

COCA Call Information

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+1-646-558-8656 or +1 646 558 8656
Passcode: 3032508#
- ❑ All questions for the Q&A portion must be submitted through the webinar system.
- ❑ Please select the **Q&A button** at the bottom of the webinar and enter questions there.

**The Role of Healthcare Professionals in
Protecting
Older Adults against Influenza**
**Clinician Outreach and Communication Activity
(COCA)**
Webinar
October 12, 2017



Continuing Education for COCA Calls

All continuing education (CME, CNE, CEU, CECH, ACPE, CPH, and AAVSB/RACE) for COCA Calls are issued online through the CDC Training & Continuing Education Online system (<http://www.cdc.gov/TCEOnline/>).

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CME: The Centers for Disease Control and Prevention is accredited by the Accreditation Council for Continuing Medical Education (ACCME®) to provide continuing medical education for physicians. The Centers for Disease Control and Prevention designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

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Accreditation Statements continued...

- ❑ **AAVSB/RACE:** This program was reviewed and approved by the AAVSB RACE program for 1.0 hours of continuing education in jurisdictions which recognize AAVSB RACE approval. Please contact the AAVSB RACE program at race@aavsb.org if you have any comments/concerns regarding this program's validity or relevancy to the veterinary profession."
- ❑ **CPH:** The Centers for Disease Control and Prevention is a pre-approved provider of Certified in Public Health (CPH) recertification credits and is authorized to offer 1 CPH recertification credits for this program.
- ❑ **CDC** is an approved provider of CPH Recertification Credits by the National Board of Public Health Examiners. Effective October 1, 2013, the National Board of Public Health Examiners (NBPHE) accepts continuing education units (CEU) for CPH recertification credits from CDC. Please select CEU as your choice for continuing education when registering for a course on TCEOnline. Learners seeking CPH should use the guidelines provided by the NBPHE for calculating recertification credits. For assistance please contact NBPHE at <http://www.NBPHE.org>.

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Planners have reviewed content to ensure there is no bias.

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❑ Using the Webinar System

- Click the **Q&A** button in the webinar
- Type your question in the **Q&A** box
- Submit your question

❑ For media questions, please contact CDC Media Relations at 404-639-3286 or send an email to media@cdc.gov.

❑ If you are a patient, please refer your questions to your healthcare provider.

At the end of this COCA Call, the participants will be able to:

- Describe the phenomenon of immunosenescence and how the immune system grows weaker with aging.
- Discuss the importance of safe and effective influenza vaccines specifically developed for adults age 65 years and older.
- Describe resources available to help healthcare professionals talk with adult patients about specific influenza vaccines most beneficial for them.

