

Influenza

- Based on estimated range of the annual burden of influenza in the US, 2010-2020, influenza is responsible for 12,000-52,000 deaths each year; 140,00-710,000 influenza-related hospitalizations each year and 9,000,000-41,000,000 influenza illnesses. The 2022-2023 flu season in the US was moderately severe with an estimated 31 million symptomatic illnesses, 14 million medical visits, 360,000 hospitalizations, and 21,000 flu-related deaths, including 176 pediatric deaths.
- Treatments are available for influenza illness which can reduce severe illness, hospitalization, and death.
- Influenza can be associated with complications. These are more likely to occur in persons who are at higher risk for such complications, including.
 - Children younger than 5 years, but especially younger than 2 years of age
 - Adults 65 years and older
 - Pregnant women including women up to 2 weeks' postpartum.
 - Residents of long-term care facilities and nursing homes
 - Non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native person
- Vaccination rates are 83% and 87% in White and Hispanic persons; disparities exist in vaccination rates as only 54.8% in Black persons.
- Annual influenza vaccination is indicated for all persons 6 months of age and older.
- Influenza vaccination is recommended for all pregnant women. Data shows that influenza vaccination provides protection for the pregnant woman as well as for her newborn infant in the first three months of life.
- The flu vaccine can safely be coadministered with COVID-19 vaccine.

Summary

Therefore, in keeping with the mission and objectives of the NMA and based upon the available scientific data and upon the basic axioms of public health, the NMA strongly recommends that all adults and children 6 months of age and older receive an annual influenza vaccination. Flu vaccines are readily available and should be given in the primary care physician's office as well in the office of subspecialists such as cardiologists, pulmonologists, nephrologists, neurologists, immunologists and other subspecialists who provide specialty care for persons

with chronic illness. Flu vaccines are readily available and can also be accessed in local communities through retail pharmacies where pharmacists provide flu vaccination as well at a nominal cost.

We urge all practitioners to proactively encourage all patients 6 months of age and older to receive an annual flu vaccination, preferably in the fall before the flu season begins. We urge all obstetricians to proactively encourage all pregnant women to receive a flu vaccination (flu shot).

Summary *(continued)*

The flu nasal spray vaccine is a live vaccine and is NOT recommended in pregnant women. A 2018 study showed that pregnant women receiving the influenza vaccination reduced a pregnant person's risk of being hospitalized with flu by an average of 40%. Pregnant women who receive a flu vaccination also are helping to protect their babies from flu illness and flu related hospitalizations for the first several months of life, when they are too young to get vaccinated.

All influenza vaccines available for the 2023-2024 season are quadrivalent. The Advisory Committee on Immunization Practices recommends for persons ages 65 years and older,

higher dose or adjuvanted influenza vaccines which provide a better benefit than the standard dose influenza vaccines. Fluzone High-Dose Quadrivalent and the adjuvanted Flud Quadrivalent influenza vaccines are recommended.

Anyone with a history of egg allergy, regardless of severity, may now receive any egg-based or non-egg-based influenza vaccine appropriate for their age and health status. No additional safety measures beyond those recommended for any recipient of any vaccine are required.

Live attenuated influenza vaccine should not be given to anyone immunocompromised or has certain medical conditions.



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