Isabel Valdez (00:01):

Hello and welcome to Optimizing Immunization Practices, your Role, your Impact, a podcast series brought to you by the American Academy of Physician Associates and the France Foundation. This activity is supported by independent educational grants from Pfizer and GSK. This podcast series focuses on how you can optimize adult immunizations in your practice. In this specific episode, we're going to focus on COVID-19 and discuss the burden of disease, current immunization rates, recommendations and strategies to help increase vaccine uptake. As always, we will share resources that you can use in your practice. I'm physician assistant Isabel Valdez, assistant professor at Baylor College in Internal Medicine in Houston, and I'm joined today by our delightful experience, voice of expertise right here, Sarah McQueen. Sarah, great to have you back.

Sarah McQueen (00:55):

Isabel, it's so nice to continue this conversation with you about our vaccines. I am a PA for 16 years now in family practice and at FQHC in northeastern Tennessee, southeastern Kentucky, and I'm excited for what we have to talk about.

Isabel Valdez (01:09):

Yeah, it comes as no surprise what COVID-19 is, but just briefly, we know it's a viral disease. COVID-19 is a viral disease that's caused by the SARS COV to two virus, and it's very, very contagious and it spreads really quickly. In fact, we just got over at the time of this recording, we just got over the winter months here and winter. I say that in air quotes for those of us who live in Houston area in Texas, but we did have a bit of an outbreak there and most often it causes respiratory symptoms. So a lot of my patients who were diagnosed with Covid said, I thought I just had allergies. I thought I just had a regular cold, but I'm seeing them on follow-up appointments because they had COVID-19 induced pneumonia. And those are just the basics that we know of. But we know that COVID-19 can affect other organ systems and the symptoms and the severity can change during the course of the illness. We all know that in fact, some of our patients are more susceptible or vulnerable patients such as our older population, our immunocompromised population, our patients with chronic diseases, they are more susceptible to complications from this virus that I think all of us dealt with in the pandemic. And while the pandemic in and of itself might be a little bit behind us, it's left behind this infection that we are seeing day in and day out. What's with a burden of disease that you've seen that you tell your patients about when you talk about COVID-19?

Sarah McQueen (02:32):

So I think it is very easy for those of us that live through the pandemic of jumping to the worst case. And obviously that is severe illness on ventilators. And I have patients who still have trach scars and even emotional scars from that. And so even if non-related conditions, they hesitate to come in to be seen because they don't want more blood work because any kind of beeping noise kind of reactivates the fear that they have from their severe illness or when they were in ICU. And so I think there's a lot of the unseen emotional trauma that is still left behind. And even in our folks who lost patients, lost family members through the first round, when we start talking about covid again, it brings that back up. And so I think there are just the burden of disease spans beyond the physical symptoms.

(03:29):

I also think of kind of what started out as the weird symptom of covid, which was the loss of taste and smell. And it seems very insignificant compared to some of the other issues that you can have and other types of long covid. But I think to my own mother has gone four years now without being able to taste

or smell. And they actually just recently had, thank God my dad is a retired firefighter, had firefighting experience. And because he was able to control it before the department and trucks came out and put the fire out, it was contained to one room, but my mother couldn't smell it. And so had she had been home alone, the smoke detectors didn't go off. The fire was actually in the attic. And so you think about those kinds of safety issues and our folks who still have problems smelling and tasting.

(04:14):

And so you go four years of no birthday cakes and no celebratory food and I'm in the south, that's a big, big deal. There's definitely some issues that go beyond that. And so there's just so many things that we think about, and some of those is even worsening conditions. Some folks will, I mean, we know about the blood clots, we know about the strokes and the heart attacks that can come after a covid infection or during a covid infection. And so it's all of those things that we see. We see the chronic DVT and so swelling in the legs and then that becomes ulcers. And if you already have diabetes, it can really be a snowball effect for some of our patients.

Isabel Valdez (05:00):

No, you're absolutely right. And of course some of us are, at least in our institution, we do have a long covid clinic or post covid condition clinic where we see just the repercussions of this disease that hit us hard, and it can still hit us pretty hard. The hospitalization rates from COVID-19 can still be pretty high. I think the CDC estimates that between October 1st and December 7th of just this past year, calendar year of 2024, there were between 2.5 to 4.5 million cases of COVID-19 in the United States, of which about someone like 610,000 to 1 million outpatient visits happened from there. We had about as far as hospitalizations anywhere between 72,000 to 120,000 hospitalizations. And regrettably, we still lose some of our dear patients to this disease. Anywhere between 8,200 to 13,000 deaths have been attributed to COVID-19 just this past calendar year. So the repercussions, the emotion, I really appreciate how you talked about the emotional scars of this disease, not just the physical disease and the trauma that we all lived through, but it's those emotional trauma that we still have that it's our patients deal with it and it stops 'em from coming back to the hospital.

