Immunizations Part I: Flu and Pneumococcal Vaccines

This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

Immunizations aren't just for children and young adults. They can be life-saving for older people too. The CDC recommends an annual influenza vaccination for all adults 50 years of age or older, a one-time shingles vaccine at age 60, and a pneumococcal shot at age 65. We will discuss influenza, commonly called "the flu," and pneumonia vaccines in this podcast, and the shingles vaccine in another podcast.

The classic symptoms of influenza include fever - usually high, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose, and muscle aches. Pneumonia begins with high fever, cough, and chest pain, but older adults may not have many of these symptoms.

Pneumonia and influenza are a leading cause of death among people aged 65 and older. While anyone can get influenza, older adults have a higher risk of dying from serious flu-related complications compared to younger persons. Persons aged 50 and older, as well as infants and toddlers, have a much higher risk of being hospitalized for influenza compared to younger adults. An average of 36,000 people die from influenza each year. In addition, each year over 5,000 people die from invasive pneumococcal disease, such as meningitis or infection in the blood; nearly half are older adults. Adults age 65 and older comprise 90 percent of deaths that occur each year from complications related to influenza and pneumonia. Over 63 percent of the 200,000 influenza-related hospitalizations involve people age 65 and older.

Vaccinations can reduce the risk of illness, or the severity of illness, yet one-third of people age 65 and older do not get their annual influenza shots and more than one-third has never been vaccinated against pneumococcal disease. Immunization rates for both of these vaccines are low, even among persons who need the vaccines the most, such as people with chronic illnesses like diabetes, heart disease, and kidney disease that makes them even more susceptible to serious complications. Medicare pays for both influenza and pneumococcal vaccination.

Improving vaccination rates is important and becoming more so all the time. The number of influenza-related deaths and the cost to society will rise as the nation's population ages. The U.S. Census Bureau projects the number of adults 65 and older will double from 36 million to 72 million by 2030.

According to CDC, the first and most important step in preventing influenza is to get an annual vaccination, but too many people don't. One reason is a myth that people can get the flu from a flu vaccination. This is not true. The inactivated influenza vaccine – the flu shot - is made from killed viruses that cannot cause influenza illness. During the fall and winter months, however, when influenza vaccines are typically given, people often coincidentally experience a cold or other respiratory infection that is not caused by an influenza virus soon after receiving an influenza shot, and they may mistakenly associate the vaccination with that illness. There are many studies that show that the flu shot cannot cause the flu.

Many persons don't have any side effect at all from the vaccine. For those who do, the most frequent side-effect from the inactivated influenza vaccine is soreness at the vaccination site that lasts less than two days. However, fever, sore muscles, and other side effects can occur after vaccination and can last for one to two days. On the other hand, influenza illness can be much more serious, last for a week or longer and can lead to complications resulting in hospitalization or even death.

The pneumococcal polysaccharide vaccine – or PPV – for preventing invasive pneumococcal disease is also safe. Very mild side effects, such as redness or pain where the shot is given, occur in up to half of people who get the vaccine.

Public health officials say immunization rates are too low. The government is working to improve this situation and has set a goal to vaccinate 90 percent of people age 65 and older against influenza and pneumococcal disease by 2010.

How can we increase the number of persons who are protected from influenza and pneumococcal illness through vaccination? Healthcare providers can improve vaccination rates by using reminder or recall systems similar to the cards dentists send out. Doctors can also approve what is known as "standing orders," which allow nursing staff and other non-physician personnel to administer vaccinations without the physician's written or verbal order. Other successful techniques for encouraging vaccination include improving vaccination record-keeping; using prompts, such as stickers, on patient charts to remind physicians to deliver needed vaccines; measuring health professionals' performance in delivering needed vaccines; and offering influenza vaccine in stores, pharmacies, senior centers, and other convenient locations.

For a discussion of the shingles vaccine, please listen to Immunizations Part II: Shingles Vaccine.

For more information about adult vaccines, please visit www.cdc.gov/vaccines. Thank you for listening!

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