

Why Promote Pan-Respiratory Disease Vaccines for Adults 65+

With focus on COVID-19, Influenza and RSV

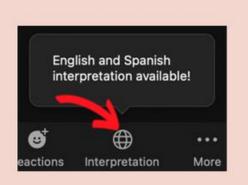
To select the language, you would like to see the presentation in...

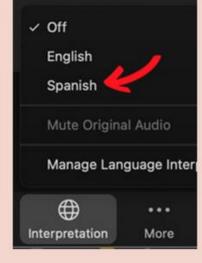
- At the top of the screen click on "View Options"
- A dropdown menu will appear with the option of English or Spanish
- On your phone, click on the tab on the left side and select the desired screen



Use of Simultaneous Interpretation in Zoom

- Locate the globe icon at bottom of the Zoom screen.
- If you are using Zoom via your cell pone, locate the "More" option and "Language Interpretation"
- Click the Interpretation Globe and select "Spanish"





If at any time during this presentation you are having issues viewing your desired slide deck or listening in your preferred language, please send us a message in chat.

Continuing Education



Migrant Clinicians Network has received approval from the American Academy of Family Physicians to provide 1.0 hour of medical credit for this presentation.

Continuing education credit will be awarded based on time in session and submission of the post session evaluation.

Disclosure of Relevant Financial Relationships

We have no relevant financial relationships that relate to this presentation, nor do we have any relevant financial relationships with ineligible companies whose primary business is producing, marketing, selling, reselling, or distributing healthcare products used by or on patients.

This presentation is in support of the U.S. Department of Health and Human Services, *Risk Less. Do More.* Pan-Respiratory education campaign. No relevant financial relationships were identified for any individuals with the ability to control content of the activity.





MCA

LASZLO MADARAS, MD, MPH, FAAFP, SFHM

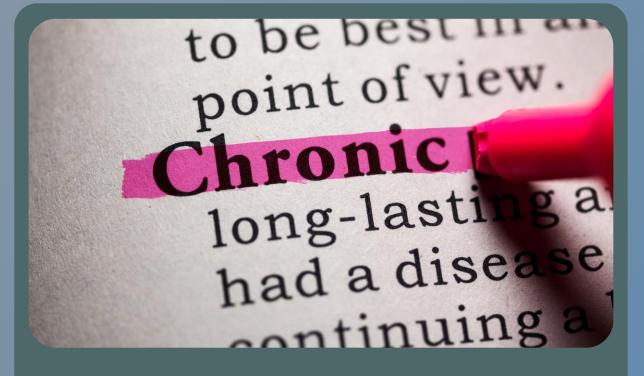
Learning Objectives



Increase familiarity with three key viral illnesses and the vaccines that support respiratory health in those 65 and older.



Increase knowledge about why adults 65+ are at increased risk for severe respiratory disease, hospitalization and death.



Improve understanding of how chronic illness can increase risk for severe outcomes.

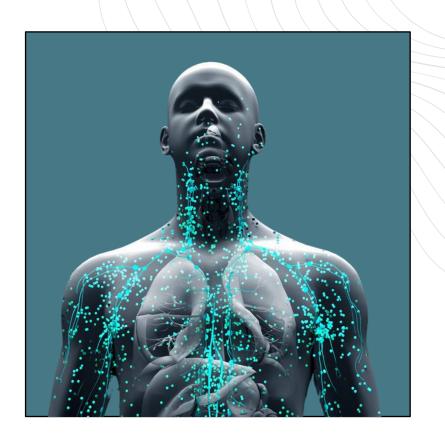


Conditions that Increase Risks for Adults 65+

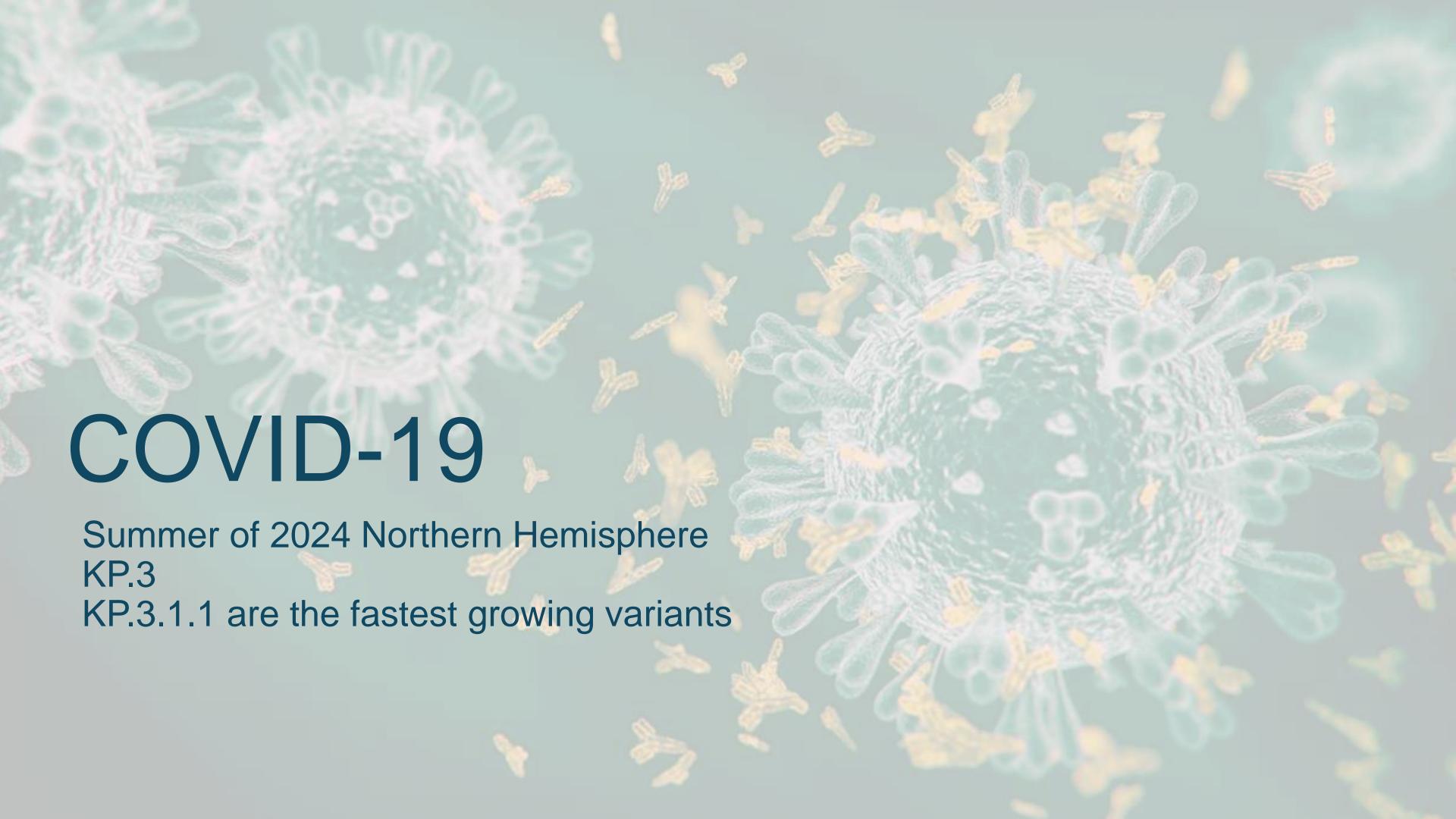
- Smoking
- Chronic Conditions
 - Supplemental Oxygen Use Due to COPD
- Immune Compromised Individuals
- Reside together in close quarters











