YOUR BEST SHOT
FOR A FLU FREE SEASON

Every year in the United States, according to the CDC, 5% to 20% of the population contract influenza (the flu), a highly contagious respiratory tract disease. More than 200,000 people are hospitalized from flu complications with an estimated annual 36,000 deaths. Of those hospitalized, about 20,000 are children younger than 5 years of age. The flu is preventable with vaccinations.

Every year, new vaccines are created to protect and prevent influenza A and B strains expected to cause infections in the winter months. Repeat flu vaccination every season.

Everyone, 6 months and older, should be vaccinated against influenza to prevent infections and potentially serious complications. The flu vaccine is safe, inexpensive and effective.
Racial/Ethnic Disparities in Influenza Vaccination Coverage, 2013-14

- The vaccination coverage among persons ≥ 6 months, was highest among whites (47.5%) compared to Blacks (41.5%) and Hispanics (44.3%), but lower than Asians (51.3%), and similar to American Indians/Alaska Natives (48.0%).

- For white children (6 months through 17 years) had similar influenza vaccination coverage at 55.2% compared to Black children (57.2%) but lower vaccination coverage than Hispanic children (66.0%), Asian children (70.6%), and American Indians/Alaska natives (65.5%).

- Among adults (18 years and older), influenza vaccination coverage for whites (45.4%) was higher than coverage for Blacks (35.6%), Hispanics (33.1%), Asian (43.6%) and American Indians/Alaska native (44.1%) adults.

- For seniors ≥ 65 years and older, the vaccination coverage for whites (66.6%) is higher compared to Blacks (56.6%), Hispanics (57.8%), but similar to Asians (66.7%) and American Indians /Alaska natives (65.2%).

Source: Centers for Disease Control and Prevention

How to Establish a Successful Influenza Vaccination Campaign in an Office Setting

Providers have the opportunity to play a major role in raising immunization rates. The following tips will guide the physicians and/or administrator to establish a successful influenza (flu) vaccination campaign.

Organize/plan an office system and campaign: Vaccinate your patients against the flu

- Establish a standard practice of immunization chart reviews.
- Designate staff to oversee immunization.
- Establish standing orders/protocols for vaccine administration.
- Establish a culture of immunization review in your office.
  - Screen patient immunization status at every visit.
  - Record information in a standardized way.
  - Complete assessments for contraindications.
  - Place alerts on patients who need vaccinations.
  - Document acceptance/refusal in patient medical records.
- Offer vaccinations during appropriate medical encounters.
- Use electronic medical records and immunization registries.
- Set goals and keep weekly tract of patients immunized.
- Develop separate log for office staff use.
- Share outcomes/progress report with staff and patients.

Promote flu vaccination in the office

- Establish a protocol to vaccinate all staff
- Educate clinical staff about flu facts
- Encourage staff to discuss flu myths with patients

Promote flu vaccination among patients

- Display educational materials in strategic areas.
- Promote walk-in hours through reminder letters.
- Adjust staff schedules as needed.

“As trusted advisors to our patients, recommendations from healthcare professionals are the single most persuasive reason patients get flu shots. So do your part. Promote flu vaccinations.”

Lawrence L. Sanders, Jr, MD, MBA
President, National Medical Association
“Focus on physician education, standing orders, patient reminder recall systems and community outreach can improve vaccination.”

Virginia A. Caine, MD
Director of the Marion County Public Health Department
Chair of the NMA Section on Infectious Diseases

## DIAGNOSIS, TREATMENT AND PREVENTION

### THE FLU & COLD:
Respiratory Illnesses presenting with Different Symptoms

**LEARN THE DIFFERENCES:**

<table>
<thead>
<tr>
<th>SIGNS &amp; SYMPTOMS</th>
<th>INFLUENZA</th>
<th>COLD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aches</td>
<td>Usual, often severe</td>
<td>Slight</td>
</tr>
<tr>
<td>Chest Discomfort</td>
<td>Often severe</td>
<td>Mild to Moderate</td>
</tr>
<tr>
<td>Chills</td>
<td>Fairly common</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Coughing</td>
<td>Dry unproductive cough</td>
<td>Hacking productive cough</td>
</tr>
<tr>
<td>Fever</td>
<td>Usually present</td>
<td>Rare</td>
</tr>
<tr>
<td>Headache</td>
<td>Common</td>
<td>Uncommon</td>
</tr>
<tr>
<td>Sneezing</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Sore throat</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Stuffy nose</td>
<td>Uncommon</td>
<td>Common</td>
</tr>
<tr>
<td>Symptom onset</td>
<td>Can appear w/in 3-6 hours</td>
<td>Appear gradually</td>
</tr>
<tr>
<td>Tiredness</td>
<td>Moderate to severe</td>
<td>Mild</td>
</tr>
</tbody>
</table>

- Use Rapid diagnostic tests to diagnose and manage symptoms
- Understand the reliability interpretation of rapid test results
- Follow (CDC) guidelines to maximize test reliability and minimize false results
- Influenza can be present even when a test is negative

