

Today's Agenda

Time (MT)	Presentation	Presenter(s)
Noon – 12:05 pm	Welcome, Announcements, Introductions	Lachelle Smith, Director, ECHO Idaho
12:05 – 12:10 pm	Idaho Epidemiology Curves and Public Health Updates	Carolyn Buxton Bridges, MD, FACP
12:10 – 12:35 pm	Flu Vaccination in the Context of COVID-19	Carolyn Buxton Bridges, MD, FACP
12:35 – 1 pm	COVID-19 Patient Case Discussion	Ann Lima, MD, MPH

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Idaho Epidemiology Curves and Public Health Updates

Carolyn Buxton Bridges, MD, FACP

Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

Case Counts and SARS-CoV-2 PCR Testing in Idaho

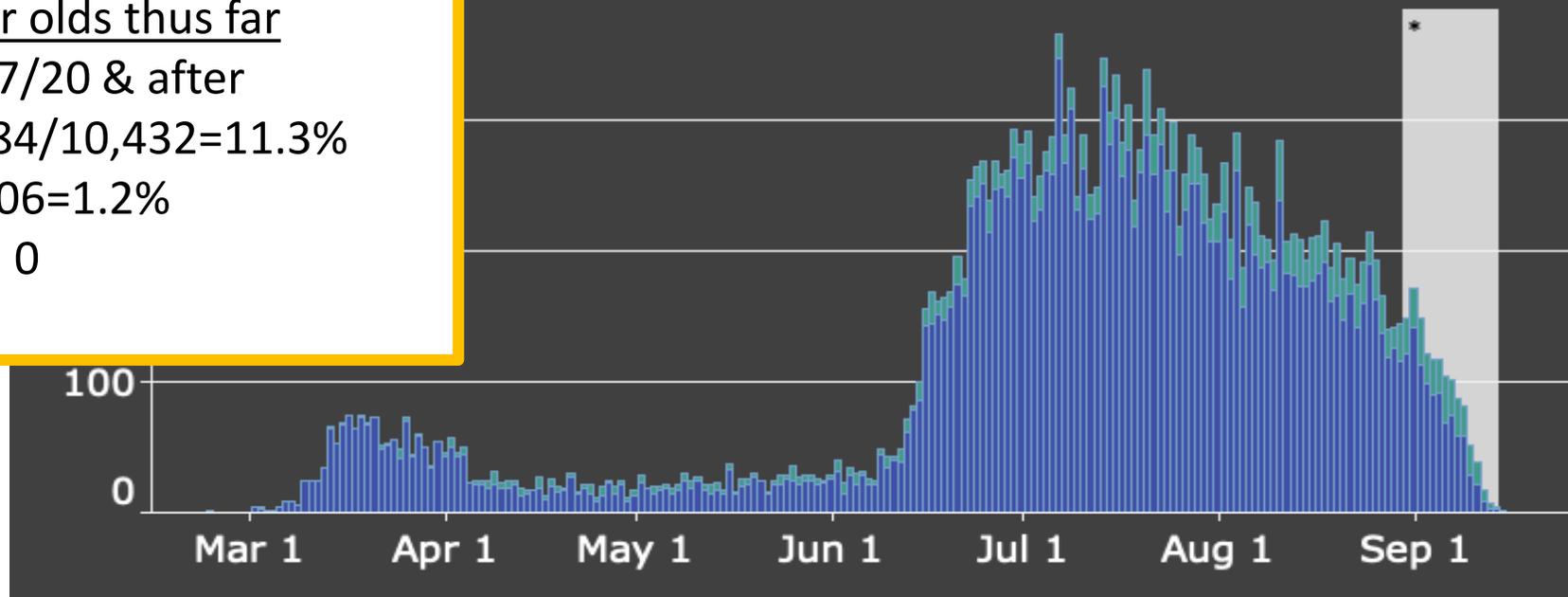
	5/19/2020	6/15/2020	7/13/2020	8/17/2020	9/13/2020
Total lab-confirmed and probable	2,455	3,462 ($\Delta 556$)	11,402 ($\Delta 7,940$)	27,942 ($\Delta 16,540$)	35,532 ($\Delta 7,590$)
Deaths	74 CFR =3.0	88 CFR =2.5	102 ($\Delta 14$) CFR =0.18	273 ($\Delta 171$) CFR=1.0	419 ($\Delta 146$) CFR=1.9
Hospitalizations	213	270	500 ($\Delta 230$)	1,129 ($\Delta 629$)	1,612 ($\Delta 483$)
ICU admissions	89	100	144 ($\Delta 44$)	316 ($\Delta 172$)	424 ($\Delta 108$)
Healthcare personnel	295	366 ($\Delta 57$)	760 ($\Delta 394$)	1,660 ($\Delta 900$)	2,404 ($\Delta 744$)
Total tests	37,847	65,306 ($\Delta 17,436$)	129,540 ($\Delta 64,234$)	225,018 ($\Delta 95,478$)	277,368 ($\Delta 52,350$)

<https://coronavirus.idaho.gov>

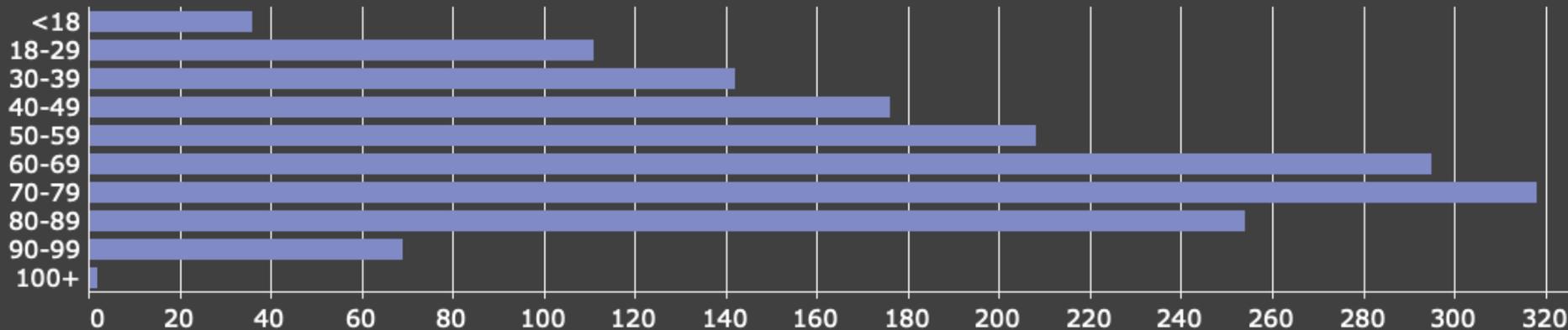
Onset Date of Cases

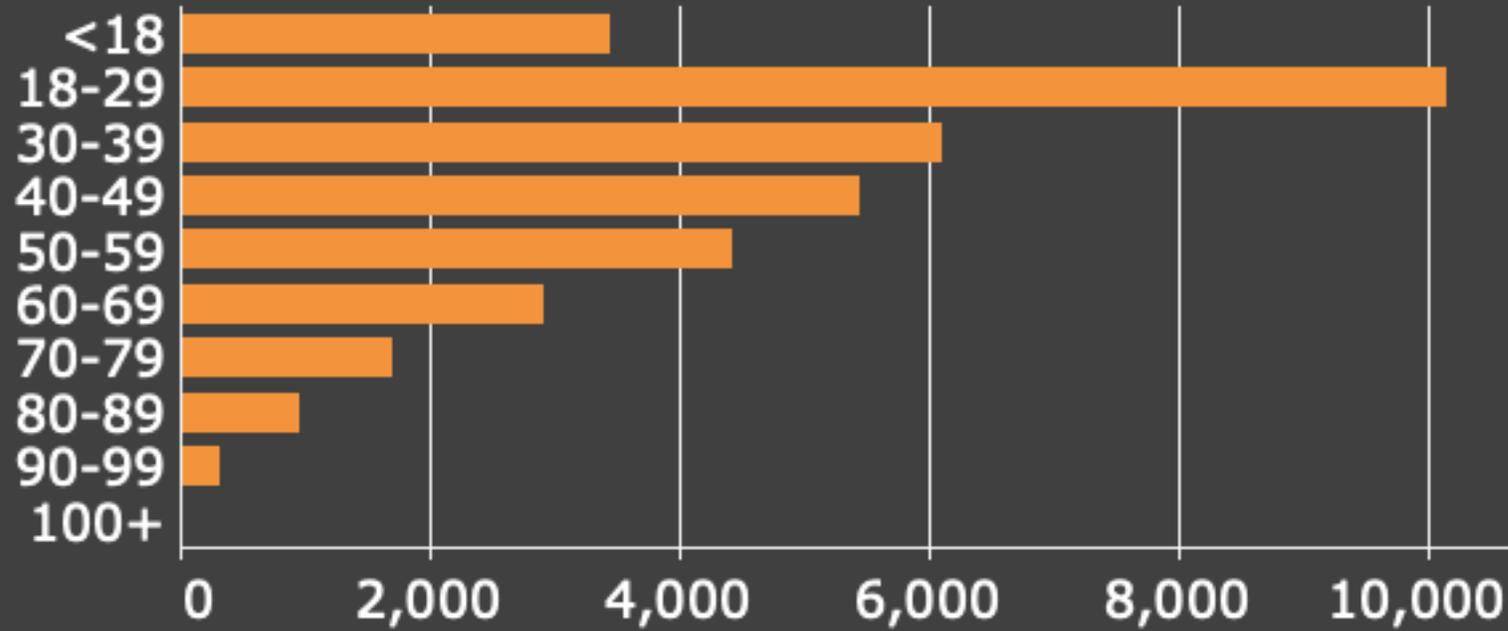
Relative impact in 0-17 year olds thus far

Date	8/10/20 & before	8/17/20 & after
Cases	2,263/25,100=9.0%	1,184/10,432=11.3%
Hosp.	29/1006=2.9%	7/606=1.2%
Deaths	0	0