(06:21):

Sometimes it stops them from seeking medical care because they don't want to. They're afraid that everything will happen again as it did. And I try to tell patients the covid that we saw on TV is not the covid we have now because we now have immunizations. And I feel like there were so many changes going on that were happening really fast and sometimes I couldn't keep up. But I think this immunization for COVID-19 has gotten better, easier to remember as clinicians, but the current rate of immunizations, what kind of numbers have you noticed for the current immunization rates right now for COVID-19?

Sarah McQueen (06:55):

So I think if we all look at our clinical practice, we see it kind of declining. And I have to wonder, we all know about the misinformation and all of that, but I also think it is sometimes just the mental, nobody has the capacity to really think about covid anymore, and so we just don't want to think about it. And that includes vaccines and just, no, I don't want anything to do with covid because I remember just the horrible time when we were all sequestered and folks were out of jobs and toilet paper. I don't know what that had to do with it, but there we were and it was just a whole time that, and I think that has, all of these things have contributed. So right now our vaccination rate for 18 and above, so this is young adults, all the way up to our older adults is about 22% now.

(07:43):

It changes, if you look just at our 65 and above, that's about 44.7% range. And so I think that's understandable, right? Our older generation realizes they have more risk, they're also just more apt to come in for an appointment because they have other conditions. And so they just get seen at the pharmacy now that our pharmacy locations are given vaccines, which is just a wonderful place for them to have another opportunity for vaccination. I think it is important to mention though that sometimes it's lower in minority rates. What are the rates that you know of in these groups?

Isabel Valdez (08:19):

Yeah, this is an important number for me to remember since I do see the Houston area is a very, very diverse population. So the uptake seems to be lower among the minority groups compared to white Americans. So the lowest rate right now happens to be in Hispanic adults, Hispanic adults over the age of 65, only 9.6% of this population has gotten their vaccines. And I struggle with them because true story, I have patients who tell me, well, I saw on TV that I shouldn't get the Covid vaccine because, and they're telling me in Spanish, and I am one of the Spanish media faces, forward faces for my institution. And I tell them, sir, you're going to believe the people on tv, but I'm on TV telling you to get the Covid vaccine. Why not me? Why don't you believe me? True story. This happened with a patient.

(09:08):

We laughed it off. I got her vaccinated because I told her I was on tv. So I was on TV right after the person that told you not to get it. So you're going to get it now because you're listening to people on tv, and I'm one of them and all of this in Spanish. But it really is disheartening to see such a low number in this population, and I think it just keeps getting lower and lower. And I'm afraid that that trend that's going to continue, even though we've made things a lot simpler now with just two buckets of vaccines, we don't have to think about it too much. We have the two buckets. We have the mRNA vaccine, the protein adjuvant vaccine, so things are getting a little bit easier as far as understanding the types of vaccines we have and how we can vaccinate them, and the schedule's getting a lot easier. So hopefully this is something that we can impart on our listeners so that they can be empowered to improve those vaccination rates. So now that we've simplified the schedule for vaccines, I think we can speak a little bit to what we used to have. I felt like an alphabet soup of recommendations from before, and we're like, oh, if you started with this mRNA vaccine, you got to stick with it. Things have gotten easier. So what are some of the current recommendations that you've noticed that we can share with our listeners?

Sarah McQueen (10:14):

It is, and I'm really just going to go over a simple version and just encourage folks that in your practice download the handy dandy vaccine app. The CDC has an app that shows exactly how to give those. And it looks like I use it more than I do because I get it confused with my Electrify America app, but I'm charging my car. And so I go back and forth and I'm like, ah, got that one. And so anyway, using these apps I think is important and we're going to supply some resources to everyone too. And so as you're listening, just to keep this simple, the recommendations now are really, everyone needs one updated vaccine when it comes out per year. Covid hasn't really found a ebb and flow or a season, so it just kind of comes and goes. I used to say, anytime I have a vacation plan, that's when the next wave's going to come.

(11:01):

So just ask me when my plane tickets are bought and I'll tell you when the next wave's coming. And so it's one of those things where every year we tweak these recipes to better protect of the variant that they think is going to come similar to what we do with our influenza vaccines. I think most people are familiar with how that works as well. I think one thing to keep in mind though is for our folks over the

age of 65 and immunocompromised at any adult age, there is going to be an additional dose of that vaccine that's offered. And so instead of just the one updated dose, you're actually going to get two of those updated doses. And that can be anywhere between, depending on what type of compromising disease you have, can be anywhere from two to six months after that first dose.

