NINA MOINI: Well, it was a deceptively warm weekend that felt like one last gasp of summer. But still, we are in deep autumn, also known as the start of cold and flu season. Some public health experts say rates of respiratory illness have picked up earlier than usual this year in parts of the US.

Walgreens sales of cold and flu medicine are up more than 20% compared to this time last year. That's according to ABC News. And doctors are recommending getting vaccinated against viruses like flu, COVID-19, and RSV sometime soon. For more information, we reached out to Katherine Montag Schafer. She's a pharmacist and associate professor in the University of Minnesota's Department of Family Medicine and Community Health. Thanks very much for your time, Professor.

KATHERINE SCHAFER: Thanks so much for having me.

NINA MOINI: I mean, it is cold and flu season and it snuck up on us here. Do you hear reports of an earlier flu season, some areas of the country? Does that line up with what you're seeing and hearing about?

KATHERINE SCHAFER: I feel like since we've experienced the COVID-19 pandemic, I feel like we're always on the verge of starting to test for COVID, flu, and RSV. So that has begun in our practice settings.

NINA MOINI: Can you break down which vaccines are recommended this fall and for whom?

KATHERINE SCHAFER: Sure. Maybe starting with influenza. The vaccines recommendations haven't changed in that everyone, six months of age and older, is recommended to get an updated influenza vaccine dose. Ideally, those are received before the end of October, so it has time to work before that flu season really spikes.

COVID-19-- these recommendations are a little bit more fluid, but generally, it continues to be recommended that all adults age 18 and older receive a dose of the COVID-19 vaccine. The 26/27 vaccine has been updated to address the strains that are known to be circulating. And maybe of note, this follows the same window of opportunity that we commonly think of for influenza. So these can be given at the same time.

Maybe calling out those older adults, those 65 years of age and older, it is recommended that they receive a second dose of COVID-19 vaccination about six months apart. So that's maybe a nuance. And then RSV also continues to be the same this year in that everyone 75 years of age and older receive that single-dose. Commonly, it's lumped in to be thought of as an annual vaccine, but it's just a one-time dose.

NINA MOINI: Thank you for that. I want to break some of that down. You mentioned definitely trying to get the shots by the end of October. Can you talk about what the best time to get vaccinated and against flu and COVID-19 is? So you're saying definitely by October, but when is the ideal time, and does it last through the entirety of that season? Because sometimes May or June can sneak up on you.

KATHERINE SCHAFER: So we don't have a crystal ball to exactly when the rates of illness will be at their highest. But it's generally recommended that we have our doses received by the end of October so that we can be prepared-- our immune system can be prepared to protect us for those surges that may happen November, December, or January.

NINA MOINI: Because it takes a few weeks, right?

KATHERINE SCHAFER: Yeah, exactly. About two weeks is considered that time needed for the vaccine to help our immune system be prepared.

NINA MOINI: I think when it comes to some of the recommendations you're talking about the COVID-19 vaccine, our team was sitting and wondering. We're starting to hear anecdotally for more people who are saying, I'm going to skip this year's booster. Oh, it made me feel rough for a couple of days last year, that type of thing. What are the recommendations right now around the COVID-19 boosters? I know you said it's a little bit more fluid, but what do you recommend? What's best practice?

KATHERINE SCHAFER: I think, like we know, these viruses, just a part of their evolution is that they mutate. And so it is recommended that we continue to get these boosters, because these boosters have been formulated to target these strains that are in the environment. And those side effects of feeling fatigue, malaise, a sore arm, those are just sometimes anticipated side effects. We should prepare for them and just help us have peace of mind to know that they're temporary, they will go away.

NINA MOINI: What about the six months apart? Can you talk a little bit about seniors and why those specific recommendations exist?

KATHERINE SCHAFER: Yeah. Our very young and maybe older populations, our immune system just operates differently at different times in life. So this older adult population above 65 years, the two doses is recommended just to make sure that their immune system is properly prepared as they may not receive an adequate response from a single dose.

NINA MOINI: If you do have soreness, fatigue, a lot of folks will say, well, that means you're building immunity. It's kind of supposed to be working. What about folks who think, OK, this is not normal. It's been a few days. What do you recommend for folks to do when they are dealing with any side effects that may last longer?

KATHERINE SCHAFER: Yeah, absolutely. I think that's a great time to partner with your primary care provider or your community pharmacist to really understand, is this from the vaccine or could this be something else? And both of those practice settings, if it is thought to be something from the vaccine, we can submit that as a vaccine adverse event, and those are reported and collected nationwide to help us better understand trends across the country.

NINA MOINI: So the Centers for Disease Control and Prevention, the CDC, has not been encouraging people to get flu vaccines as it has in past years. This is reporting from NPR. The CDC told NPR it's working on a communication strategy. They say, quote, "includes information about the benefits and risks of vaccination to support informed decision-making." Where do you go for the latest guidance to share with patients and students?

KATHERINE SCHAFER: That is a really good question. I think the CDC has been our landing page for the longest time for these recommendations. But in the past year or so, you're right. In our practice, we've switched to other reporting bodies like the American Academy of Pediatrics, the American Academy of Family Physicians as they provide recommendations for these populations.

NINA MOINI: Let's talk really touch really quick on the measles vaccine. Fillmore County, here in Southeast part of the state, reported six confirmed cases of measles in people who were unvaccinated for measles. On Friday, Todd County in Central Minnesota reported several cases of suspected measles-- don't have a specific number there yet. Can you talk a little bit about the importance of getting that measles vaccine, especially with school up and running and how fast that can spread?

KATHERINE SCHAFER: I think these cases are just an example of how because of reduced vaccination rates, we've reduced our ability to have herd immunity or community immunity. And so the MMR, or Measles, Mumps, Rubella Vaccination, is a two-dose series that's recommended typically as a child between 12 and 15 months, and then a second dose between the ages of four and six years old. And so if at any time, one of those doses was missed or chosen not to get at that time, the vaccination series can be completed at any time.

NINA MOINI: So I wonder, in your work, family medicine, community health and some of the conflicting messaging that has emerged and some of the misinformation that has emerged around vaccinations, do you feel like in your area of study that people-- are people wanting more autonomy? Are people being hit with a lot of misinformation? Should people change the messaging around vaccines to keep up with the times of 2026? What are your thoughts on that from an academic perspective?

KATHERINE SCHAFER: I guess what we know about vaccine hesitancy or that maybe resistance to want to get vaccinated, the best strategy that we have is to build that relationship and build trust so we can better understand the concerns that individuals have and work to address their specific concerns rather than come at them with a sales pitch of these are the best things we have in public health. We want to be specific and answer their specific concerns.

NINA MOINI: I like what you're saying about talking to the individual, really listening that kind of one on one work, as I'm sure, where a lot of that decision-making can happen. Just lastly, if folks have not seen opportunities to get flu and COVID shots easily, where do you recommend folks go and look?

KATHERINE SCHAFER: I would say the community pharmacists in your communities are such a great place to go and get vaccinated. The laws over the years have really broadened the number of individuals who can receive vaccines in a community, setting down to pediatric patients. So that really helps to make vaccines more available. But obviously your primary care provider office is another great place to call because there's usually openings for vaccine appointments.

NINA MOINI: Katherine, thanks so much for your time and breaking down this important information with us. We really appreciate it.

KATHERINE SCHAFER: Thank you so much.

NINA MOINI: Katherine Montag Schafer is a pharmacist and associate professor in the Department of Family Medicine and Community Health at the University of Minnesota.