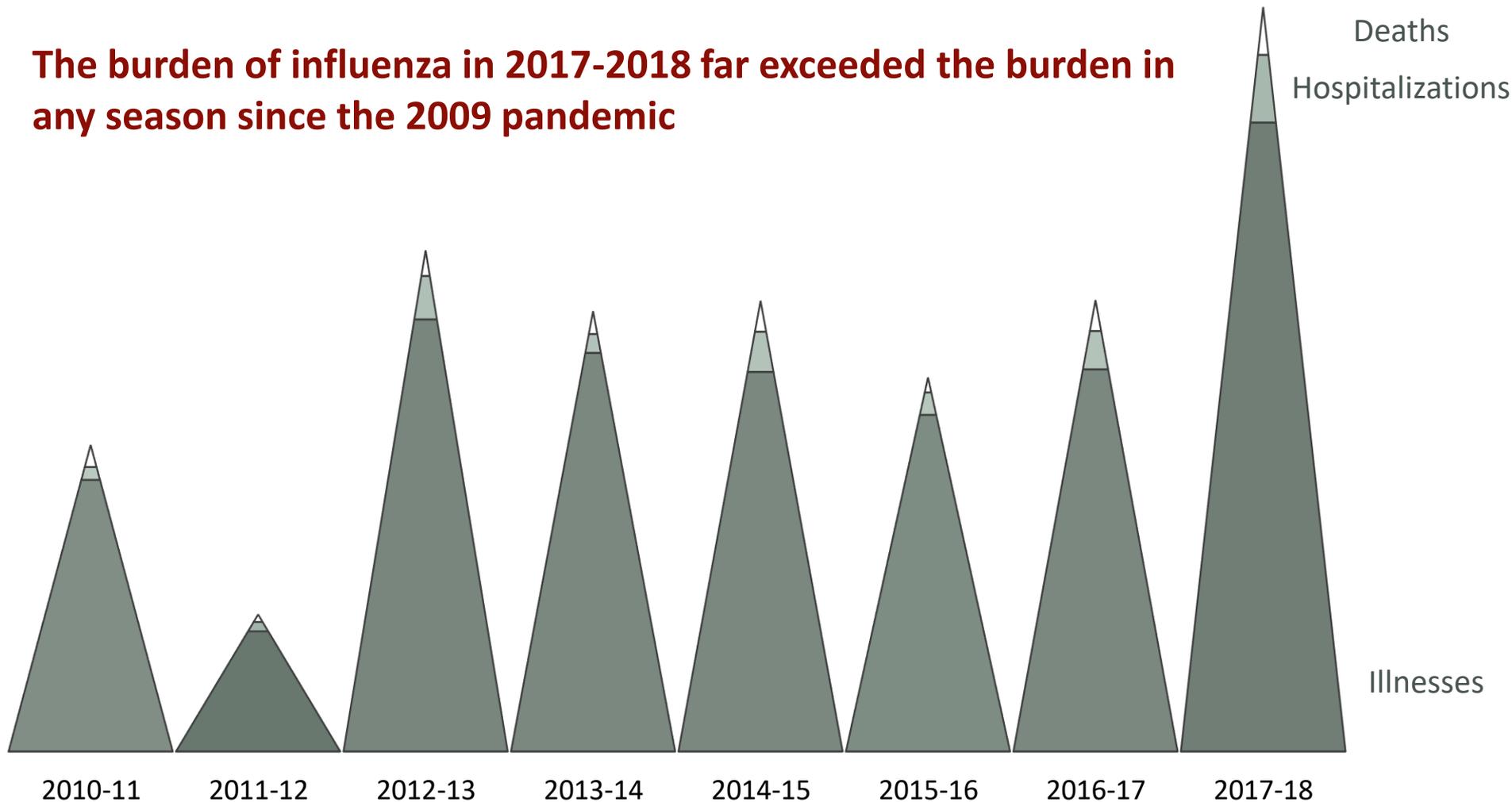


2017–2018 Influenza Season (US)

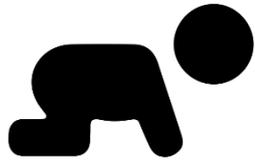
- **HIGH** levels of outpatient visits for influenza-like-illness
- **HIGH** rates of influenza-related hospitalizations
- **HIGH** proportions of deaths due to pneumonia and influenza



The burden of influenza in 2017-2018 far exceeded the burden in any season since the 2009 pandemic



