## Today’s Agenda

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

<table>
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<tbody>
<tr>
<td><strong>Total lab-confirmed and probable</strong></td>
<td>2,455</td>
<td>3,462</td>
<td>11,402</td>
<td>27,942</td>
<td>35,532</td>
</tr>
<tr>
<td></td>
<td>(△556)</td>
<td>(△556)</td>
<td>(△7,940)</td>
<td>(△16,540)</td>
<td>(△7,590)</td>
</tr>
<tr>
<td><strong>Deaths</strong></td>
<td>74</td>
<td>88</td>
<td>102 (△14)</td>
<td>273 (△171)</td>
<td>419 (△146)</td>
</tr>
<tr>
<td>CFR =3.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =2.5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR =0.18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR=1.0</td>
<td>273</td>
<td>1,129</td>
<td>1,612</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CFR=1.9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Hospitalizations</strong></td>
<td>213</td>
<td>270</td>
<td>500 (△230)</td>
<td>1,129</td>
<td>1,612</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(△629)</td>
<td>(△483)</td>
</tr>
<tr>
<td><strong>ICU admissions</strong></td>
<td>89</td>
<td>100</td>
<td>144 (△44)</td>
<td>316 (△172)</td>
<td>424 (△108)</td>
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<td></td>
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<tr>
<td><strong>Healthcare personnel</strong></td>
<td>295</td>
<td>366 (△57)</td>
<td>760 (△394)</td>
<td>1,660 (△900)</td>
<td>2,404 (△744)</td>
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<tr>
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</tr>
<tr>
<td><strong>Total tests</strong></td>
<td>37,847</td>
<td>65,306</td>
<td>129,540</td>
<td>225,018</td>
<td>277,368</td>
</tr>
<tr>
<td></td>
<td>(△17,436)</td>
<td>(△64,234)</td>
<td>(△95,478)</td>
<td>(△52,350)</td>
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</tbody>
</table>
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
Cases by age group and ethnicity
Deaths by age group and ethnicity

The ethnicity category for 5 deaths is pending.
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
- 12,000–62,000 Flu-related deaths

>75% adults
>90% adults ≥65

https://www.cdc.gov/flu/about/burden/index.html
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

12,000–62,000 Flu-related Deaths

>75% adults

>90% adults ≥65

Pediatric Deaths 188 in 2019-20 (range 37-188)

https://www.cdc.gov/flu/about/burden/index.html
2019-2020 Season
From 10 CDC’s EIP Sites
CA, CO, CT, GA, MD, MN, NM, NY, OR, TN
Rate Per 100,000

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Rate Per 100,000</th>
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<tbody>
<tr>
<td>65+</td>
<td>173.9</td>
</tr>
<tr>
<td>50-64</td>
<td>90.4</td>
</tr>
<tr>
<td>18-49</td>
<td>34.5</td>
</tr>
<tr>
<td>5-17</td>
<td>24.1</td>
</tr>
<tr>
<td>0-4</td>
<td>94.2</td>
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https://www.cdc.gov/flu/weekly/index.htm
Comparison of Hospitalizations and Deaths From Influenza and COVID-19

