

INFLUENZA VACCINE: MYTH OR FACT?

MYTH: *The vaccine can cause influenza.*

Fact: The injectable influenza vaccine is made from inactivated (or killed) viruses. This means that people **cannot** get influenza from the vaccine.¹

MYTH: *Influenza is not a serious disease.*

Fact: Influenza is more than just a bad cold; it is a very serious disease. It is estimated that influenza causes more than 200,000 hospitalizations and 36,000 deaths each year in the United States. Most of the people who die are 65 years of age and older. However, young children (under 5 years old) are hospitalized due to influenza-related complications as often as older people.^{1,2}

MYTH: *The side effects of the vaccine are worse than influenza.*

Fact: Serious problems from the influenza vaccine are very rare. The most common side effect that a person is likely to experience is soreness where the injection was given. This usually goes away after a day or two.¹ However, there are people who **should not** be given influenza vaccine—

- ▼ Infants less than 6 months of age¹
- ▼ People who are allergic to eggs, egg products, or to any component of the vaccine¹
- ▼ Anyone with a history of Guillain-Barré syndrome (GBS)¹
- ▼ Anyone who is sick and has a fever; in this instance, influenza vaccination should be rescheduled¹

MYTH: *You must be vaccinated in the fall.*

Fact: The influenza vaccine can be given before or anytime during the influenza season. The best time to get vaccinated is September through November. However, because influenza season typically peaks in February or March, getting vaccinated through March can still be beneficial.¹

MYTH: *Only old people need influenza vaccine.*

Fact: People of all ages can get influenza. Anyone with a chronic medical condition like asthma, diabetes, heart disease, and kidney disease needs to be vaccinated. Influenza vaccination is also recommended for all children 6–59 months of age and close contacts and caregivers of these young children.¹

MYTH: *The influenza vaccine doesn't work.*

Fact: The influenza vaccine prevents illness in approximately 77% to 91% of children (1 to 16 years old).⁶ It is possible for some people to still get influenza even after getting vaccinated. This may occur because a person is exposed to the influenza virus right before getting vaccinated or before the vaccine has taken effect. However, these people usually get a milder case of influenza. Remember, it can take up to two weeks for your body to develop protective antibodies against influenza. During that time, you are still at risk for getting influenza.^{1,2}

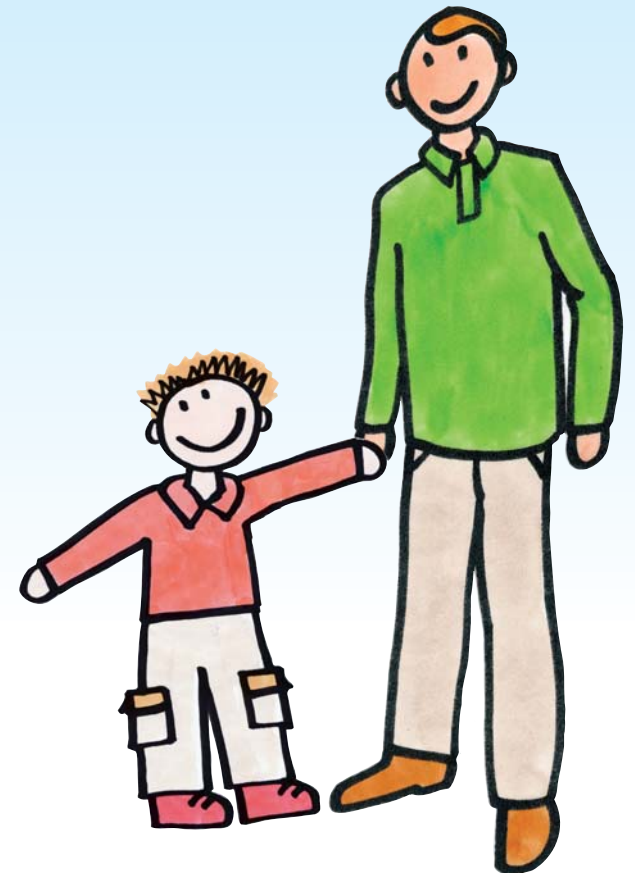
MYTH: *Getting the influenza vaccine every year isn't necessary.*

Fact: Strains of the influenza virus change every year, and a new influenza vaccine is developed to match these specific strains and stop their ability to cause infection. In addition, after you get vaccinated your immunity declines over time. So the vaccination you had last year will not provide protection against this year's influenza virus.^{1,2}

MYTH: *The influenza vaccine makes asthma worse.*

Fact: A study conducted by the American Lung Association in over 2000 children and adults (3 to 64 years old) with asthma demonstrated that the injectable influenza vaccine does not worsen asthma or even severe asthma.⁷ Given the seriousness of influenza and the findings of this study, people with asthma should receive the influenza vaccine every year.¹

Protect
YOUR CHILD
against influenza
"THE FLU"



WHAT parents need to know about INFLUENZA

WHAT IS influenza?