### TREAT AND PREVENT INFLUENZA WITH ANTVIRAL THERAPY WHEN INDICATED
- CDC recommends early antiviral treatment for patients who are severely ill and for those who are at greatest risk for complications from influenza. This includes hospitalized patients with suspected or confirmed influenza, those with severe or progressive illness, and outpatients who are at high risk for influenza complications (for example, young children, people aged 65 years and older, pregnant women, persons with immunosuppression, persons aged younger than 19 years who are receiving long-term aspirin therapy, residents of nursing homes and other chronic care facilities, American Indians/Alaska Natives, persons who are morbidly obese and persons with certain underlying chronic medical conditions.)
- Treat with antivirals within 48 hours of onset of symptoms
- Oseltamivir (Tamiflu) and Zanamivir (Relenza) are recommended effective antivirals for 2014-2015 influenza seasons. Treatment should not wait for laboratory confirmation

**Important Tip:** Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu. If given, aspirin can cause a serious condition called Reye’s syndrome which results in liver failure.
SUMMARY OF NEW ACIP RECOMMENDATIONS FOR THE 2014-2015 INFLUENZA SEASON

Annual flu vaccination is recommended for more people

- An annual influenza vaccination is recommended for everyone aged 6 months and older.
- Influenza vaccination should not be delayed to procure a specific preparation if an appropriate one is already available.

Preferred Vaccine for Children

- Children 6 months through 8 years of age need two doses of the 2014-2015 flu vaccine, given 4 or more weeks apart, if:
  - Their vaccination status is unknown, or they have never received a flu vaccine before.
  - Children 6 months through 8 years of age need one dose of the 2014-2015 flu vaccine, if they have received:
    - At least two doses of seasonal influenza vaccine since July 1, 2010.
- Only one dose of the 2014-2015 vaccine is needed for children aged 6 months to 8 years who received at least one dose of the 2013-2014 vaccine.
- Live attenuated influenza vaccine (LAIV) or nasal spray vaccine is preferred for healthy children aged 2 to 8 years. Several studies have demonstrated superior efficacy of LAIV in children compared to the injectable inactivated influenza vaccine. However, if it is not immediately available, inactivated influenza vaccine should be used, rather than delaying vaccination to obtain LAIV.

LAIV should not be used in the Following Populations:

Contraindications

- Persons aged <2 years or >49 years.
- Children aged 2 through 17 years who are receiving aspirin or aspirin-containing products.
- Persons who have experienced severe allergic reactions to the vaccine or any of its components, or to a previous dose of any influenza vaccine.
- Pregnant women.
- Immunocompromised persons.
- Persons with a history of egg allergy.
- Children aged 2 through 4 years who have asthma or who have had a wheezing episode noted in the medical record within the past 12 months, or for whom parents report that a healthcare provider stated that they had wheezing or asthma within the last 12 months.
- Persons who have taken influenza antiviral medications within the previous 48 hours.

Precautions

- Moderate to severe illness with or without a fever.
- History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.
- Asthma in persons aged 5 years and older.
- Medical conditions (chronic pulmonary, cardiovascular, renal, hepatic, hematologic, or metabolic disorders including diabetes mellitus) which might predispose to higher risk for complications attributable to influenza.

A new type of vaccine is available for persons with a history of egg allergy

- A new trivalent recombinant influenza vaccine (RIV, FluBlok), is considered egg-free, licensed for use for persons aged 18-49 years who have a history of egg allergy.

Source: Centers for Disease Control and Prevention • Morbidity and Mortality Weekly Report (MMWR) • August 15, 2014 / 63 (32); 691-697
For details and updated information for the 2014-2015 flu season, contact 1-800-CDC-INFo or www.flu.gov

NMA and ASTHO Partnership Influenza Vaccination Project

In a coordinated effort to improve influenza vaccination rates among minorities and underserved populations, Your Best Shot for a Flu Free Season, is an immunization initiative designed to expand provider efforts to reduce health disparities.

Project Goals:

- Increase provider knowledge regarding the ACIP recommendations for influenza vaccine
- Increase knowledge among patients regarding the need for influenza vaccination
- Encourage standing orders and promote greater use of recall/reminder systems especially for high risk patients

Provider participation is critical because patients are more accepting of their recommendations to be vaccinated. NMA will work closely with our network of providers and partner organizations to reduce disparities and increase flu vaccination rates among minorities. To this end we encourage all of our member physicians to join us in this important effort.

We look forward to strengthening the partnership between NMA, ASTHO, and CDC — working together for better health for minority populations. — Randall Morgan, MD, MBA, Executive Director, W. Montague Cobb/NMA Health Institute

Principal Investigator: Virginia A. Caine, MD, Associate Professor of Medicine, Division of Infectious Disease, Indiana University School of Medicine, Director, Marion County Public Health Department, Indianapolis, Indiana, and Chair of the Infectious Disease section of the NMA.

Co-Principal Investigator: Winston Price, MD Chair of NMA Taskforce, Program Director NMA Pediatric Research Network. The National Medical Association, W. Montague Cobb/NMA Health institute partnership with ASTHO is supported by U.S. Health and Human Services, Centers for Disease Control and Prevention.