Today's First Presenter



Lisa Grohskopf, MD MPH
Medical Officer

National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention



Today's Second Presenter



William Schaffner, MD

Medical Director

National Foundation for Infectious Diseases

Professor of Preventive Medicine and Infectious Diseases

Vanderbilt University School of Medicine





2016-17 U.S. Influenza Season Summary

Lisa Grohskopf

Influenza Division, CDC

Clinician Outreach and Communication Activity

October 12, 2017

Summary of 2016-17 Season

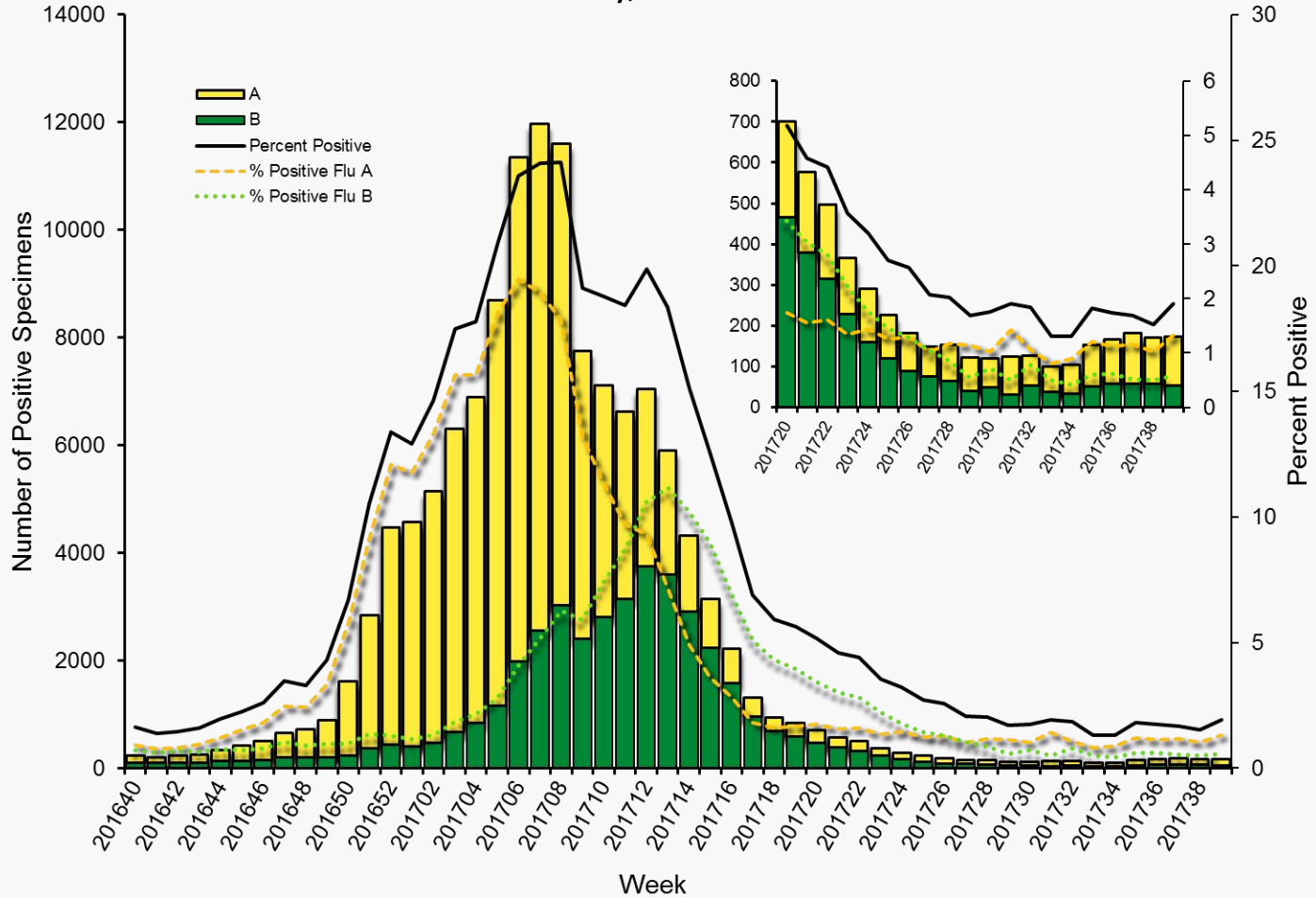
- Peak activity occurred nationally in mid-February but there were regional differences.
