



Influenza and Pneumovax Immunizations for ALS

Flu shots are highly recommended for people living with ALS, their caregivers and anyone who comes in regular contact with a person living with ALS because the flu can lead to serious, life-threatening problems, such as pneumonia. At least 45,000 Americans die each year from influenza and pneumonia. Combined, the two conditions are the sixth leading cause of death in the United States. Ninety percent of these deaths are among people 65 and older.

There are a large number of different viruses that can cause a flu-like illness or the common cold. The flu shot provides protection from influenza, but not the many other respiratory virus infections. Some people will still get the flu even though they've had the influenza immunization, but it will usually be a milder case.

New:
[Information about the H1N1 \(swine flu\) virus.](#)

The influenza immunization is highly recommended because the flu virus may increase the production of thick mucus secretions in the respiratory tract. This creates a problem for people living with ALS who may have an impaired ability to cough productively. A person with a weak cough may have difficulty moving these secretions along and may feel as if he/she is choking.

Viruses can be transmitted in one of two ways: 1) touching respiratory secretions on a person's skin (when shaking hands) or on environmental surfaces (doorknobs or handrails) and then touching the eyes, nose or mouth; or 2) inhaling infectious particles in the air (respiratory secretions from a cough or sneeze).

Hand washing is the best way to avoid contamination with the flu virus, along with not touching the nose, eyes or mouth. Other helpful measures include avoiding close exposure to people with the flu and always sneezing or coughing into a tissue and immediately throwing it away. Caregivers, family members and visiting friends who have an active flu virus may wear a facemask if they have close contact with someone living with ALS, but this may not be sufficient to prevent infection. Washing hands regularly is also recommended. During the winter months, when the influenza virus typically spreads, try to avoid being in crowds; and plan to do holiday shopping early to avoid crowds.

The most important tool for fighting the ever-changing flu virus is immunization. It is strongly recommended that people living with ALS, and other neuromuscular diseases, their caregivers, and anyone who has regular contact with a person with ALS, obtain these immunizations:

- <> **Influenza immunization every year in October or November**
- <> **Pneumovax immunization (this should be repeated once after five years)**

People allergic to eggs, who have an acute respiratory illness or are pregnant should consult their health care providers about being vaccinated. Be sure to ask the advice of a health care provider





before getting a flu shot. Check with your doctor or your local Health Department for availability of the vaccine in your area.

For more information, check the following web sites:

CDC adult immunization schedule for 2003-2004

<http://www.cdc.gov/nip/recs/adult-schedule.pdf>

The American Medical Association (AMA) and the Centers for Disease Control and Prevention (CDC) co-sponsored the 2003 National Influenza Summit in Chicago, Illinois on May 20-21, 2003.

<http://www.ama-assn.org/ama/pub/article/1826-7688.html>

Immunization action coalition, a 501 (c) 3 nonprofit organization, which works to increase immunization rates and prevent disease by creating and distributing educational materials for health professionals and the public that enhance the delivery of safe and effective immunization services.

<http://www.immunize.org/influenza/>

By Edward Anthony Oppenheimer, M.D., F.C.C.P., and the Greater Los Angeles Chapter of The ALS Association.

The ALS Association thanks Dr. Oppenheimer and the Greater Los Angeles Chapter of The ALS Association for their contributions to this FYI.

Information about the H1N1 (swine flu) vaccine

Written by Edward Kasarskis, M.D., Ph.D. is Director of the University of Kentucky Neuroscience Center ALS Multidisciplinary Center in Lexington, Kentucky, professor in the Department of Neurology at the University of Kentucky, and Chief of Neurology at the VA Medical Center in Lexington KY.

Q: I'm wondering if people with ALS should get the seasonal flu **and** the H1N1 vaccines this year?

Dr. Kasarskis: The short answer is *yes*.

People with ALS are already at increased risk for respiratory problems associated with viral and bacterial infection, and the flu can deliver a harsh blow. I'm already seeing some people in my community with H1N1 and it causes a decreased appetite and a severe cough, both of which are significant problems for people with ALS.

The H1N1 vaccine and the seasonal flu vaccine are two separate vaccines against different viruses. The H1N1 vaccine protects only against the new H1N1 influenza virus, which is the



The ALS Association, 27001 Agoura Road, Suite 250, Calabasas Hills, CA 91301-5104,
Phone: (800) 782-4747 / alsinfo@alsa-national.org / www.alsa.org



cause of swine flu. It does not protect against other strains of seasonal flu. The seasonal flu shot, which is offered every year, provides protection against an additional three common influenza viruses. Both vaccines are expected to reduce illness, limit hospitalizations, and potentially save lives.

Both these vaccines can be given as a nasal spray instead of an injection. The nasal spray contains a live but weakened virus, unlike the injection, which is made of inactivated pieces of the virus. The Centers for Disease Control (CDC) recommends that patients who receive the live nasal sprays for seasonal flu and H1N1 separate the two vaccines by four weeks. So get the seasonal flu immunization as soon as you can since it's widely available now. The H1N1 should be available in mid-October to people in high risk groups, such as people with ALS.

For the H1N1, the CDC recommends that people aged 25 through 64 years who have health conditions associated with higher risk of medical complications from influenza get the vaccine. That includes everyone with ALS (since they're also recommending people 6 months of age to 24 get the vaccine).

No shortage of 2009 H1N1 vaccine is expected, but vaccine availability and demand can be unpredictable and there is some possibility that initially, the vaccine will be available in limited quantities.

Anyone with an allergy to eggs should not receive the H1N1 vaccine, since chicken eggs are used in the manufacturing process. If you have a weakened immune system, you should not receive the live virus nasal spray; get the injection with the killed virus instead.

The side effects of the H1N1 vaccine are similar to those associated with seasonal flu vaccine: pain at the injection site, muscle aches, headaches, and malaise (feeling run down). Rarely, patients suffer severe allergic reactions to the vaccine.

Some people wonder about the downside of getting the H1N1 vaccine. Since this is a new vaccine, there are no data yet from large numbers of vaccinated people, and there is a statistical risk of adverse events that is as yet unknown. But the clear and present danger is contracting something serious that would have been preventable.

Two studies recently published in the *New England Journal of Medicine* involved several hundred adult patients who received the vaccine who have been followed for months. Initial data was published several weeks after vaccination. No serious short-term side effects were found in any of those patients.

I also recommend you get the pneumonia (Pneumococcal) vaccine to help prevent pneumococcal pneumonia, caused by the pneumococcus bacterium. There are more than 80 different types of pneumococcus bacteria, and 23 of these are covered in the current vaccination. But of the 80 different types, the vast majority of infections are caused by the 23 serotypes contained in the vaccine. You may be able to get the pneumonia vaccine at the same time you get your seasonal





flu vaccine. It's a valuable vaccine, but the seasonal flu vaccination and H1N1 should be your first priorities.

For more information on the H1N1 vaccine, visit the CDC website: <http://tinyurl.com/lst74s>.

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