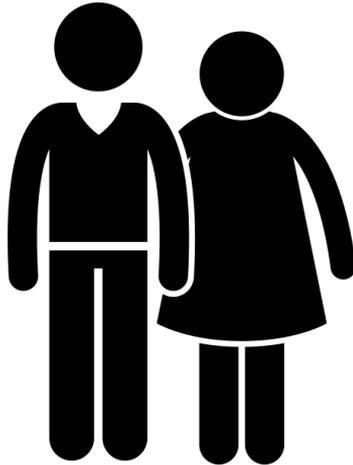
48.8 million illnesses



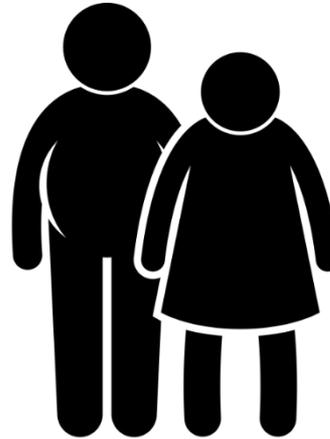
0-4 years



5-17 years



18-49 years



50-64 years



≥65 years

48.8 million illnesses

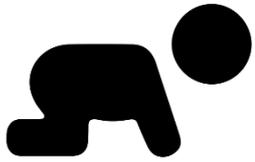
20% attack rate

14%

10%

25%

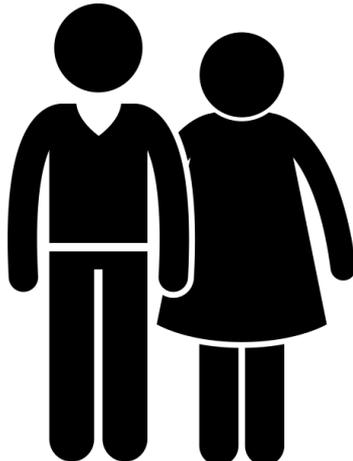
14%



0-4 years



5-17 years



18-49 years



50-64 years



≥65 years

959,000 hospitalizations 79,000 deaths

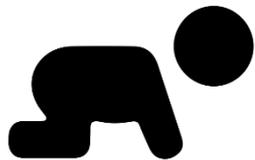
120 deaths

500

2,900

7,500

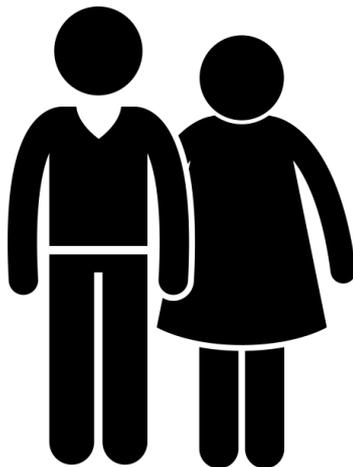
68,000



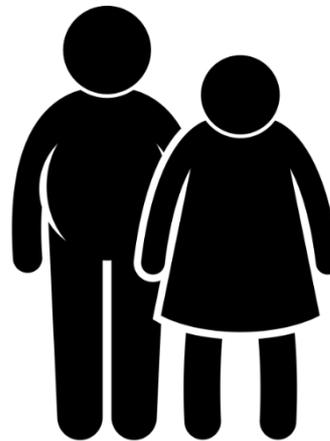
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≥65 years

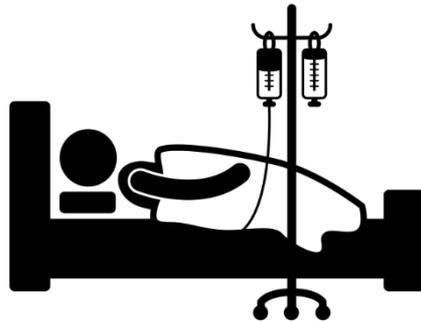
Effect of influenza vaccination

Annual seasonal influenza vaccination is the best way to protect against influenza

Outpatient visits



Hospitalization



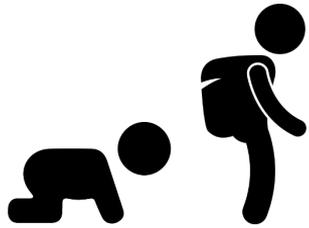
Severe disease or death



In 2017-2018,
influenza vaccination reduced the odds of outpatient medical visits by

