



MONDAYS WITH D^R MARK & D^R MICHAEL

Monday, August 11, 2025 | 1:00 – 2:00PM

TOPIC #50

Shots, Schedules & Sick Days:
A Fall Readiness Guide for Employers



Speakers:



Dr. Vin Gupta
Medical Analyst, *NBC News*
Major, *United States Air Force*
Reserves Medical Corp



Dr. Christopher Chen, MD, MBA
Medical Director for Medicaid
WA State Health Care Authority

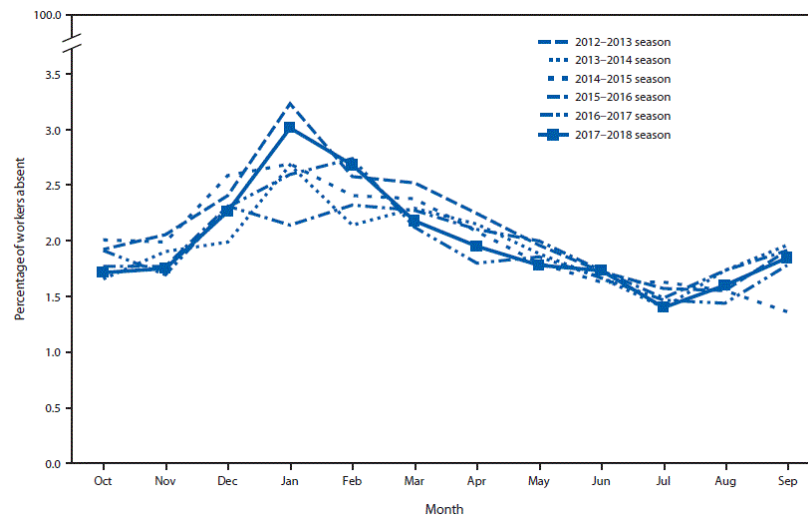
Today's agenda

- Importance of preventing respiratory illnesses
 - For employers
 - For Families
- Current vaccine landscape
 - Flu and RSV
 - COVID
- What employers can do



Importance of preventing respiratory illness for employers

- Employee absenteeism spikes during respiratory illness season, with impacts to productivity, healthcare costs¹
- According to a recent systematic review²:
 - Up to 75% employees missed work when they had flu/flu-like illness
 - Average time out of work was 2-3 days each time
 - People who were vaccinated against the flu missed less time from work compared to unvaccinated peers



¹ [Health-Related Workplace Absenteeism Among Full-Time Workers — United States, 2017–18 Influenza Season | CDC MMWR](#)

² Blanchet Zumofen, M.H., Frimpter, J. & Hansen, S.A. Impact of Influenza and Influenza-Like Illness on Work Productivity Outcomes: A Systematic Literature Review. *PharmacoEconomics* 41, 253–273 (2023). <https://doi.org/10.1007/s40273-022-01224-9>



Importance of preventing respiratory illness for families

- Pediatric vaccination recommended by the American Academy of Pediatrics against flu, COVID-19, and RSV to reduce severe disease/hospitalization and limit community spread
- RSV-related hospitalizations in infants **dropped 28–56%** in 2024–25 compared to pre-immunization years, with up to **71% reduction** among newborns under 2 months
- Palmer et al. CHIEF Study, which demonstrated that household **respiratory illnesses, particularly among children, are a significant driver of work absenteeism** among employed parents.
 - In this large prospective cohort, **61% of employees with children reported at least one child with influenza-like illness (ILI) during the season**, and these employees missed more workdays due to household member illness than those without an ill child.
 - Notably, **household member illnesses accounted for 17.7% of all employee absenteeism**, with over half attributable to acute respiratory illness in household members, especially children.^[1]



Current vaccine landscape

- Changes at the federal level including HHS, FDA, CDC
- ACIP changes including recommendations for COVID vaccine; flu and RSV relatively stable (see next)
- Subsequent commitments from multiple organizations to vaccine access and affordability, including AHIP, ACHP, AMA and 79 societies
- On the horizon: emerging science-based recommendations from professional associations, and other groups like the Vaccine Integrity Project