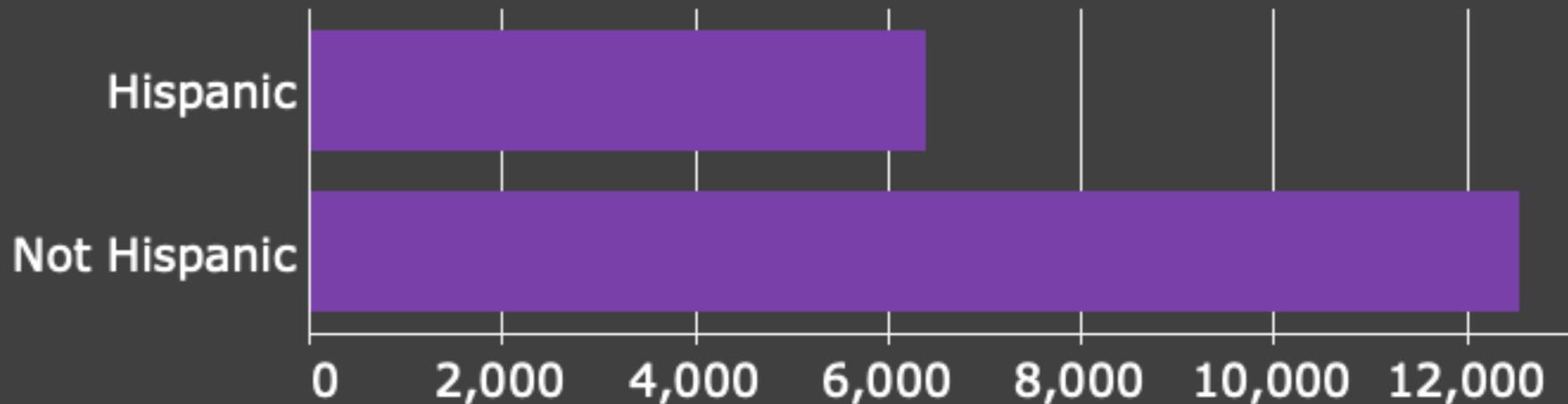


Patients Ever Hospitalized by Age Group

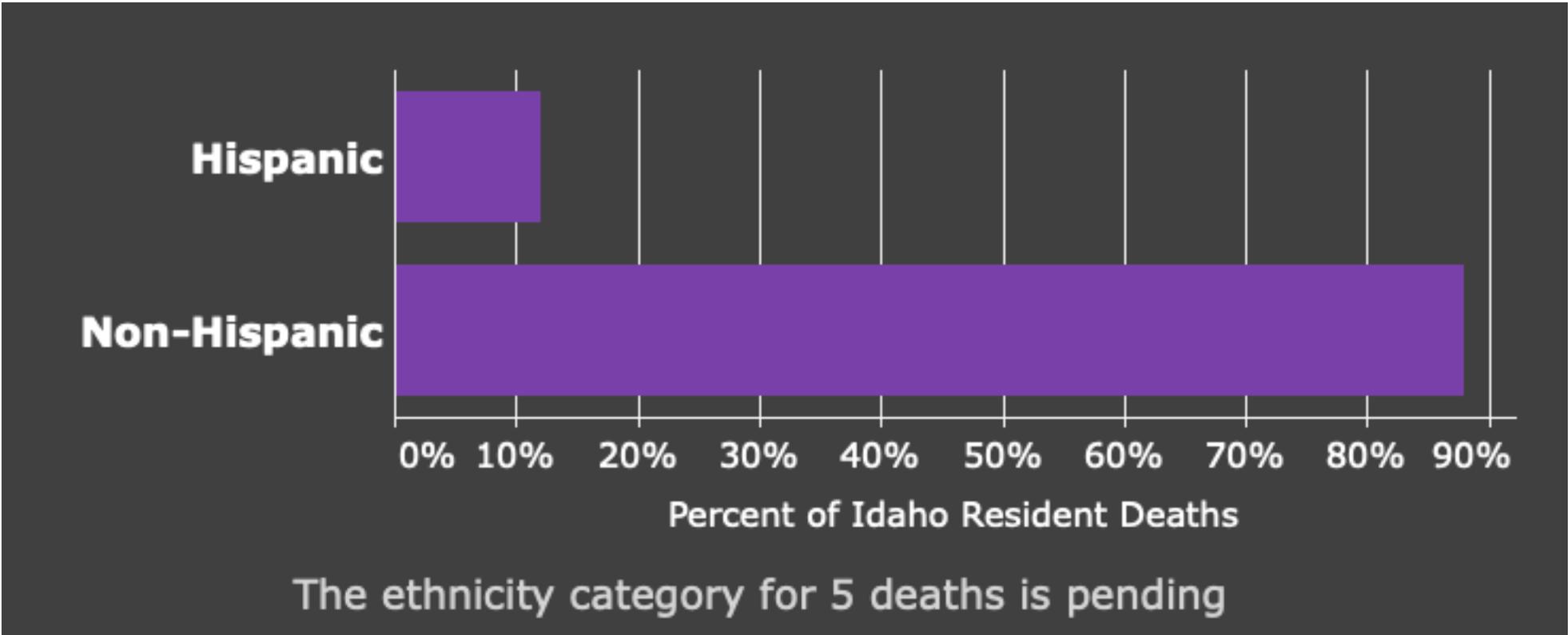
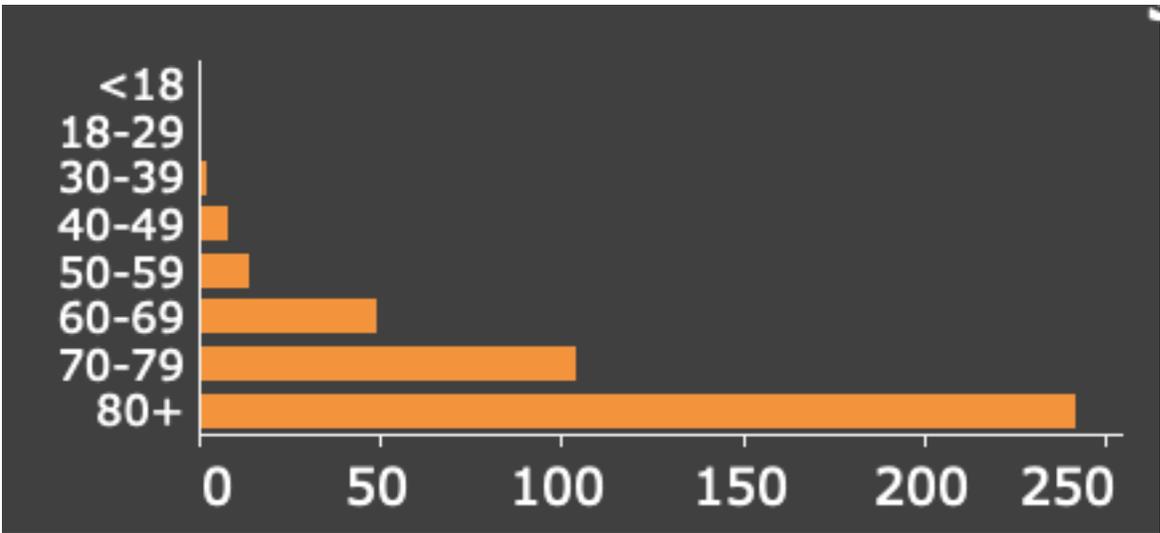




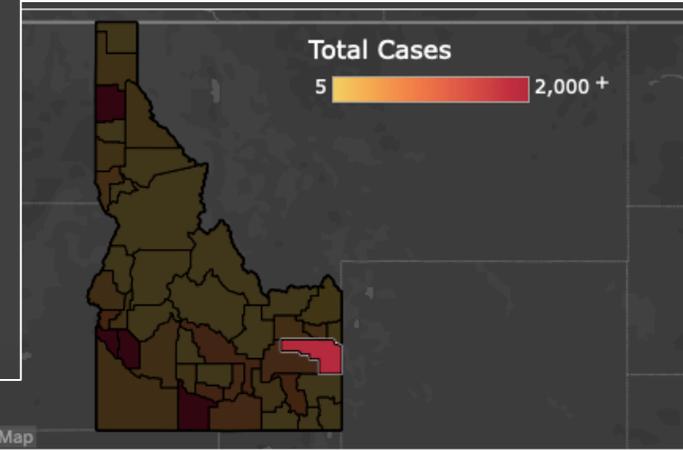
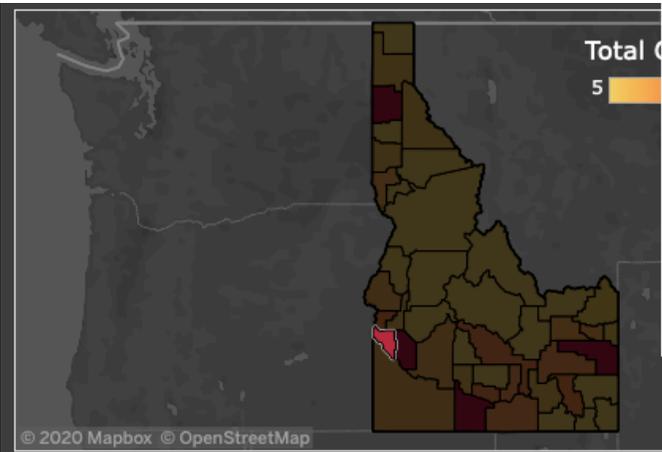
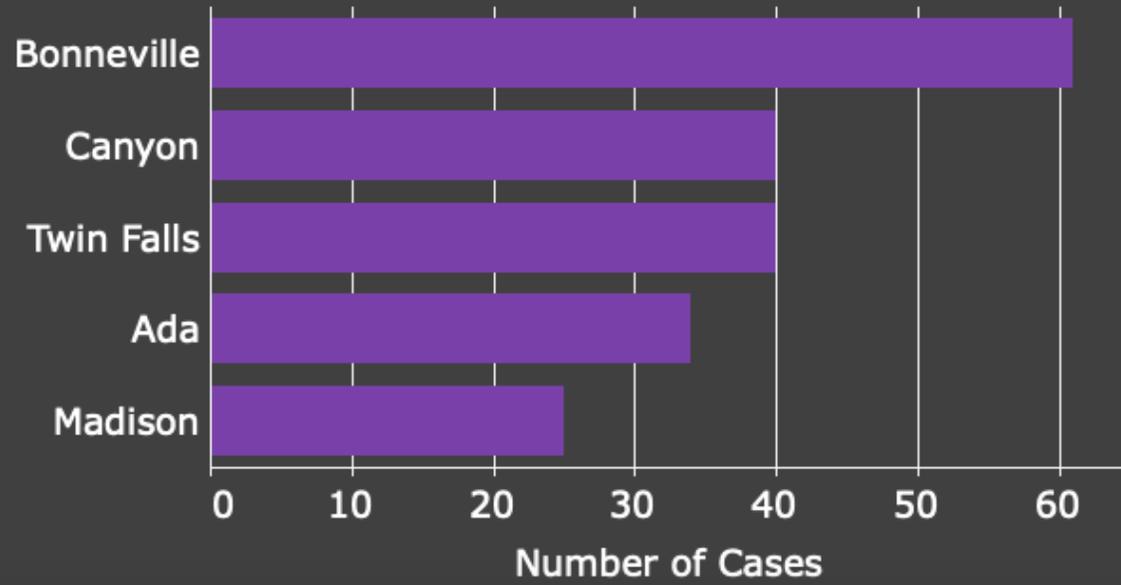
Cases by age group and ethnicity



