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Flu Vaccines, MS, and General Flu and Cold Information

by [All About MS](#) on Sun 18 Nov 2007 08:29 AM CST | [Permanent Link](#) | [Cosmos](#)

Flu Vaccines, MS, and General Flu and Cold Information

Introduction

Individuals with MS need to pay extra attention to staying healthy and avoiding illness during the flu and cold season. MSAA's Vice President and Chief Medical Officer Jack Burks, MD, advises everyone with MS to consult his or her physician about getting a flu shot. With the shortage of vaccines, individuals with MS qualify as a group which should get priority for receiving a flu shot. Other steps may be taken to reduce one's risk of getting the flu, and this is important for both individuals with MS and others in the household. For those who catch the flu virus or who get a cold, this writing explains how the viruses are transmitted, what the symptoms are, and what treatments are available. Additional warnings about supplements, antibiotics, saunas, and smoking are included.

The Flu Vaccination

Flu shots are recommended for October and November, although they can still be of value at anytime during the flu season. There are two types of flu vaccines available. There is an injected flu vaccine that has inactivated flu strain, and a nasal flu vaccine, called "FluMist" also available, but this contains live flu viruses. For this reason, the FDA limits the use of the FluMist to those between the ages of five and 49 who are in good health and not pregnant. The nasal flu vaccine is **not recommended** for individuals with MS.

Flu Vaccinations for Individuals with MS

MSAA Vice President and Chief Medical Officer Jack Burks, MD, recommends the (injected) flu vaccine for almost all of his patients with MS. He stresses that individuals with MS should first consult their physician about whether or not to get a flu shot.

Dr. Burks explains, The decision is up to one's doctor regarding a flu vaccination. Except in instances where the vaccine may aggravate another condition, I view the flu shot as a high priority for my patients with MS. According to the American Academy of Neurology (AAN), the flu vaccine has not been found to increase the risk of an MS attack.

The AAN bases its decisions on the results of clinical trials published in peer-reviewed publications, such as the one noted below from the 2002 Fall issue of *The Motivator* :

An article written by A.E. Miller, MD (renowned neurologist and chief medical officer with the NMSS), et al, was published in the February, 1997 issue of *Neurology*, and provided the results of a multi-center, randomized, double-blind, placebo-controlled trial of influenza immunization in MS. The article states, Prevention of a febrile viral illness is clearly desirable in MS, and previous studies suggest that immunization is safe. Despite this, many clinicians avoid vaccination because they fear precipitating an MS exacerbation.

More than 100 people with MS at five MS centers were given the standard influenza vaccine or a placebo. The researchers concluded, The two groups showed no difference in attack rate or disease progression over six months. Influenza immunization in MS patients is neither associated with an increased exacerbation rate in the post vaccination period nor a change in disease course over the subsequent six months.

Dr. Burks continues, In addition to the vaccine's proven safety for individuals with MS, the flu shot also provides many benefits. The flu vaccine is the best defense against catching the flu, which poses a much greater threat to a person's health when he or she has MS.

The reason why the flu is more difficult and potentially damaging to individuals with MS is three-fold. First, when individuals with MS get the flu, they must endure the associated

aches and pains in addition to their normal MS symptoms. Second, high fever accompanies the flu, and an elevated temperature may increase MS symptoms, affecting one's overall well-being. Finally, the body responds to the flu with an outpouring of gamma interferon, a chemical that increases the risk of an MS exacerbation. For this reason, individuals with MS who catch the flu have a greater chance of experiencing an MS attack within several weeks following their influenza (flu) illness.

Dr. Burks concludes, While the benefits of the flu vaccine are clear, individuals with MS should still consult with their physician before getting a shot. For those who receive the vaccine, they may experience a mild temperature and slight increase in MS symptoms for a day or two following the injection. Anyone experiencing more severe or longer-lasting side effects from the flu vaccine should contact their doctor.