Why should we be concerned?

- Severe respiratory disease
- Hospitalization and death
- Long Covid
- Poor vaccination uptake:

~20% of adults have updated vaccine

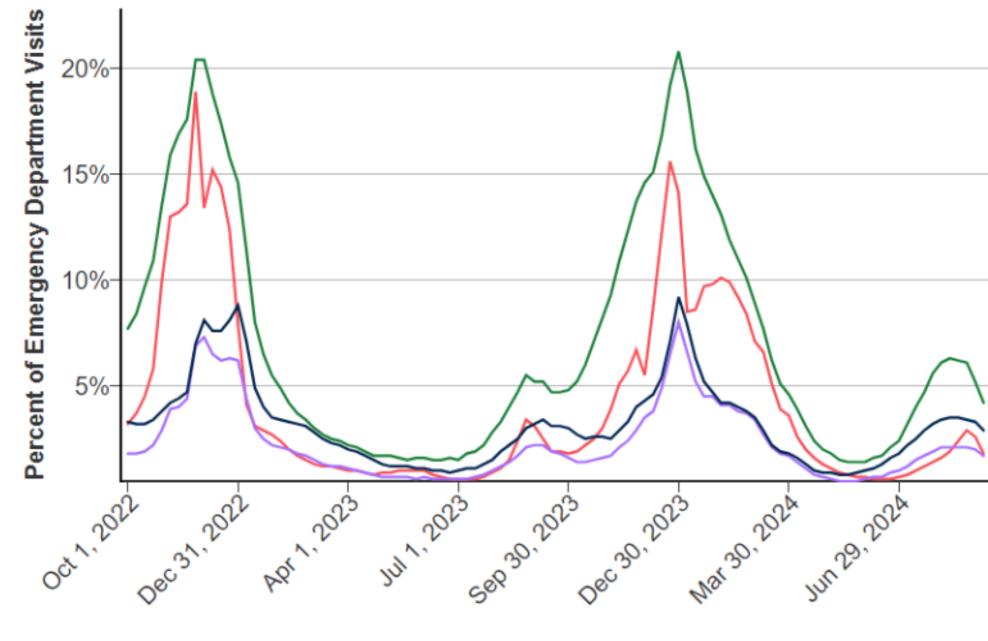
~37% of nursing home residents have updated vaccine

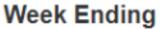
<10% of care providers at nursing homes have updated vaccines