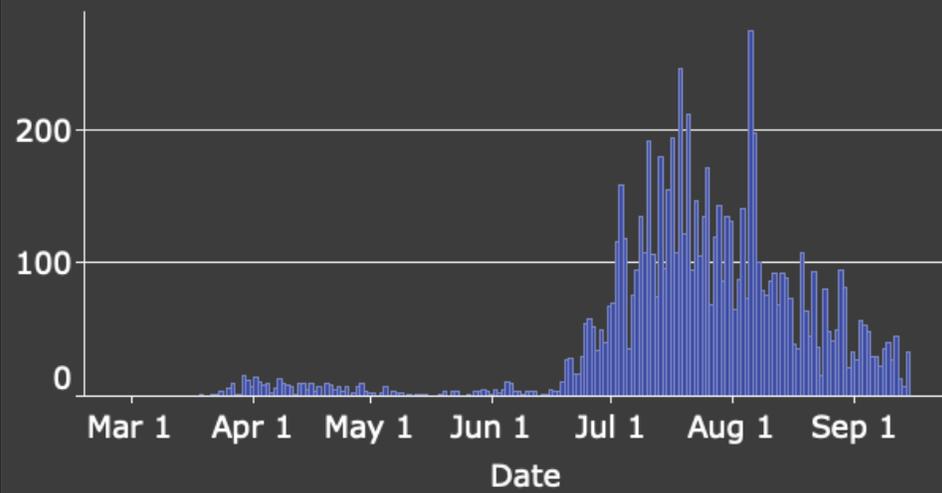
Deaths by age group and ethnicity



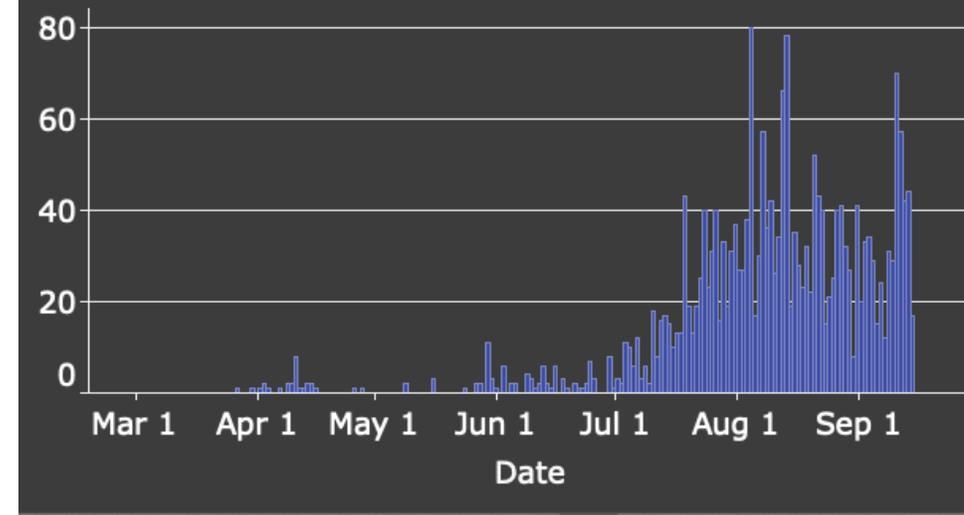
Counties With the Highest Number of Cases for Week Selected



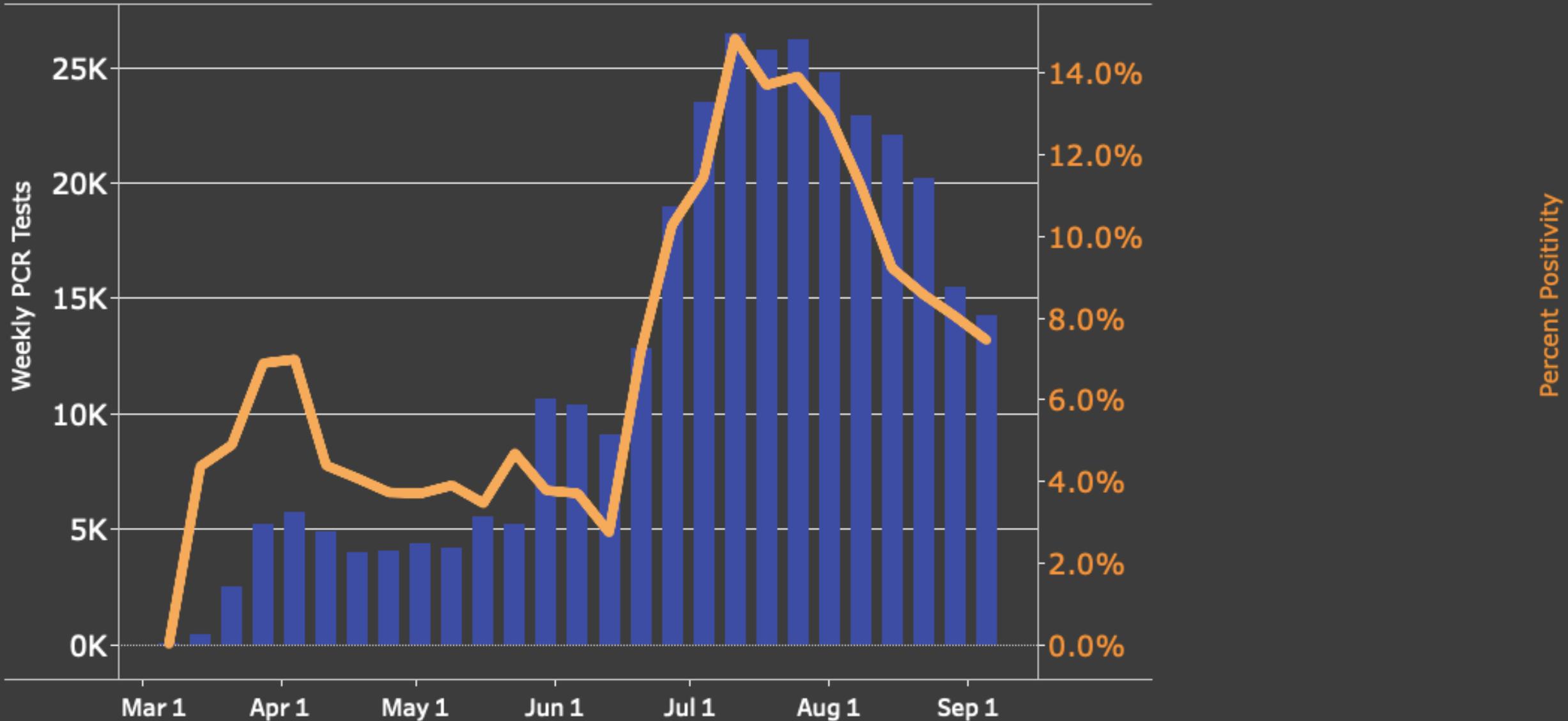
Number of Cases by Report Date - Statewide or Selected County



Number of Cases by Report Date - Statewide or Selected County



PCR Tests Completed and Percent Positivity by Week of Specimen Collection



Flu Vaccination in the Context of COVID-19

Carolyn Buxton Bridges, MD, FACP

Governor's Coronavirus Working Group, Former CDC Public Health Physician and Researcher

CDC Estimates of Annual Influenza Disease Burden, United States, 2010-2020

9 million–56 million
Flu **illnesses**



4.3 million–26 million
Flu **Medical Visits**

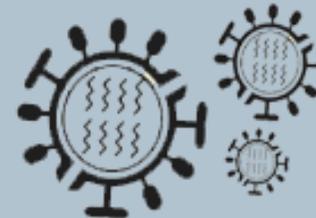


140,000–960,000
Flu-related **Hospitalizations**



>75% adults

12,000–62,000
Flu-related **Deaths**



>90% adults ≥ 65

CDC Estimates of Annual Influenza Disease Burden, United States, 2010-2020

9 million–56 million
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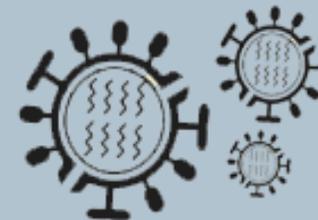
Pediatric Deaths 188 in 2019-20 (range 37-188)