 - Western Regions peaked in late December through mid-January
 - Remainder of country peaked in mid to late February
- Influenza A(H3N2) viruses predominated overall
 - Influenza B viruses were reported more frequently than influenza A viruses from late March until early July.
- The majority of circulating viruses were similar to those contained in the 2016-17 vaccine.
- Activity was moderate with severity indicators within range of what has been observed during previous influenza A (H3N2) predominant seasons.

Current Influenza Activity

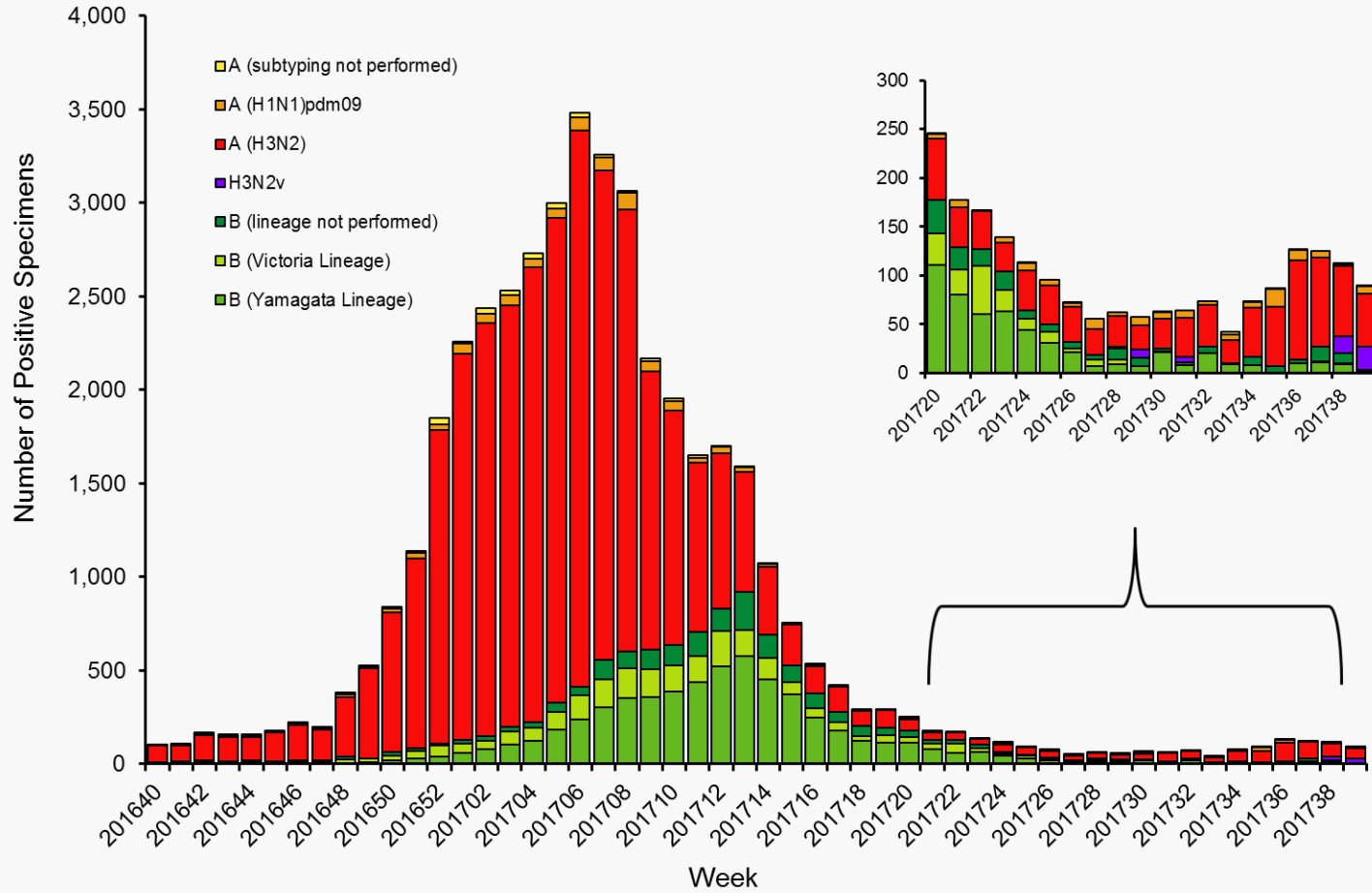
As of Week 39 (the week ending September 30, 2017)

