What You Need to Know About Fall Vaccines: Flu, COVID-19 and RSV

Having MS can sometimes feel like a full-time job. Over the last few weeks, I had to establish care with a new clinic and MS neurologist (my long-time neurologist just retired from patient care), get biannual labs, get an MRI and make arrangements for my next infusion.

As usual, it wasn’t a smooth process. This time, the hospital where I went for the MRI was under construction — I was late because the old parking garage had been demolished. Then the lab orders contained a nonexistent code that took way too long to sort out. I had to call my new doctor’s office and hand over my cell phone to the lab staff person so the nurse could explain what was needed.

And I’m still not done. My next order of business is one of the most important — get recommended fall vaccines.

Earlier this month, the Centers for Disease Control and Prevention (CDC) recommended the updated COVID-19 vaccine. These vaccines have just been updated with the 2023/24 formula to target the highly transmissible XBB.1.5 strain, a subvariant of omicron. They will likely be effective against most COVID-19 viruses currently circulating in the U.S. Virtually everyone, including those of us with MS, should make plans to get the updated COVID-19 vaccine, regardless of prior vaccination status.
It’s also the right time of year for an annual flu shot, which can be done when you get your updated COVID-19 vaccine and other recommended vaccines, if needed. High-dose influenza vaccines are again available for older adults (65 and up) to improve immune response. Guidelines also state this year that people with allergies to eggs can safely receive any flu vaccine.

For those 60 and older, we have our first vaccine to prevent respiratory syncytial virus (RSV), which can cause the common cold, bronchiolitis (swelling of the small airway passages in the lungs) and pneumonia. RSV leads to an estimated 60,000-160,000 hospitalizations and 6,000-10,000 deaths among adults 65 years of age and older each year. The vaccine is more than 80 percent effective at preventing lower respiratory tract infection in the first season after administration.

The CDC also recently recommended a maternal RSV vaccine, during 32 through 36 weeks gestation, to prevent RSV infection in infants, who are at higher risk for severe disease.

These vaccines are effective. I’ve told everyone in my family to get them. They reduce hospitalizations and deaths. COVID-19 vaccines also lower the risk of Long COVID Syndrome. While mild side effects can occur, the vaccines do not cause the infections they are designed to prevent. True allergies, insensitivities and intolerances are rare. So much fear around vaccines is misplaced, and the consequences are needless suffering and loss of life.

We MS warriors should follow the same recommendations as others, with a few caveats. Here are 5 things you need to know:

1. **Flu and COVID-19 vaccines are recommended for everyone age six months and up.** Most people need just one dose of each. Some people who are moderately or severely immunocompromised might also benefit from a second COVID-19 dose. People on disease modifying therapy should not receive the nasal flu vaccine, which contains live virus, but flu shots are OK.

2. **Timing of vaccines can be more complicated for those of us with MS.** Many MS medications work by suppressing the immune system. When administered too near to certain disease-modifying therapies, some vaccines won’t trigger the robust immune response we want. The National MS Society has a helpful guide to optimize timing for COVID-19 vaccination. Flu shots may also work best when given prior to and separated from infusion therapy by a few weeks. If you’re not sure about the best timing, talk with your neurologist to decide what makes sense for you.

3. **The best time to get flu shots is usually September or October (though later is better than never).** COVID-19 vaccines, though not yet as widely available, can also be given now, as long as it’s been two months or more since your last COVID-19 vaccine. For flu and COVID-19 vaccines, it takes about two weeks after vaccination to achieve maximal protection; it’s best not to wait until infection rates are going up.

4. **RSV vaccines should also be considered for older adults (60 and up), depending on your risk factors, and pregnant women between 32 and 36 weeks gestation.**
weeks gestation. RSV season tends to hit earlier than flu, so getting the shot now will help you stay healthy when cases are likely to be higher. Talk to your doctor to decide if RSV vaccination is recommended.

5. **Don’t forget about other protective measures.** Effective masks (N95, KN95), social distancing and handwashing can all reduce your risk of illness, especially during community outbreaks. Good self-care (such as healthy diet, regular exercise, stress management and sufficient sleep) also help keep us – and our immune systems – healthy and better able to fight off infection.

None of these vaccines are perfect. Protection is incomplete and decreases with time. The flu vaccine, for example, is usually only 40-60% effective at preventing infections during a typical flu season. But for most people who get a breakthrough infection after vaccination, the illness is less severe and less likely to result in serious complications.

Alas, the updated COVID-19 vaccine arrived too late to save me from an infection this September. A few days after the vaccine was approved, I spent a morning looking for a pharmacy that had it in stock. I gave up, vowing to call ahead and schedule an appointment later in the week. Then I started feeling bad and tested positive that afternoon. Thanks to prior vaccines and the antiviral medicine, Paxlovid, I was able to bounce back quickly, but I wish I could have avoided those days of feeling exhausted, foggy and congested. While I can go ahead and get my flu shot, I’ll wait another three months to receive the updated COVID-19 vaccine, a delay which CDC says may be considered after a COVID diagnosis.

Vaccines continue to be one of our most important tools to improve personal and public health. Yet too many people opt out of this important opportunity to protect themselves – and their families and communities.

Talk to your healthcare provider about which vaccines are right for you and when you should get them. Also, ask what else may be recommended, such as vaccines to prevent shingles, pneumococcal disease and tetanus. For more information, visit the CDC’s website or the National MS Society’s guidance on vaccines.