140,000–960,000
Flu-related **Hospitalizations**



>75% adults

12,000–62,000
Flu-related **Deaths**

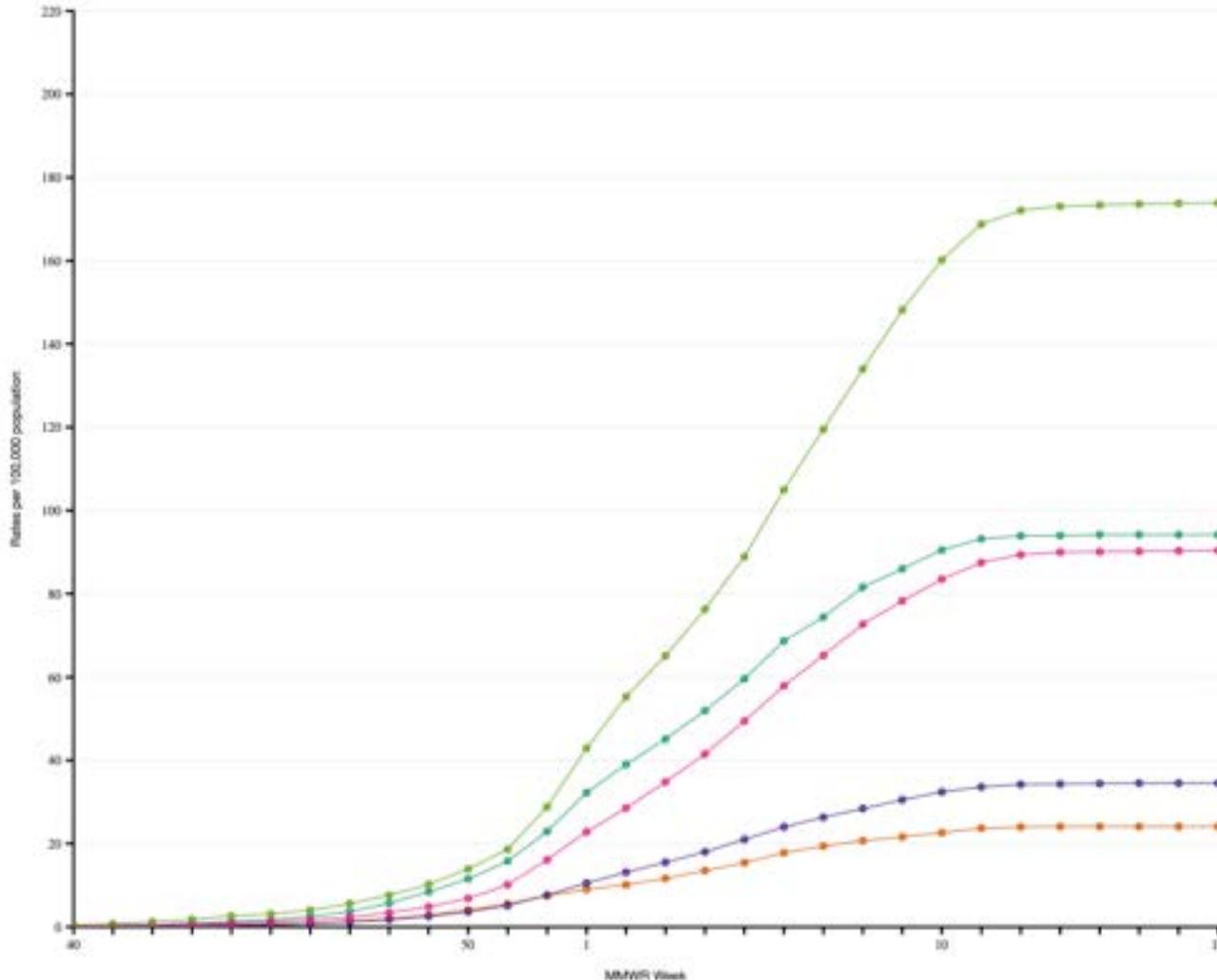


>90% adults ≥ 65

Laboratory-Confirmed Influenza Hospitalizations

Preliminary cumulative rates as of Aug 08, 2020

FluSurv-NET - Entire Network - 2019-20 Season - Cumulative Rate



2019-2020 Season From 10 CDC's EIP Sites CA, CO, CT, GA, MD, MN, NM, NY, OR, TN Rate Per 100,000

---	65+	173.9
---	50-64	90.4
---	18-49	34.5
---	5-17	24.1
---	0-4	94.2

<https://www.cdc.gov/flu/weekly/index.htm>

Comparison of Hospitalizations and Deaths From Influenza and COVID-19

Age Group	COVID Hosp per 100,000	Influenza Hosp per 100,000 in 2019-20	Ratio COVID: Flu Hosp
65 yrs and older	451.2	173.9	2.6
50-64 yrs	248.8	90.4	2.8
18-49 yrs	113.8	34.5	3.3
5-17 yrs	9.7	24.1	0.4
0-4 yrs	16.8	94.2	0.2
Overall	166.9	67.3	2.5

Excess Death Estimates

- Flu annual 12,000-62,000 during 2010-2020
- COVID estimates 192,767 – 252,307 (~3-16 times higher than influenza)

Groups at Increased Risk Severe Influenza and Comparison to COVID-19 High Risk Groups

By age: Adults 65 years and older*** (COVID hospitalization risk increases with age)
Children younger than 2 years old *infants

By chronic medical conditions:

Asthma**

Neurologic and neurodevelopment conditions*

Blood disorders (e.g. sickle cell disease, leukemia)***

Chronic lung disease (e.g. COPD and cystic fibrosis)***

Endocrine disorders (e.g. diabetes mellitus)*** Type 2, *Type 1

Heart disease (e.g. CVD, CHF)*** for serious hrt dis, **for less serious hrt dis

Kidney diseases***

Liver disorders*

Metabolic disorders (e.g. inherited metabolic disorders)*

Weakened immune system (e.g. cancer***, HIV/AIDS*, meds**)

Other risk factors: Body mass index [BMI] of 40 or higher*** (BMI 30 and higher for COVID)

People <19 yo on long-term aspirin- or salicylate-containing meds

Pregnant women **

American Indians and Alaska Natives ** (and other racial/ethnic groups)

People who live in nursing homes and other LTCF***

Benefits of Seasonal Influenza Vaccine^{1,2}

- Effectiveness varies based on antigenic match and age and health of person being vaccinated¹
- Overall ~50–60% effective in younger adults, ~30% in adults ≥ 65 years against medically attended influenza when good match¹
- Studies have shown reductions in
 - Antibiotic use, medical visits, loss of work days³
 - Hospitalizations for all ages
 - Influenza-related deaths, including among children and adults
 - Severity of influenza in hospitalized adults and children
 - Major cardiac events in those with cardiovascular disease

1. CDC. Prevention and Control of Seasonal Influenza: Recommendations of the ACIP – U.S., 2019-20. MMWR 2019

2. Summarized at <https://www.immunize.org/catg.d/p3115.pdf>. Communicating the Benefits of Seasonal Influenza Vaccine during COVID-19

3. Bridges CB, et al. JAMA .

Influenza Disease Averted Through Vaccination

- CDC estimates annual disease burden averted considering vaccination rates and vaccine effectiveness estimates
- From 2010-2019, influenza vaccination prevented annual estimated
 - 1.4-7.5 million illnesses
 - 0.7 - 3.2 million medical visits
 - 39,000– 100,000 hospitalizations
 - 3,500 - 12,000 deaths

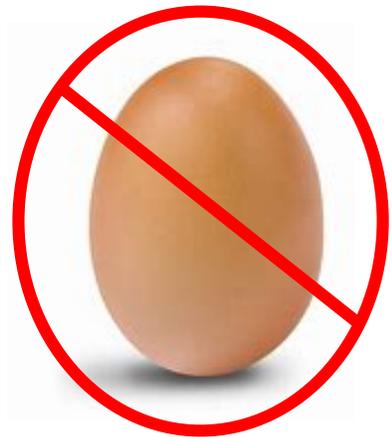
1. Who needs a flu vaccine?
a) You b) You c) You d) All of the above

Even healthy people can get the flu.
Protect yourself and your loved ones.
Get vaccinated.

www.cdc.gov/flu


What is New in Influenza Vaccines?

- All vaccine formulations now quadrivalent except FluAd
 - Both trivalent and quadrivalent FluAd (adjuvanted inactivated vaccine for adults 65 and older) available
 - Flumist 2-49 yo nonpregnant, healthy, no CSF leak, asplenia, cochlear implant
- Both vaccines specifically for 65+ are quadrivalent
 - Fluzone High Dose Quadrivalent
 - FluAd Quadrivalent
- No vaccine preference if age and health condition appropriate
- Updated strains now include strains specific to non-egg based cultured vaccines – may reduce egg/avian adapted changes in vaccine viruses
 - Cell-culture inactivated influenza vaccine (ccIIV, Flucelvax)
 - Recombinant influenza vaccine (RIV4, Flublok)



2020-21 Influenza Vaccine Strains

- U.S. egg-based influenza vaccines (i.e., vaccines other than cclIV4 and RIV4) vaccines will contain HA derived from an influenza:
 - A/Guangdong-Maonan/SWL1536/2019 (H1N1)pdm09-like virus,
 - A/Hong Kong/2671/2019 (H3N2)-like virus,
 - B/Washington/02/2019 (Victoria lineage)-like virus, and
 - B/Phuket/3073/2013 (Yamagata lineage)-like virus (for quadrivalent vaccines).
- U.S. cell culture–based inactivated (ccIV4) and recombinant (RIV4) influenza vaccines will contain HA derived from an influenza:
 - A/Hawaii/70/2019 (H1N1)pdm09-like virus, an
 - A/Hong Kong/45/2019 (H3N2)-like virus, an
 - B/Washington/02/2019 (Victoria lineage)-like virus, and
 - B/Phuket/3073/2013 (Yamagata lineage)-like virus.



Timing of Influenza Vaccination

- Some studies suggest waning of vaccine effectiveness over the influenza season, especially for adults 65 years and older
- Thus, CDC recommends avoiding early vaccination (July, August) for persons needing only one dose during the season
- Early vaccination helpful for children 6 m to <9 yrs who need two doses – spaced 28 days apart – before influenza virus circulation.
 - Children with any two prior influenza vaccine doses need only one dose this season
- Vaccination should continue throughout the season
 - As long as influenza viruses are circulating.
- Vaccination may need to be extended due COVID –related challenges/inefficiencies this year



Influenza and Heart Disease

- Influenza vaccination effectiveness among persons with existing cardiovascular disease: Meta-analyses
 - Case control studies: 29% (95%CI 9,44) against acute MI¹
 - Randomized studies: 36% (95%CI 14,53) against major cardiac events²
- Recommended by American College of Cardiology and American Heart Association¹
 - Comparable preventive measure as:
statins (36%), anti-hypertensives (15–18%), smoking cessation (26%)

