

Flu prevention strategies for the 2021-2022 season

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The COVID-19 pandemic has been deadly and disruptive. It's also been a real-world test of the best flu prevention strategies. Thanks to masking, social distancing, limited travel and the closure of schools, businesses and entertainment venues, the 2020-2021 flu season was extremely mild both in the United States and globally.¹



To find out what the 2021-2022 flu season may look like, we spoke with William Schaffner, MD, medical director of the National Foundation for Infectious Diseases and a professor of infectious disease, preventative medicine and immunization policy at the Vanderbilt University School of Medicine. He shares five things clinicians should know as a new flu season approaches.

1 | Flu is unpredictable

Researchers like to say that when you've seen one flu season, you've seen one flu season. Consider these examples:

- In 2017-2018, the influenza positivity rate (types A + B) stayed moderate or high for more than five months
- In 2018-2019, a much milder season, the positivity rate for influenza B never exceeded 7.1% and only had a real impact in pockets of the country²

Flu season timing is also unpredictable. Although cases in North America tend to tick up in November and peak in February, the season can also start earlier and last longer.

Moreover, different parts of the country can have very different flu seasons. In 2018-2019, for example, Alabama experienced two pronounced waves (peaking on December 21 and February 8), while California climbed slowly to a single peak at the beginning of March.²

Monitoring local conditions can help you predict patient volume. "Flu is fickle," Schaffner says. "You have to be careful of generalizations."

2 | Children are major flu carriers

Although flu hits older adults more seriously, Schaffner says – only half-jokingly – that children have the distribution franchise for the virus.

"Children, when they get infected with flu, shed much more virus than do adults, and they share the virus for longer periods of time," he says. And, they often share it with family members at risk of developing serious disease.

As children return to school and playdates this fall, parents should enforce all the best flu prevention strategies, such as hand hygiene, as well as keeping their kids home when they're sick. The measures that slowed the spread of COVID-19 last spring can slow the spread of flu this fall. And, of course, children who are 6 months old and older should receive a flu vaccine.³

How are you preparing for flu season? Let [McKesson FluWise®](#) help you get ready for flu, with our comprehensive program giving you access to a variety of professional flu products, savings and stability, and support every step of the way.

3 | Flu shots are more important than ever

Unfortunately, many people are experiencing vaccine fatigue, which may be made worse by the advent of COVID-19 booster shots this fall. Schaffner says clinicians and health systems need to share messages like these: "It's the fall; don't forget that other nasty respiratory virus, the flu" and "COVID is not the only threat this fall."

"I think we're going to have to develop some messaging along those lines to almost reintroduce everybody to flu," he says.

The messaging needs to address a common fallacy: that it's not worth getting a flu shot when it only reduces the risk of getting sick with flu for 40% to 60% of people (compared to, say, 95% for the Pfizer-BioNTech SARS-Co-V-2 vaccine).^{4,5}

"Flu vaccine prevents many, many deaths, hospitalizations and ICU admissions," Schaffner says. "And even if you've gotten the flu despite having gotten the vaccine, you're less likely to have all those severe complications." In fact, flu vaccination prevented an estimated 7.5 million illnesses and 6,300 deaths during the 2019-2020 flu season.⁴

Pregnant women who get vaccinated also confer protection to their unborn babies. "Some of the antibodies that are produced by vaccination cross the placenta and help protect the infant during the first six months of its life before we can directly vaccinate the baby," Schaffner says. "It's quite clear that the vaccine is safe during pregnancy. The American College of Obstetricians and Gynecologists recommends the flu vaccine for all pregnant women."⁶

The Centers for Disease Control and Prevention (CDC) recommends that everyone get vaccinated by the end of October, and this year is no exception.⁷

4 | Clinicians need to do more testing this year

Although in-office rapid antigen tests can confirm that someone has the flu, many physicians don't order them. "There are basically two groups of docs out there: there are the testers and there are the assumers," Schaffner says. "You'll find both here in my medical center."

In typical years, it might be okay to assume that someone has the flu and treat them accordingly. However, flu and COVID-19 present very similarly, making diagnosis harder. "A clinician seeing an individual patient really can't tell with assurance if they have one or the other – unless maybe they say they've lost their sense of smell and taste," Schaffner says. "If that happens, that puts them in a COVID box pretty securely. Other than that, we'll have to do the testing because there are different therapeutics involved."

Timing is everything with point-of-care testing for flu. Ideally, you should test in the first 3-4 days, when the patient has the highest viral load so that you're less likely to get a false negative result.⁸

Another reason to increase testing is the recent spike in respiratory syncytial virus (RSV), which Schaffner notes has occurred in a totally non-seasonal way. Although RSV is most common in young children, it's a significant cause of respiratory illness in older adults.⁹ And the symptoms heavily overlap with flu.

"We still don't have the same capacity to test for RSV that we do for the other two viruses, and I wish we did," Schaffner says. "I think if we had accurate, quick and relatively inexpensive tests for RSV, all of a sudden internists who learned in medical school that RSV was something the pediatricians dealt with would realize they're going to have to cope with it."

5 | Be prepared for a "twindemic"

Many health experts predict the coming flu season will be more severe with children back in school and with many workplaces forgoing flu shot clinics because employees are working from home. What's more, Schaffner believes flu and COVID-19 may combine to create a "twindemic" this year.

"I was worried about a 'twindemic' last year, but I wasn't anticipating how much the social distancing, masking wearing, etcetera, would do to reduce the spread of influenza," he says. "We ducked that bullet, but everything's opening up again now. We really do anticipate that flu will come back."

Keeping all of this in mind, prepare for this year's flu season by:

- Monitoring local conditions to predict patient volume¹⁰
- Encouraging parents to get a flu shot for their children and themselves
- Consistently having adequate flu and COVID-19 testing supplies on hand

Through proactive planning, you can prepare your practice to unleash a multi-pronged strategy that leverages prevention and diagnostics to tackle this year's flu.

1: <https://www.cdc.gov/flu/season/faq-flu-season-2020-2021.htm>

2: <https://mms.mckesson.com/resources/flu-management/flu-vs-flu-lastyears-lessons-this-years-strategy>

3: <https://www.cdc.gov/flu/prevent/flushot.htm>

4: <https://www.cdc.gov/flu/vaccines-work/vaccineeffect.htm>

6: <https://www.acog.org/clinical/clinical-guidance/committeeopinion/articles/2018/04/influenza-vaccination-during-pregnancy>

7: <https://www.cdc.gov/flu/prevent/vaccinations.htm#when>

8: <https://mms.mckesson.com/resources/covid-19/a-timely-seasonalupdate-on-respiratory-testing-in-primary-urgent-care>

9: <https://www.cedars-sinai.org/health-library/diseases-and-conditions---pediatrics/r/respiratory-syncytial-virus-rsv-in-children.html>

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

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