Stopping the Flu Starts with You: Recommendations for the Current Flu Season
Gretchen Kreckel Garofoli, PharmD, BCACP

Live Activity Handout
4 slides per page
Stopping the Flu Starts with You: Recommendations for the Current Flu Season

ACTIVITY DESCRIPTION
The influenza vaccine is one that is recommended for everyone over 6 months of age unless they have a contraindication to receiving the vaccine. Every year there are many people who remain unvaccinated despite the recommendation to receive the vaccine. This presentation will discuss the vaccination rates from the 2017-2018 influenza season as well as the new recommendations for the 2018-2019 influenza season. Due to many people choosing not to receive the influenza vaccine for a variety of reasons we will also discuss some of the myths associated with the vaccine and techniques to dispel these myths. We will also discuss ways to increase the number of vaccinations that you give in your pharmacy. Finally, since many people may only come into your pharmacy to receive the influenza vaccine we will discuss ways to assess whether or not these patients need any additional vaccinations at that time.

TARGET AUDIENCE
The target audience for this activity is pharmacists, pharmacy technicians, and nurses in hospital, community, and retail pharmacy settings.

LEARNING OBJECTIVES
After completing this activity, the pharmacist will be able to:

- Identify relevant influenza surveillance data from the 2017-2018 influenza season
- Identify recommendations from the Advisory Committee on Immunization Practices (ACIP) for the 2018-2019 influenza season
- Recognize common myths related to the influenza vaccine
- Identify additional vaccination needs for patients during encounters throughout the influenza season.

After completing this activity, the pharmacy technician will be able to:

- Identify patients who should receive the influenza vaccine.
- Specify ways to talk to patients about receiving the influenza vaccine.
- List ways to improve vaccination numbers in your practice.

ACCREDITATION
Pharmacy
PharmCon, Inc. is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Nursing
PharmCon, Inc. is approved by the California Board of Registered Nursing (Provider Number CEP 13649) and the Florida Board of Nursing (Provider Number 50-3515). Activities approved by the CA BRN and the FL BN are accepted by most State Boards of Nursing.

CE hours provided by PharmCon, Inc. meet the ANCC criteria for formally approved continuing education hours. The ACPE is listed by the AANP as an acceptable, accredited continuing education organization for applicants seeking renewal through continuing education credit. For additional information, please visit: http://www.nursecredentialing.org/RenewalRequirements.aspx

Universal Activity No.: 0798-0000-18-112-L06-P&T
Credits: 1.0 contact hour (0.1 CEU)

Release Date: 8/8/2018
freeCE Expiration Date: 8/8/2021
ACPE Expiration Date: 8/8/2021

ACTIVITY TYPE
Knowledge-Based Live Webinar

FINANCIAL SUPPORT BY
Pharmaceutical Education Consultants, Inc.
Gretchen Kreckel Garofoli, PharmD, BCACP
Clinical Assistant Professor West Virginia University School of Pharmacy

ABOUT THE AUTHOR
Gretchen Kreckel Garofoli, PharmD, BCACP, is a Clinical Assistant Professor at West Virginia University School of Pharmacy in the Department of Clinical Pharmacy. She is a graduate of the University of Pittsburgh School of Pharmacy and completed a Community Pharmacy Practice Residency at Virginia Commonwealth University in Richmond, VA. Her current practice site is Waterfront Family Pharmacy in Morgantown, WV where she focuses on diabetes care, immunizations, medication synchronization, and medication therapy management. She also serves as the site coordinator and preceptor for the PGY-1 community pharmacy residency program. Dr. Garofoli’s areas of interest include diabetes management, medication therapy management, immunizations, and program development and implementation in the community pharmacy setting. She is active on a national level with the American Pharmacists Association and currently serves on the Awards Committee. Dr. Garofoli was the 2011 recipient of the West Virginia Pharmacists’ Association Distinguished Young Pharmacist Award and the 2015 recipient of the American Pharmacists’ Association Distinguished New Practitioner Award. Her research interests include diabetes, immunizations, and pharmacist provided screenings.

FACULTY DISCLOSURE
It is the policy of PharmCon, Inc. to require the disclosure of the existence of any significant financial interest or any other relationship a faculty member or a sponsor has with the manufacturer of any commercial product(s) and/or service(s) discussed in an educational activity. Gretchen Garofoli reports no actual or potential conflict of interest in relation to this activity.