1. Barnes et al. Heart 2015;101:1738–1747
2. Udell et al. JAMA 2013;310:1711–1720.

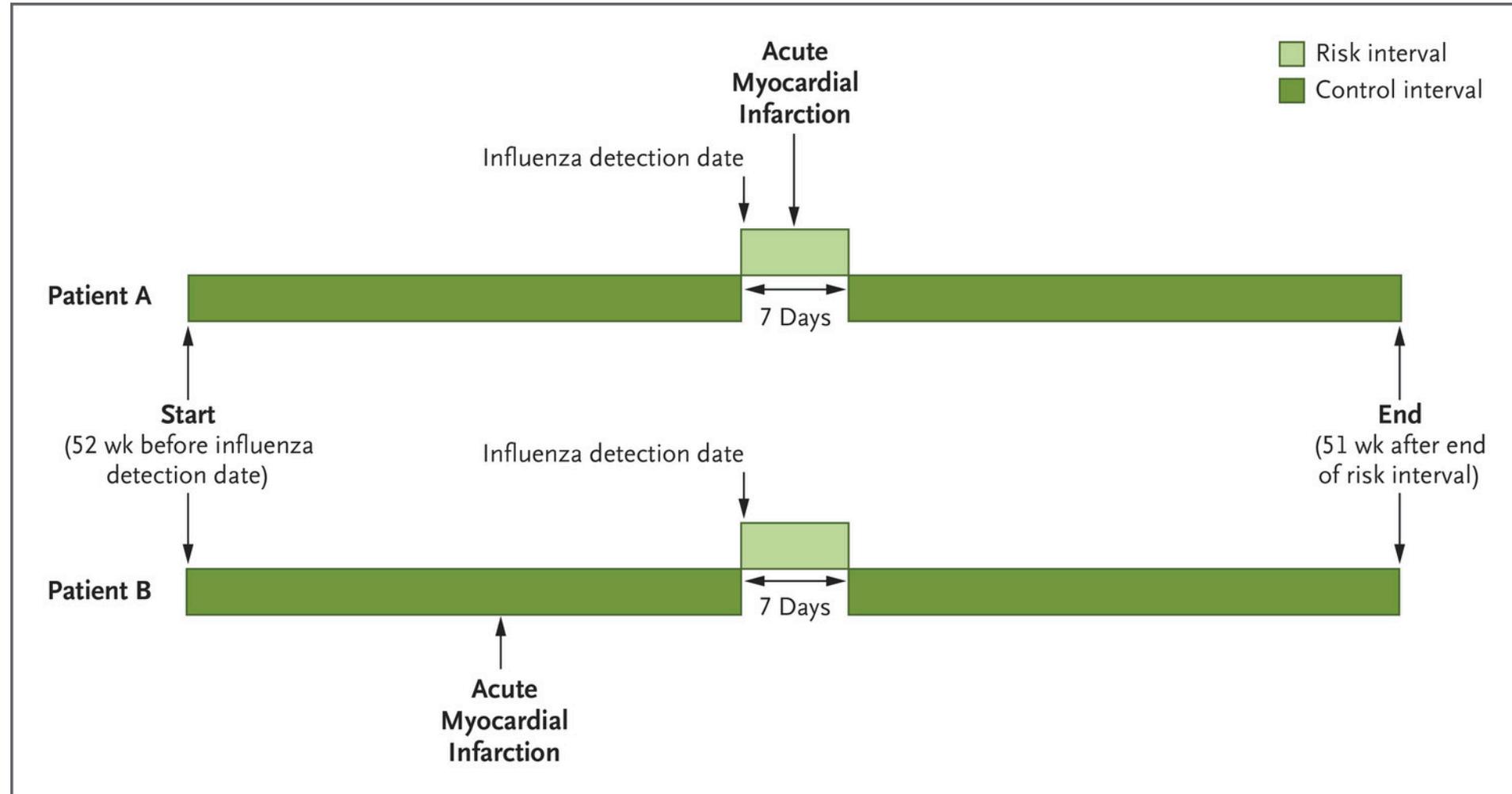
Acute Myocardial Infarction after Laboratory-Confirmed Influenza Infection

Jeffrey C. Kwong, M.D., Kevin L. Schwartz, M.D., Michael A. Campitelli, M.P.H., Hannah Chung, M.P.H., Natasha S. Crowcroft, M.D., Timothy Karnauchow, Ph.D., Kevin Katz, M.D., Dennis T. Ko, M.D., Allison J. McGeer, M.D., Dayre McNally, M.D., Ph.D., David C. Richardson, M.D., Laura C. Rosella, Ph.D., M.H.Sc., *et al.*

Study among persons

1. 35 yrs+,
2. tested for respiratory virus,
3. hospitalized for acute MI,
4. 2008-15

Risk window defined as 7 days after positive test



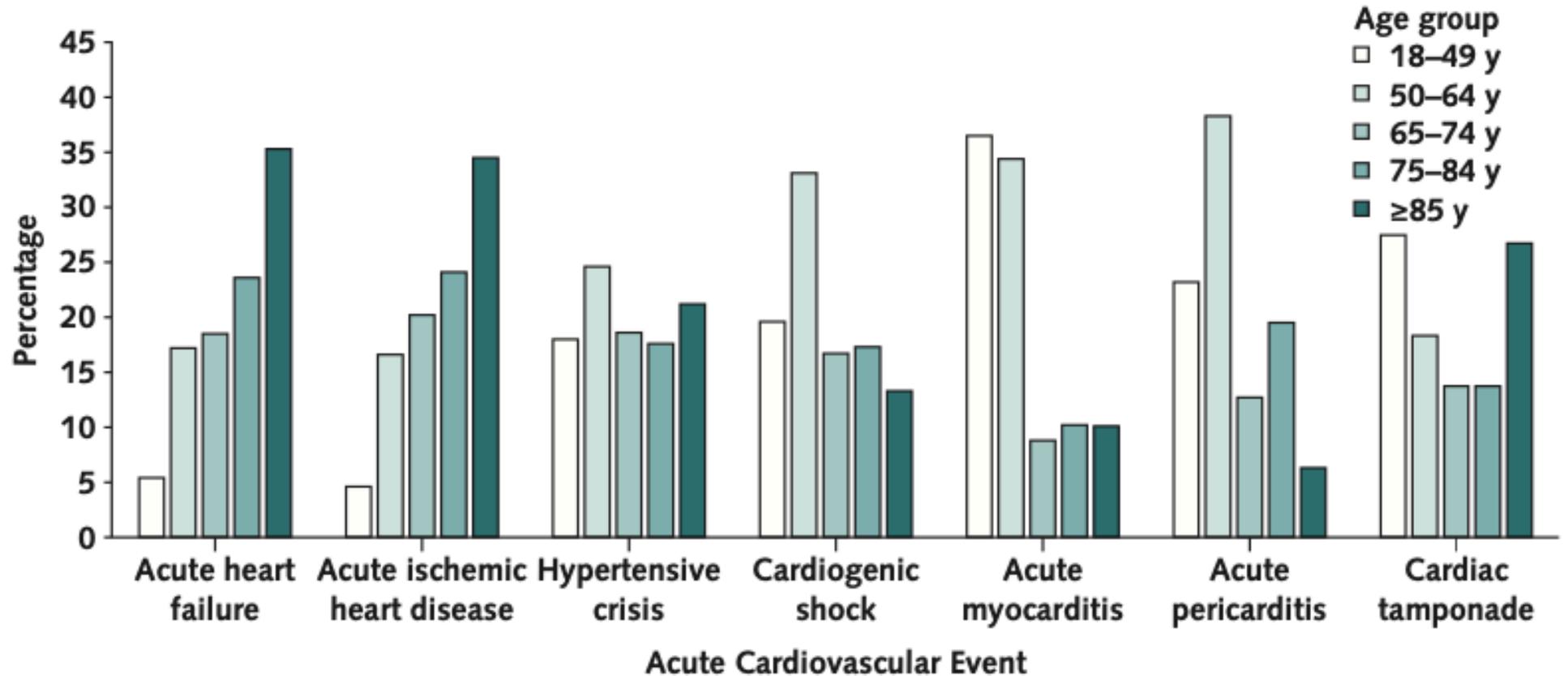
Acute Cardiovascular Events Associated With Influenza in Hospitalized Adults

A Cross-sectional Study

Eric J. Chow, MD; Melissa A. Rolfes, PhD; Alissa O'Halloran, MSPH; Evan J. Anderson, MD; Nancy M. Bennett, MD; Laurie Billing, MPH; Shua Chai, MD; Elizabeth Dufort, MD; Rachel Herlihy, MD; Sue Kim, MPH; Ruth Lynfield, MD; Chelsea McMullen, MSc-GH; Maya L. Monroe, MPH; William Schaffner, MD; Melanie Spencer, MPH; H. Keipp Talbot, MD; Ann Thomas, MD; Kimberly Yousey-Hindes, MPH; Carrie Reed, DSc; and Shikha Garg, MD

- Among 80,261 persons hospitalized who had lab-confirmed influenza, 11.7% had an acute cardiovascular event.
- Most common were acute heart failure (6.2%) and acute ischemic heart disease (5.7%).
- Older age, tobacco use, underlying cardiovascular disease, diabetes, and renal disease were significantly associated with higher risk of acute cardiac events

Figure 2. Distribution of acute cardiovascular events, by age group ($n = 9046$).



Chow EJ, et al. Acute Cardiovascular Events Associated With Influenza in Hospitalized Adults: A Cross-sectional Study Ann Intern Med. 2020 doi:10.7326/M20-1509.

Influenza severity in pregnant women and fetus

- During seasonal influenza,
 - 19.5% - 33.5% of lab-confirmed influenza hospitalizations among women 15-44 years are pregnant¹
 - Risk of influenza-related hospitalization increases with trimester²
- Fetus at increased risk of congenital defects if maternal febrile illness
- Pregnancy risks include preterm labor and birth, and small for gestational age



1. <https://gis.cdc.gov/grasp/fluview/FluHospChars.html>.

2. Neuzil KM, et al. Am J Epidemiol 1998; 148:1094–1102.

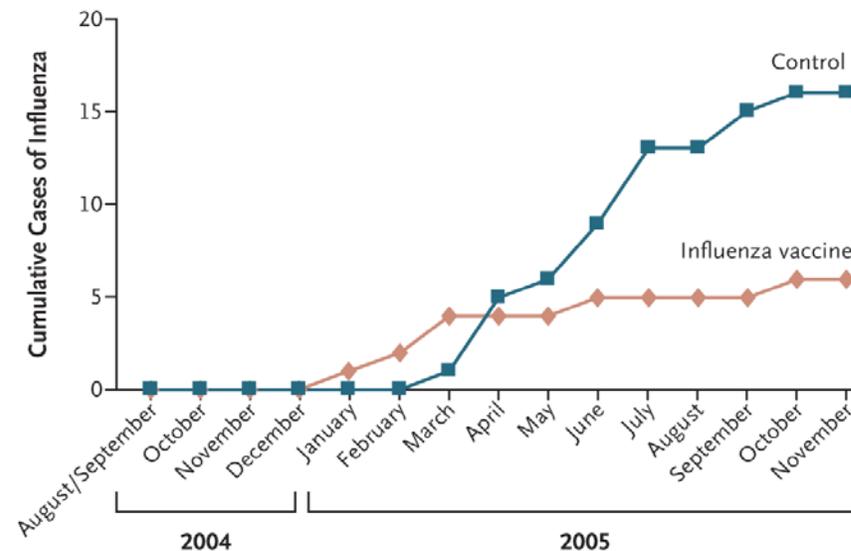
3. Memoli MJ, Harvey H, Morens DM, Taubenberger JK. Influenza Other Respir Viruses. 2013 Nov;7(6):1033-9.

