GET YOUR FLU VACCINE.

As long as the flu viruses are circulating, it’s not too late to get vaccinated.

WHO SHOULD GET A FLU VACCINE?
A yearly flu vaccine is recommended for everyone 6 months and older.

Vaccination is especially important for protecting people at high risk of serious flu complications, including:
- Young children
- Pregnant women
- Adults 65 years and older
- Anyone with chronic health conditions such as asthma, diabetes, or heart disease

WHY SHOULD PEOPLE GET VACCINATED AGAINST FLU?
Influenza is a potentially serious disease that can lead to hospitalization and sometimes even death. Every flu season is different, and influenza infection can affect people differently. Millions of people get flu every year. Hundreds of thousands of people are hospitalized and thousands to tens of thousands of people die from flu-related causes every year. An annual seasonal flu vaccine is the best way to help protect against flu. Vaccination has been shown to provide many benefits, including reducing the risk of flu illnesses, hospitalizations, and the risk of flu-related death in children.

HOW DO FLU VACCINES WORK?
Flu vaccines cause antibodies to develop in the body about two weeks after vaccination. These antibodies provide protection against infection with the viruses that are used to make the vaccine. It takes two weeks for the flu shot to provide full immunity. During that period you should avoid anyone who has flu symptoms.

WHERE CAN I GET A FLU VACCINE?
UAB Medicine’s Flu Shot Clinics make it easier than ever to protect yourself from influenza. Visit one of our clinics and get your shot before flu season starts. We now offer three convenient locations:
- 2nd Floor of The Kirklin Clinic of UAB Hospital. No appointment needed.
- 4th Floor lab of UAB Hospital-Highlands. No appointment needed.
- Curbside at The Kirklin Clinic parking deck. By appointment only. Call 205-996-4FLU (4358) to make an appointment.

WHY DO I NEED A FLU VACCINE EVERY YEAR?
A flu vaccine is needed every season for two reasons. First, the body’s immune protection from vaccination declines over time, so an annual vaccine is needed for optimal protection. Second, because flu viruses are constantly changing, flu vaccines may be updated from one season to the next to protect against viruses that research suggests may be most common during the upcoming flu season. For the best protection, everyone 6 months and older should receive an annual vaccination.

SOURCE: https://www.cdc.gov/flu/prevent/keyfacts.htm
Having easy access to flu shots is half the battle in combating the influenza virus. The other half is understanding the seriousness of the matter. During peak cold and flu season, viruses spread at an alarming rate. Unfortunately, erroneous information and even longstanding myths associated with these illnesses can spread even faster.

Stopping the spread of viruses is a challenge in a large population, but ending rumors shouldn’t be so difficult in an age of information. Think of these viruses as the enemy in a war, and regard the misconceptions as a disinformation campaign.

To that end, the following incorrect notions are debunked in order to end many rumors about colds, flu, and pneumonia:

**The flu shot isn’t very effective in preventing the illness.**
For the 2018-2019 flu season, the CDC estimates that vaccinations prevented some 4.4 million illnesses, 58,000 flu hospitalizations, and 3,500 flu deaths.

**I never get a flu shot, and I’ve had the flu the last three years in a row, but at least I have built up my immunity.**
That would make you immune only to the particular strains of flu you have already suffered. While it is unlikely that you will get the same flu in February that you had the previous fall, you do not develop a long-term immunity to the influenza virus. Different strains of the flu virus mutate over time and replace the older strains of the virus.

**Almost everyone in my office has the flu, but this must be a very mild strain, because the symptoms are very mild and no one was sick for longer than a few days.**
It is likely that your co-workers did not have the influenza virus. Many other viruses can also cause flu-like symptoms (also known as influenza-like illness or “ILI”) that spread during the flu season. These non-flu viruses include rhinovirus, which may cause the “common cold”. A cold can lead to bronchitis and other serious conditions such as pneumonia.

**I didn’t shake hands with any co-workers who had the flu, I haven’t kissed my sick child, and I did not drink after my ailing spouse, so I’m safe.**
Those precautions are effective and necessary, but not preclusive. Most research suggests that flu viruses are spread from particles that become airborne when an infected person coughs, sneezes, or talks. That means that particles that land on surfaces, skin, and clothing may be unwittingly transferred to mouth and eyes, leading to infection. Furthermore, recent research shows that the smallest droplets from coughs and sneezes are so tiny (less than 10 microns in diameter) that they can remain suspended in air much longer — and travel greater distances — than previously believed. This increases the chance of inhaling contaminated air in an office space, an elevator, an airplane, or even classrooms and waiting rooms.

**I have been near several people with the flu this week. As soon as I start having symptoms, I will avoid family and friends so they won’t be contaminated by me.**
It is possible to transmit the virus to others for as early as 36 hours before any symptoms show. In fact, it is actually likely that infected persons will pass along the flu during this stage, because their misconception makes them less cautious. And because no symptoms are present, no one near them feels any reason to be cautious. If you are in close proximity to anyone who has a cold or flu virus, consider yourself a risk to others and exercise as much precaution as possible, no matter how you are feeling.

**The last two times I had the flu, I did not have any sinus or respiratory symptoms, but I was very sick to my stomach.**
That means you did not contract a strain of influenza virus. You had a stomach bug instead. There’s no such thing as the “stomach flu”.

**Spring is here, the days are warm and sunny, and flu season has ended.**
Flu season begins roughly in October and often runs to late April.

**I missed my chance to get a flu shot last fall, so I will just hope for the best. We are past the peak season anyway.**
CDC data show that since 1982, flu activity peaked five times in January, 14 times in February, and six times in March. Flu season can run to almost May. So even mid-winter is not too late to get a flu shot.