- Low activity thus far in the United States

Influenza Positive Tests Reported to CDC by U.S. Clinical Laboratories, National Summary, 2016 – 2017 Season

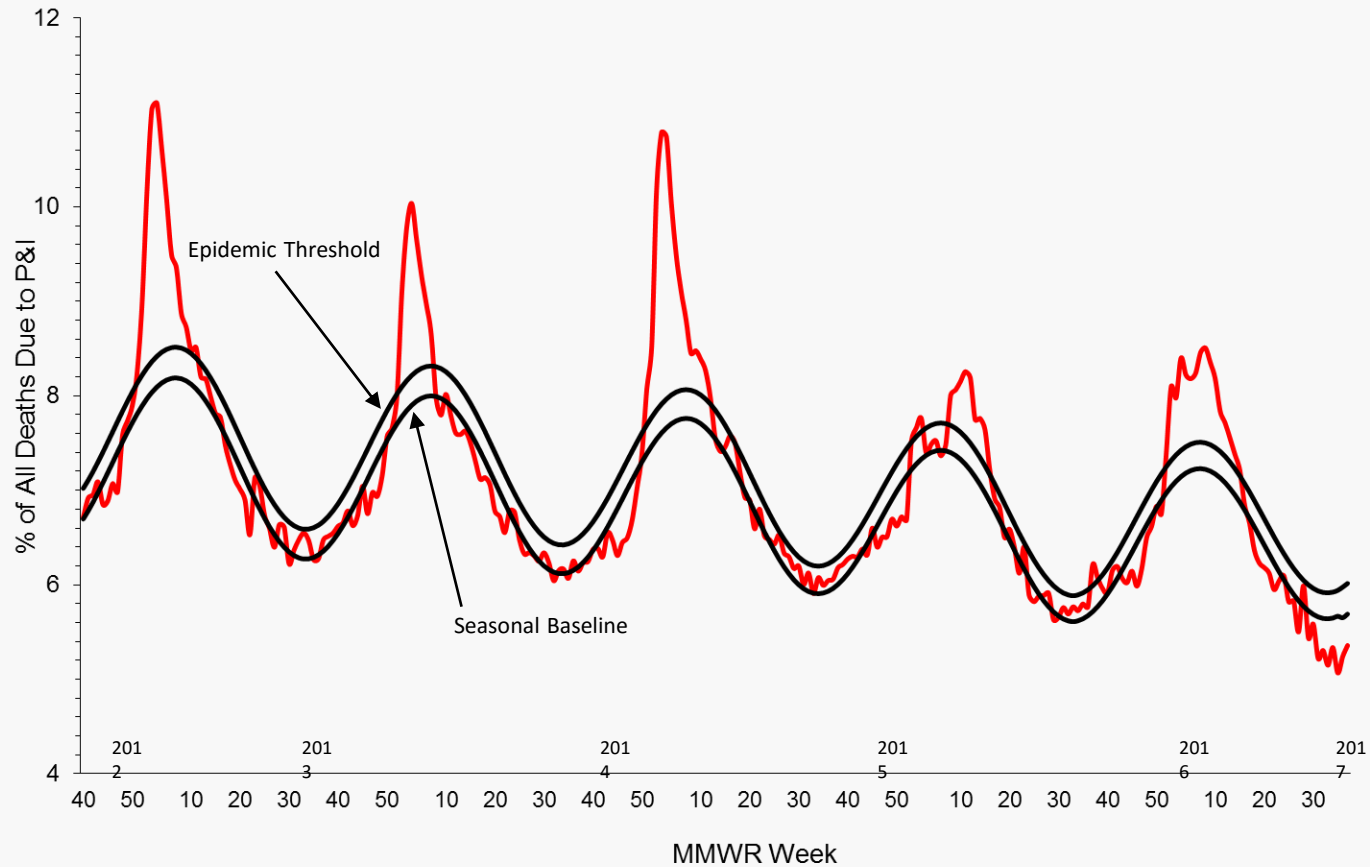


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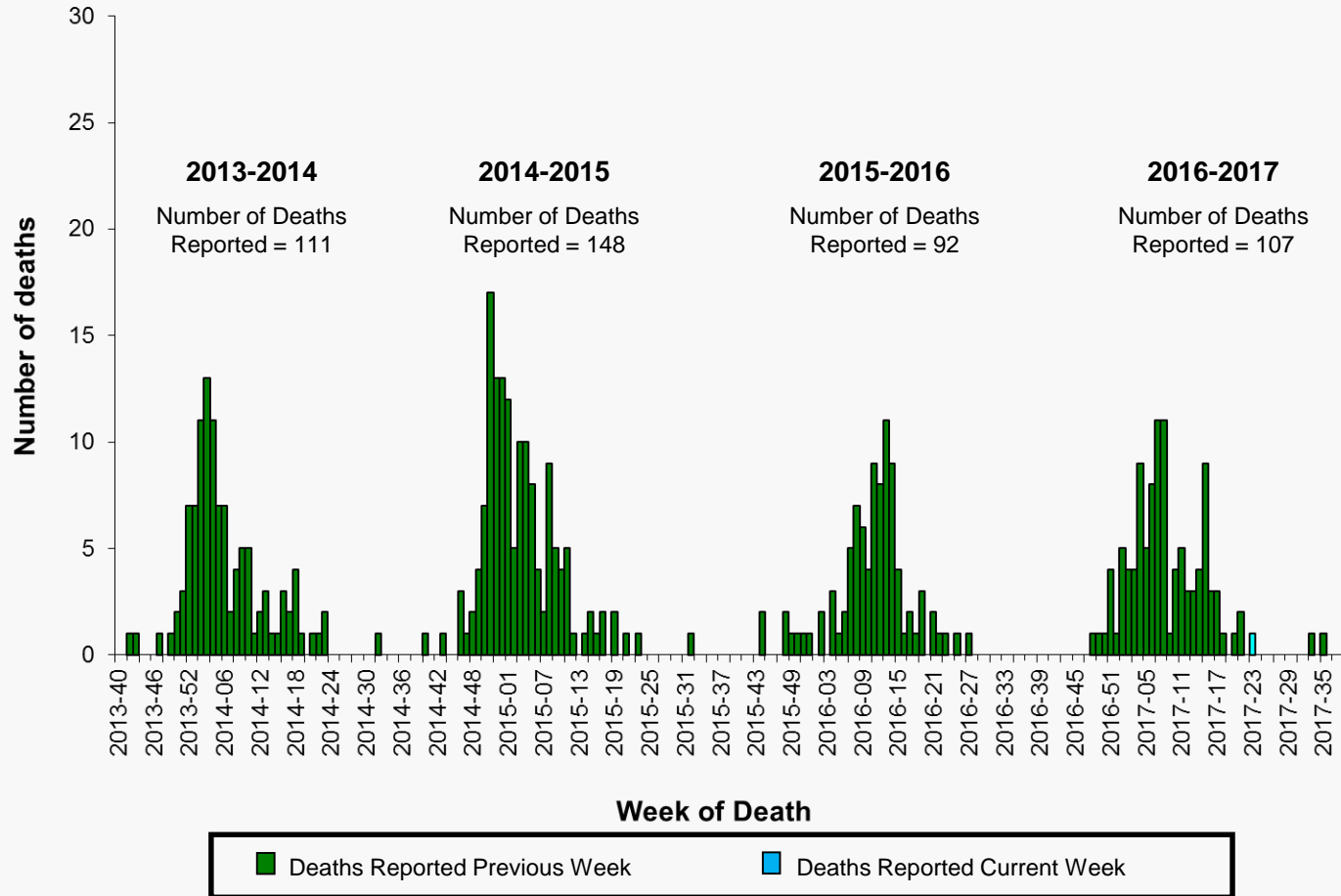


Pneumonia and Influenza Mortality from the National Center for Health Statistics Mortality Surveillance System

