Hepatitis C and Flu Shots

September 17, 2014 By Lucinda K. Porter RN

It's that time of year when each of us is confronted with a choice: should I get a flu shot? This decision is especially important to those living with a chronic condition, such as hepatitis C. Influenza, aka the "flu," affects an average of 5% to 20% of the United States' population. The flu is not just a bad cold - it is a potentially serious illness.
If you are on the fence about whether or not to get a flu shot, consider these points:

- Your chances of dying from the flu may be greater than from dying of hepatitis C.
- Influenza is preventable. If you didn't have hepatitis C and there was a vaccine for it, would you get it?
- Most doctors recommend flu shots. I asked three well-known hepatologists if they recommend the flu shot to patients on current hepatitis C treatment, and they all said "yes."
- Most of the horror stories we hear about flu shots are urban myths.

According to the Centers for Disease Control and Prevention (CDC), every year more than 200,000 people are hospitalized and depending on the strain, 3,000 to 49,000 people die from flu-related complications. Infants, young children, elderly and people with certain health conditions such as liver disease are at the greatest risk for serious complications.
The best way to prevent passing the flu is by not getting it. The best way to avoid getting the flu is through vaccination. Contrary to popular myths, vaccination does not give us the flu--it protects us from getting it.
The CDC recommends annual flu shots for everyone over the age of 6 months, unless you have had a severe allergic reaction to a prior flu shot. The formulation of the flu shot changes every year to protect people from current strains. This year there are six flu vaccines from which to choose:

- The standard trivalent shot - protects against three strains of flu; approved for people 18 and older
- An egg-free trivalent shot for those who are allergic to egg proteins - approved for people 18 through 49 years of age
- A standard dose micro-needle trivalent shot, which is injected into the skin instead of the

muscle and uses a much smaller needle than the regular shot - less painful, but more costly; approved for people 18 through 64 years of age

- A high-dose trivalent shot - Higher dose for older immune systems which don’t always mount a strong immune response; approved for people 65 and older
- The standard quadrivalent shot - protects against four strains of flu
- The quadrivalent nasal spray - protects against four strains of flu; approved for healthy people 2 through 49 years of age

The flu shot contains “killed” virus. The only side effects are a sore, possibly red injection site, aches, and possibly a low-grade fever caused by your body’s immune response. The nasal spray vaccine contains live, weakened virus. Unlike the flu shot, the spray can cause mild flu-like symptoms and intensify asthma. Both types provide flu protection approximately 2 weeks after administered. It is best to get the shot as soon as it is available; October is optimal. Getting a flu shot in December or later is better than not getting one at all.
Those who should not get a flu shot are:

- Children younger than 6 months of age.
- People who have had a severe allergic reaction to influenza vaccine
- People who have a moderate-to-severe illness with or without a fever (they should wait until they recover to get vaccinated)
- People with a history of Guillain-BarrÃ© Syndrome that occurred after receiving influenza vaccine and who are not at risk for severe illness from flu should generally not receive vaccine. A doctor will help them decide whether the vaccine is recommended.

Getting a flu shot is incredibly easy. This week I walked in to my local chain-pharmacy and requested one. My insurance paid all of it. It’s a good deal.
Now if they could only develop a hepatitis C vaccine...

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