



Why not a shot of prevention?

As autumn arrives and thoughts turn to pumpkins, football, and Thanksgiving dinner, it is time for health systems and physicians to prepare for the upcoming influenza season. In this issue of the *Journal*, Drs. Jin and Mossad (page 777) review some practical virology and remind us why we must continue to encourage our patients and staff to be immunized against the flu.

Last year the flu season was surprisingly mild. The infection incidence seemed to peak late in the season, a reasonable number of people got vaccinated, and the level of viral antigenic drift was low. New hybrid viral strains did appear, but apparently with low prevalence, and the avian strains did not mutate to permit efficient human-to-human infection. But the relatively benign 2011-2012 flu season should not lull us into a lackadaisical approach to offering vaccination to all of our patients.

Ever since my own encounter with the flu a number of years ago, I have been pushing the vaccine with the zeal of a telemarketer. I was pleased that the vaccine arrived early this time, but continue to be surprised by the reasons patients offer for not receiving it—some strike me as akin to “the dog ate my homework.” For example: “I got the vaccine once and I got walking pneumonia.” And the always-popular “I got the vaccine and I got the flu.” Many patients don’t think they need the vaccine because they have never gotten the flu. (To them, I relate my tale of spending a weekend lying curled up on the floor of my bedroom having chills despite a sweatsuit and blanket). Some voice the scientifically irrational but common concern that since their immune system has been weakened by medications, they don’t want to get sick from the shot. And creatively, this year several patients have told me that they heard it is too early to get the vaccine—the effect won’t last all season.

Whatever our patients’ reason for recalcitrance, we should persevere and follow the national recommendation to vaccinate all persons over the age of 6 months. The vaccine may not be perfect, but with an estimated success rate of about 60%, it is better than any alternative approach. Plus, as Drs. Jin and Mossad note in their article, there is concern about emerging strains that are resistant to available antiviral therapies—0.5 mL of prevention trumps a pound of ineffective treatment.

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