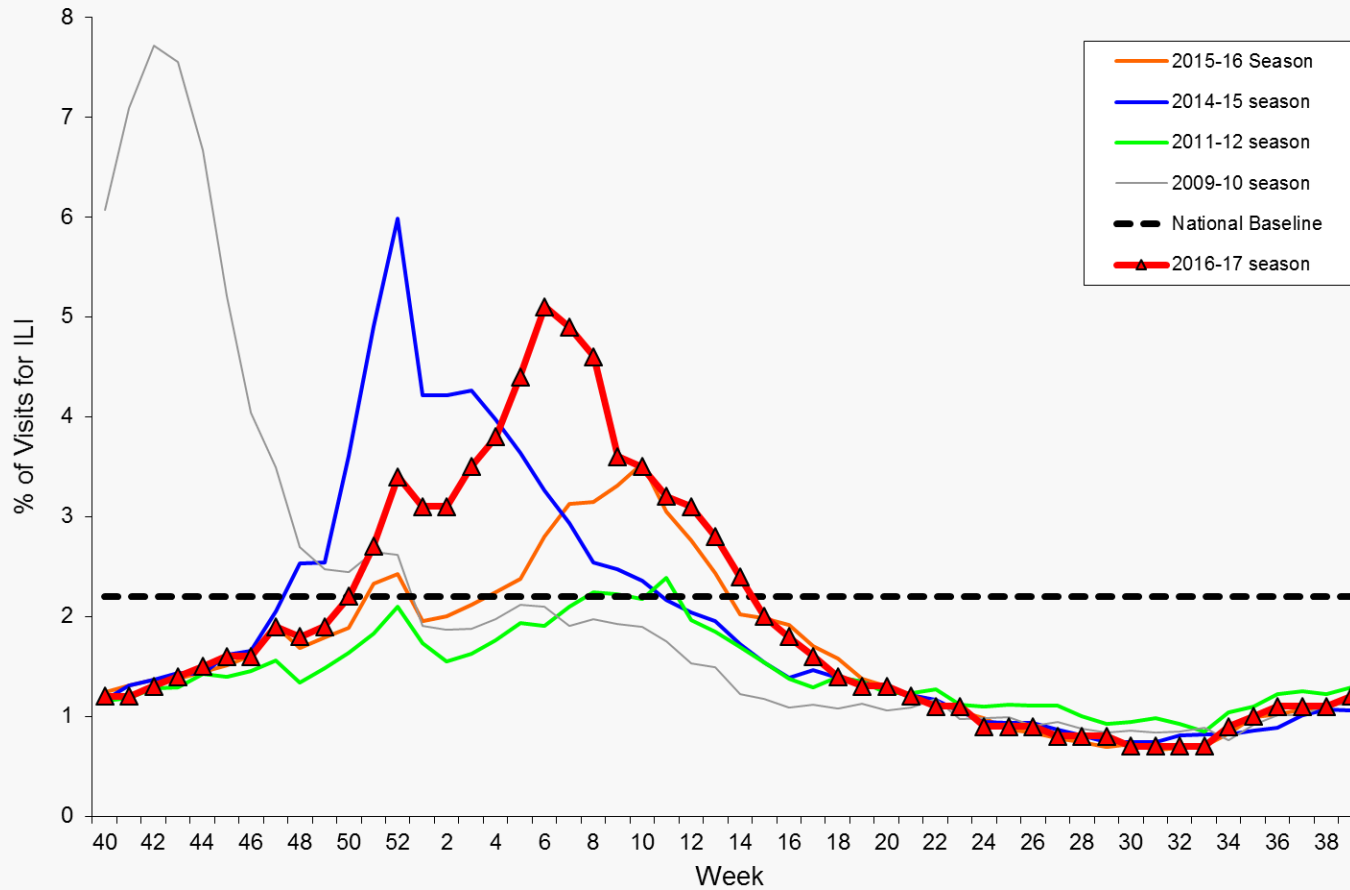
Data through the week ending September 16, 2017, as of October 5, 2017



Number of Influenza-Associated Pediatric Deaths by Week of Death: 2013-2014 season to present



Percentage of Visits for Influenza-like Illness (ILI) Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet), Weekly National Summary, 2016-2017 and Selected Previous Seasons