4. Rasmussen SA, Jamieson DJ, Uyeki TM. Am J Obstet Gynecol. 2012 Sep;207(3 Suppl):S3-8.

5. Rasmussen, Jamieson and Bresee, Emerg Infect Dis 14:95-100, 2008

Impact of Influenza Vaccination During Pregnancy on Infants

- Sentinel RCT in Bangladesh in 2004-05^{1,2}
 - Lower rates of lab-confirmed influenza (63%) and febrile illness in babies (29%), and fevers in moms (36%) plus lower risk of small for gestational age, and low birth weight infants
- Other studies in U.S. and Europe confirm benefit
 - For pregnant women, flu-associated acute respiratory infections cut in half^{3,5}, and flu-associated hospitalizations reduced by 40%⁴
 - Influenza illnesses and influenza-related hospitalizations among infants under 6 months lowered by half when their mothers were vaccinated^{5,6}



1. Steinhoff MC, et al, CMAJ. 2012;184(6):645-53.
2. Zaman, et al, N Engl J Med 2008;359:1555-64.
3. Thompson, 2014, Clin Infect Dis. DOI:10.1093/cid/cit750
4. Thompson, 2019, Clin Infect Dis. DOI:10.1093/cid/ciy737
5. Mølgaard-Nielsen, 2019, J Intern Med DOI:10.1111/ joim.12947
6. Poehling K, et al. 2011, Am J OBGYN DOI: 10.1016/j.ajog.2011.02.042

Maternal Influenza A(H1N1) Immunization During Pregnancy and Risk for Autism Spectrum Disorder in Offspring

A Cohort Study

Jonas F. Ludvigsson, MD, PhD; Henric Winell, MSc; Sven Sandin, PhD; Sven Cnattingius, MD, PhD; Olof Stephansson, MD, PhD; and Björn Pasternak, MD, PhD

- Swedish study followed infants born to mothers vaccinated with 2009 H1N1 vaccine (n=13,845) for 6 years and infants whose mothers did not receive 2009 H1N1 (n=29,293) during their first trimester
- 394 (1.0%) vaccine-exposed and 330 (1.1%) unexposed children had a diagnosis of ASD during the 6 year follow-up
- Thus, there was association between prenatal influenza vaccination and ASD.

Tdap and influenza vaccination coverage* among women with a recent live birth — Internet panel survey, United States, April 2018

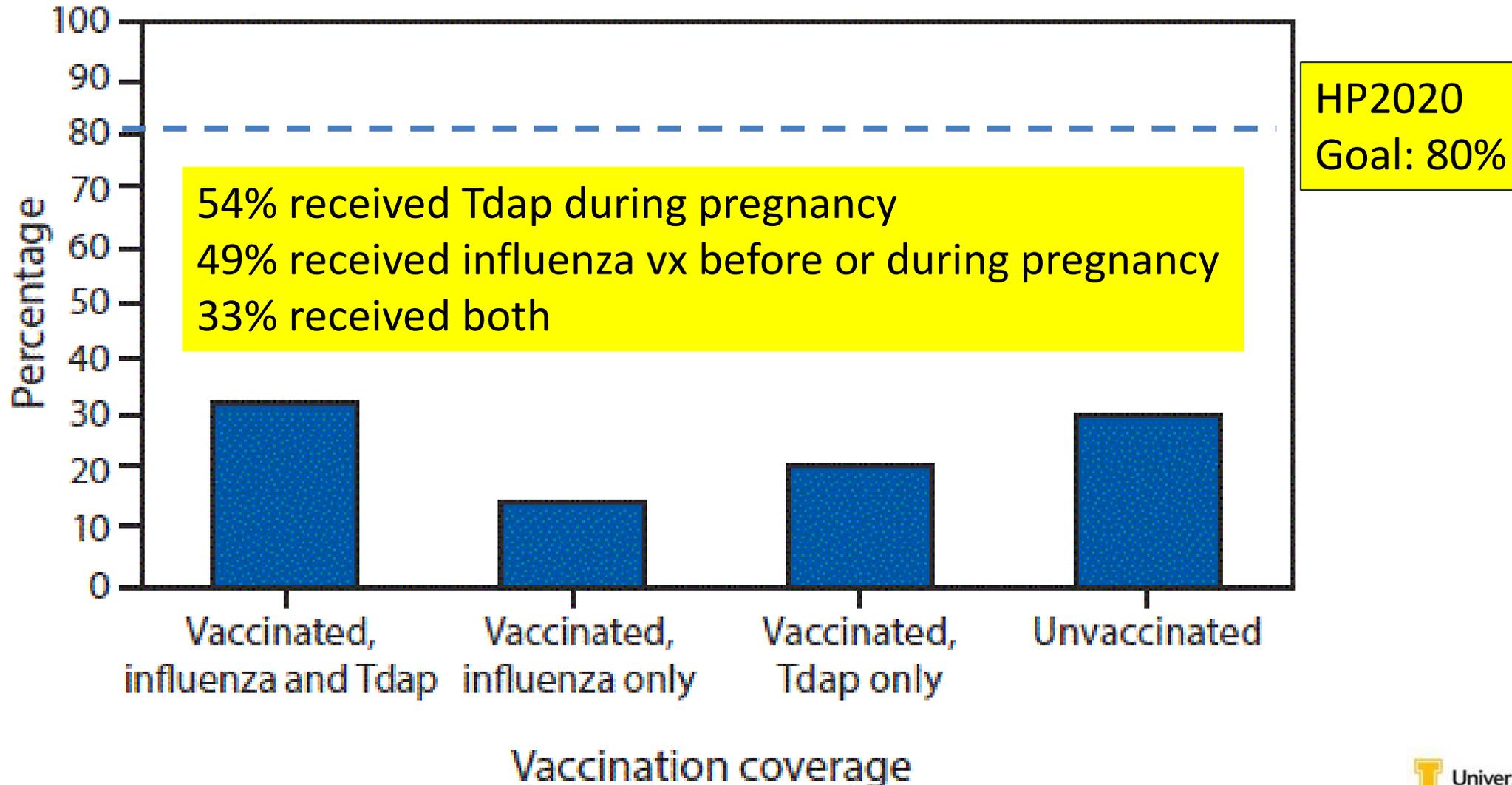


Figure 1. Flu Vaccination Coverage of Children 6 months—17 years, United States, 2010–2019