When Not to Get a Vaccine

The American Lung Association instructs people not to get a vaccine if:

- They do not qualify as being in a high-risk group
- They are allergic to eggs or any component of the vaccine (or if they have had a reaction in the past to flu vaccines)
- They have a history of Guillain-Barre Syndrome
- They have an acute illness and fever; individuals should wait until they are feeling well before receiving a flu vaccine

Avoiding the Flu and Keeping Germs from Others

In addition to receiving the vaccine and avoiding people who are sick, the CDC and *Prevention Magazine* (according to ABC News) make the following recommendations to avoid catching the flu:

- Wash hands as much as possible.
- Keep a hand purifier gel or lotion nearby at all times, and carry moist towelettes for quick hand washings.
- Avoid touching one's own eyes, nose, or mouth before washing [when in a public place or near someone who has been sick -- germs may be caught this way].
- The CDC notes that three antiviral medications have been approved to prevent the flu; these are: amantadine (Symmetrel®), rimantadine (Flumadine®), and oseltamivir (Tamiflu®). These are available by prescription through one's physician, and are estimated to be 70 to 90 percent effective for preventing influenza illness in healthy adults who may be at risk of being exposed to a virus.

Dr. Patricia Clancy (speaking to ABC News) explains that good-health practices can help, including good hygiene, seven to eight hours of sleep per night, good nutrition, and regular exercise. David A. Reiman, associate professor of medicine at Stanford University warns, The likelihood that you're going to pick up a transmissible agent is directly related to the number of people you have close physical contact with, so staying away from crowded areas may not be a bad idea during the flu season.

People who have the flu should follow these tips from the CDC to avoid spreading germs to others:

- When sick, keep at a distance from others to protect them from getting sick too.
- Keep one's nose and mouth covered with a tissue when coughing or sneezing - and dispose of the tissue afterward.
- Wash hands after coughing or sneezing - with soap and warm water, or use an alcohol-based hand cleaner.
- Stay home from work or school to help prevent others from catching the illness.

Influenza (Flu) and Colds: How they are Transmitted, Symptoms, and Treatments

SECTION ONE: THE FLU

According to the American Lung Association, the flu is an infection of the respiratory system caused by one of three types of influenza viruses. Strains of these viruses change constantly and circulate around the world, so a new vaccine is needed each year to fight the new viruses.

The flu virus may become airborne when someone coughs, sneezes, or speaks. Tiny droplets of flu particles may be inhaled by another, and the virus then grows in the upper and lower respiratory tracts. The flu virus may also be spread by direct contact as well.

Flu symptoms are more severe than colds and appear abruptly. The flu may be serious (or even fatal) for individuals who are elderly, have chronic disease, or have a weak immune system. While most people recover from the flu within one to two weeks, older individuals or people with other illnesses may continue to feel weak for a long period of time. If complications occur such as difficulty breathing, chest pain from coughing, or coughing up yellow, green, or bloody phlegm, consult a doctor immediately.

Flu symptoms include:

- high temperature (101 degrees or above in adults; 103 to 105 degrees in children)
- cough
- muscle ache
- headache
- sore throat
- chills
- tiredness
- feeling badly all over

To treat the flu, the American Lung Association notes that individuals may be prescribed one of the following four antiviral medications: oseltamivir (Tamiflu®), zanamivir (Relenza®), amantadine (Symmetrel®), and rimantadine (Flumadine®). Treatment must be started within two days after flu symptoms appear and has been shown to reduce the length of illness by at least one day - with early treatment leading to faster results. These drugs and their side effects should be discussed with one's physician before they are prescribed.

Antibiotics are ineffective against the viruses that cause influenza and should not be taken to treat the flu except when used to treat bacterial complications (such as an ear infection or pneumonia). For more information about antiviral drugs and the flu, please visit www.cdc.gov/flu/protect/antiviral/.

Symptoms may be treated through over-the-counter medicine as recommended by one's physician to reduce fever, aches, congestion, cough, and sore throat. Bed rest, drinking plenty of fluids (without caffeine or alcohol), and good nutrition are also vital for a speedy recovery. (Children under the age of 18 should not be given aspirin for flu or cold symptoms as it may be involved with the development of Reye Syndrome).