40% *

53% *



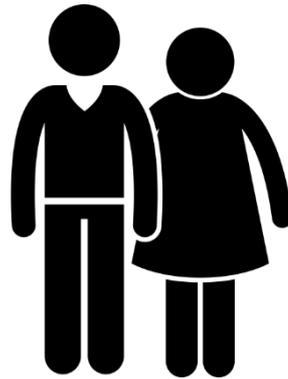
6 months - 8 years

29% *



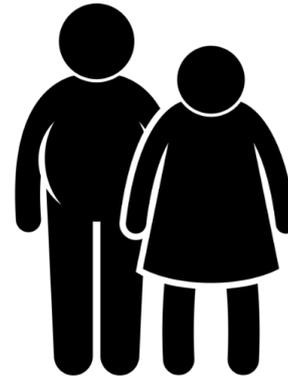
9-17 years

35% *



18-49 years

33% *



50-64 years

20%



≥65 years

* Vaccine effectiveness estimate was statistically significant, p-value <0.05

But communicating the effectiveness of influenza vaccines to the public is challenging...

- The effectiveness can vary by population, circulating virus, and vaccine type
- The vaccine is not perfect

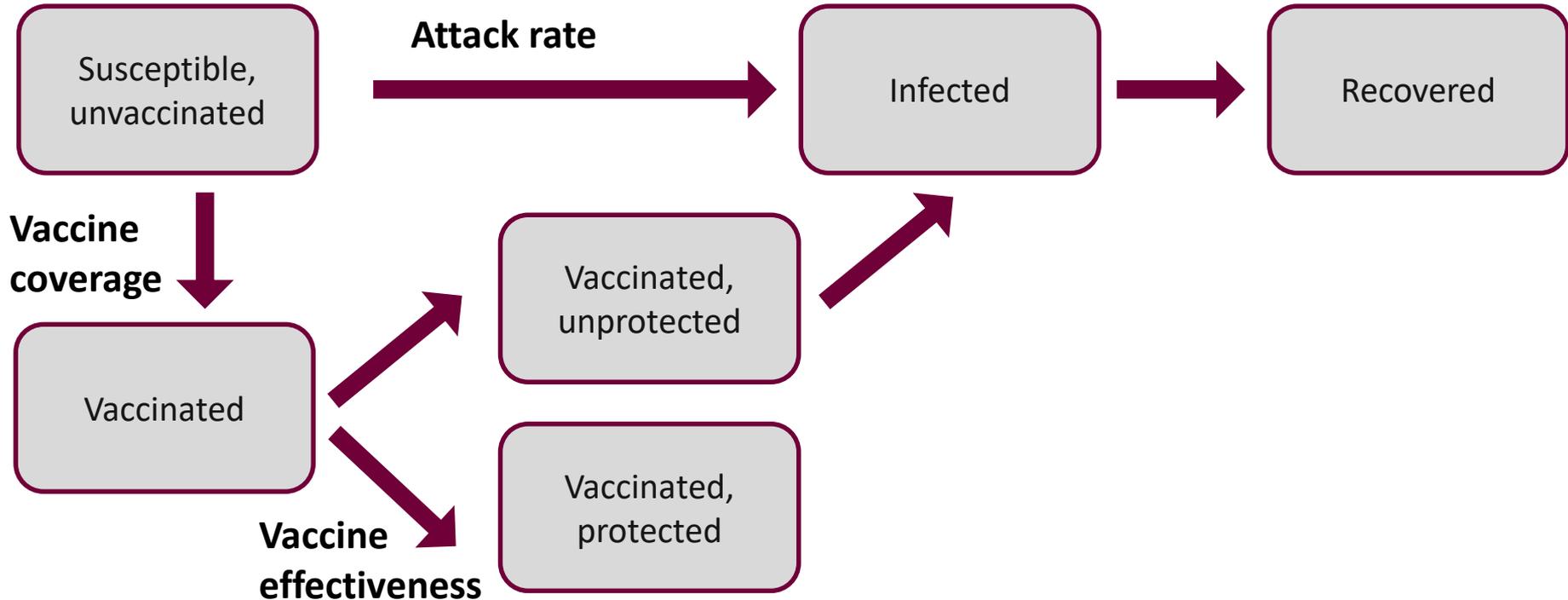
CDC developed a model to translate:

Vaccine effectiveness



Number of influenza-related outcomes prevented by vaccination

Estimating the number of influenza-related outcomes prevented by vaccination



Stay tuned for 2017-2018 estimates

- We are working to finalize these estimates



the **benefits** of **flu vaccination** 2016-2017

The estimated number of flu **illnesses prevented** by flu vaccination during the 2016-2017 season:

5.3 million,

about the population of the Atlanta metropolitan area.