Peer review of the material in this CE activity was conducted to assess and resolve potential conflict of interest. Reviewers unanimously found that the activity is fair balanced and lacks commercial bias.

Please Note: PharmCon, Inc. does not view the existence of relationships as an implication of bias or that the value of the material is decreased. The content of the activity was planned to be balanced and objective. Occasionally, faculty may express opinions that represent their own viewpoint. Participants have an implied responsibility to use the newly acquired information to enhance patient outcomes and their own professional development. The information presented in this activity is not intended as a substitute for the participant’s own research, or for the participant’s own professional judgement or advice for a specific problem or situation. Conclusions drawn by participants should be derived from objective analysis of scientific data presented from this activity and other unrelated sources.

Neither freeCE/PharmCon nor any content provider intends to or should be considered to be rendering medical, pharmaceutical, or other professional advice. While freeCE/PharmCon and its content providers have exercised care in providing information, no guarantee of it’s accuracy, timeliness or applicability can be or is made. You assume all risks and responsibilities with respect to any decisions or advice made or given as a result of the use of the content of this activity.
Objectives

• Identify relevant influenza surveillance data from the 2017-2018 influenza season.
• Identify recommendations from the Advisory Committee on Immunization Practices (ACIP) for the 2018-2019 influenza season.
• Recognize common myths related to the influenza vaccine.
• Identify additional vaccination needs for patients during encounters throughout the influenza season.

2017-2018 Flu Recap

High severity season
• Influenza like illness was at or above baseline for 19 consecutive weeks
• Record breaking flu hospitalization rates
• Elevated pneumonia and influenza mortality for 16 weeks

172 pediatric deaths from the flu
• 80% occurred in unvaccinated children
Influenza

Symptoms
• Fever or feeling feverish/chills
• Cough
• Sore throat
• Runny or stuffy nose
• Muscle or body aches
• Headaches
• Fatigue
• Vomiting/diarrhea (some may have, more common in children than adults)

High Risk Groups
• People 65 years of age and older
• People with certain chronic medical conditions (asthma, diabetes, heart disease)
• Pregnant women
• Young children

Cold vs. Flu

Is it a cold or flu?

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Influenza</th>
<th>Cold</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptom onset</td>
<td>Abrupt</td>
<td>Gradual</td>
</tr>
<tr>
<td>Fever</td>
<td>Usual</td>
<td>Rare</td>
</tr>
<tr>
<td>Aches</td>
<td>Usual</td>
<td>Slight</td>
</tr>
<tr>
<td>Chills</td>
<td>Fairly common</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Fatigue, weakness</td>
<td>Usual</td>
<td>Sometimes</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Sometimes</td>
<td>Common</td>
</tr>
<tr>
<td>Stuff, nose</td>
<td>Sometimes</td>
<td>Common</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Sometimes</td>
<td>Common</td>
</tr>
<tr>
<td>Chest discomfort, cough</td>
<td>Common</td>
<td>Mild to moderate</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Rare</td>
</tr>
</tbody>
</table>

Complications
• Pneumonia
• Otitis media
• Sinus infections
• Myocarditis, Encephalitis, Myositis, Rhabdomyolysis
• Multi-organ failure
• Sepsis
• Dehydration
• Worsening of chronic medical conditions
Influenza

Diagnosis
- Usually occurs during the colder months of the year
- Require health care provider to swipe inside of patients nose or swab back of throat for testing
- Rapid Influenza Diagnostic Tests (RIDTs)
  - Results within 10-15 minutes
  - Some pharmacies provide
- Rapid Molecular Assays
  - Results within 15-20 minutes
  - More accurate than RIDTs
- Other tests can be done in specialized laboratories
  - Takes 1 or more hours for results

Influenza

Treatment
- Most patients do not need medical care
  - Rest at home
  - Avoid contact with other people
- Antiviral Medications (start within 48 hours of illness beginning)
  - Oseltamivir (Tamiflu®)
  - Zanamivir (Relenza®)
  - Peramivir (Repivab®)
  - Baloxavir (Xofluza®)

Influenza

Burden of Disease:
- Likely underreported
- Cases: 9.2-35.6 million
- Hospitalizations: 140,000-710,000
- Deaths: 12,000-56,000