Combined ~



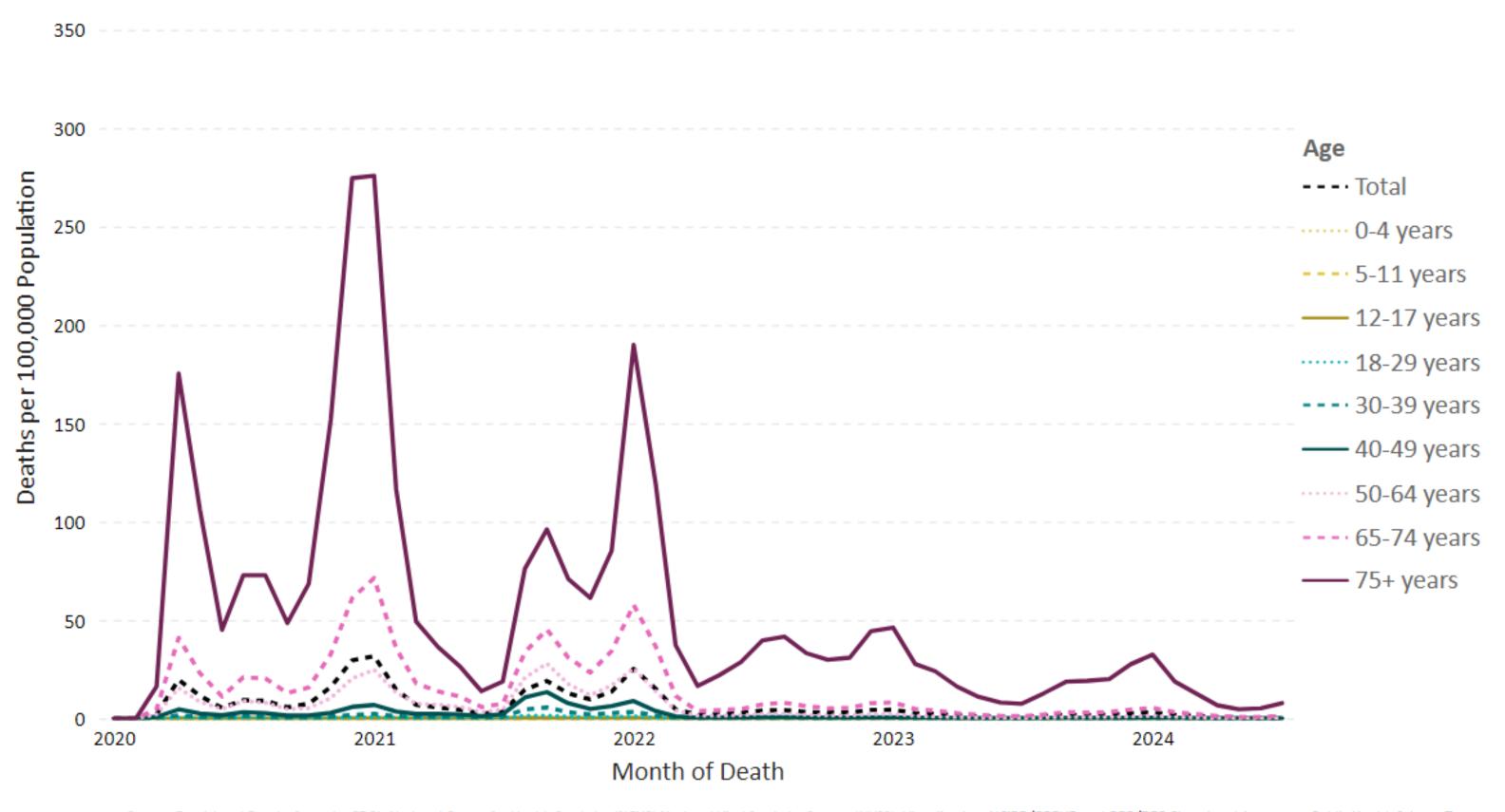




- Limited Data
- Hospitals are strained due to COVID and other respiratory illnesses
- Similar trends internationally



ELDERLY ARE MOST VULNERABLE

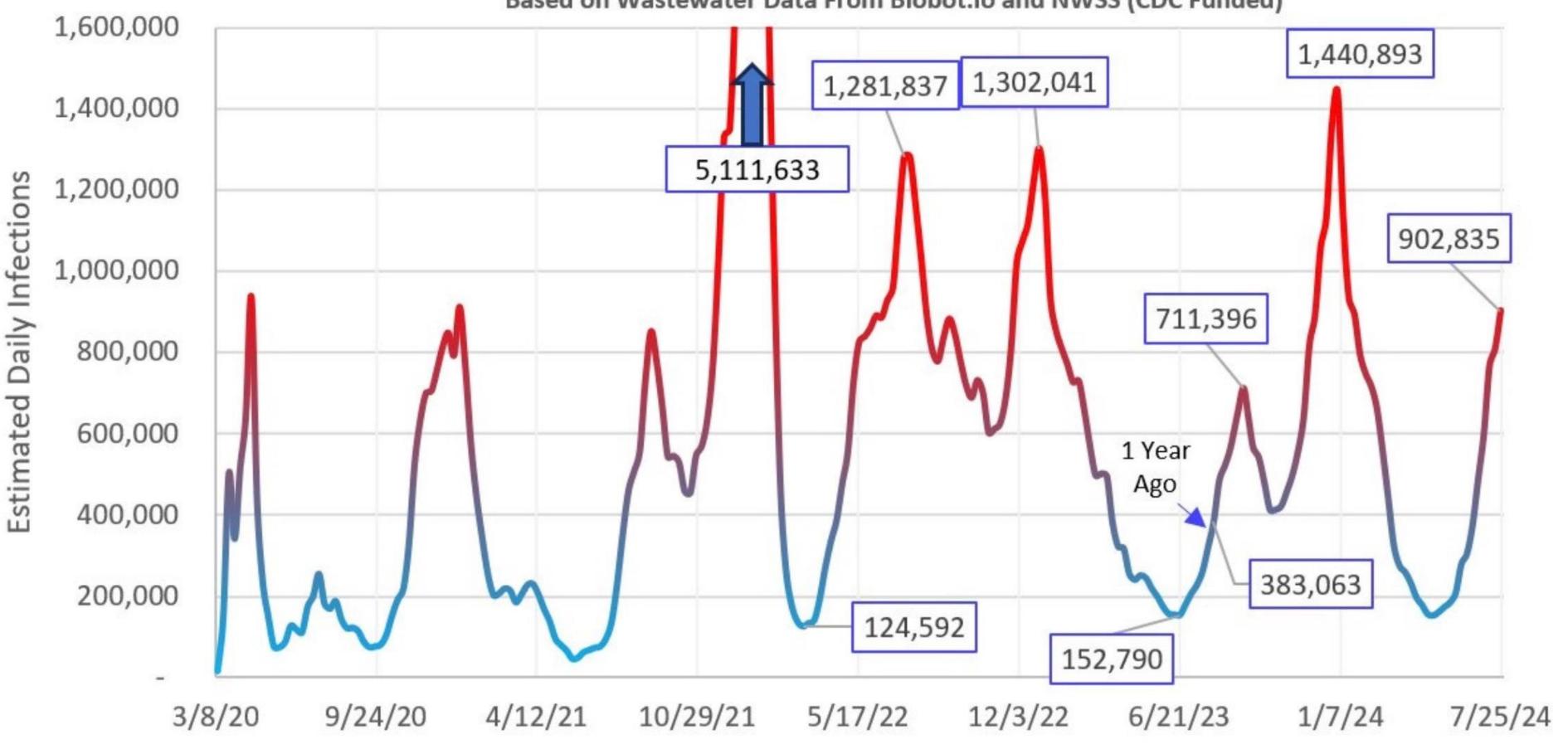


Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/CORVD and ORR/DEO Situational Awareness Public Health Science Team

