

This year, Ted Spader will be offering immunizations to the congregation of Grace Lutheran on October 21st. Unlike past years, he will be offering Flu shots, Pneumonia shots and Shingles shots. All may be done at one sitting. A consent form is necessary to be filled out prior to the immunization day and a copy of the patient's insurance card is necessary. Unfortunately, not all immunizations are covered by all insurance and he will let you know the costs prior to giving the shots. Most flu shots are covered.

Flu (Influenza)

So what is the difference between the flu shots? Typically, there are 2 types. The HD or high dose is a vaccine that contains four times the amount of antigen (the part of the vaccine that prompts the body to make antibody) contained in regular flu shots. The additional antigen is intended to create a stronger immune response (more antibody) in the person, over 65, getting the vaccine. Human immune defenses become weaker with age, which places older people at greater risk of severe illness from influenza. Also, ageing decreases the body's ability to have a good immune response after getting influenza vaccine. A higher dose of antigen in the vaccine is supposed to give older people a better immune response, and therefore, better protection against flu.

The second type of flu shot is the QUAD or quadrivalent injection consisting of 4 strains of flu (two A and two B types). It is given to patients greater than 14 years old. For years, flu vaccines were designed to protect against three different flu viruses (trivalent). Trivalent vaccines include an influenza A (H1N1) virus, an influenza A (H3N2) virus and one influenza B virus. Experts had to choose one B virus, even though there are two different lineages of B viruses that both circulate during most seasons. This meant the vaccine did not protect against the group of B viruses not included in the vaccine. Adding another B virus to the vaccine aims to give broader protection against circulating flu viruses.

First of all, any flu shot that you get will not cause you to get the flu. Period. Once given, it takes about 2 weeks for full effectiveness to be achieved. All of the shots are Inactivated or attenuated and are not living. The potential side effects include soreness/redness at the sight of the injection, low-grade fever and aches. People who have egg allergies can receive any of the flu shots that are offered due to the minute amounts of egg used in the preparation. Those with severe egg allergies should have the injection done in a medical setting.

Pneumonia

"I got the pneumonia shot already. Why do I need another one and which do I need?" Most pharmacists hear this at least once a day. Yes it is confusing.

Pneumonia is an infection of the lungs and can be caused by virus or bacteria. In the case of viral pneumonia or influenza, see the above discussion. Bacterial infections come mainly from the streptococcus pneumonia. The CDC recommends a vaccination for all people over 65 and under 65 in certain cases. The are 2 basic

pneumonia injections. Prevnar 13 is suggested for everybody over 65 and people between 19 and 64 if they have chronic illnesses like chronic heart, liver, kidney, or lung [including chronic obstructive lung disease, emphysema, and asthma] disease; diabetes; or alcoholism. People under 65 can also get it if they are immune-compromised (weakened immune system-AIDS/HIV or cancer), people with cochlear implants or smokers. The Pneumovax 23 is also given to the same patients. Here is where the confusion sets in.

IF:

You **never got a pneumonia shot and are over 65**, get a Prevnar 13 and a year later, get the Pneumovax 23

You **have previously received one dose of Pneumovax 23**, ACIP recommends: a dose of Prevnar 13 no sooner than one year after the Pneumovax 23 dose, a second dose of Pneumovax 23 no sooner than five years after the initial Pneumovax 23 dose and after allowing at least eight weeks to pass following the Prevnar 13 dose

You **don't remember**, assume you never had it and start with Prevnar 13
Side effects are minimal with both but include fatigue, muscle aches, rash, soreness at the sight of the injection, chills and lack of appetite.

Shingles

Shingles is a viral infection that causes a painful rash. Although shingles can occur anywhere on your body, it most often appears as a single stripe of blisters that wraps around either the left or the right side of your torso. Shingles is caused by the varicella-zoster virus — the same virus that causes chickenpox. After you've had chickenpox, the virus lies inactive in nerve tissue near your spinal cord and brain. Years later, the virus may reactivate as shingles. While it isn't a life-threatening condition, shingles can be very painful. Vaccines can help reduce the risk of shingles, while early treatment can help shorten a shingles infection and lessen the chance of complications.

If you received a shingles shot before 2017 it was the Zostavax, which was approved by the Food and Drug Administration (FDA) in 2006, and had been shown to offer protection against shingles for about five years. It's a live vaccine given as a single injection, usually in the upper arm. Shingrix was approved by the FDA in 2017 and is the preferred alternative to Zostavax. Studies suggest Shingrix offers protection against shingles beyond five years. It's a nonliving vaccine made of a virus component, and is given in two doses, with two to six months between doses. Shingrix is approved and recommended for people age 50 and older, including those who've previously received Zostavax. The most common side effects of Shingrix include redness at the sight of the injection, fatigues, aches, fever/sweats or headache, all of which disappears within a day or 2.