The estimated number of flu **medical visits prevented** by vaccination during the 2016-2017 season:

2.6 million,

or more than the number of students in all K-12 schools in Florida.



The estimated number of flu **hospitalizations prevented** by vaccination during the 2016-2017 season:

85,000,

or more than the number of hospital beds in California and Oregon.

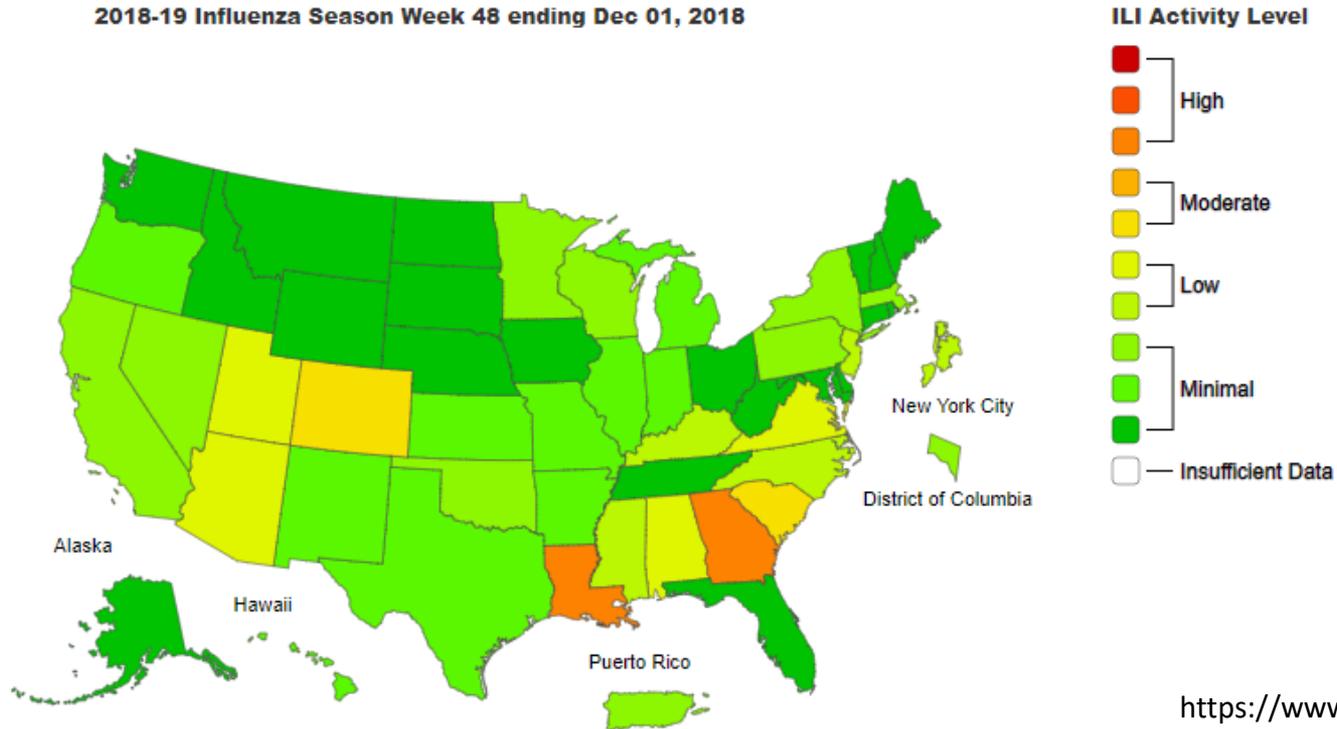


2018-2019 Influenza season update

During the week ending December 1, 2018...