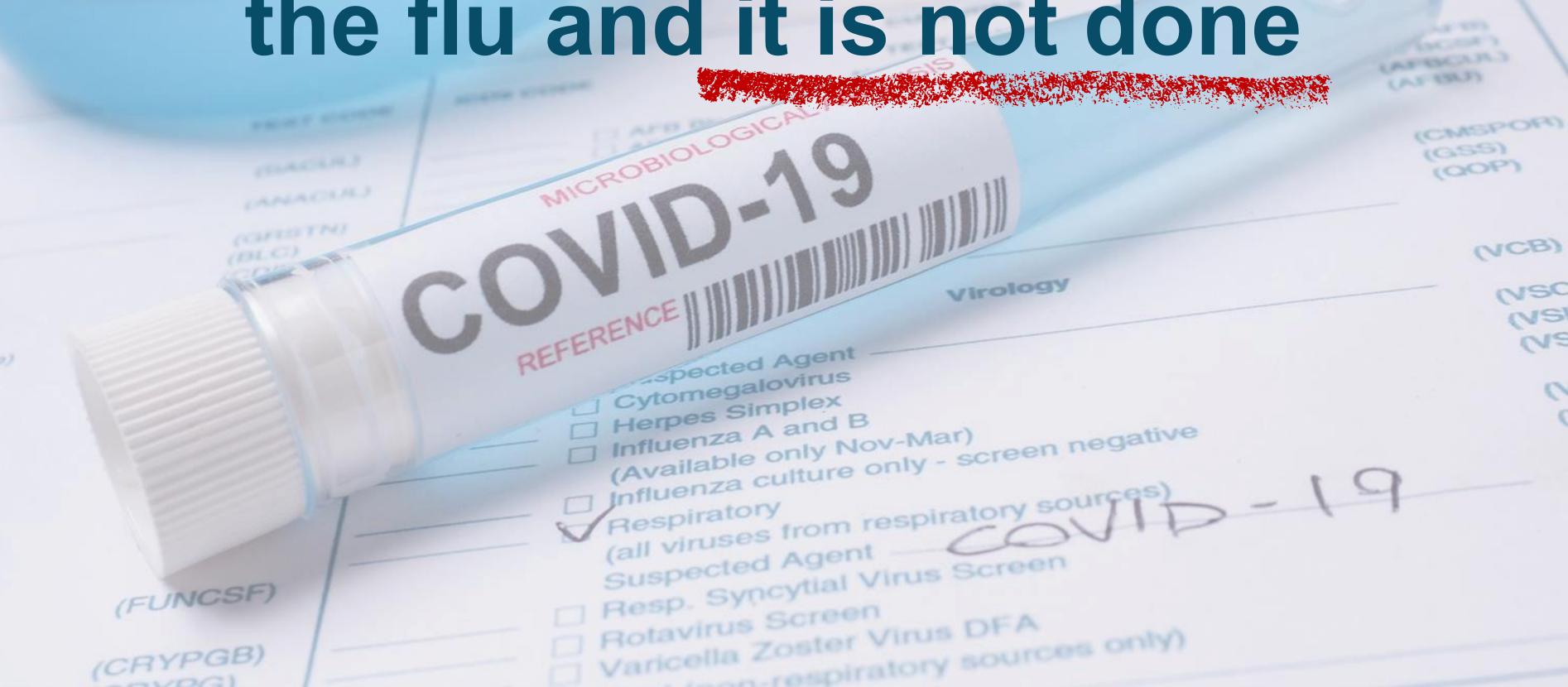


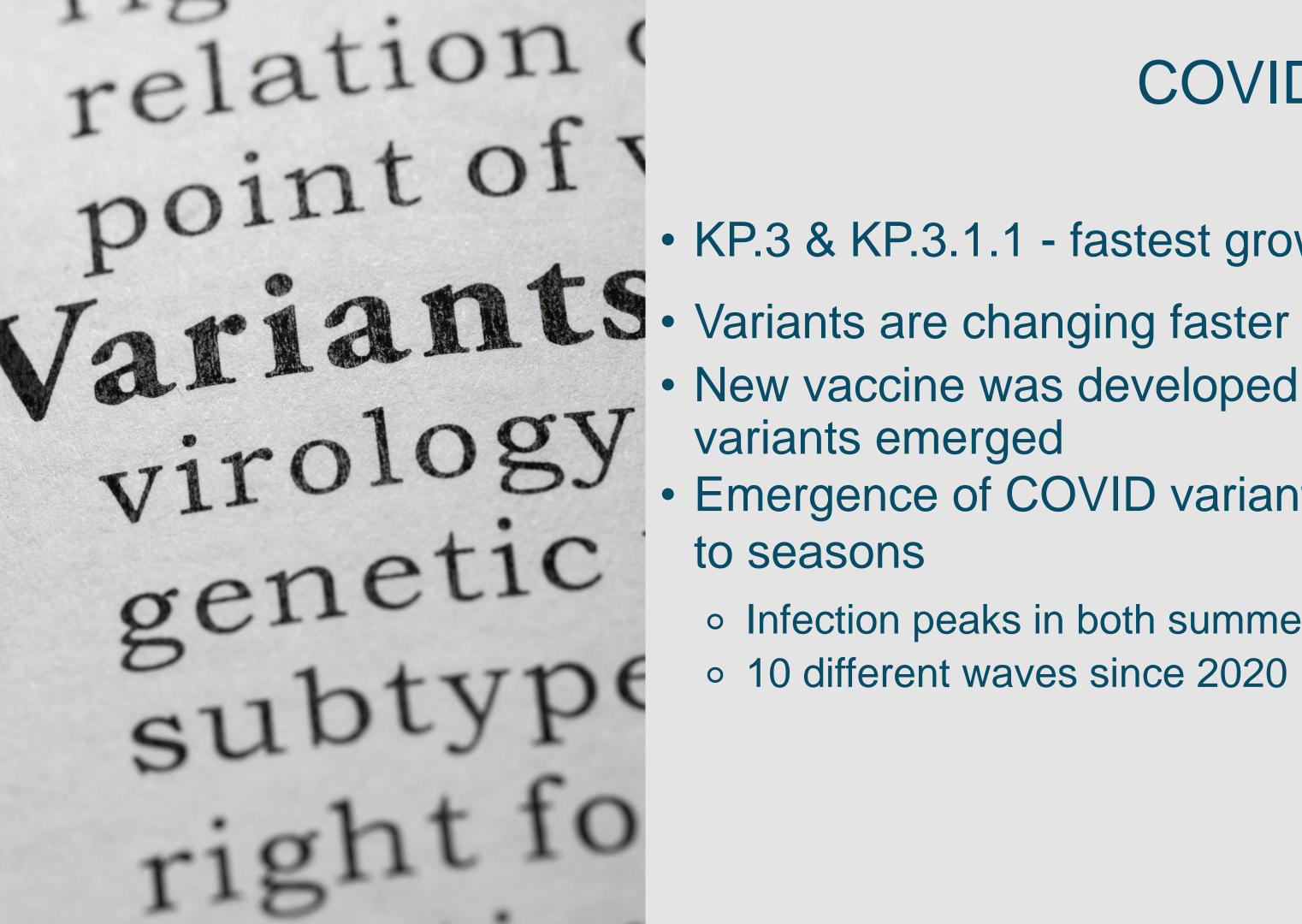
Estimated Covid Infections/Day US

Based on Wastewater Data From Biobot.io and NWSS (CDC Funded)