For more information about the flu and its treatments, please refer to Cold and Flu Guidelines: Influenza at the American Lung Association's website by visiting www.lungusa.org. The specific address for this paper is: www.lungusa.org/site/pp.asp?c=dvLUK900E&b=35868.

SECTION TWO: THE COMMON COLD

Colds are highly contagious and most often spread when droplets of bodily fluid containing the cold virus are transferred by touch. For example, a typical way that the cold germ is carried is if someone with a cold sneezes into his or her hand and then touches a counter, and someone else touches the same spot on the counter, who then rubs his or her eyes, nose, or mouth. Fluid droplets may also be in the air and inhaled.

As noted by the American Lung Association, cold symptoms include:

- runny nose
- congestion
- sneezing
- weakened senses of taste and smell
- scratchy throat
- cough
- adults and teens are less likely to develop a fever than young children

The antiviral medications listed to help prevent or reduce the effects of the flu are not useful with treating the common cold and should not be taken for this purpose. The same is true for antibiotics, except when used to treat bacterial complications (such as an ear infection or pneumonia).

Similar to flu symptoms, cold symptoms may be treated through over-the-counter medicine as recommended by one's physician to reduce fever, aches, congestion, cough, and sore throat. Bed rest, drinking plenty of fluids (without caffeine or alcohol), and good nutrition are also vital for a speedy recovery. (Children under the age of 18 should not be given aspirin for flu or cold symptoms as it may be involved with the development of Reye Syndrome.)

For more information about colds and their treatments, please refer to Cold and Flu Guidelines: The Common Cold at the American Lung Association's website by visiting www.lungusa.org. The specific address for this paper is: www.lungusa.org/site/pp.asp?c=dvLUK900E&b=35873.

Diet Supplements, Saunas, Antibiotics, and Smoking

Prevention Magazine (according to ABC News) recommends building the immune system through foods and supplements to help avoid flu. These include: Brazil nuts and walnuts, salmon, shellfish, milk and yogurt; black elderberry, ginseng, raw garlic, Echinacea, and astragalus. The American Lung Association notes that many herbs and minerals (Echinacea, eucalyptus, garlic, honey, lemon, menthol, zinc, and vitamin C) receive publicity as cold remedies, but state that none of these claims are solidly supported by scientific studies. [Please see note about Echinacea two paragraphs down.]

MSAA's position on these types of remedies is that our organization does not recommend or endorse any specific treatment or product. Individuals considering these supplements should be wary of any claims made without the FDA's approval or confirmed study results. Individuals with MS are strongly encouraged to consult their physician before making any

"Clinical trials are the lifeblood of medical advances," said Dr. Vollmer. "When people are faced with their own mortality, they should be able to seek treatment outside the standard realm if necessary. And if health insurance plans covered usual medical costs, even when patients are participating in clinical trials, more patients could participate in clinical trials - leading to an increase in the rate of treatment improvements."

The legislation does not hold health insurance companies liable for charges incurred as a result of the clinical trial; that would fall to the drug maker or hospital running the trial. It does, however, prevent health insurance carriers from denying coverage for routine care to those who choose to seek experimental treatments.

"Clinical research is the best hope for thousands of Coloradans who suffer from debilitating and life-threatening conditions," said Rep. Primavera, a four-time cancer survivor who personally benefited from a clinical trial after she was diagnosed with breast cancer. "Unfortunately, right now many people who might benefit from clinical trials do not participate due to fears of being dropped by their insurance plans during a clinical trial. I wouldn't be here without a clinical trial - I was treated with Tamoxifen before it was approved for widespread treatment of breast cancer, and it did a world of good. When patients turn to clinical trials of experimental treatments, they shouldn't have to worry about being dropped from their policies."

Rep. Primavera went on to say that the bill, while similar to those that exist in 23 states, is more expansive and "would benefit those suffering from any condition that is disabling, progressive, or life-threatening," not just specific illnesses, such as cancer.

Her statement alluded to the significance of this bill in the search for a cure for MS. The bill likely means that more people with MS will participate in clinical trials, thus furthering research efforts. Each discovery takes us one step closer to finding a cure.