COVID-19 Vaccine

- What We Know:
 - Changes to recommendations for healthy children and pregnant women
- What We Expect:
 - Recommendations forthcoming from specialty medical societies
 - Manufacturers expect vaccines delivered to clinics & pharmacies as early as late Aug/early Sept
 - Possible changes to FDA label (e.g. age 65+, high-risk only)
- What We Don't Yet Know:
 - ACIP recommendations → Unknown timing for a meeting
 - “High risk” definition: Current CDC definition is broad, including mental health and cardiovascular conditions, pregnancy, and obesity
- What Does This Mean:
 - For patients: Confusion over who can receive the vaccine and where they can get it
 - For payers: can still cover with no cost sharing; Coverage requirements are tied to ACIP, which is the floor - not the ceiling
 - For providers: While physicians can choose to administer off-label, questions about pharmacists' scope of practice and use of standing orders (e.g., for nurse-only vaccine visits)



Flu and RSV

- Relatively stable recommendations
- Changes from last season:
 - Expanding adult RSV age range from 60+ to 50+
 - Universal flu recommendation
 - No thimerosal-containing flu vaccines (only ~4% of supply)
 - New RSV mAb: Clesrovimab (alternative for nirsevimab)

	Influenza	RSV	What has changed
Infants and Children	6mo-17 years Some children 6 months through 4 years may need multiple doses	All infants <8 months and children 8-19 months with risk factors should get nirsevimab or clesrovimab	Flu: No thimerosal-containing vaccines RSV: Clesrovimab is new TBD: Approval for flu eligibility recommendation and Clesrovimab
Pregnant Women	All	32-36 weeks gestation	Flu: No thimerosal-containing vaccines
Adults 18-49	All	See Pregnant Women	TBD: Approval for flu eligibility recommendation
Adults 50+	All High dose, recombinant, or adjuvanted preferred for 65+, if available	All adults 75+ and adults 50 through 74 years with risk factors should get a single lifetime dose	Flu: No thimerosal-containing vaccines RSV: Lowered eligibility age to 50 (from 60 y/o) TBD: Approval for flu eligibility recommendation

Detailed recs



Professional societies' recommendations

Population	Specialty Society	Likely Timing
Children and adolescents	AAP (American Academy of Pediatrics)	<u>Flu recommendations</u> available; COVID recommendations forthcoming in August
Pregnant women	SMFM (Society for Maternal-Fetal Medicine)	<u>Released updated guidelines</u> , recommending all 3 vaccines
Pregnant women	ACOG (American College of Obstetricians and Gynecologists)	Late August, early September
High-risk individuals	IDSA (Infectious Diseases Society of America)	Late August, early September
Healthy adults and geriatrics	ACP (American College of Physicians)	TBD

AMA and 79 medical societies call for availability without cost sharing: In June, AMA and 79 leading medical societies reaffirm their support for vaccination as the best way to protect against the flu, COVID-19, and RSV and their potentially serious complications. The organizations call on partners—insurers, hospitals, and public health agencies—to ensure these life-saving vaccines remain available to patients without cost sharing.



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What employers can do

- Leverage Benefits:
 - Continue coverage without cost-sharing for flu, RSV and COVID-19 immunizations
- Communicate:
 - Remind employees about back-to-school and adult vaccines, and coverage available under health plans
 - Promote EAPs and telehealth for family support
- Make it Easy:
 - Onsite flu/COVID clinics (include dependents if possible)
 - Provide info on where to get pediatric vaccines
 - Support Time Off: Flexible scheduling for family health appointments
- Stay Informed:
 - Sign up for weekly and breaking updates from the Common Health Coalition
 - Follow and connect with your local and state public health departments



Final Takeaway



Healthy
kids

Healthy
parents

Healthy
workplaces



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Questions

Upcoming NEBGH events:

- **August 12** – AI That Delivers: Real-World Results from Benefits & Employee Experience Teams in Action
- **August 26** – The Real Rx Problem – and What HR Can Do About It
- **September 8** – Mondays with Dr. Mark & Dr. Michael
- **September 9** - Beyond the Headlines: What Employers Need to Know About Vaccines This Fall
- **September 18** – 2025 Pharmacy Benefits Conference
- **November 13** – The Cancer Care Continuum: Supporting Employees Through the Cancer Journey