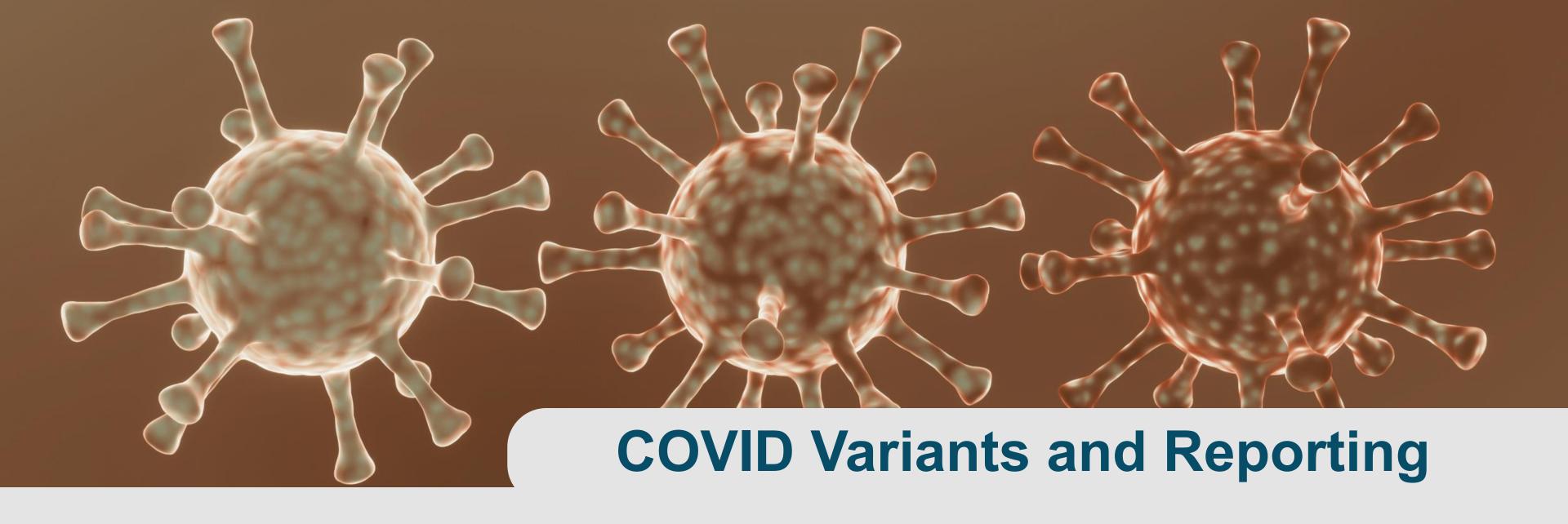
COVID-19 is not just like the flu and it is not done





COVID Variants

- KP.3 & KP.3.1.1 fastest growing variants
- New vaccine was developed as these variants emerged
- Emergence of COVID variants not related to seasons
 - Infection peaks in both summer and winter
 - 10 different waves since 2020



- Biggest wave = summer of 2024.
- Hospitalizations and ICU admissions are lower
- Newer waves are more contagious but less lethal
- November 1, 2024 hospitals required to report COVID-19 cases
 - data will be more robust, and
 - not be limited to mostly waste-water

COVID & the Human Immune System

Healthy Individuals

- Has to keep up with the changing variants,
- Immunity for ~ 4- 6 months after latest COVID vaccine or infection

65+ and/or Immunocompromised

- Suffer the most with disease recurrence,
- Higher risk of Long COVID, and
- Benefit the most from vaccination vs. infection.

Long COVID

- Less likely if vaccinated
- No biomarkers for definitive Dx
- Viral RNA fragments detected & are more prevalent in tissue of those suffering from Long COVID than those fully recovered







Influenza A incidence picked up during late summer 2024.

Influenza B also arrived earlier in the flu season than usual.

Influenza vaccines (fluvax) usually available by September in the Northern Hemisphere.

Seasonal Influenza vaccine can be given with other vaccines such as RSV and COVID.

Respiratory Syncytial Virus (RSV)

Good News



- Most RSV infections in adults are not their first infection
- Most patients suffer only mild to moderate clinical disease.

Not So Good News

- Respiratory pathogens often share clinical features of RSV
- Clinical features are insufficient to differentiate
- Certain variants of COVID had loss of smell to help distinguish it
 - Newer varieties inconsistently so
- A Viral Panel of 12 viruses can be tested with a single nasal swab
 - Available in most EDs before hospitalization
- Older adults and people with established lung disease may develop severe disease

Bad News

- Seasonal RSV outbreaks in the Northern Hemisphere October May.
- RSV is the 3rd most commonly identified viral infection among respiratory viruses requiring hospitalization.
- In the USA among adults 65 + annually there are
 - 60,000 to 160,000 hospitalizations
 - 10-30% require intensive care admissions with
 - 6,000 to 10,000 deaths.
- Incidence of RSV associated hospitalizations increases with age
 - highest rates are those > 75 years.

Really Bad News

For OLDER ADULTS WITH SIGNIFICANT CO-MORBIDITIES

- Between February 2022 May 2023 for hospitalized adults > 60 years,
- Rate of ICU admission:
 - RSV 24.3 %
 - o COVID-19 17.3 %
 - o Influenza 16.8 %
- Risk of intubation or death from RSV was
 - 1.39 times higher than COVID-19, and
 2.08 higher than influenza.



RSV Vaccines Available and FDA Approved for age 60 and older

Glycoprotein subunit vaccines:

- Adjuvanted monovalent RSV Vaccine (RSVPreF3; Arexvy)
- Bivalent PreF vaccine (RSVPreF; Abrysvo)

MRNA vaccine (RSVPreF; MResvia)

RSV vaccines are given as a one-time, single dose.