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

**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

<table>
<thead>
<tr>
<th>By age:</th>
<th>Adults 65 years and older*** (COVID hospitalization risk increases with age)</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Children younger than 2 years old *infants</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By chronic medical conditions:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma**</td>
</tr>
<tr>
<td>Neurologic and neurodevelopment conditions*</td>
</tr>
<tr>
<td>Blood disorders (e.g. sickle cell disease, leukemia)***</td>
</tr>
<tr>
<td>Chronic lung disease (e.g. COPD and cystic fibrosis)***</td>
</tr>
<tr>
<td>Endocrine disorders (e.g. diabetes mellitus)*** Type 2, *Type 1</td>
</tr>
<tr>
<td>Heart disease (e.g. CVD, CHF)*** for serious hrt dis, **for less serious hrt dis</td>
</tr>
<tr>
<td>Kidney diseases***</td>
</tr>
<tr>
<td>Liver disorders*</td>
</tr>
<tr>
<td>Metabolic disorders (e.g. inherited metabolic disorders)*</td>
</tr>
<tr>
<td>Weakened immune system (e.g. cancer***, HIV/AIDS*, meds**)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other risk factors:</th>
<th>Body mass index [BMI] of 40 or higher*** (BMI 30 and higher for COVID)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>People &lt;19 yo on long-term aspirin- or salicylate-containing meds</td>
</tr>
<tr>
<td></td>
<td>Pregnant women **</td>
</tr>
<tr>
<td></td>
<td>American Indians and Alaska Natives **(and other racial/ethnic groups)</td>
</tr>
<tr>
<td></td>
<td>People who live in nursing homes and other LTCF***</td>
</tr>
</tbody>
</table>
Benefits of Seasonal Influenza Vaccine\textsuperscript{1,2}

- Effectiveness varies based on antigenic match and age and health of person being vaccinated\textsuperscript{1}
- Overall $\sim$50–60\% effective in younger adults, $\sim$30\% in adults $\geq$65 years against medically attended influenza when good match\textsuperscript{1}
- Studies have shown reductions in
  - Antibiotic use, medical visits, loss of work days\textsuperscript{3}
  - 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

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

https://www.cdc.gov/flu/vaccines-work/past-burden-averted-est.html
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 ccIIV4 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 (ccIIV4) 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 MI
  – Randomized studies: 36% (95%CI 14,53) against major cardiac events

• Recommended by American College of Cardiology and American Heart Association
  – Comparable preventive measure as: statins (36%), anti-hypertensives (15–18%), smoking cessation (26%)

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
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).

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 pregnant\(^1\)
  - Risk of influenza-related hospitalization increases with trimester\(^2\)

- Fetus at increased risk of congenital defects if maternal febrile illness

- Pregnancy risks include preterm labor and birth, and small for gestational age

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\(^5,6\)

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3. Thompson, 2014, Clin Infect Dis. DOI:10.1093/cid/cit750
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.
54% received Tdap during pregnancy
49% received influenza vx before or during pregnancy
33% received both
Figure 1. Flu Vaccination Coverage of Children 6 months—17 years, United States, 2010–2019

Error bars represent 95% confidence intervals around the estimates.

Flu Season

Overall
6 months–4 years
5–12 years
13–17 years

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

Error bars represent 95% confidence intervals around the estimates.

Flu Season

Overall 44.5 42.7 45.1 45.3 47.0 43.6 41.7 39.7 47.3
18–49 years 40.5 38.8 41.5 42.2 43.6 43.6 33.6 37.1 45.3
50–64 years 30.5 28.6 31.1 32.3 33.5 32.7 33.6 26.9
65+ years 66.6 64.9 66.2 65.0 66.7 63.4 65.3 59.6 68.1

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

<table>
<thead>
<tr>
<th>State</th>
<th>6 m – 17 yrs</th>
<th>18-64 yrs non-HR</th>
<th>18-64 yrs HR</th>
<th>65 and older</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alaska</td>
<td>54.7</td>
<td>35.2</td>
<td>42.6</td>
<td>61.3</td>
</tr>
<tr>
<td>Idaho</td>
<td>50.3</td>
<td>31.1</td>
<td>45.0</td>
<td>66.4</td>
</tr>
<tr>
<td>Oregon</td>
<td>61.0</td>
<td>35.6</td>
<td>48.5</td>
<td>68.1</td>
</tr>
<tr>
<td>Washington</td>
<td>63.8</td>
<td>42.8</td>
<td>54.9</td>
<td>71.7</td>
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Source: [https://www.cdc.gov/flu/weekly/fluviewinteractive.htm](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
  
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.

https://www.cdc.gov/vaccines/hcp/admin/mass-clinic-activities/index.html
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.

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