(11:45):

And so the easy answer is everybody gets one new one and then are over 65 and immunocompromised. They actually get two of the new ones each year. And so if you're starting new vaccines for folks, that's when I would really encourage you get with the resources that we have going now, I think for the most part, especially in the adults that we're talking about in this podcast, and maybe I'm wrong, but I feel like most folks, if they were going to get a covid vaccine, if they're going to start the series, they've already gotten it. I really can't list off the top of my head any adult patient of mine that's coming in for the first time starting the series. These are all folks that had a couple and they're just getting the new dose. But definitely make sure if you come across that or say you have a new adult that they weren't allowed to get vaccines before and now they can.

(12:39):

That does happen. Pay attention to those folks, they are out there. But I do think it's a little rare that that happens. I think it is important just to remember our folks who have had CAR T therapy or even organ transplant, they need to be revaccinated at least three months after that therapy. So they're going to start over. Even though they have that history of vaccination, you actually start as if they had not received any more vaccines. And so that is just something really to take heart and remember that one. And another good thing now is you brought up a great point. You have to pick one and stick with it. And now that has changed. And so you can do any of the mRNA or the protein adjuvant not, there's not a preference for people group or disease. There's not a preference for staying with one family or the other. I myself have rotated depending on what our clinic had or what the local pharmacy had, and you just roll with it. And so I think the CDC has really done a great job of trying to balance all of this stuff, coming at them and putting out things that are a little bit easier. So just remember one new one, sometimes two, and I think we'll be set.

Isabel Valdez (13:55):

Yeah, I'm really glad that you mentioned this about our older population over the age of 65 because I learned about the revaccinated recommendation from my neighbor who is in her seventies, and I had a moment of check yourself, I should know this already. So that seems like a very easy thing to remember. So everybody gets the one over the age of 65, you get two, and it doesn't matter what you no longer do, you have to worry about I was team A versus team B. As far as the mRNA vaccines, it's all everybody. They're great vaccines. The idea is just to get protection because there's so many considerations out there and barriers that we confront when we're speaking to patients and one of them being like, which one should I get at this point? That's a mood point. But when we're talking to patients about barriers and considerations, what comes up when your conversations with your patients?

Sarah McQueen (14:45):

So I think in all of us, I mean, nobody's going to be shocked at this. It is the miscommunication and the misinterpretation. I think so many of us were watching things as it happened, and there was just this communication gap between, so public health folks say things differently than clinical folks. And then even I'm in a rural practice and I really speak to my patients. I say sugar and not diabetes. And so we have this language that is familiar that we make sure I want my patients to understand what they're working with. And so I think there's just a lot of misunderstanding. There's definitely some

miscommunication. And so a lot of what we see is just this fear that has been propagated over just sometimes innocent misunderstanding. I think we also know, and it's been proven that a lot of things that have been propagated online are not true.

(15:45):

And so a lot of the anti-vaccine rhetoric really took place, especially with different types of vaccines, different manufacturers. There's all kinds of those issues. And I think a lot of study out there from the psychology aspect is once a person latches onto one conspiracy theory, whether it's flat earth or I didn't think that was real, I thought that was a joke and it is real. But once they latch onto one conspiracy theory, they're apt to latch onto others. And so that's also a scary thought because I don't think that I am in this vacuum. And so I'm like, oh, what conspiracy theories have I latched onto? And Oh man, please, I don't want another one. And so you think about that, and I think so. And you're on social media and eventually the downside of social media, while, I mean there's lots, but we get into an echo chamber on social media that you're only following people that speak the things that you like to hear.

(16:48):

You're only speaking things that your followers like to hear. And so you're not hearing outside stories. You're not hearing outside arguments. And sometimes that prevents truth, but sometimes it just prevents a different side. And sometimes just seeing a different side makes a difference. And I think it's the language we use of like, oh, I'm going to own them. All of the click bait stuff of take down scientists takes down doctor or whatever. I mean, it's just so much ick out there that I think our patients get wrapped up with. And then even our other, we are not immune. Our other clinicians out there, other PAs out there are just as susceptible to these things because it looks important, it looks scary. And I think I read someone had mentioned just because you know how to read a scientific article doesn't mean you know how to understand it.