Influenza Vaccination Coverage by November 2017
- 38.6% of all persons 6 months and older
- 38.8% of children 6 months through 17 years
- 38.5% of adults 18 years and older
Influenza Vaccination Coverage at End of 2016-2017 Season

- 46.8% of all persons 6 months and older
- 59% of children 6 months through 17 years
- 43.3% of adults 18 years and older

Locations of Influenza Vaccination

Influenza Vaccinations in Health Care Personnel

Flu vaccination coverage among health care personnel vaccinated by November and by April for 2010–11 through 2016–17 flu seasons, and by November for 2017–18 flu season, internet panel survey, United States
Influenza Vaccinations in Health Care Personnel

Flu vaccination coverage among health care personnel by occupation. Internet panel survey, November 2017, United States

- Pharmacist (n=125): 84.6%
- Physician (n=227): 82.7%
- Nurse (n=130): 89.9%
- Nurse practitioner/physician assistant (n=124): 79.7%
- Other clinical personnel (n=619): 75.1%
- Administrative support staff or manager/non-clinical support staff (n=339): 61.0%
- Assistant/other (n=574): 59.2%

Percentage vaccinated

Reported place that health care personnel received flu vaccinations (n=1,664), Internet panel survey, November 2017, United States

- At work (n=1,106): 72.5%
- Pharmacy, drugstore, or other store (n=188): 13.5%
- Doctor’s office (n=155): 10.5%
- Other place (n=73): 5.1%

Percentage among vaccinated

Main reason reported for receiving flu vaccination among vaccinated health care personnel (n=1,664), Internet panel survey, November 2017, United States

- To protect myself from flu (n=698): 35.6%
- Because it was mandatory or I had to for work (n=264): 28.6%
- To protect my friends or family from flu (n=176): 9.2%
- To protect patients from getting flu (n=114): 8.7%
- Flu vaccine was/ is offered free of charge at work (n=85): 6.3%
- Any other reason (n=191): 11.5%

Percentage among vaccinated

Main reason reported for not receiving flu vaccination among health care personnel who do not plan to get vaccinated during the 2017–18 flu season (n=348), Internet panel survey, November 2017, United States

- I might experience side effects or get sick from the vaccine (n=73): 22.1%
- I do not need the vaccination (n=40): 15.3%
- I think the ingredients in the vaccine are not good for me (n=40): 15.1%
- I think flu vaccines don’t work (n=56): 14.5%
- I am allergic to the vaccine or there is another medical reason I cannot get the vaccine (n=46): 10.5%
- Any other reason (n=40): 22.3%

Percentage among unvaccinated
Influenza Vaccination in Pregnant Women

Flu vaccination coverage before and during pregnancy among women 18-64 years of age, by age, United States, 2017

1. Influenza Vaccination in Pregnant Women: Reported place where women, aged 18-64 years, received flu vaccination before and during pregnancy. United States (n=4240).

   - Doctors' office or other doctor's office (n = 2321): 59.3%
   - Pharmacy, drug store, supermarket, grocery store, or supermarket (n = 435): 55.1%
   - Health department clinic (n = 756): 4.5%
   - Other place, e.g., workplace, school (n = 138): 5.9%

2. Influenza Vaccination in Pregnant Women: Reported main reasons for not receiving flu vaccination among women博物馆 any time August 1-November 8, 2017, who did not receive flu vaccination for the rest of the flu season. United States (n=561).

   - 21.9%: Do not think the vaccine is effective in preventing flu.
   - 18.7%: I was too sick when I got the flu.
   - 13.4%: I was concerned about possible side effects of the vaccine.
   - 8.3%: I am not concerned about getting the flu.
   - 8.3%: I do not think the vaccine is effective in preventing flu.
   - 8.3%: Other reason (n=66).
Influenza Vaccination in Pregnant Women

Reported reasons for not receiving flu vaccination among women pregnant anytime August 5 – November 6, 2016: (a) Internet-based survey of pregnant women this season (n=347)

- 37.2%: I haven’t gotten around to it or I haven’t had the time (n=130)
- 29.1%: I prefer to wait until after my pregnancy (n=100)
- 20.9%: I prefer to wait until later in my pregnancy (n=71)
- 9.6%: My doctor, nurse, or other medical professional has not recommended the flu vaccination to me yet (n=33)
- 5.3%: My doctor, nurse, or other medical professional has not offered the flu vaccination to me yet (n=18)
- 1.9%: My source hasn’t started yet (n=7)

