

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/medical-industry-feature/treating-flu-in-high-risk-populations/11077/>

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Treating Flu in High-Risk Populations

Announcer:

Welcome to ReachMD.

This medical industry feature, titled "Treating Flu in High-Risk Populations" is sponsored by Genentech. This program is intended for physicians. Here's your host, Dr. Jennifer Caudle.

Dr. Caudle:

The 2019-2020 flu season is officially underway and, although it is early in the season and flu activity remains low nationally, we are tracking the same as we have in previous years which would indicate that we probably will see an uptick in cases over the next few months. But why is it that so many of us underestimate the severity of the flu and what can we do to better protect ourselves and our patients?

This is ReachMD and I am your host, Dr. Jennifer Caudle. Joining me today is Dr. Frank LoVecchio, Professor of Emergency Medicine at the University of Arizona and Principal Investigator for the Infectious Disease Network. Dr. LoVecchio, thank you so much for being here today.

Dr. LoVecchio:

It's my pleasure. Thank you so much for having me, Dr. Caudle.

Dr. Caudle:

So the weather is getting colder and with that, inevitably, comes an increase in flu cases each year. The CDC continues to urge people to get their flu shots, but recent history shows that millions will ignore the call as fewer than 50% of patients receive the vaccine each year. So, why do you think we continue to see that discrepancy year after year Dr. LoVecchio?

Dr. LoVecchio:

You know, it's incredible to me the amount of misconceptions there are about the flu and flu vaccine, etc. You know, it's clear that getting vaccinated is the best way to prevent you from getting influenza every year. People argue that it's only 50% effective, 60% effective. Regardless of those numbers, they're never going to get 100% and even if you get the flu and you've been vaccinated, you're less likely to get sicker, you're less likely to die. But, I think, some of the misconceptions come out because people believe that you can get certain things like the flu from the flu vaccine and that's totally been disproven. There have been well done randomized trials when that doesn't happen. People have worried about egg allergies. That's totally been disproven that if you have an egg allergy that you'll have an allergic reaction from it. All of the byproducts that are in eggs that can give you an allergic reaction have been removed. I think, basically, it's education and misconceptions about the vaccine. I am honored to be working with Genentech to raise flu awareness, a topic that I'm very passionate about that Genentech is helping bring awareness about the flu.

Dr. Caudle:

So, what's your recommended approach when a patient comes in expressing skepticism for getting their flu shot?

Dr. LoVecchio:

I think one of the toughest things we have in the spectrum of medicine, especially infectious disease, is persuading patients to get vaccines for a disease they don't have and don't see. So, persuading reluctant patients is one of the most difficult things we do as physicians and especially in infectious diseases where we're trying to prevent a disease by giving a vaccine of a disease they don't have yet. And I think the best way to approach it is education. I think you, as a physician, need to sit down and try to educate the patient in how it prevents death or significant mortality, morbidity. I also say that if one of your loved ones doesn't get vaccinated and you're

vaccinated, you're less likely to get the flu and give it to them. But I believe that the best approach is education and trying to eliminate some of the dogma associated with not vaccinating.

Dr. Caudle:

I think that's an important point, that we need to protect those at higher risk of serious flu complications. Can you talk a little bit more about this?

Dr. LoVecchio:

Well, I think the CDC has come up with a clearer definition of high-risk populations by reviewing the literature or looking at studies and seeing who has more morbidity and mortality if they do get the flu. And, it's usually older folks who are older than 65, those with respiratory illness.

Dr. Caudle:

So, Dr. LoVecchio, we spoke a bit earlier about educating patients about the importance of flu shots, particularly for herd immunity, which is the concept that when lots of people in an area are vaccinated, fewer people will get sick and we talked about protecting those at high-risk of flu complications. But now, let's shift over to what happens when those vulnerable populations do get the flu. What are their options?

Dr. LoVecchio:

Well, it's a great question. And I think, if you're in a vulnerable population and you do get the flu, number one, if you work, stay home. Try to avoid contact with others if you can. Try to practice good cough etiquette, you know, cough into your sleeve, etc., or try to clean your hands, but also as important, I believe, is getting treatment. So, I think antivirals play an important role here.

Dr. Caudle:

Are there any antivirals that are specifically indicated for the high-risk population?

Dr. LoVecchio:

Until very recently, the answer would be an adamant no. But, the FDA has recently approved antiviral medicine indicated specifically for those patients who are at high risk for developing serious complications from the flu and that is called Xofluza, and the generic name is baloxavir marboxil, and it's a one dose prescription medication, which we love as clinicians and patients love. They take it one time and it's over. It has a long half-life, you don't have to take it for a few days, etc. I know it's hard to believe but, up until now, there were no antiviral medications that were specifically indicated for those at high risk for developing flu or influenza complications. You know, this all came from a recent study, CAPSTONE-2 study. The CAPSTONE-2 study also some data that came out of there that Xofluza reduced the time of symptoms especially in those patients who are infected with flu type B virus. I think it's important to get fair balance. I think it is fair for me to say that, as with most medications, there are side effects and these side effects associated with Xofluza include diarrhea, bronchitis, sinusitis, headache and nausea. In clinical trials though these adverse events with Xofluza were very similar, in fact, even lower than placebo. So, I would encourage people to talk to a doctor and see if, individually, they are a candidate for Xofluza.