- Influenza activity is increasing in the US

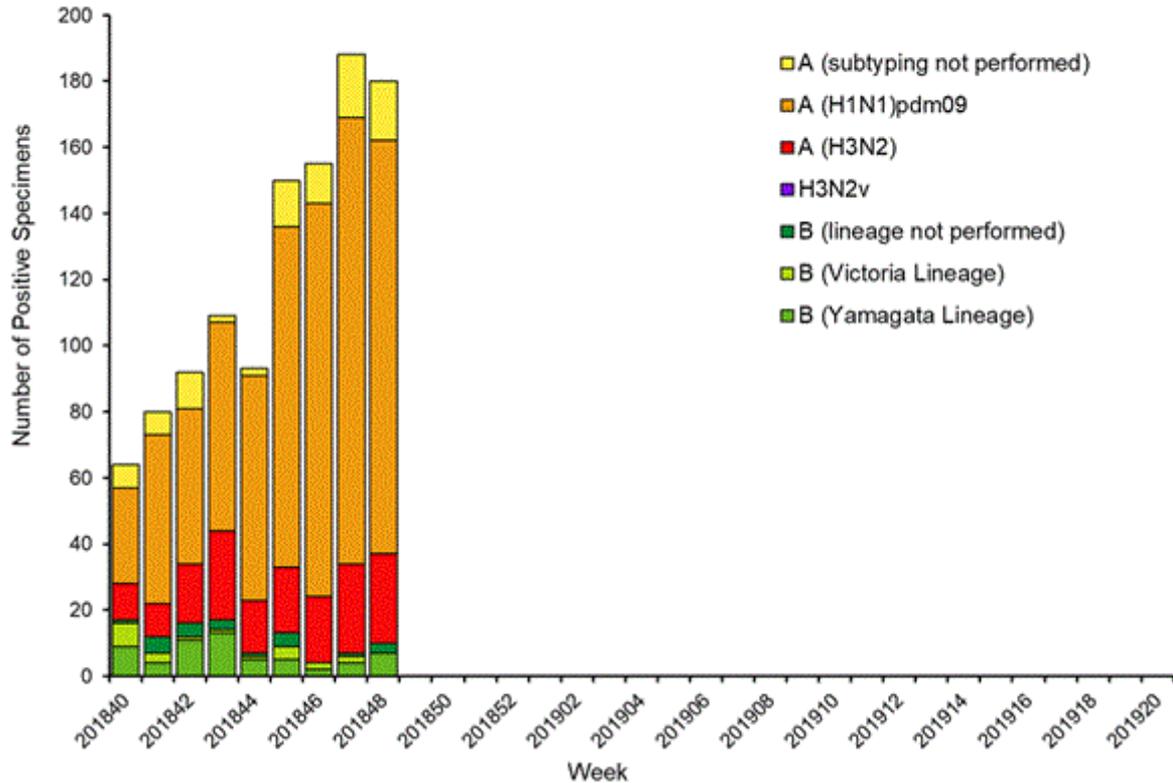
2018-19 Influenza Season Week 48 ending Dec 01, 2018



During the week ending December 1, 2018...

- Influenza viruses are **co-circulating** right now
 - A(H1N1)pdm09 viruses are most commonly reported

Influenza Positive Tests Reported to CDC by U.S. Public Health Laboratories, National Summary, 2018-2019 Season



For questions or more information, contact
Melissa Rolfes
mrolfes1@cdc.gov

Or CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Recommending a Flu Vaccine

Sandra Leal, PharmD, MPH, FAPhA, CDE

Pharmacist and Certified Diabetes Educator, SinfoníaRx

Practice Standards

It is critical for all health care providers, whether they vaccinate or not, to try to increase vaccination rates:

1. Assess at all encounters
2. Recommend at all encounters
3. Make it personal
4. Administer/Refer
5. Document

All Things Heard

- I got the flu from the flu shot
- I never get the flu
- It too early/late in the season
- I do not like shots
- The vaccine does not work this year
- Only old people die from the flu
- The doctor ran out
- I am not at risk for flu
- Vaccine is not safe
- The government_____
- It weakens my immune system
- I take supplements that protect me
- Only kids die from the flu
- I am allergic to it

Why Not?