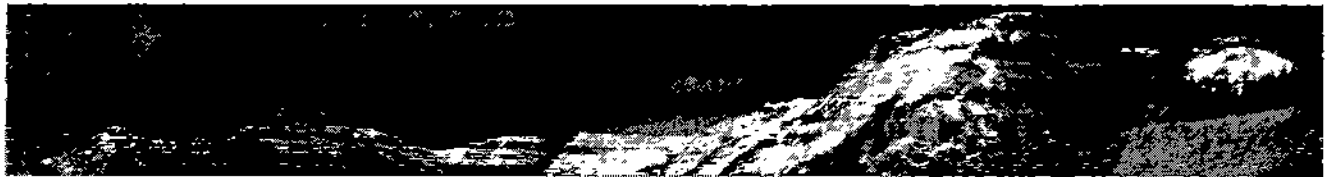
ROCKY MOUNTAIN MS CENTER

— the answers begin here —

Read news release [here](#).

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RECENT NEWS & ANNOUNCEMENTS

October 5, 2009

Just published: Rocky Mountain MS Center 2008 Annual Report

On behalf of the Rocky Mountain MS Center Board of Directors, we are pleased to provide you with our 2008 Annual Report: [2008 Annual Report \(PDF\)](#).

The Rocky Mountain MS Center is proud to highlight its accomplishments and provide financial summary information for your review. As the leading MS Center in the Rocky Mountain region, we take very seriously our responsibility to demonstrate steadfast alignment with our mission and superior fiscal responsibility.

Thank you for your support in helping us to achieve our mission of improving the lives of those living with MS and their families through care, support, education and research.

September 22, 2009

Chocolate, mojitos on MS benefit's menu - The Denver Post

Read all about the Rocky Mountain MS Center's 2009 Gala, Havana Nights!

August, 2009

Overcoming the SSDI Hurdle

An article by Tom Stewart, J.D., M.S., PA-C, of the Rocky Mountain MS Center

August 11, 2009

UC Denver Boosts Research Assault on MS

Dr. Vollmer and the Rocky Mountain MS Center in the news!

August 3, 2009

Welcome Dr. Augusto Miravalle to the MS Clinic at Anschutz



We are thrilled to welcome Dr. Augusto Miravalle, newest member of our team at the Rocky Mountain MS Center and Anschutz Medical Campus. Dr. Miravalle joins us from Harvard University, where he spent the last year as an MS Neuroimmunology Fellow. Born and raised in Argentina-- he is fluent in both English and Spanish. Dr. Miravalle is an accomplished MS-specialty physician and has been consistently praised for his excellence in patient care. Interestingly, he is also a gifted concert pianist and has competed in a number of international piano competitions.

Contact Congress NOW about the Medicare Adult Day Services Proposal
July 1, 2009

The Medicare Adult Day Services Act of 2009 (H.R. 3043) was just introduced by Representative Linda Sánchez (CA-39), and it now needs more co-sponsors to move it forward in the House.

This legislation allows Medicare beneficiaries to use adult day service programs that are certified, licensed, or accredited under an approved accreditation agency to provide post-acute services under Medicare.

Please go to the AAHSA's Contact Congress website [HERE](#) and urge your representative in Congress to sign onto this legislation to offer quality adult day services to be a post-acute care option for older adults and persons with a disability.

Our canine friend, Dare, recently visited KADEP!

Read all about Dare's amazing story [HERE](#), which was featured in the Denver Post on June 26, 2009.



Swine Flu and MS: A question and answer with Dr. Vollmer

In the last week, swine flu has been a frequently discussed topic, and many people with MS have questions. Dr. Vollmer, Medical Director of the Rocky Mountain MS Center, has agreed to clarify some of these questions and issues as they relate to people with MS.

Are people with MS more likely to experience complications from flu?

People on chronic immunosuppressive therapy may be more susceptible to developing serious infections. Similarly, people who are more severely affected with MS, especially those who have limited mobility, may be more at risk of harm from respiratory complications. But otherwise, most people with MS are not more likely to develop serious infections.

Another special consideration for people with MS is that infection with swine flu, like the seasonal flu, may increase the risk of an MS exacerbation. Are treatments for swine flu available?