There are no data to support the use of one vaccine over another except in -

- PREGNANCY the non-adjuvanted vaccine is preferred, and
- IMMUNOCOMPROMISED PERSONS theoretical benefit for adjuvanted subunit vaccine

Points of Discussion with Patients

Motivators

- Help family stay healthy
- Live a longer, healthier life
- Avoid the hospital and medical expenses
- Don't miss work or events

Hesitancy

- Multiple vaccines
- Fear of side effects
- Language barriers
- I'm healthy, I don't need vaccines
- Availability and access

Exacerbated Vulnerabilities

- Cultural and language differences
- Low-wage
- Living in rural areas
- Inherent dangers and health risks of occupation
- Immigration/citizenship status
- Migratory lifestyle
- Lack access to health care, insurance or financial resources
- Lack of regulatory protection
- Crowded Housing
- Transportation





FAQ: COVID-19 and Migrant, Immigrant, and Food & Farm Worker Patients

Newest questions added August 7, 2024

MCN's COVID Resource Hub

- MCN Resources
- Partner Resources
- Editable Templates
- Campaigns
- Clinician Education
- Outreach Tools
- Updated Guidance

COVID-19

COVID-19 hasn't gone away. MCN continually develops strategies and resources around COVID to support health centers, health departments, community groups, and clinicians as they reach out to communities that are often overlooked and give care to patients who might otherwise have nowhere to go. We remain highly concerned for the vulnerable populations that already encounter numerous barriers to health and to care.

New data on COVID-19 – including on new variants of concern, long-term effects including long COVID, vaccine effectiveness and awareness, and recent case counts – continue to refine clinical recommendations. Please continue to review recommendations from the CDC and adjust strategies accordingly.

Please choose from the categories below for more information and recommended resources.



















Check out our regularly updated FAQ!

COVID-19 and Migrant,
Immigrant and Food &
Farm Worker Patients

© COVID Vaccine Resources

MCN Resources



FAQ: COVID-19 and
Migrant, Immigrant,
and Food
& Farm Worker
Patients (English,
Spanish)



(English, Spanish

Haitian Creole)

Who Can Get the

Updated

COVID-19 Vaccine



COVID-19 Vaccine
Trifold for General
Audiences - (English,
Spanish), and Haitian
Creole



Children and the
COVID-19 Vaccine
Trifold - (English,
Spanish), and Haitian
Creole



Vaccines, Masks, and COVID Variants | Handout & Template (English, Spanish)



MCN/ECMHSP Fliers: What to Expect When Getting the COVID-19 Vaccine (English, Spanish, Haitian

https://www.migrantclinician.org/explore-issues-migrant-health/covid-19.html

Connect





Access our latest resources



Get updates from the field



Attend our virtual trainings

and a lot more at

www.migrantclinician.











Department of Health and Human Services (HHS) Office of the Assistant Secretary for Public Affairs (ASPA)

Pan Respiratory Virus Public Education Campaign

Jeffrey Reynoso, DrPH, MPH Region IX Director Intergovernmental & External Affairs, Office of the Secretary U.S. Department of Health & Human Services

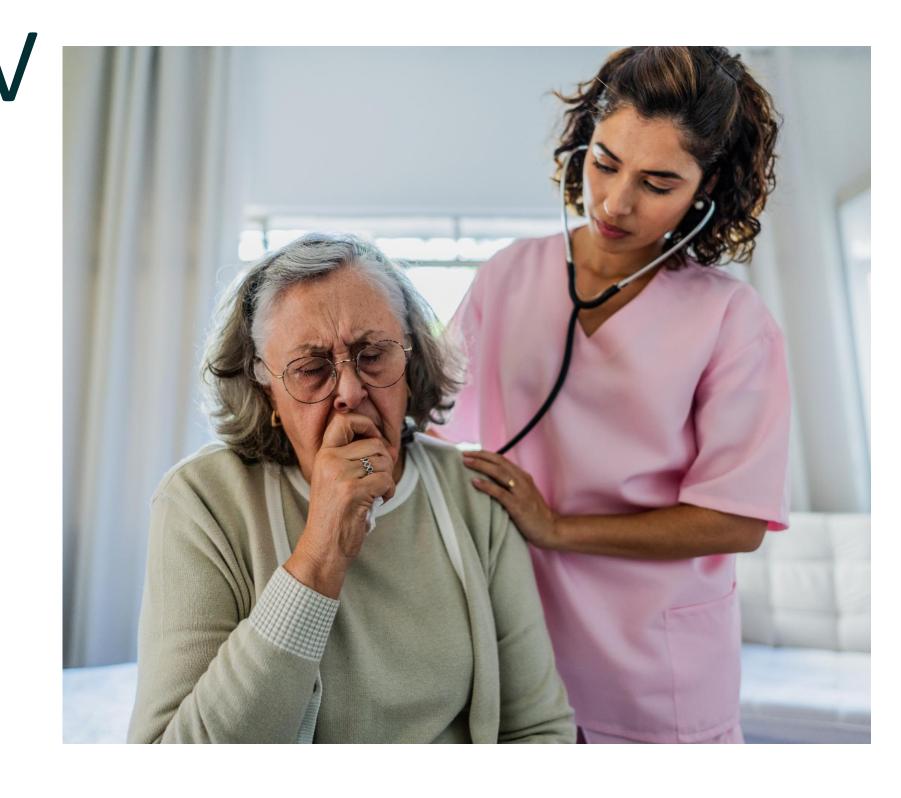




RISK LESS. DO MORE

Get this season's vaccines

Flu, COVID-19, and RSV led to 800,000 hospitalizations during a six-month period last fall and winter



Risk Less. Do More. Audiences







Long-term care home residents



Pregnant people



Family members, loved ones who help older adults make health care decisions



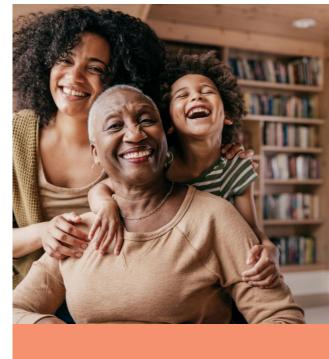
Health care providers

Risk Less. Do More. Campaign Strategic Approach

Educational (RSV)

Motivational (flu, COVID-19, RSV)