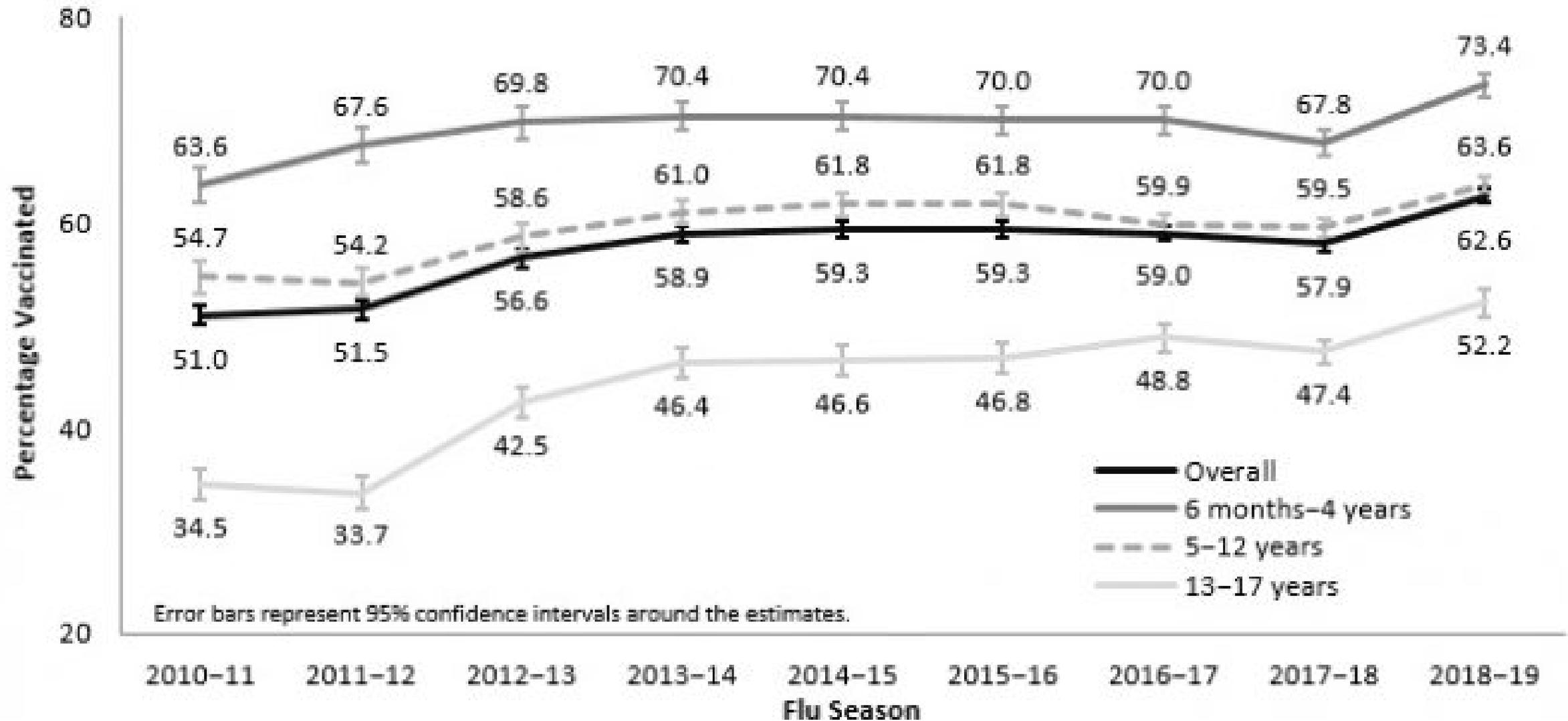
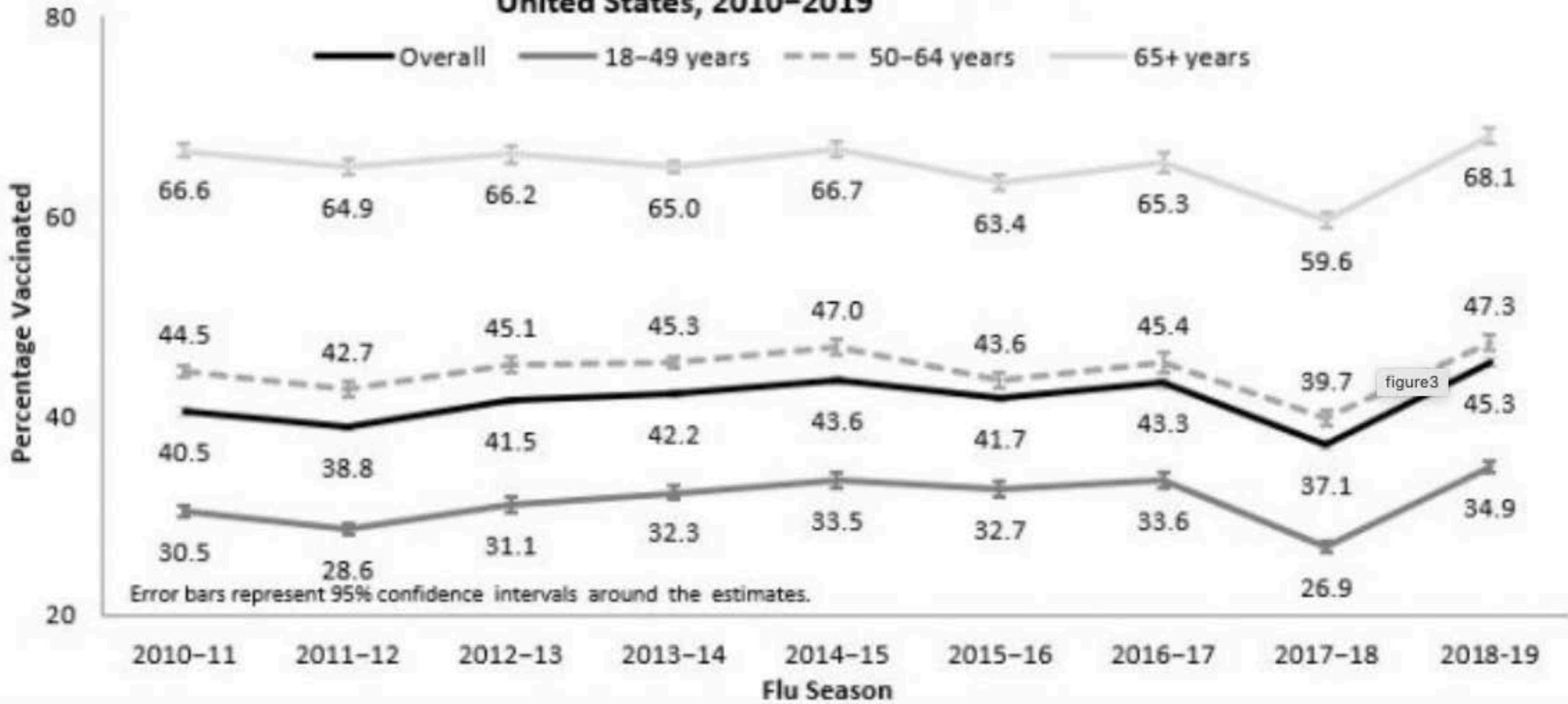
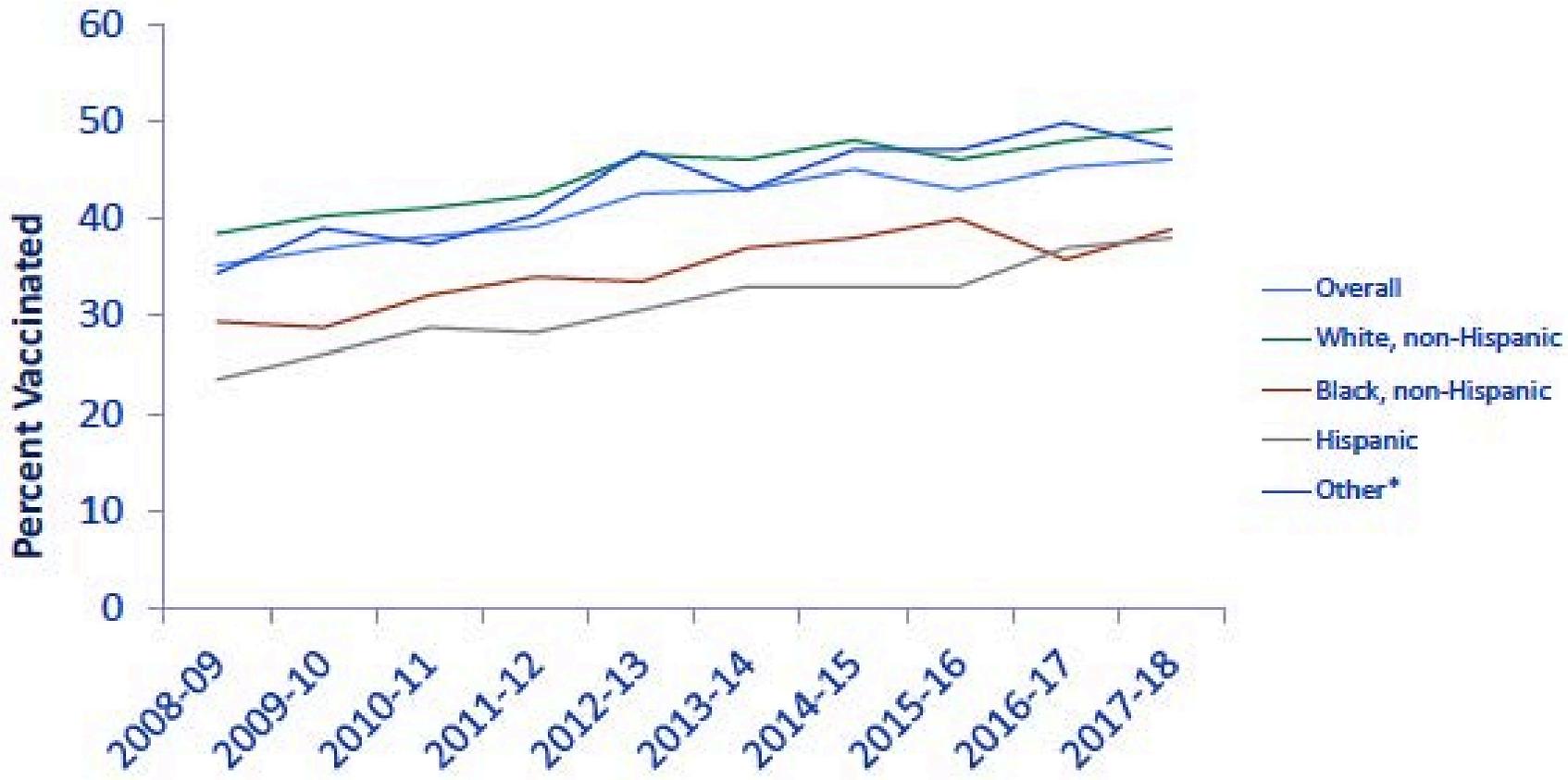


Figure 3. Flu Vaccination Coverage of Adults 18 years and older, United States, 2010–2019



Influenza Vaccination Coverage, ≥18 years, by Race/Ethnicity: 2008-09 through 2017-18 Influenza Seasons, NHIS, United States



Source: National Health Interview Survey
* Other includes Asian, American Indian/Alaska Native, and multiple races.

From Jatlaoui. CDC at <https://www.cdc.gov/vaccines/ed/ciiw/index.html>



Influenza Vaccination Coverage Among Adults in Region 10 States, BRFSS 2018-19, FluVaxView

State	6 m – 17 yrs	18-64 yrs non-HR	18-64 yrs HR	65 and older
Alaska	54.7	35.2	42.6	61.3
Idaho	50.3	31.1	45.0	66.4
Oregon	61.0	35.6	48.5	68.1
Washington	63.8	42.8	54.9	71.7

Source: <https://www.cdc.gov/flu/weekly/fluviewinteractive.htm>.

Communicating Influenza Vaccine Recommendations*

- More people in national polling say they will get the flu vaccine this year compared to prior year (40% vs 60%)
 - Over 190 million doses available for US this year
- Ensure your whole team is on the same page
 - Avoid mixed messages from staff to patients
- Similar messages from multiple different sources helpful to reinforce messages about vaccination recommendations
- Protecting one's family is more motivating than protecting the community

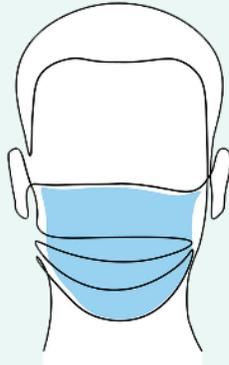


- Ern Burns, CDC on Sept 10, 2020 NAIIS Influenza Update
- [Source: /www.forbes.com/sites/tommybeer/2020/05/26/poll-60-of-us-adults-plan-to-get-flu-vaccine-now-pharmacies-are-preparing-for-a-rush/#3edd927a4415l](https://www.forbes.com/sites/tommybeer/2020/05/26/poll-60-of-us-adults-plan-to-get-flu-vaccine-now-pharmacies-are-preparing-for-a-rush/#3edd927a4415l).

Influenza Vaccination During COVID-19

- Improving vaccination for influenza critical especially now due to overlapping high risk groups, overlapping symptoms, and healthcare utilization/resources/costs for evaluating respiratory illnesses and fevers
- Influenza vaccination clinics provide practice for COVID vaccination
 - Social distancing and use of PPE
 - Use of IIS for EVERY SINGLE vaccination
 - Ensuring right dose is given at the right intervals
 - Helping patients also keep track of their vaccinations
 - Ensuring correct vaccine administration, storage and handling
 - Reporting all vaccine significant adverse events to VAERS

Guidance for large vaccination clinics



Guidance during the COVID-19 pandemic

Planning for a satellite, temporary, or off-site vaccination clinic requires additional considerations during the COVID-19 pandemic, including physical distancing, personal protective equipment (PPE), and enhanced sanitation efforts. These additional considerations are called out in boxes throughout this guidance. However, because COVID-19 guidance is evolving, regularly check [infection control guidance for healthcare professionals about coronavirus \(COVID-19\)](#) for updated information. Consider signing up for the email updates on the website to stay informed of any changes.



Planning Activities



Pre-Clinic Activities



During the Clinic Activities



Post-Clinic Activities

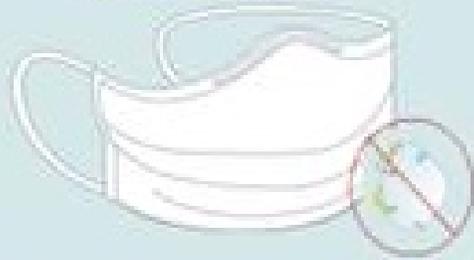
Planners are encouraged to use

- [Resources for hosting an off-site vaccination clinic](#)
- The [Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary, or Off-Site Locations](#),   which outlines CDC guidelines and best practices essential for patient safety and vaccine effectiveness, including guidance for vaccine shipment, transport, storage, handling, preparation, administration, and documentation at temporary clinics.