(17:48):

And so there's a different teaching of how do you pick out the flaws? How do you find those flaws? How do you measure the flaws? Because everything we do has some certain amount of flaws, some certain amount of uncertainty, bias. We try really hard not to, but it's all there. And so I think those are all things that I hear is just, they're scared, it's dangerous. I don't want to die. And that is just, I think I hear that more. It's a much quieter voice of I'm young, I don't need to worry about it. I think that's still there of I'm fine. It's just a cold. And for most it is. But I mean, I have several young patients who said the same thing, no comorbidities. And they were in ICU for weeks on ventilators. And so it does happen. But I think those are the voices that I hear. Do you hear any different ones in your practice?

Isabel Valdez (18:49):

I hear 'em in Spanish. Everything you said and in Spanish, right? Like I mentioned my patient, I saw a lady on tv. I'm like, me too. Watch me. I think a lot of the, it's the health literacy component of it and trying to meet our patients where they're at as a strategy to kind of help them understand the why and making it personal. I don't want you to be the grandparent that cannot make the quinceanera, that cannot make it to the birthday party because you're so sick from covid having affected your lungs from a really bad pneumonia that you miss out on these important events or you can't dance at a party because I'm looking at the grandparents. You can't dance at the parties or you can't chase after your grandkids, the grandpa and the grandpa that I want you to be. I want you to be the chases and dances at the gatherings because that's who you want to be.

(19:42):

And this disease can prevent you from that. And that's where I always say, think on it, sleep on it, pray on it, and ask us questions. Don't go online. Avoid talking to the very same question you were going to ask your friend, your neighbor, the very same question we Google, send me a message on our electronic portal. Come follow up with me. Ask me that question. Like making ourselves an ally in their education so that we can hopefully dispel that very myth that they're about to look up and maybe catch it before they read it. It's like if you can type it on Google, you can type it as a message to me in your portal. It's the same thing, just a different site. And reach out to me and making ourselves available for those questions. Because one of the reasons that I think you and I have talked about this before we became PAs because we like to educate our patients, empower them with the information, empower them with education. And that's maybe one of the, not only the myth that I'm seeing, the hearing this, like I said, same as you, but one of the strategies that I'm trying to use, I'm sure there's so many other strategies that are out there. What kind of strategies have you used to help you with getting those numbers up on those vaccines? Those numbers are not, I'm afraid they're not going to get better. So what have you used?

Sarah McQueen (21:00):

So yeah, I know there is this fear of what can we do? Can we make this better? So we all practice differently. Some of us, I mean we're all professional, but I think I am just definitely on level and telling personal stories. That is how I practice and try to relate. And so I have patients who've been seeing me for years. I've seen their whole family. And so if they hear somebody else say something, but we contradict that, we do get a little bit more ear. We do have a little louder voice, I think sometimes just because we have that relationship. And so that is why a strong recommendation from providers is the most important thing that you can do. Because even though we all have those visits where we go, oh my gosh, why do I even do this anymore? Nobody listens to me.

(21:49):

People do listen. So these strong recommendations are important, but the story that I always tell in the trials, nobody got placebo. And I'll say, oh, no, no, no. I did. My husband and I were both in trials, we were different camps in our vaccine trials. And I did it because I wanted to make Dr. Fauci proud, but my husband did it because he wanted to buy a new guitar. And so we were involved in those trials and we both got placebo and we knew it, right? We were like, and I was bummed. I was really bummed because I thought, man, I could get it. I could be safer for my patients and really see what it was like. But we both got placebo, and so no arm pain for weeks we're taking our temperature and we had different measurements that we had to journal and put into an app, and then people would call us and check on us and those types of things.

(22:39):

And so I say, no, no, no. Listen, I was in those trials. I got placebo. I can show you the paperwork. And there have been a few. They're like, oh, really? Yeah, really? And so you can sometimes change the narrative of what folks have heard. And so I do think that's helpful. I also share of, I go into the nursing home and living some of those moments that I had watching my patients pass away, about 30% of my nursing home patient panel died in the first wave. And it was just this breaking heartbreaking moment for families and for me and just knowing what could we have done differently? And so I take that to them and I say, listen, I just want to know at the end of the day that I've done everything I can to be safe, to be safe for myself, to be safe for you, to be safe for my family.

(23:35):

And part of that is getting this vaccine. And so at the end of the day, what is it that you need to say to be comfortable with your level of prevention to any of these diseases? And sometimes that helps. And we

always assess every patient that walks in our clinic, no matter what it's for, whether it's her knee laceration, they get their immunizations checked. And so we're always having that conversation. It starts with the MA or the nurse that rooms them. They're having that conversation. Then I come in and, oh, it looks like you refuse this vaccine. You want to talk about it. Sometimes it's no, and if it's no, it's no. And we keep going sometimes. Yes. And those are the good moments. You may not get a vaccine out of it, but you try. And so that's been great, giving our nurses the ability to just give vaccines.