Percentage among unvaccinated

Influenza Vaccination Coverage in General Population for 2016-2017 Season

Influenza Vaccination Coverage in Health Care Personnel for 2016-2017 Season
2018-2019 Influenza Vaccine Composition

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 (H3N2)-like virus
- B/Colorado/06/2017-like virus (Victoria lineage)

Quadrivalent influenza vaccine also includes
- B/Phuket/3073/2013-like virus (Yamagata lineage)

Flu Virus Naming

1. A, B, or C type
2. Host of origin (human, swine, etc.)
3. Geographic Site
4. Strain
5. Year of Isolation
6. Subtype

Influenza Vaccine Products Available

Get updated chart from immunize.org when available
2018-2019 Influenza Recommendations

• Annual influenza vaccination for all persons 6 months of age and older without contraindications to the vaccine

• Any licensed, age appropriate influenza vaccine can be administered
  • This includes LAIV which has not been recommended the past two seasons

LAIIV History

• Licensed in United States in 2003 as trivalent formulation

• Quadrivalent formulation approved in 2012 and was first available during 2013-2014 influenza season

• LAIV4 was not recommended during 2016-2017 and 2017-2018 influenza seasons due to concerns about low efficacy
  • Reduced replication in human nasal epithelial cells compared to pre-pandemic influenza A

• For 2017-2018 vaccine new influenza A strain was included but LAIV was not recommended in U.S. during that season

ACIP LAIV Recommendations

Data reviewed:

• Analysis of effectiveness of LAIV4 and inactivated influenza vaccines for 2013-13 through 2015-16 seasons in children 2 through 17 years of age
  • 5 U.S. observational studies reviewed

• Systematic review of published literature on effectiveness of LAIV3 and LAIV4 from 2010-11 through 2016-17 seasons

• Study conducted by manufacturer that evaluated viral shedding and immunogenicity of LAIV4 with new influenza A pdm09-like virus in children 2 years <4 years of age

ACIP LAIV Recommendations

Summary of review:

• Low to no significant effectiveness of LAIV against influenza A(H1N1)pdm09-like virus

• No data on current formulation

• Manufacturer data indicates new influenza A strain was shed by a higher proportion of children and induced significantly higher antibody responses than the old version

• Manufacturer also presented data on selection of viruses for vaccine and new methods to determine replicative fitness of strains

• LAIV4 Recommended during 2018-2019 influenza season

• LAIV4 may be a means to improve immunization rates in children
American Academy of Pediatrics LAIV Recommendations

• Influenza nasal spray should have limited use

• LAIV4 may be offered to age appropriate children without health conditions precluding them from receiving the LAIV4 vaccine who would not otherwise receive an influenza vaccine

LAIV Administration Technique

**Intranasal administration (NAS)**
Live Attenuated Influenza Vaccine (LAIV)

1. FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
2. Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
3. With the patient in an upright position, place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.
4. With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents you from going further.
5. Pinch and remove the dose-divider clip from the plunger.
6. Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.
7. Dispose of the applicator in a sharps container.

Myth #1: The Flu Shot Can Give You the Flu

**FACTS:**

• The flu vaccine cannot cause the flu

• The vaccine takes two weeks after administration to be fully effective

Dispelling Myths
Myth #2: It is Better to Get the Flu Than the Flu Vaccine

FACTS:
• Flu can be a serious disease
• The flu can cause serious complications
• Hospitalization and even death can occur as a result of the flu

Myth #3: You Don’t Need to Receive the Flu Vaccine Every Year

FACTS:
• Flu vaccine is recommended EVERY year for those 6 months of age and older
• The virus often changes from year to year and the composition of the vaccine therefore changes
• A person’s immune protection declines over time after receiving the flu vaccine

Myth #4: Vaccinating Someone Twice During the Influenza Season will Give Them Added Protection

FACTS:
• Studies have shown no benefit to adults getting more than one influenza vaccination during the same season
• Children 6 months-8 years of age who have never received an influenza vaccine previously receive 2 doses spaced 4 weeks apart
  • In subsequent years they will only receive 1 dose per year

