

What's new with this year's flu?

Did the flu knock you flat last year? Count yourself among the tens of thousands hit by one of the worst flu seasons in the U.S. in 15 years. The rate of flu-related hospitalizations among people age 65 and older was the highest since officials began tracking laboratory-confirmed cases in 2005. The flu strain that predominated last year typically causes more hospitalizations and deaths than others do—and, unfortunately, it's expected to be one of the strains going around this winter. The best way to protect yourself is no surprise—you need to get vaccinated, and soon.

WHY THE FLU IS SO MUCH WORSE THAN A COLD

You wake up and there it is: Scratchy throat, headache, a fever of 100° F or more, severe achiness, extreme exhaustion. Influenza usually comes on swiftly, with much more intense—and longer-lasting—symptoms than a typical cold. Spread through airborne droplets spewed by coughing and sneezing, the flu thrives during the winter months, in part because virus particles survive better in drier, colder weather, and because people spend more time in enclosed spaces together (offices, schools, homes), making it easier for the virus to spread.

For most of us, the flu lasts a very unpleasant week to 10 days. But for adults 65 and older and children under age 5, the risk of suffering from serious flu-related complications—such as pneumonia and bronchitis—are much higher. About 90 percent of all flu-related deaths occur in people 65 and older.

Those suffering from chronic illnesses, such as asthma, diabetes, emphysema, heart disease, and kidney disease, are also more vulnerable to flu complications, as are pregnant women. (Experts think that the surge in estrogen and progesterone at the end of a woman's first trimester causes a reduction in the number of infection-fighting T- cells that circulate in her blood.)

FLU VACCINE 101

According to the Centers for Disease Control and Prevention (CDC), everyone (including babies 6 months and older) should get some form of flu vaccine. Vaccines prevent the illness about 50 to 80 percent of the time in adults under age 60, and about 40 to 60 percent of the time in those 65 and older. (Older adults' immune systems respond less strongly to the vaccine.) While those prevention rates may not sound so high, if you get vaccinated and still come down with the flu you'll probably have a milder case, which means less chance of suffering serious complications.

The degree of effectiveness of flu vaccines each year depends on how well the strains of flu virus used to make the vaccines match those that actually emerge during the flu season. Vaccine makers generally rely on predictions by the World Health Organization, Food and Drug Administration, and CDC about which strains are most likely to circulate next. This year's standard vaccine is being formulated to trigger immunity to the influenza A (1-13N2) strain, which caused so much misery last year, along with two other flu strains that also circulated widely.

Keep in mind that it takes about two weeks for the flu vaccine to trigger the buildup of antibodies that provide you with protection, so the sooner you get inoculated, the better. Typically, the vaccine protects you for six to eight months. Vaccine side effects are uncommon and usually

mild; they consist of soreness or redness at the injection site, body aches, and/or a low fever lasting a day or two. Doctors have reported rare cases of serious allergic reactions to flu vaccines.

Where to get your vaccine? According to William Schaffner, M.D., professor and chairman of the preventive medicine department at the Vanderbilt University School of Medicine in Nashville, Tenn., the most convenient place—be it your doctor's office, a pharmacy, or at work—is the best place to get vaccinated because there's less chance you'll blow it off. Just make sure that the location you select accepts your health insurance.

Unfortunately, as we went to press in October, the 2013-2014 flu season appeared to be getting off to an early start, with several states reporting cases and some flu-related hospitalizations. But there is good news: Vaccine manufacturers have reported no production problems with the standard vaccine, so supplies are expected to be abundant and widely available.

THE RIGHT VACCINE FOR YOU

The best, most effective choice for most people is still the standard vaccine. But there are other options, which may be good choices for some people. Several of those options have, for the first time this year, come out as "quadrivalent," meaning that they trigger immunity to four viral strains rather than the standard three, potentially providing broader protection. Those quadrivalent vaccines may not be available everywhere this flu season because manufacturers are still ramping up production. Check with your doctor to see if it's vital for you to receive one of those quadrivalent vaccines or if the standard version is sufficient.

Here are some other options and which might be candidates:

For people afraid of needles

FluMist, Fluzone Intradermal. FluMist is a nasal spray. Fluzone I uses a tiny needle to inject vaccine just under the skin, not deep into the muscle as is required for standard flu shots. FluMist is approved for those age 2 to 49, Fluzone for those age 18 to 64.

Limitations: FluMist uses a weakened but still active flu virus, so it's not recommended for pregnant women, people with suppressed immune systems, and those caring for those high risk people. Fluzone shots can cause temporary redness and swelling at the injection site.

For adults with egg allergies

FluBlok: Made with a genetically engineered insect virus rather than grown in chicken eggs (the way the standard vaccine is prepared).

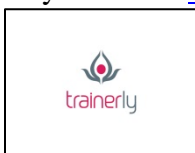
Limitations: It's approved only for adults through age 49, and this is its first year in the U.S., so little is known about its safety and effectiveness.

ONE VACCINE TO SKIP

Marketed to people with compromised immune systems, Fluzone High-Dose contains four times the dose of flu antigen, the ingredient that prompts your body to make protective antibodies against the virus. But it is not known if that translates into fewer cases of the flu. A study is under way now to answer that question, and results should be out in 2015 or later. The vaccine is also more likely to cause fever, headaches, muscle aches, and soreness at the injection site than the standard shot.

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