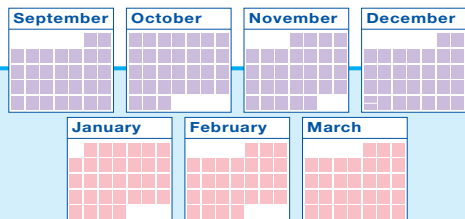
Influenza, commonly called “the flu,” is a highly contagious disease that is caused by a virus, which infects the respiratory tract (nose, throat, and lungs). Unlike many other viral infections, such as the common cold, influenza causes severe illness and life-threatening complications in many people. Young children, *particularly those with long-term medical conditions such as asthma*, are at high risk for severe illness, hospitalization, and even death, if they get influenza.^{1,2}

HOW DOES it spread?

The influenza virus spreads from person-to-person via respiratory droplets when an infected person coughs or sneezes. Unfortunately, people can spread influenza before they realize that they are ill. In general, adults are infectious for about 2 days before symptoms start until about 5 days after the start of the illness. Children spread more influenza viruses for even longer periods.¹

WHEN IS influenza season?

Influenza season can run from late fall through early spring. The best time to get the influenza vaccine is September through November. Influenza season usually peaks between December and early March. So getting the influenza vaccine in December, or even later, can be beneficial.^{1,2}



WHO should get influenza vaccination?

- ▼ Children 6–59 months of age¹
- ▼ Children with high-risk conditions, such as asthma¹
- ▼ Adults 50 years of age and older¹
- ▼ Adults with high-risk conditions, such as diabetes¹
- ▼ Health-care workers¹

Children who are younger than 9 years of age and getting the influenza vaccine for the first time should get 2 doses, given at least one month apart.¹

WHY should children be vaccinated?



Children under 5 years of age are at increased risk for influenza-related hospitalization.^{1,3} In fact, influenza causes more hospitalizations among young children than any other vaccine-preventable disease.^{3,4} Additionally, influenza/pneumonia is the **6th** leading cause of death among young children (1 to 4 years old) in the United States.⁵



What can I do to protect MY CHILD against influenza?

- ▼ Tell your doctor that you want your child vaccinated this fall
- ▼ Make an appointment to have your child vaccinated
- ▼ Keep the appointment, and get your child vaccinated
- ▼ Encourage family members and friends to get vaccinated
- ▼ Get vaccinated yourself



Brought to you as a public health service by your health-care professional, the American Lung Association, and Sanofi Pasteur Inc.



References: 1. Centers for Disease Control and Prevention (CDC). Prevention and control of influenza: recommendations of the Advisory Committee on Immunization Practices (ACIP). *MMWR Early Release*. 2006;55:1-42. 2. CDC. Questions & answers: flu vaccine. Available at: <http://www.cdc.gov/flu/about/qa/flu vaccine.htm>. Accessed May 2, 2006. 3. Thompson WW, Shay DK, Weintraub E, et al. Influenza-associated hospitalizations in the United States. *JAMA*. 2004;292:1333-1340. 4. Louie JK, Schechter R, Honarmand S, et al. Severe pediatric influenza in California, 2003–2005: implications for immunization recommendations. *Pediatrics*. 2006;117:610-618. 5. Anderson RN, Smith BL. Deaths: leading causes for 2002. *Natl Vital Stat Rep*. 2005;53:1-89. 6. Neuzil KM, Dupont WD, Wright PF, Edwards KM. Efficacy of inactivated and cold-adapted vaccines against influenza A infection, 1985 to 1990: the pediatric experience. *Pediatr Infect Dis J*. 2001;20:733-740. 7. American Lung Association Asthma Clinical Research Centers. The safety of inactivated influenza vaccine in adults and children with asthma. *N Engl J Med*. 2001;345:1529-1536.