Dr. Caudle:

So, that's hard to believe but, now that we do have this antiviral medication, what do we need to know about Xofluza?

Dr. LoVecchio:

So, I think it's important to realize that this is a new medication for the flu. It works by a different mechanism compared to previous antivirals. It was approved for uncomplicated flu in patients 12 years of age and older who have been symptomatic for no more than 48 hours. But, later this year, it became the first drug approved for those at high-risk of developing flu-related complications, and this just occurred in October of 2019. So, this expanded indication, I think it's important. It gives us physicians another tool to treat our patients who are most at risk for developing complications.

Dr. Caudle:

And lastly, Dr. LoVecchio, what do you want our healthcare professionals listening today to take away from our discussion?

Dr. LoVecchio:

Well I think, education is the most important thing with your patients. Try to educate them about the flu but, I think, the big take home messages today would be, you should get vaccinated. It is probably the single best thing you can do to prevent influenza. If you do get sick, you should stay home, you should wash your hands. If you do have the flu, you should wash your hands anyway and, if you do cough, you should practice cough etiquette; i.e., coughing into your elbow. I think we need to be vigorous about telling our patients that treatment is important especially in the high-risk groups and, personally, I think, if you're sick for less than 48 hours in the not so high-risk group.

Dr. Caudle:

With that, I really would like to thank my guest, Dr. Frank LoVecchio. Thank you so much for helping us better understand the importance of flu education really at this crucial point in the season. Dr. LoVecchio, it was wonderful speaking with you today.

Dr. LoVecchio:

Thank you. The pleasure is all mine. Thank you so much.

Announcer:

Indication

XOFLUZA™ is indicated for the treatment of acute uncomplicated influenza in patients 12 years of age and older who have been symptomatic for no more than 48 hours and who are:

- otherwise healthy, or
- at high risk of developing influenza-related complications

Limitations of Use

Influenza viruses change over time, and factors such as the virus type or subtype, emergence of resistance, or changes in viral virulence could diminish the clinical benefit of antiviral drugs. Consider available information on drug susceptibility patterns for circulating influenza virus strains when deciding whether to use XOFLUZA.

Contraindications

XOFLUZA is contraindicated in patients with a history of hypersensitivity to baloxavir marboxil or any of its ingredients. Serious allergic reactions have included anaphylaxis, angioedema, urticaria, and erythema multiforme.

Important Safety Information

Hypersensitivity

Cases of anaphylaxis, urticaria, angioedema, and erythema multiforme have been reported in postmarketing experience with XOFLUZA. Appropriate treatment should be instituted if an allergic-like reaction occurs or is suspected. The use of XOFLUZA is contraindicated in patients with known hypersensitivity to XOFLUZA.

Bacterial Infections

There is no evidence of the efficacy of XOFLUZA in any illness caused by pathogens other than influenza viruses. Serious bacterial infections may begin with influenza-like symptoms or may coexist with, or occur as, a complication of influenza. XOFLUZA has not been shown to prevent such complications. Prescribers should be alert to potential secondary bacterial infections and treat them as appropriate.

Drug Interactions

Co-administration with polyvalent cation-containing products may decrease plasma concentrations of baloxavir, which may reduce XOFLUZA efficacy. Avoid co-administration of XOFLUZA with dairy products, calcium-fortified beverages, polyvalent cation-containing laxatives or antacids, or oral supplements (e.g., calcium, iron, magnesium, selenium, or zinc).

Concurrent Use with Live Attenuated Influenza Vaccine

The concurrent use of XOFLUZA with intranasal live attenuated influenza vaccine (LAIV) has not been evaluated. Concurrent administration of antiviral drugs may inhibit viral replication of LAIV and thereby decrease the effectiveness of LAIV vaccination. Interactions between inactivated influenza vaccines and XOFLUZA have not been evaluated.

Most Common Adverse Reactions

Adverse events (regardless of causality assessment) reported in at least 1% of adult and adolescent subjects (n=1,440) who received XOFLUZA at the recommended dose included diarrhea (3%), bronchitis (3%), nausea (2%), sinusitis (2%), and headache (1%).

For additional important safety information, please see XOFLUZA full prescribing information at www.XOFLUZA.com.

You are encouraged to report side effects to Genentech by calling 1-888-835-2555 or to the FDA by visiting www.fda.gov/medwatch or calling 1-800-FDA-1088.

This program was sponsored by Genentech. If you missed any part of this discussion, visit www.ReachMD.com/fluantiviral. This is ReachMD. Be part of the knowledge.