- Perceived risk
- False beliefs
- Overwhelmed/do not understand
- Unreliable vaccine information and negative media
- Prefer inactivity to negative outcomes
- Alternative health beliefs
- Direct experience with adverse effects
- Provider attitudes
- **Time**

Close the Deal

- Consistently talk about the importance of vaccination
 - “The most important thing you can do today....”;
 - “I am always first in line for a flu vaccine”;
 - “The first one I give flu vaccine to is my daughter, or mom”
- Confidence in product
 - “I wouldn’t recommend it if I didn’t believe in it”,
 - “I have seen too many people die from flu”
- Rapport patient
 - “I care about your health”



Our local pharmacist Keysha Ray, PharmD



Our local pharmacist Megan Lybeck, PharmD

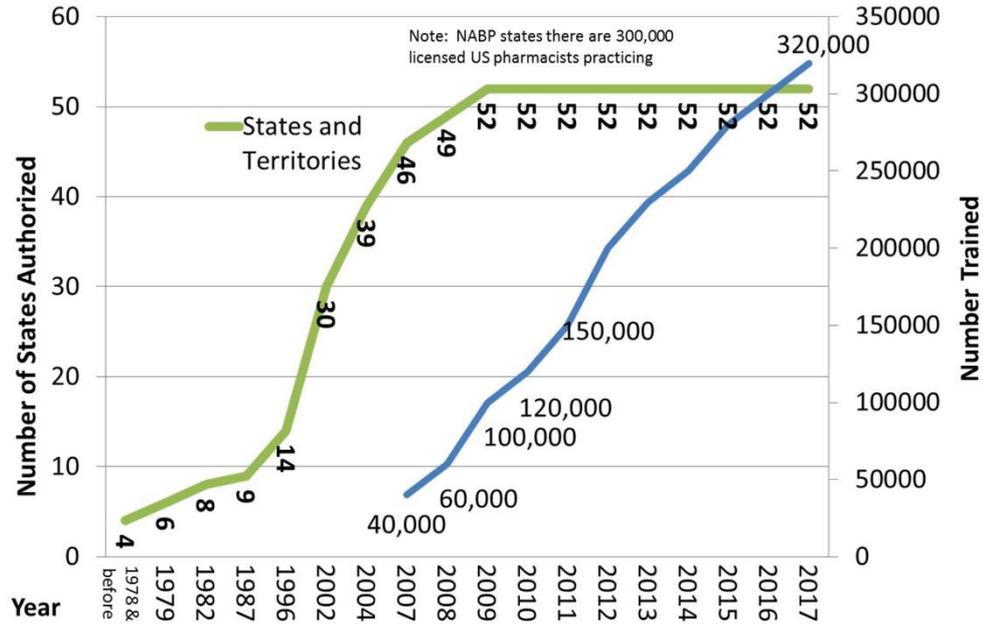
Ultimately

- The patient has the right to decide...but keep on asking.

Improving the Process

- Value-based metrics
- Target high-risk patients
- Quality improvement programs
- Reminder systems
- Standing orders
- Education
- Encourage strong recommendation from providers
- Develop an immunization champion
- **Easy access**

Number of States Authorizing Pharmacists to Administer Influenza Vaccine & Number of Pharmacists Trained to Administer Vaccines



Updated December 2017



Administering Influenza Vaccine

JoEllen Wolicki, BSN, RN

Nurse Educator

Immunization Services Division

Centers for Disease Control and Prevention

#HowIRecommend Flu Vaccine NIVW Webinar

December 12, 2018

Vaccine Administration: Inactivated Influenza Vaccines

- **Multiple products: IIV, RIV, cIIIV**
- **Age indications:**
 - Vary by product
 - Four products may be administered to children 6 months of age and up
- **All administered by intramuscular (IM) route**
- **Use a needle length appropriate for age, size of person receiving the vaccine**
- **Recommended injection sites:**
 - Infants and small children: Vastus lateralis muscle at the anterolateral aspect of the thigh
 - Older children and adults: Deltoid muscle in upper arm

Shoulder Injury Related to Vaccine Administration

- **Shoulder injuries related to vaccine administration (SIRVA): injuries to the musculoskeletal structure of the shoulder, including ligaments, bursa, and tendons**
 - Thought to occur from an unintended injection of vaccine antigen and/or trauma from inserting the needle into and around the underlying bursa of the shoulder
 - Symptoms include shoulder pain and limited mobility after the injection
- **When administering vaccine by intramuscular (IM) injection in the deltoid muscle, use:**
 - Proper landmarks and technique to identify injection site
 - Proper needle length based on age, patient size, and injection technique