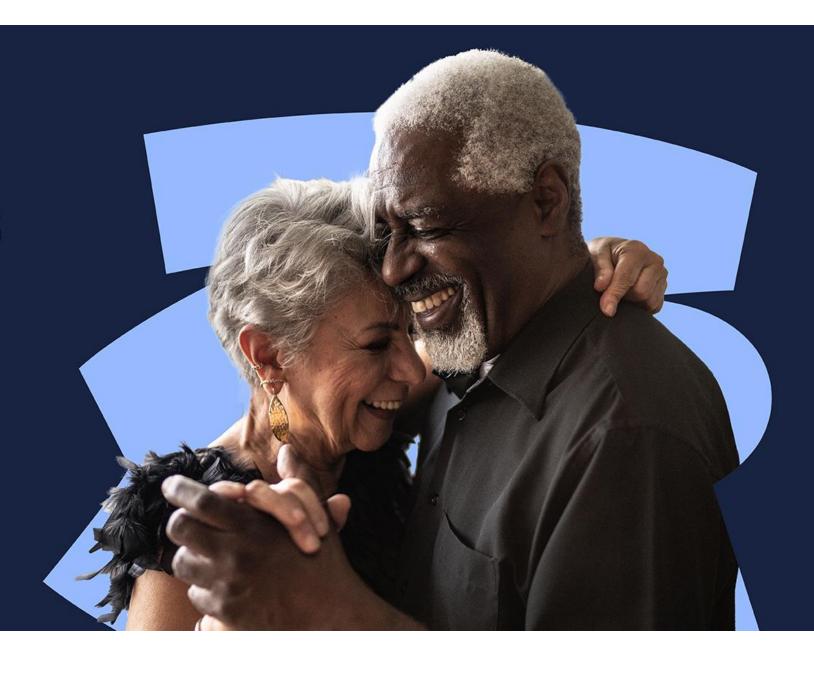




Risk Less. Do More. Messages

Vaccines keep serious illness from cutting in.

Learn more







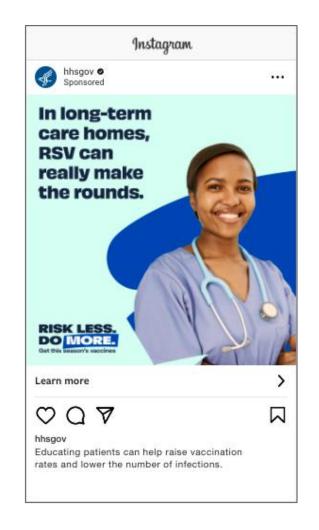
Risk Less. Do More. Sample Social Ads

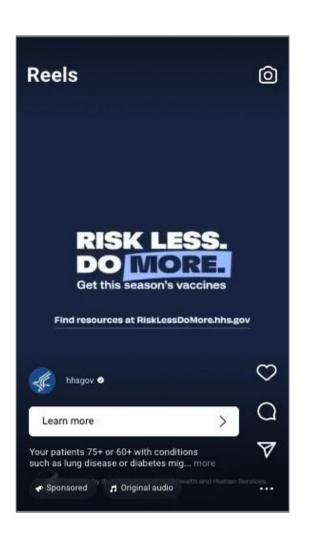












Risk Less. Do More. Sample Animation

Risk Less. Do More. Spanish Ads



Risk Less. Do More. Spanish Ads







Risk Less. Do More. HCP Materials

What You Should Know About Flu, COVID-19, and RSV Vaccines

Each year, millions of people get sick, and thousands need hospital care or die from respiratory infections caused by viruses. Vaccines help prevent these outcomes or lessen their severity. You can lower your risk of getting sick with a respiratory infection by staying up to date with influenza (flu), COVID-19, and respiratory syncytial virus (RSV) as needed.

Are you at higher risk for severe illness?

You are considered high risk for a severe case of flu or COVID-19 if you:

- Are 65 years or older
- Are pregnant
- Have certain medical conditions such as obesity, asthma, diabetes, or heart disease
- · Have a weakened immune system.

You are considered high risk for severe RSV if you:

- Are 75 years or older, or
- Are age 60–74 and live in a long-term care facility or have certain medical conditions such as:
- Diabetes
- Heart disease
- Obesity
- Kidney disease

Vaccines help you risk less and do more.

Vaccinating against flu and COVID-19 can help keep you from getting sick. Even if you do get sick after getting vaccinated, your symptoms will likely be mild. Vaccines are also a safer, more dependable way to build immunity than catching a virus to build immunity. If you haven't gotten them yet, you need a 2024–2025







A campaign to increase awareness and uptake of vaccines for flu, COVID-19, and RSV in at-risk populations.

flu vaccine and a 2024–2025 COVID-19 vaccine. The formulas for both flu and COVID-19 vaccines change so they can work better against the virus strains circulating in your community right now.

I'm sick with flu or COVID-19. Now what?

Flu and COVID-19 can cause symptoms like fever, cough, sore throat, runny nose, headaches, and a lack of energy. If you catch flu or COVID-19, talk to your doctor to learn if you can take an antiviral drug to help you recover faster, especially if you're at high risk for severe illness. Stay home and away from others until you feel better. While you're sick, monitor your symptoms and get medical care if you have:

- Trouble breathing
- · Pressure or pain in your chest
- Extreme sleepiness
- Confusion or dizziness

RS\

RSV is another respiratory virus with symptoms similar to flu and COVID-19. RSV can affect infants' and older adults' ability to breathe. You are at higher risk for severe RSV disease if you are:

- 75 years of age or older
- 60 or older and living in a long-term care facility
- 60 or older and have certain medical conditions, such as heart, lung, or kidney disease, obesity, diabetes, or asthma

Infants are also at higher risk for severe RSV disease, which hospitalizes more infants in the United States than any other condition. Pregnant people can pass protection to their babies for their first 6 months of life by getting an RSV vaccine during pregnancy. A doctor can help you decide if an RSV vaccine is right for you.

Addressing Common Concerns on Flu, COVID-19, and RSV Vaccines

It's normal for patients to have questions and concerns about vaccines. Use this fact sheet to help address common concerns

you might hear from

your patients about

influenza (flu), COVID-19,

and respiratory syncytial

virus (RSV) vaccines.

RISK LESS.

DO MORE.

неіртиі і

- Your patients may have inaccurate information about vaccines or feel strongly about them. Listen to their questions and comments with empathy. Validating their emotions helps build connection and trust.
- Ask open-ended questions to explore how your patients feel. This encourages two-way conversation and helps you understand their concerns.
- Give your patients a strong recommendation to get vaccinated. Use the talking points below to help your patients understand why you are recommending vaccines and to give them the facts they need to find their own reasons to get vaccinated.
- Remind patients of the vaccine benefits: Vaccines help them risk less and do more.