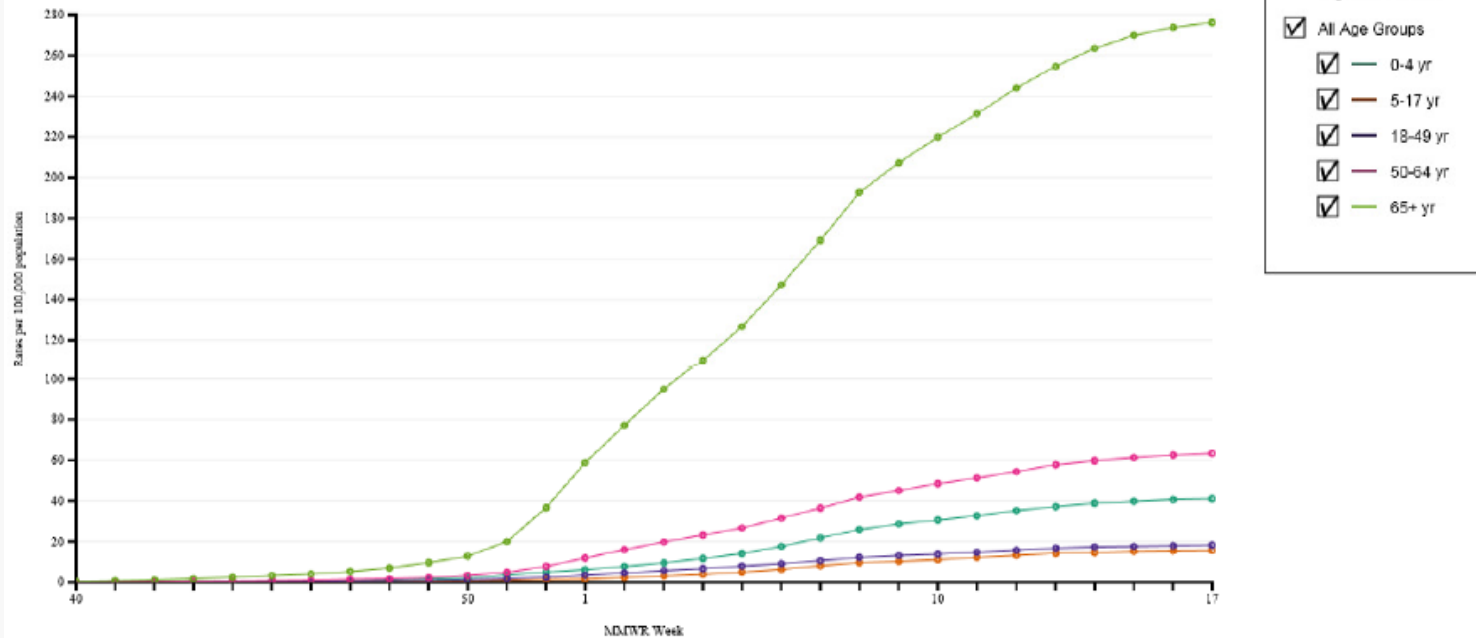


Laboratory-Confirmed Influenza-Associated Hospitalizations, Cumulative, 2016-2017, by Age Group

Laboratory-Confirmed Influenza Hospitalizations

Preliminary cumulative rates as of Sep 23, 2017

FluSurv-NET :: Entire Network :: 2016-17 Season :: Cumulative Rate



Source:
FluView Interactive

Acknowledgements

CDC Influenza Division Surveillance Team:

Lenee Blanton

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Alicia Budd

Krista Kniss

Natalie Kramer

Desiree Mustaquim

Noreen Alabi

Calli Taylor

The Role of Healthcare Professionals in Protecting Older Adults against Influenza

COCA Call

Thursday, October 12, 2017

2:00 PM ET



National
Foundation for
Infectious
Diseases®



Agenda

- **Snapshot: Burden of Influenza in the 65+ Population**
- **Importance of a Strong Healthcare Professional (HCP) Recommendation**
- **Care For Older Adults? Care About Flu! Toolkit Overview**

Speaker



William Schaffner, MD

NFID Medical Director

Professor of Preventive Medicine and Infectious Diseases

Vanderbilt University School of Medicine

Nashville, TN

Learning Objectives

At the conclusion of this activity, participants will be able to:

- Describe the phenomenon of immunosenescence and how the immune system grows weaker with aging
- Discuss the importance of safe and effective influenza vaccines specifically developed for adults age 65 years and older
- Describe resources available to help healthcare professionals talk with adult patients about specific influenza vaccines most beneficial for them

About NFID

Non-profit 501(c)(3) organization dedicated to educating the public and healthcare professionals about causes, prevention, and treatment of infectious diseases across the lifespan

- Reaches consumers, healthcare professionals, and media through:
 - Coalition-building activities
 - Public outreach initiatives
 - Professional educational programs (ACCME accredited with commendation)
 - Scientific meetings, research, and training
- Longstanding partnerships to facilitate rapid program initiation and increase programming impact
- Flexible and nimble organization





Snapshot: Burden of Influenza in the 65+ Population

Burden of Influenza in the Adult 65+ Population

- Disproportionate impact on adults age 65+
- Immunosenescence
- Specifically-designed vaccines for adults age 65+

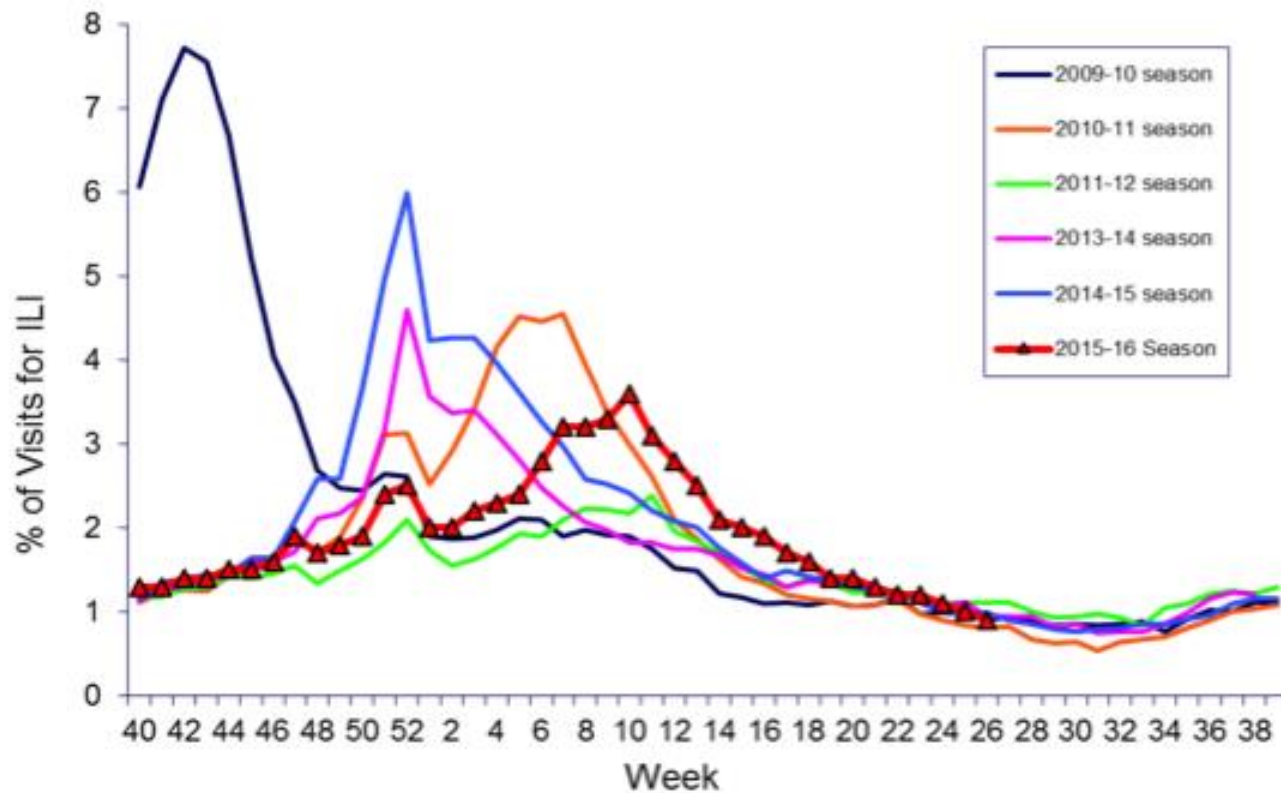
Who Needs Influenza Vaccination?