Vaccine Administration: Live, Attenuated Vaccine

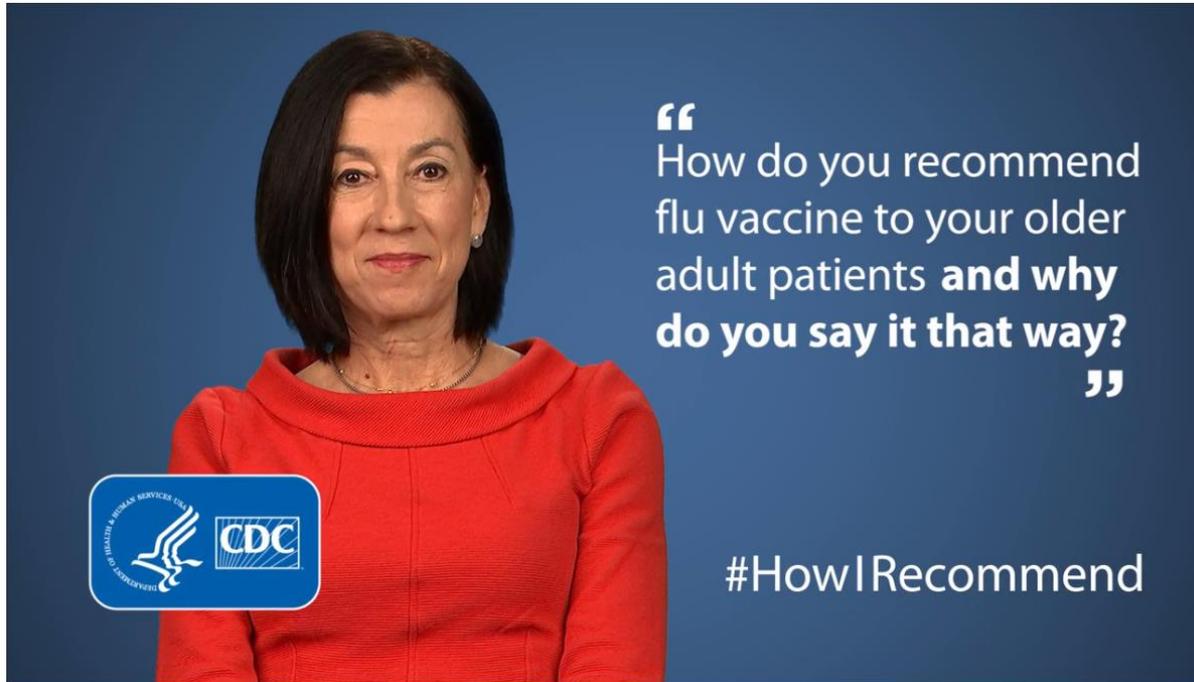
- **FluMIST (LAIV): Administered by the intranasal (NAS) route**
- **Supplied in a manufacturer-filled, single-use sprayer**
- **Key points:**
 - Administered into each nostril using the manufacturer-filled nasal sprayer
 - A dose-divider clip, located on the plunger, separates the vaccine dose equally
- **DO NOT INJECT**
- **If patient sneezes after administration, do not repeat the dose**

Vaccine Administration Resources for Health Care Personnel: Influenza

- **Questions?** CDC has an e-mail service for vaccine-related questions → nipinfo@cdc.gov
- **Education for health care personnel with free CE**
 - You Call the Shots → www.cdc.gov/vaccines/ed/youcalltheshots.html
 - 2 modules – Influenza and vaccine administration
 - Pink Book webinar–Influenza → www.cdc.gov/vaccines/ed/webinar-epv/index.html
 - Influenza FAQs video → www.cdc.gov/vaccines/ed/flu-recs/index.html
- **Websites and clinical job aids**
 - CDC vaccine administration webpage → www.cdc.gov/vaccines/hcp/admin/admin-protocols.html
 - Vaccine administration videos → www.cdc.gov/vaccines/hcp/admin/resource-library.html
 - SIRVA infographic → www.cdc.gov/vaccines/hcp/infographics/call-the-shots.pdf
 - Standing orders for children and adults → www.immunize.org/standing-orders/
 - Tools to Assist Satellite, Temporary, and Off-Site Vaccination Clinics → www.izsummitpartners.org/naiis-workgroups/influenza-workgroup/off-site-clinic-resources/
 - Pediatric influenza schedule job aid → www.immunize.org/catg.d/p3093.pdf
 - Influenza vaccine product labels for storage units → www.cdc.gov/vaccines/hcp/admin/storage/guide/vaccine-storage-labels-flu.pdf

