Influenza sends over 200,000 Americans to the hospital each year, on average, and thousands of patients die of the illness. That morbidity and mortality burden can be greatly reduced by widespread influenza immunization, yet ensuring that each of your patients gets vaccinated is no easy task.

Here are six key steps you can take this flu season to help your patients get the protection afforded by vaccination, according to Capt. Carolyn Bridges, MD, associate director of adult and influenza immunizations in the Centers for Disease Control and Prevention’s (CDC) National Center for Immunization and Respiratory Diseases.

**Recommend influenza immunization.** This would seem to go without saying, but research shows that a physician’s simply making the wholehearted recommendation on flu vaccination makes a difference.

The CDC’s Dr. Bridges said a straightforward statement—“You are recommended to get the flu vaccine, and I recommend that you get it”—often does the trick. “There will be some patients who have other questions or who haven’t had the flu vaccine before. Then that’s great, and you provide additional information,” she said. But for most patients, this physician advice sets them on the road to
immunization.

In surveys of patients vaccinated against flu, the physician recommendation is nearly always at the top of their list of reasons for why they opted to get immunized, Dr. Bridges said.

Offer the influenza vaccine. The other element that makes a big difference to flu immunization rates is the convenience factor. When a physician can recommend the vaccine and administer it seamlessly during the same visit, that helps a lot, Dr. Bridges said.

“We know, for example, that pregnant women are much likelier to get vaccinated if the vaccine is offered by the provider—about 70 percent of the time—but if it’s recommended and then they are referred somewhere else, then the vaccination rate drops by half,” she added.

If you cannot offer the immunization in your office, do your best to develop a referral system to nearby pharmacies or other locations that can provide flu vaccination that is covered by the patient’s health plan.

“The one thing that makes me very optimistic is that when we do surveys of providers, they’re very pro-vaccination,” Dr. Bridges said. “The challenge is really the barriers that exist to their routinely recommending and offering vaccination to all their patients. Those can be things like competing priorities or payment issues—the complexities of payment for flu vaccination can be a real challenge. For some providers, the challenge may be how to incorporate vaccination into patient flow.”

Address patient misconceptions. The biggest misunderstanding patients have about influenza immunization is that it will somehow give them the flu. While patients who get a flu shot can experience side effects such as soreness at the site of injection, low-grade fever or aches, those are not symptoms of an oncoming case of influenza.

The flu vaccine “definitely doesn’t cause the flu. This year we have only inactivated vaccine available,” Dr. Bridges said. “Because it’s inactivated, it can’t cause influenza.” As for those unpleasant symptoms patients sometimes experience, she said those are signs the immune system is producing a reaction.

It is worth telling patients that those symptoms “are certainly a lot better than getting influenza and spending five to seven days off work or out of school,” Dr. Bridges said.

Avoid giving the nasal-spray immunization this year. The Advisory Committee on Immunization Practices (ACIP) in June recommended against the live, attenuated influenza vaccine for the 2016 – 2017 flu season. This vaccine has provided an alternative to injection. ACIP’s decision came “because of some concerns about the lower effectiveness of the live vaccine against one of the three main strains of influenza that circulate and that influenza vaccines are designed to protect against,” Dr.
Bridges said.

As much as some patients may dislike injections, physicians should reassure them that they are far less unpleasant than influenza.

**Tell seniors about higher-dose options.** Patients 65 and older are the likeliest to die of influenza, with about 90 percent of flu-related deaths happening among this population, Dr. Bridges said.

“Ensuring these people get vaccinated is very important,” she added. “Some of those in this age group may be frail and they may not have a good immune response.” Two vaccines that are stronger than the standard-dose flu immunization are available now. One is the Fluzone High-Dose, which has four times the amount of antigen as the standard dose, and the one new this season is the FLUAD Flu Vaccine with Adjuvant.

“It has been used in Europe for a long time,” Dr. Bridges said. “The vaccine has an adjuvant called MF59, which helps boost the immune response. A couple of nonrandomized studies of the vaccine have shown clinical benefit, a reduction in the hospitalizations and illnesses, and a randomized trial showed better immune response compared with the standard inactivated influenza vaccine in adults 65 years and older .”

**Send reminders to your patients.** If you can, contact patients who are not coming to see you in the office to urge them to get vaccinated. “It’s another effective way to get the message out, and it helps patients to know that providers are supportive of their patients getting the flu vaccine,” Dr. Bridges said.