Take Your Best Shot

Yes, yes, yes. The new hepatitis A vaccine is a good thing

June 1, 1995 By Evelyn C. White

The Food and Drug Administration's recent approval of the world's first vaccine for hepatitis A is sparking new flames around an old controversy for people with HIV: Are vaccinations really good because they confer extra protection from infections, or really bad because they stimulate an overloaded immune system and speed up disease progression? There are no firm answers. But after researching this matter, I know what I think.

I'm with the medical experts who believe that for people with HIV, the new hepatitis A vaccine can strengthen the immune system and offer protection against a disease that is on the rise in this country. Spread through intimate human contact or ingestion of contaminated food or water, hepatitis A is a highly contagious virus that can cause acute liver damage and other debilitating health problems including fever, nausea, vomiting, diarrhea and weight loss. Not something a person with HIV needs in his or her life.

"In the early 1980s, when we first started seeing HIV patients, maybe they lived 18 months, max," says Dr. Leonard Simpson, a San Francisco physician who is HIV positive. "But now, people can be stable for upward of a decade. With that in mind, it makes sense for HIV patients to try to avoid any other disease that might diminish their health. There is tremendous exposure to hepatitis among gay men and people who use intravenous drugs. Anyone who wants to improve their chances of living longer should definitely consider getting the vaccine."

Not so, says Marc Ansley, a 34-year-old Bay Area financial expert who has had HIV for 12 years. Whether it's for the flu, hepatitis or chicken pox, he finds the whole debate about immunizations tired. He says that he'd rather not be poked with any needles until someone comes up with a vaccine that cures AIDS.

"There is far too much money being made keeping us alive with shots and pills instead of finding a cure for this damn disease," Ansley says. "All this talk about AIDS as a chronic, manageable illness just doesn't wash with me. I'm an exhausted man who's here to tell you that I've tried all the treatments and each and every one has taken a piece of me. Got a vaccination to kill the AIDS virus? Talk to me, baby. Otherwise, I'm not interested."

There's little doubt that vaccinations have become a hot and heavy topic. The debate has settled some: In fact, ACT UP/Philadelphia, which publishes the most widely read community-based

standard of care for treatment of HIV, even recommends the flu vaccine each October. But for many people with HIV, an immunization -- which contains partial or whole killed virus -- doesn't seem so much like a ward against maladies such as hepatitis and influenza as it seems like self-infection with a potentially harmful agent. (Think about it this way: Getting vaccinated is sort of like going to a Snoop Doggy Dogg concert to guarantee that you'll never have to hear him rap again.)

Mark Bowers, the hotline manager for Project Inform, advises people with HIV considering vaccinations to first obtain a detailed and comprehensive analysis of their CD4 cells.

"In the absence of a full understanding of the status of your CD4 cells, you can find yourself spinning your wheels, spending all kinds of money and definitely taxing your system," Bowers says. "For some people, the introduction of a foreign substance like a vaccine might stimulate HIV progression. For others, it might not be a risk. The best thing folks can do is to be really knowledgeable about what's going on in their body, so they can be empowered to weigh the costs and benefits of getting immunized." Took the words right out of my mouth.

In assessing the pros and cons of vaccinations, Dr. Bill Owen cautions people with HIV not to be swayed by the experiences of friends. He says that dealing with the stresses and strains of the epidemic have obviously created deep bonds between people battling the disease, but treatment plans which are effective for one patient might be detrimental for another. Like Bowers, Owen says it's important for HIV positive people to examine their health status and make decisions based upon that data -- not what Tom, Dick or Harriet might be going through.

"I've had patients who have been unwilling to take certain antiviral agents because a friend had a bad experience. That is troubling to me," says Owen, a San Francisco internist with a large practice. "If there's anything we know about this disease, it's that it is a very individual thing. I encourage my patients to always think first and foremost about the treatments that work for them."

Grace, an Oakland, California?based administrator with HIV, got a flu shot for the first time this past winter. She says she doesn't need the hepatitis A vaccination right now, but she'll roll her sleeve right up if it's ever warranted.

"Girl, I'm not cutting this disease any slack," she says laughing. "I'm hitting it with my best shot. Come hell or high water." I can't help but think her scrappy attitude is a vaccine in its own right. Think about it.

© 2026 Smart + Strong All Rights Reserved.

http://beta.docker.poz.com/article/Take-Your-Best-Shot-4752-6708