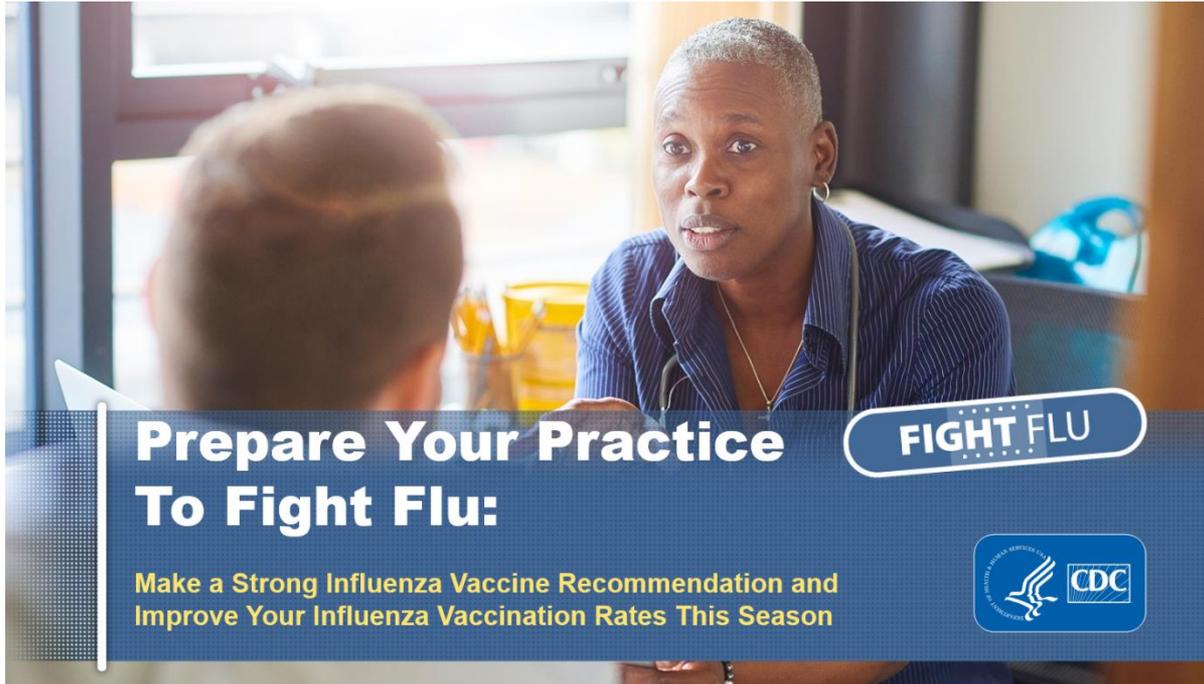
Additional Resources

#HowIRecommend



https://www.youtube.com/results?search_query=%23howirecommend

HCP Fight Flu Toolkit

A photograph of a Black woman with short grey hair, wearing a blue striped shirt and a stethoscope, looking towards a patient whose back is to the camera. The setting appears to be a clinical office.

**Prepare Your Practice
To Fight Flu:**

Make a Strong Influenza Vaccine Recommendation and
Improve Your Influenza Vaccination Rates This Season

FIGHT FLU

The logo for the U.S. Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC). It features a stylized eagle with wings spread, holding an olive branch and arrows, with the text "U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES" and "CDC" below it.

<https://www.cdc.gov/flu/professionals/vaccination/prepare-practice-tools.htm>

Applying the Share Model

S

SHARE the reasons:

- “This vaccine can protect you and your family from getting sick from flu. By getting the shot today, you’ll be protecting yourself and the people around you who are more vulnerable to serious flu illness, like your children and parents.”

H

HIGHLIGHT positive experiences:

- “The CDC recommends that everyone get a flu vaccine each year. I always get one myself so I don’t pass along flu to my patients and my family members.”

A

ADDRESS patient questions:

- “To answer your question, a flu shot cannot cause flu illness. There can be some mild side effects, but this is not flu illness. There are different side effects that may be associated with getting a flu shot or a nasal spray flu vaccine.””

R

REMIND patients that flu vaccines protect them and their loved ones:

- “Flu activity is going to start to pick up, and CDC says to expect more cases in the coming months. That is why I want to make sure I help protect you and your loved ones.”

E

EXPLAIN the potential costs of flu:

- “It’s important to get vaccinated this season because flu vaccination can reduce potential flu illnesses, doctor visits, and missed work and school due to flu.”

2018-2019 Digital Campaign Toolkit

FIGHT FLU

<https://www.cdc.gov/flu/resource-center/toolkit/index.htm>

Q&A

www.cdc.gov/flu

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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