Personal Protective Equipment for Vaccination Providers

Vaccine Administration

Face mask



- **Recommended:** All healthcare providers (N95 masks not recommended)

Eye protection



- **Recommended:** Areas of moderate/substantial community transmission
- **Optional:** Areas of minimal/no community transmission

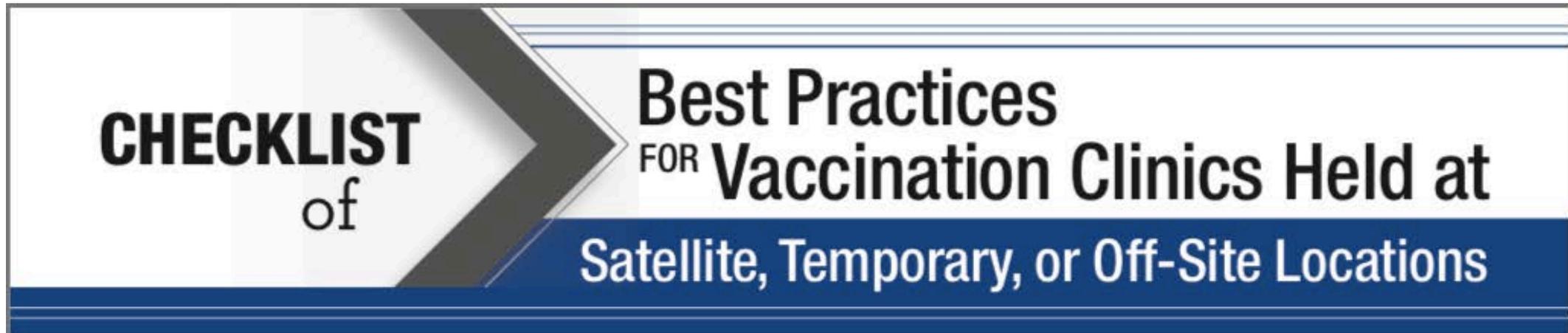
Gloves



- **Recommended:** Intranasal or oral vaccines
- **Optional:** Intramuscular or subcutaneous vaccines

Checklist for Safe and Effective Vaccination Clinics is available from CDC and the National Adult and Influenza Immunization Summit

- Consider using the checklist if you conduct vaccination clinics at sites other than your regular clinic/office
- Use of the checklist designed to help prevent vaccine storage, handling and administration errors



Preventing Shoulder Injury Related To Vaccine Administration (SIRVA)

- SIRVA caused by vaccine injection into shoulder capsule rather than deltoid muscle
 - damage to musculoskeletal structures including the bursae, tendons, and ligaments
 - Inflammation, pain, decreased range of motion
 - The most common vaccine administration error resulting in vaccine injury compensation
- Prevented through ensuring proper landmarking and injection technique.
- Ensure provider and patient are on same level
 - E.g. avoid provider standing while patient sits, and vice versa
- Vaccination associated bursitis estimated in 7 per million influenza vaccination doses given.

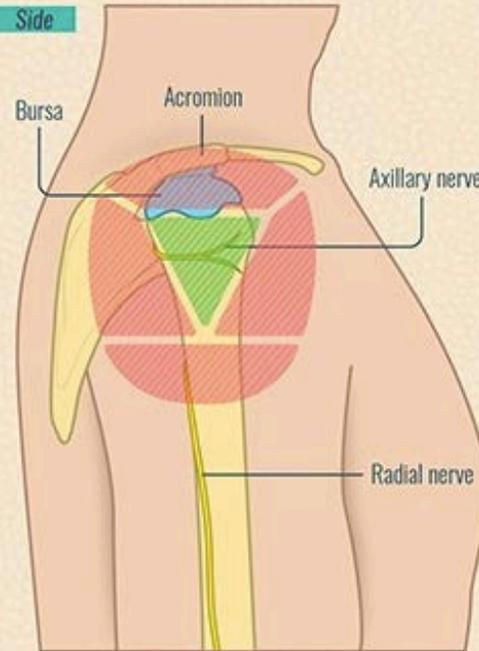
Bancsi , et al . Shoulder injury related to vaccine administration and other injection site events. Can Fam Physician. 2019 Jan; 65(1): 40–42. PMID: 30674513

Hesse EM, et al. <https://doi.org/10.7326/M19-3176>

SIRVA

Shoulder Injury Related to Vaccine Administration

Side



What to watch for when landmarking:

Too High*

*Most reported cause of injury

- Risk of injecting into shoulder joint or bursa
- Can cause inflammation leading to bursitis, frozen shoulder syndrome, and other complications
- Watch for prolonged shoulder pain, weakness, and decreased range of motion
- Symptoms begin within hours to days
- Without treatment, symptoms last months and may never resolve

Too Far to Side

Too Low

- Can inject into axillary nerve
 - Can inject into radial nerve
- ↓
- Can cause paralysis and/or neuropathy
 - Watch for burning, shooting pain during injection
 - Symptoms start immediately

What happens when:

Needle Too Short

Can inject into subcutaneous tissue

- More painful for patient
- Risk of skin reaction
- Vaccine may be less effective

Needle Too Long

Can hit bone or nerve

Tips to Avoid SIRVA

Landmark, don't "eyeball"

Always sit to inject a seated patient

Expose the shoulder completely

When a shirt can't be removed, roll the sleeve up, don't pull the shirt's neck over the shoulder

FROM: Bancsi , et al . Shoulder injury related to vaccine administration and other injection site events. Can Fam Physician. 2019 Jan; 65(1): 40–42. PMID: 30674513

Summary

Protect yourself and your loved ones.
www.cdc.gov/vaccines/adults



**DON'T WAIT.
VACCINATE!**

Learn More

Conclusions

- Influenza results in high burden of disease
- Disproportionately impacts persons with high risk conditions, older adults, pregnant women and young children
- Many symptoms overlap between influenza and COVID-19
 - Reducing influenza means reducing illnesses that may result in medical evaluation, testing, and hospitalizations
- Many high-risk groups for influenza substantially overlap with high risk groups for COVID-19 severe illness and death

Conclusions

- Influenza vaccination this year provides opportunity to
 - Address long-term suboptimal influenza vaccination rates
 - Racial and ethnic disparities
 - Inadequate coverage especially among high risk groups
- Improving use of immunization information systems (IIS) for influenza vaccination can facilitate improving use of IIS for COVID-19 vaccines
- AND ensure use of redundant systems to help patients keep track of their immunizations through
 - E.g. Shot cards, Use of vaccine apps, Taking photos of their shot cards, other ideas
- Imperative this year more than ever to improve influenza vaccination overall

Idaho Immunization Coalition/Get Immunized, Idaho

How Can I Make a Difference?!

- ❖ Get Immunized, Idaho - stakeholder
 - ❖ Ask Me About Vaccinations
- ❖ Virtual Immunization Speakers Consortium
 - ❖ Drive Thru Flu Shot Clinic
- ❖ JOIN/LIKE OUR FACEBOOK PAGE NOW
At Get Immunized, Idaho

Contact Karen Sharpnack at kjs@idahoimmune.org for more information



University of Idaho
WWAMI Medical Education



Get Immunized, Idaho

Drive Thru Flu Clinic

Date: Saturday, October 3rd

Location: ISU College of Pharmacy, Meridian

Partnerships: Idaho Immunization Coalition, Idaho Health & Welfare Immunization Program, Albertsons, ISU College of Pharmacy and Saint Alphonsus

Goal: Conduct a drive thru flu clinic – free flu shots and private (insurance) for up to 1,000 individuals

Governor Little will be the first vehicle to go through the clinic and get his flu shot!

Virtual Immunization Speakers Consortium (AKA Idaho Immunization Summit)

Presented by the Idaho Immunization Coalition & Get Immunized, Idaho

COVID-19 Vaccines & the Rise in Anti-Science

The emergence of COVID-19 has accelerated anti-vaccine and anti-science activities in America.

Thursday, October 8, 2020
10:00 - 11:30am

Peter J. Hotez, MD, PhD



Professor of Pediatrics & Molecular Virology & Microbiology, Dean of the National School of Tropical Medicine at Baylor College of Medicine

Immunization Updates

Idaho immunization updates, recent changes in ACIP vaccine recommendations including influenza and Idaho's planning for COVID-19 vaccination.

Wednesday, October 14, 2020
10:00am - 12:00pm

Christine Hahn, MD



State Epidemiologist, Idaho Department of Health & Welfare

Carolyn Bridges, MD, FACP



Bridges Med-Epi Consulting, LLC

Adolescent Vaccine Updates

This presentation will cover the adolescent vaccine schedule, new data on efficacy, and head and neck cancer prevention.

Wednesday, October 21, 2020
10:00am - 12:00pm

Alicia Lachiondo, MD



Pediatrician, St. Luke's Children's Treasure Valley Pediatrics

Lisa Barker, MD, FACP



Pediatrician, St. Luke's Children's Treasure Valley Pediatrics



Register online: <https://virtual-immunization-speaker-consortium.eventbrite.com>

Due to COVID-19 we have cancelled our in-person annual Immunization Summit, instead we will bring each of the keynote speakers virtually. With a very generous donation from Pat Herman, all registration fees have been waived. If you would still like to donate to the Idaho Immunization Coalition, that option is available when registering.

For the first 240 participants who register and attend all three Virtual Immunization Speakers Consortium presentations, we will mail Dr. Peter Hotez's book *Vaccines Did Not Cause Rachel's Autism*.

Contact: Karen Sharpnack
kjs@idahoimmune.org | 208-961-1514



COVID-19 Patient Case Discussion

Ann Lima, MD, MPH

Rural Family Physician, Clearwater Valley Hospital and Clinics

Case

67yo F with hx of diet-controlled DM2, obesity, past smoker (quit >15 years ago), who comes in for her Medicare Wellness visit.

She is due for breast cancer screening and osteoporosis screening.

She has previously received both pneumonia vaccines (pneumovax and prevnar) but declines her influenza vaccine this year.

She states that “I never get sick” but the one year she got the flu vaccine “I got so sick.”

Discussion

- How do you respond to her assertion that the influenza vaccine made her sick?
- How do you approach those who decline influenza vaccine, what is your approach?
 - Herd immunity
 - Preventing hospitalization from influenza
 - Protection of immunocompromised contacts
 - Other
- Does the SARS-CoV-2 pandemic change your discussion about the influenza vaccine?

JOIN US FOR OUR NEXT SESSION!

For information, please visit uidaho.edu/echo

Ongoing Resource List

RESOURCES FROM TODAY'S SESSION AND PAST SESSIONS CAN BE FOUND IN OUR ONGOING RESOURCE LIST.

<https://iecho.unm.edu/sites/uidaho/download.hns?i=440>