- Age 65 years and older
- Chronic illness
- Immunocompromised
- Pregnancy
- Prior splenectomy
- Healthcare professionals
- Young children

**No excuse to miss this
vaccine
and its protective value
at near zero risk!**

IMPACT: Influenza is Seasonal but Not Predictable

Percentage of visits for influenza-like illness (ILI) reported to CDC ILINet for selected previous seasons from all US states



Key Messages:

1. **Timing** of influenza illness in your community varies from season to season
2. Influenza varies in **severity** from season to season
3. Influenza-related illness affects all age groups but **age 65+ have greatest morbidity and mortality...**

Influenza-Associated Deaths in Adults 65+

- Older adults (age 65+) account for up to 85% of all flu-related deaths in the US
- Influenza-related all-cause death rate in adults age 65 years and older is 133 per 100,000 people, more than six times the rate of 20 per 100,000 across all ages
- Findings are consistent with estimates from other countries, where mortality rates are 7 to 11 times higher in those age 65 years and older than the general population

Immunosenescence

- The gradual deterioration of the immune system due to aging (immunosenescence) results in an elevated risk of complications from flu in adults age 65 years and older
- The weakening immune system makes it harder for our bodies to combat disease and may decrease the immune response to standard influenza vaccines

Chronic Diseases Increase Risk of Flu-Related Complications

- Immunosuppressive drugs used to treat chronic conditions, like rheumatoid arthritis, decrease a patient's ability to prevent or fight off infections, making them more susceptible to illnesses such as flu
- CDC places individuals with key medical conditions in a high-risk category, including:
 - Asthma
 - Chronic lung disease
 - Heart disease
 - Diabetes
 - And more...
- Older adults also are more likely to have chronic medical conditions

Specifically-Designed Vaccines for Adults 65+

- Adjuvanted Vaccine (Seqirus)
- High-Dose Vaccine (Sanofi Pasteur)



ACIP Recommendations for Adults 65+

- Adults age 65 years and older may receive any age-appropriate IIV (standard- or high-dose, trivalent or quadrivalent, adjuvanted or unadjuvanted) or RIV
- Vaccination should not be delayed to find a particular product if an appropriate one is available

Importance of HCP Recommendation

Importance of HCP Vaccine Recommendation

- More than half of adults age 65+ were more likely to get a flu shot if recommended by their doctor¹
- HCPs must take advantage of every opportunity to provide optimal protection for adults age 65+ and continue to work collaboratively to remove any ongoing barriers to vaccination²

¹www.ncoa.org/healthy-aging/flu-you/resources/#survey

²NFID Call to Action: Reinvigorating Influenza Prevention in US Adults Age 65 Years and Older. www.nfid.org/flu-older-adults

Specialist Visits as Opportunities for Vaccine Discussion

- Outpatient visits to specialists present an excellent, but often missed, opportunity to provide vaccine if the office stocks it or recommends that patients receive it
- Providing patients with take-home information or a prescription for influenza vaccine can encourage them to follow through with vaccination more than a recommendation alone
- Practicing specialists and office staff should also be immunized to protect themselves and patients against flu

Conclusions

- Influenza is a key contributor to morbidity and mortality in older adults
 - They have the highest rate of influenza-associated deaths and hospitalizations of any defined high-risk group
 - The majority of influenza-associated deaths during most seasonal epidemics occur in adults 65+
 - Even if they recover, older adults may never fully regain their pre-influenza health and abilities, significantly impacting their lifestyle
- Older adults with chronic conditions are at even higher risk for flu-related hospitalizations, complications, and death
- HCPs strongly insist that patients 65+ receive annual influenza vaccination