COMMON CONCERNS	TALKING POINTS
Flu vaccines cause the flu.	 You can't get the flu from a flu vaccine because flu vaccines either use a dead form of the virus or no virus at all. Some people who are vaccinated still get the flu. Even if you get the flu, being vaccinated helps your symptoms stay milder.
I got a flu vaccine last year. Why do I need one again?	 Flu viruses change from year to year, so the flu vaccine is updated annually to help target the current strains of flu. You should get a flu vaccine every year so that you're protected against the latest flu viruses spreading in your community.
I never get the flu, so why should I get the flu vaccine?	 Some types of flu viruses spread more easily than others, and the most common flu viruses infecting people change each year. Getting vaccinated makes sure you're more protected from new or changing virus strains. If you do get the flu, there's no way to predict how bad your symptoms might be. But if you're vaccinated, your risk of getting severely ill is cut nearly in half.
I already got a COVID-19 vaccine.	 The COVID-19 virus has changed a lot. The 2024–2025 COVID-19 vaccines were updated to target the newest variants. If you're up to date with the vaccines, you're more protected from severe illness even if you get COVID-19.

and uptake of vaccines for flu. COVID-19.

and RSV in at-risk populations

Risk Less. Do More.



Three reasons to vaccinate against flu, COVID-19, and RSV



You may be high risk (even if you don't know it). You're at higher risk for severe illness from influenza (flu), COVID-19, and respiratory syncytial virus (RSV) if you:

- Are 65 years and older;
- Have certain medical conditions like heart, lung, or kidney disease, diabetes, obesity, or asthma; or
- Have a weakened immune system.

If you are pregnant, your baby could be at risk for RSV.

2

Vaccines work best to keep you from getting severely ill if you get a respiratory infection from flu, COVID-19, or RSV. Flu and COVID-19 vaccines can prevent some infections, but like RSV vaccines, their primary job is to keep symptoms mild and keep people who get infected from needing medical or hospital care.



You can protect the people you love by encouraging them to join you in getting vaccinated to reduce the risk of serious flu, COVID-19, and RSV illness.

Vaccines prevent millions of cases of respiratory infections every year. They are a safe, trustworthy way to protect yourself. **Talk to your doctor to see which vaccines are right for you.**









Risk Less. Do More. Timing

Aug Sep Oct Nov Dec Jan Feb

Partnership Engagement Implementation

Cultivate Confidence Social and Digital Media Engagement (start date 8/19) with RSV messaging

Motivate Action Social, Digital, TV, Radio, Print, OOH (start date 9/16) with RSV, COVID-19, and Flu messaging

Campaign Presence at Conferences and Community Events

Immunization Awareness Month Mini-Campaign National Assisted Living Week Mini-Campaign

Halloween Mini-Campaign Thanksgiving Mini-Campaign December Holidays Mini-Campaign

^{*}Cultivate Confidence = focus on education/awareness

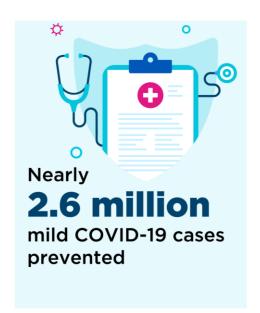
^{*}Motivate Action = focus on uptake of vaccines

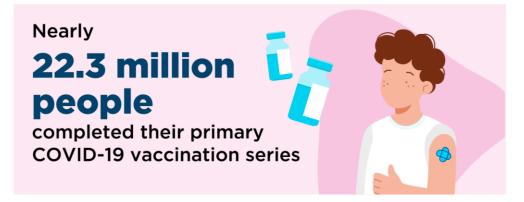
Risk Less. Do More.: Building on Success

COVID-19 Vaccine Campaign

Saved Lives

Benefit-Cost Analysis of the U.S. Department of Health and Human Services' (HHS) COVID-19 Public Education Campaign, We Can Do This, in one year (April 2021-March 2022)













\$740.2 billion in societal benefits

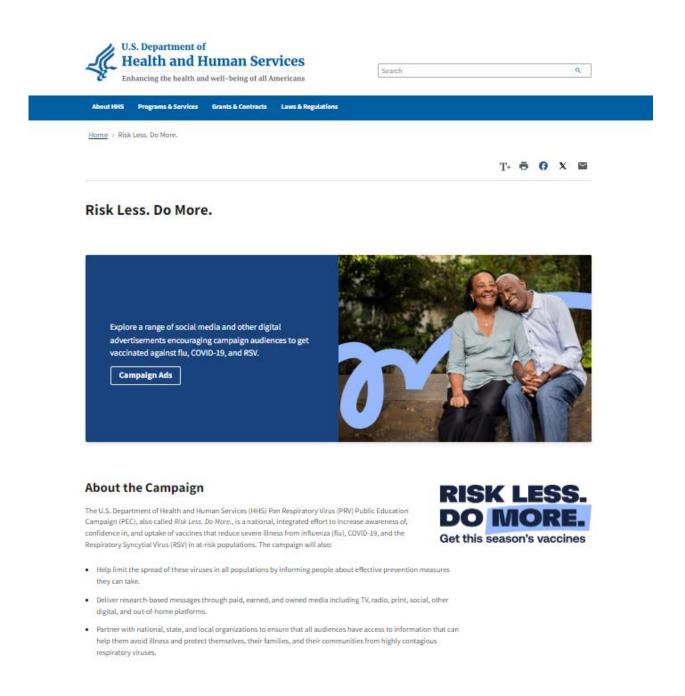
from averted illness, medical expenses, lost wages, and other costs from infection and hospitalization

The study, Benefit-Cost Analysis of the HHS COVID-19 Campaign: April 2021-March 2022, recently published in the American Journal of Preventive Medicine, was conducted by researchers from HHS's Office of the Assistant Secretary for Public Affairs (ASPA) and Fors Marsh.

Read the full study.

Risk Less. Do More. Online

- Visit <u>RiskLessDoMore.hhs.gov</u> for more information about the *Risk Less. Do More.* campaign.
- Go to <u>www.cdc.gov/RiskLessDoMore</u> for more information about respiratory illnesses.



Questions / Evaluation

Your evaluations are extremely important to us! MCN uses your responses to help us guide, adapt, and improve our online educational offerings.

Please take a few minutes to submit the evaluation for this presentation. If you wish to receive a Certificate of Continuing Medical Education or Successful Completion, submission of the evaluation is required.