Myth #5: Pregnant Women Should NOT Receive the Influenza Vaccine

FACTS:
• Pregnant women should get the influenza vaccine if they are pregnant during the influenza season
• Pregnant women can receive the influenza vaccine from any provider who can administer it and do not need permission from their OB/GYN to do so
Myth #6: If You Have Not Received the Flu Vaccine by December You Shouldn't Get It

FACTS:
- The flu season typically peaks between December and March
- Flu season can sometimes linger into May
- Patients should still receive the vaccine in order to be protected

Myth #7: If You Exercise and Eat a Healthy Diet You Don’t Need the Flu Vaccine

FACTS:
- Everyone over the age of 6 months should receive the flu vaccine unless contraindicated
- Healthy people may encounter those with the flu and therefore be susceptible to contracting the influenza virus
- The flu virus can live on surfaces and can be passed to healthy persons
- Healthy people can die from the flu

Myth #8: Flu Vaccines Don’t Work and Are Just a Money Making Scheme

FACTS:
- Flu vaccines reduce the risk of contracting the flu by 40%-60%
- Best option that there is to prevent influenza
- Flu vaccines are a small part of the profits for large companies

Myth #9: If You Can’t Eat Eggs You Shouldn’t Get the Flu Vaccine

FACTS:
- Persons with a history of egg allergy who have experienced only hives after exposure to egg should receive influenza vaccine
- Persons with history of egg allergy involving angioedema, respiratory distress, lightheadedness, or recurrent emesis may receive any licensed influenza vaccine
  - Should be administered in a medical setting with experience in managing severe allergic conditions
- Previous severe allergic reaction to any influenza vaccine is a contraindication to future receipt of the vaccine
Myth #10: You Can’t Spread the Flu if You Feel Well

FACTS:
• You can be a carrier of the influenza virus even without symptoms
• It is important to get the vaccine to protect not only yourself but those you interact with
• Especially important for healthcare practitioners to get the vaccine to prevent disease from spreading

Myth #11: Vaccines Cause Autism

FACTS:
• 1998 study by Andrew Wakefield has caused a lot of this concern
  • Based on 12 preselected children
  • In 2004, 10 of the 13 authors retracted the study’s interpretation
  • The Lancet retracted the article in 2010
  • Dr. Wakefield’s license has been revoked
• Many large, well-designed studies have found no links between vaccines and autism (both with the MMR vaccine and vaccines containing Thimerosal)

Myth #12: The Flu Vaccine Causes Alzheimer’s Disease Later in Life

FACTS:
• A study showed that past exposure to certain vaccines (including influenza) may protect against the development of Alzheimer’s disease
• Flu vaccines reduce the risk of death from all causes
Assessing Vaccination Needs

- Age
- Health conditions
- Lifestyle
- Travel
- Occupation

Patient Case #1

Addie is a 26-year old pregnant female (30 weeks gestation) who comes to your pharmacy during flu season to inquire about the influenza vaccine. Her physician recommended that she receive it, but she is concerned about the safety of the vaccine and the potential risk to the baby.

1. Can she receive the influenza vaccine today?
2. If yes, which type should she receive?
3. Is she eligible to receive any other vaccines today? If so, which one(s)? If not, when should she receive them?

This is NOT a poll question!

Patient Case #2

Logan is a 28 year old male who reluctantly came to your pharmacy during October because his wife told he that he needs to get his flu vaccine to prepare for the upcoming arrival of their first child. He is an overall a healthy male, but is reluctant to get the influenza vaccine because he breaks out in hives when he eats eggs.

1. What would you recommend for this patient?
2. What influenza vaccine/if any would be safe for him to receive?

This is NOT a poll question!

Patient Case #3

Betty is a 67 year old female who came to your pharmacy today to receive her yearly influenza vaccine. She is a new patient to your pharmacy and being the diligent pharmacist that you are you complete a thorough vaccination history on her and determine that she has not had any vaccinations besides her flu vaccine since turning 50. She suffers from hypertension and depression.

1. What additional vaccinations would you recommend for this patient?

This is NOT a poll question!
Patient Case #4

Sarah is a 14 year old who comes with her mom to your pharmacy to get her yearly influenza vaccine. Her mom reports that Sarah is currently up-to-date with all of her other vaccinations.

1. Which influenza vaccine would be best for Sarah to receive?

This is NOT a poll question!