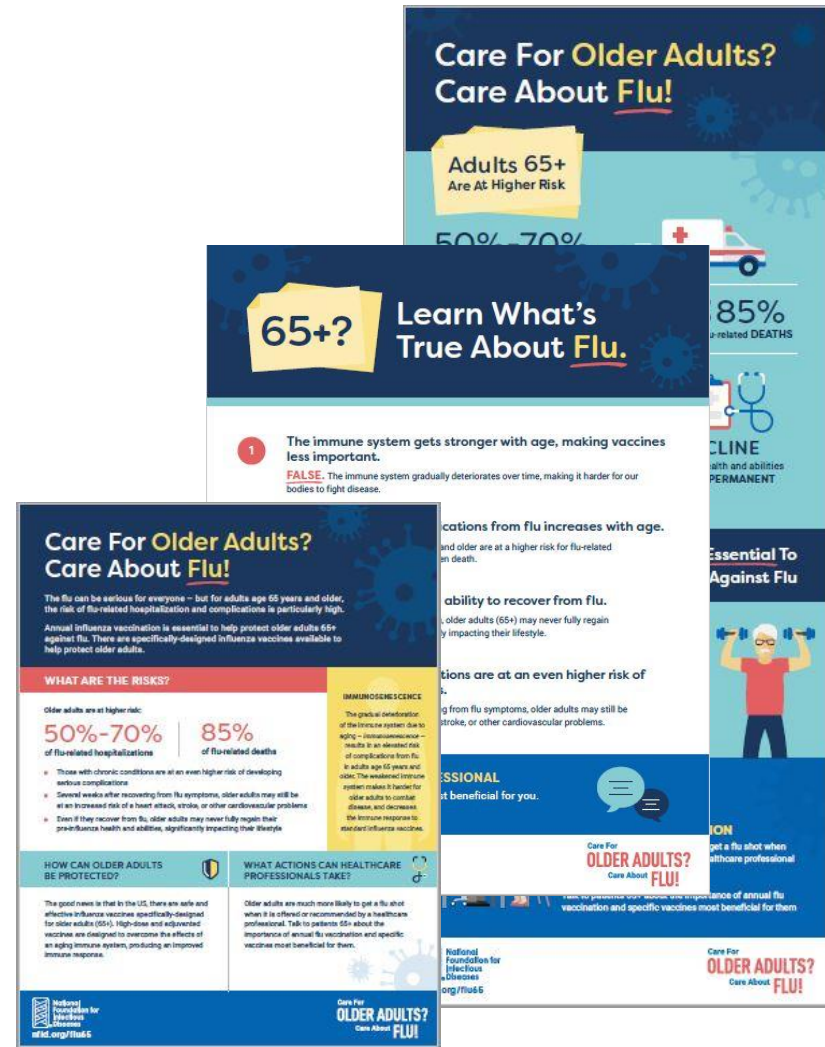
Care For Older Adults? Care About Flu! Toolkit Overview

Public Service Announcement



Resources

- Infographic
- Fact Sheet
- Poster/Handout
- Email Template
- On-Hold Scripts



www.nfid.org/flu65

Care For

OLDER ADULTS?

Care About FLU!

Toolkit available at:
www.nfid.org/flu65

To Ask a Question

□ Using the Webinar System

- Click the Q&A button in the webinar
- Type your question in the Q&A box
- Submit your question
- CDC Media: media@cdc.gov or 404-639-3286
- Patients, please refer your questions to your healthcare provider

Today's webinar will be archived

When: A few days after the live call

What: All call recordings (audio, webinar, and transcript)

Where: On the COCA Call webpage
https://emergency.cdc.gov/coca/calls/2017/callinfo_101217.asp

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Upcoming COCA Call

**“The Role of Primary Care Providers in
Supporting Children, Families, and
Themselves Following Hurricanes Harvey,
Irma, and Maria”**

Thursday, October 26, 2017

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<http://emergency.cdc.gov/coca>

COCA Products & Services

		COCA Call
		CDC Clinician Outreach and Communication Activity

Promotes COCA Calls and contains all information subscribers need to participate in COCA Calls. COCA Calls are done as needed.

		COCA Learn
		CDC Clinician Outreach and Communication Activity

Monthly email that provides information on CDC training opportunities, conference and training resources located on the COCA website, the COCA Partner Spotlight, and the Clinician Corner.

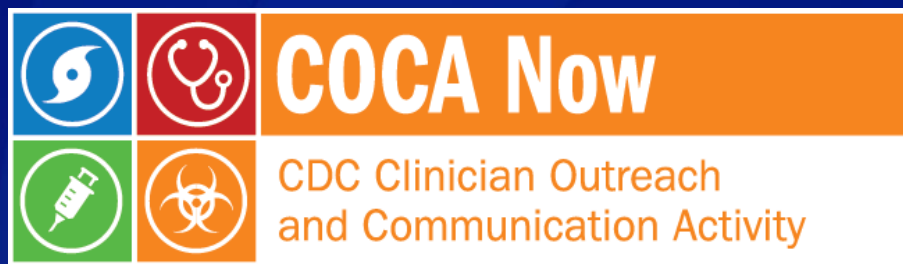
		Clinical Action
		CDC Clinician Outreach and Communication Activity

Provides comprehensive CDC guidance so clinicians can easily follow recommendations.

COCA Products & Services



Monthly email that provides new CDC & COCA resources for clinicians from the past month and additional information important during public health emergencies and disasters.



Informs clinicians of new CDC resources and guidance related to emergency preparedness and response. This email is sent as soon as possible after CDC publishes new content.



CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories.

Thank you for joining!



**Centers for Disease Control and Prevention
Atlanta, Georgia**

<http://emergency.cdc.gov/coca>