To Good To Be The Flu

This cold keeps the hottest bod Down Under

February 1, 2000 By Greg Lugliani

Nurse Whatever:
I have two good reasons why I haven't gotten a flu shot this year. First, I hear it can increase viral load. Second, aren't there new drugs on the market to treat the flu? So, Smarty-Panties, give me one better reason why I should bother, especially since I've made it this far this winter.

—Skeptical in Skokie

Dear Skeptical:
Don't take that tone with me! You may call yourself Skeptical, but to me you're Birdbrain. Want a reason? How about this: The flu's an extremely contagious airborne illness, and if you get it—and chances are good if you come into contact with a lot of people—you're likely to give it to others.

OK, now—deep breath. Nurse is calm enough to disgorge her voluminous medical know-how. There are more than 100 million flu cases every year in the United States, causing some 40,000 deaths and nearly $30 billion in health care costs. The flu is caused by nasty influenza viruses that invade the respiratory tract, triggering unpleasantries such as muscle aches, chills, cough, fever, sore throat, fatigue, appetite loss, headache and runny nose. Since there is no cure for the flu—and more serious complications such as bacterial pneumonia can develop—the best protection is to get vaccinated.

In healthy adults, the vaccine is 70 to 90 percent effective in preventing illness, and has halved hospitalizations and decreased flu-related deaths by 50 to 85 percent. Flu season blights the calendar from November to April, and health care pros advise getting a shot sooner rather than later, especially as it takes one to four weeks after vaccination for protective antibodies to kick in. September to December is optimal, but even for a birdbrain it's never too late. Since the bloody bugs live to mutate, the vaccine changes every year, necessitating an annual injection. This year's strain—dubbed the Sydney flu—continues a tradition of naming a season's influenza after the place where the virus allegedly originated. Experts warn that Sydney may be the most virulent strain to come our way in a decade. So put yourself Down Under the needle, Skokie.

At this juncture, Nurse feels compelled to debunk a popular myth: The flu vaccine is made from killed virus, so it alone will not make you sick. Those who get the vaccine and still get sick are likely coming down with a different flu strain or a different illness—often food poisoning.

Like you, Skeptical Birdbrain, many HIVers worry that getting vaccinated may cause a temporary rise in

viral load. The prevailing wisdom is that even if the shot does cause a bump in Mr. HIV's procreativity, for those on combination therapy it's a transient effect, outweighed by the improved odds of a flu-free winter.

You'll want to give doc a yell if you do end up succumbing and begging for relief. For the pharmaceutically inclined, there are a few options. One drug, zanamivir (Relenza), taken in the form of a non-aerosol inhaler, is the first in a class called neuraminidase inhibitors that act to prevent the flu virus from engaging in orgies in the body. However, this costly option only shaves a day or two off your illness.

About 75 percent of flu sufferers turn to over-the-counter compounds. These include analgesics (aspirin, Tylenol, ibuprofen), antihistamines (Dimetapp), decongestants (Sudafed) and cough suppressants (Pertussin DM). For those seeking the succor of Mother Nature, echinacea, taken in large doses (up to four capsules, six times a day) at the onset of illness, may help reduce symptoms.

Antiviral effects can also be derived from vitamin C taken every few hours. Of course, once influenza has knocked you flat on your arse, it's probably time to put your faith in that familiar folk trinity: rest, plenty of fluids and—you got it—chicken soup.