(24:28):

We have the standing order, and so anybody can come in. The nurses just give it. We don't have to do an order in that clinic. And the CDC has these great PDFs that you could just print off for each vaccine, and that way your clinic can have standing orders. Anybody can just walk in and get a vaccine. And that has helped a ton. And again, really just a strong recommendation of like, look, I care about your health. I care about your finances. I care about all of the activities that you want to do with your family. I really think you should get this vaccine. That strong recommendation is really, really important. What about you? What things have you come across?

Isabel Valdez (25:11):

You're saying exactly what? Something that actually, there's evidence that supports that. When a patient hears it from their provider, they're more likely to do it. And when I read that and I heard that, I'm like, that's not true because I do feel like I'm sometimes screening into a void. Please get your shots. And it doesn't happen. But it's so true that when they hear from us, people that see them day in, day out, who treat them for everything from the common cold to their tummy ache, to yes, even their disease, their covid infections like this, they're going to hear us. They're going to listen to us. And in my case, also doing it in a language that they can understand and just staying with them in their literacy. But I think that that's a great takeaway right there. I think it's the best takeaway is that if your patients hear from you, they're more likely to do it and to make ourselves available for those conversations.

(26:03):

The COVID-19 numbers are still really going up, not just with outpatient visits, but with hospitalizations and death. I think one of the other takeaways we have from this is that vaccine rates are dwindling, especially in our adults over the age of 18. It's even lower in the minority population. So we are those stewards and we have experts among ourselves like you that teach people like me and the rest of our group, these strategies to help make this improve these vaccination rates and not just that, improve the overall health of our community and improve the burden that this disease has still on our medical infrastructure. Gosh, you've shared some really great stories, and I think those are the powerful stories that our patients here as. And I was also on the COVID-19 vaccine trial for an mRNA vaccine, and I got the shot and I got the active one, and I told my patients I did.

(27:02):

I was one of the Guinea pigs, and they look at me like, and how did you do? And of course our listeners don't know this, but I have very curly hair. And I told my patients straight in the face like, well, nothing really happened to me. I'm still here. My hair just got curlier. And one of my patients said, well, then I'll go ahead and get it myself. He was bald. Very sweet man. But it helped that little story, that little anecdote helped him, helped him see it. There was a connection there, and he got his vaccine along with his wife, who the appointment was actually with the wife. So little things like these that they hear from us when we connect with us, we are one sometimes the reason that they'll do these things because they're hearing it from us and having the relationships that we have. So any other takeaways that you can think of that you can share before we move on?

Sarah McQueen (27:51):

I think educating our patients with the information that we have is important. I think it's also sometimes we have to have a little bit of self-protection too. And so there are some hesitancy and causes for vaccine hesitancy that we can address, that we can educate to, and there are some that we can't. And so I think it's no one to hold 'em, no one to fold. And you just do what you can when you can with those that you can. But making sure as providers, that we really target our adult patients because even though we're not putting everybody off and exposed, folks aren't getting quarantined like we were doing before, you're still missing out on things. You're still at risk. The current visits I've seen with Covid are now not able to smell and not able to taste, which is kind of weird. It's kind of come back again like full circle. And so there are things that can affect people long-term that happen. And so just saying, look, at the end of the day, I just want you to be as healthy as you can be and protected as you can be. And I think this is really important for you.

Isabel Valdez (28:58):

I think that's great, and I am so grateful that we have you as our expert here, and because you're bringing your expertise as a vaccine connoisseur, but also you're bringing your expertise as a family medicine pa. You've created these relationships, and I'm so grateful to you to share those experiences with us. Thank you so much for being with us today, Sarah. And here's where we have an opportunity, right? COVID-19 is still with us. So we have every chance now to talk to our patients about getting vaccinated because again, evidence has shown that if they hear it from you, as your provider, as their trusted healthcare provider, they're more likely to do it. So thank you again to Sarah for being with us. And of course, thank you to your dear listeners for listening to this episode of Optimizing Immunization Practices, your Role, your Impact. Please tune into the other episodes in this series where we will provide an overview of adult vaccinations, discuss vaccine specific information about the other viruses out there, like influenza RSV and shingles, and the tetanus , diphtheria, or pertussis. You're going to find more information about this podcast and the entire list on aapa.org. Thank you, and we'll talk to you next time.