

How Many Flu Shots Do YOU Need?

BY APRIL RUBIN M.D.

“The plague took off in September of that year, and when it was over, half a million Americans would lie dead. ... And no matter where it struck, the virus went after an unusual group—young adults who generally are spared the ravages of infectious diseases. The death curves were W-shaped, with peaks for the babies and toddlers under age 5, the elderly who were aged 70 to 74, and people aged 20 to 40.”
 – Gina Kolata, *Flu*, page 5

No, this is not a quote from a science fiction novel, and it is not about the Middle Ages. It is about the 1918 influenza epidemic, less than a century ago, right here in the United States. Deaths were particularly worrisome in urban centers where people lived in close quarters, used public transportation, worked in large buildings and came in close contact with hundreds of people every day. This sounds like Capitol Hill today, doesn't it? We congregate at Eastern market, ride the Metro and work in offices with scores of others. We spend our lives in a veritable breeding ground for viral infections such as the flu.

Science has advanced in the past 100 years so that now, through vaccinations, we may be able to prevent a flu epidemic like the one Kolata described, as well as many other infectious diseases that killed many in the past. The bad news is that, while childhood immunization rates are at an all-time high, many adults don't realize they need to get vaccines. Each year in the United States, vaccine-preventable diseases claim the lives of 500 children and approximately 50,000 adults. That's right: 50,000. Yet the prime culprit isn't some new

or exotic disease like swine flu, its just plain old regular seasonal flu.

Plain old flu is the biggest killer

Influenza (the flu) is getting a lot of media attention this year with the advent of H1N1 swine flu. But the flu is a big killer in this country every year, and most of these deaths are preventable if people just got recommended vaccinations.

Influenza viruses spread from infected persons to the nose and throat of others by coughing, sneezing or merely talking in close proximity. Once the virus has been inhaled, the incubation period is 1-3 days. After this short incubation period, the sufferer develops acute onset of fever, chills, headache, muscle pains, low back pain and fatigue. The headache and muscle pain tend to increase in intensity with exacerbation of the fever. Resolution of the fever is associated with a cough, runny nose and sore throat.

One of the reasons influenza remains such a big problem is that the viruses responsible for it frequently mutate or change. Thus, new vaccines must be prepared in anticipation of the viral strains which are expected to prevail during the winter

flu season. This is done by replacing at least one of the vaccine viruses in previous flu shots with a newer one. This year, as in the past, a new vaccine has been prepared in anticipation of the viral strains expected to prevail during our “seasonal flu” epidemic. My understanding is that our own Grubb's Pharmacy on the Hill will be offering discounted seasonal flu shots this winter.

The complicating factor this year is that another strain, the H1N1 swine flu, first appeared this spring, too late for inclusion in this year's flu shot which already was in production. The vaccine against this new strain is still being made, so it is too late to incorporate it into the seasonal flu vaccine. Rather, it will be a separate vaccine, and it will not be available until October.

Influenza remains a major problem, both worldwide and in this country. It doesn't just make you feel miserable -- it can kill you. Every year in the United States approximately 200,000 people are hospitalized and approximately 35,000 people die from severe pneumonia caused by influenza. While we are all concerned about the H1N1 flu this year, we must also be concerned about the seasonal flu which occurs every year. Probably more people will die from the seasonal flu than from H1N1 flu.

So what should we do this year? Many of us should get both the vaccine for the seasonal flu as well as the one for the H1N1 flu when it becomes available. Yes, two different shots. But not all of us need both shots, and some of those at greatest risk of complications from seasonal flu are relatively immune to H1N1 flu and need not receive that immunization.

Everyone sixty-five years of age or older should receive the vaccine for the seasonal flu. Other vulnerable individuals, including nursing home residents and those with asthma, renal disease, diabetes, sickle cell anemia, and those whose immune system is suppressed also should receive the vaccine. Women in the second and third trimester of pregnancy should

receive the vaccine. Health care workers who have extensive contact with high-risk patients should have annual vaccination.

However, anyone who was alive in 1957 is probably relatively protected from H1N1 flu and need not be immunized against it. This is because the H1N1 flu is similar to the strain of flu which caused illness in many in 1957. Thus, the H1N1 flu affected mostly younger individuals this spring.

Given the late onset this year of the H1N1 swine flu and the consequent late start in producing the vaccine, there will not be sufficient doses available for everyone this fall. So a priority list has been developed. Those with the highest susceptibility are in the highest priority. Everyone in this category should get the swine flu shot (although there may not be sufficient vaccine doses available even for this more limited sector of the population). This highest priority includes children and youths up to age 25, health care workers, pregnant women and those with any medical condition (which are the same as for the regular flu shot) which makes them at higher risk for influenza of any type or strain.

So this year getting vaccinated for the flu becomes more complicated. Some require no vaccine, some need one and some need to be vaccinated for both the seasonal flu and H1N1 flu. Check with your physician as to which category you are in, but don't assume that just because you have had one flu vaccine you are protected against both swine flu and seasonal flu.

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