Yes, laboratory testing on these swine influenza A (H1N1) viruses so far indicate that oseltamivir (Tamiflu) and zanamivir (Relenza) are effective. Based on experience with seasonal flu, these drugs are more effective if used within 48 hours of onset of symptoms.

Should people with MS who get swine flu be treated with antiviral therapy?

Probably. As stated above, people with MS may be at more risk from flu infection. Discussing these factors with your primary care physician is a good idea and together you can make a decision about being treated with an antiviral therapy.

Are there any special precautions that people with MS should take? Generally, no.

However, it is certainly important for people with MS to follow basic hygiene principles, including frequent hand washing, coughing or sneezing into a tissue, not touching your eyes, nose or mouth, and avoiding close contact with possibly infected people. Taking these preventative measures greatly reduces all people's chances of getting the flu – including those with MS – as swine flu is passed from person to person.

What if someone with MS does not have symptoms of flu but has been exposed to a person who is known to be infected with swine flu?

In some situations, antiviral therapies can be used to prevent infection in people who have been exposed to the virus. This preventive use of antivirals may be considered when someone has been in close contact (within six feet) with a person who has a confirmed case of swine flu. Additionally, those MS patients who have other health problems, such as heart disease, may be candidates for prophylactic therapy if exposed to probable infected cases.

If an MS patient thinks he/she may have contracted swine flu (fever, aches and pains), what should he/she do?

See your primary physician. Because antiviral therapies are more effective when used early, it is important to consult your primary physician soon after you begin to experience symptoms. Generally, these drugs are most effective if started within 48 hours of onset of symptoms.

Should injectable MS therapies or Tysabri be discontinued?

No. You should continue to follow your physician's treatment recommendations.

Do you have any other recommendations for MS patients?

At this point in time, practicing good hygiene is the most effective measure you can take to avoid the swine flu, particularly frequent hand washing or use of hand disinfectants, and avoiding close contact with individuals with cough or other symptoms suggestive of the flu.

The good news is that the swine flu may turn out not to be an especially virulent virus. For more general information on swine flu, including its incubation period, patterns of infection, symptoms, and more information about specific treatments, visit the Center for Disease Control and Prevention's website: www.cdc.gov

Please click [HERE](#) to read "Children and Pregnant Women who may be Infected with Swine-Origin Influenza Virus: Considerations for Clinicians".

Rocky Mountain MS Center Receives \$35,000 through Denver Post Season To Share

Please read press release [HERE](#)



Jerry Grilly, President/CEO of the Denver Newspaper Agency/The Denver Post, and Karen Wenzel, Rocky Mountain MS Center Executive Director, smile as Grilly presents Wenzel with a \$35,000 grant. (Photo by P. Switzer)

Legislation that makes a difference

UPDATE: House Bill 1059 will be signed by Gov. Bill Ritter on 9:45 a.m. on Saturday, May 2, 2009 at Broomfield City Hall
1 Descombes Drive
Broomfield, CO 80020

House Bill 1059 definitively passed the Senate on March 16, 2009. It is now awaiting the signature of the governor. The signing date, which is still to be determined, is expected to be soon.

Feb. 16, 2009:

The Rocky Mountain MS Center has been instrumental in the creation and legislative progress of a bill that will direct insurance companies to cover the cost of routine treatment for clients who choose to enroll in clinical trials.

The Rocky Mountain MS Center is proud to be partnering with Colorado State Representative Dianne Primavera (D-Broomfield) as well as a number of other organizations, including the American Cancer Society Cancer Action Network, in pushing through this vital, life-saving bill.

House Bill 1059 would assist patients – including those who live with MS – by requiring insurance companies to cover basic health benefits for patients who participate in clinical trials. Currently, coverage of basic medical treatment can be denied to those who enroll in a clinical trial.

In early February the bill passed out of the Health and Human Services Committee unanimously and moved to the House. On Feb. 13 it then passed the House on a 61-0 vote. The bill is now awaiting Senate action.

Dr. Timothy Voilmer, the medical director of the Rocky Mountain MS Center, testified to members of the Health and Human Services Committee on the importance of the bill.