A Shot in the Dark: The Flu-Vax Scandal and Tips

January 1, 2005 By Laura Whitehorn

Flu season peaks in January, but many HIVers are toasting 2005 without a shot. The contamination of half the nation's vax supply set off a flu-shot frenzy in October, and the government tried to calm fears by saying healthy people don't need a shot, promising to come up with 2.6 million more doses—and implying that the vax gap can be bridged with oral antiflu meds. These prescription pills—**oseltamavir, amantidine** and **rimantidine**—can ease flu symptoms and provide temporary prevention. But they have too many side effects, are too hard on the liver and kidneys and cost too much (ADAP won't pay) to replace shots.

At press time, HIVers were short-listed for vax rations, but many HIV docs and clinics still didn't have any. Yet flu can usher in opportunistic ills (including staph) and rev up HIV itself. It can also cause pneumonia, so many docs stick you with **Pneumovax** whether or not you snag a flu shot.

Sick of hearing "Wash your hands frequently, eat garlic, take vitamins and supplements, avoid alcohol and crowds"? If you can't find a needle, such tips may be your best hope. Here's another: **FluMist**, the nasal-spray vaccine HIVers can't use (it contains live flu virus), should be off-limits to their negative friends and family, too. FluMisters shed live virus for a few days after dosing, endangering HIVers.

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