



Ochsner Health's Dr. Whitney Hardy stresses the importance of flu protection

By Dean M. Shapiro

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The flu season is upon us and, to make matters worse, the global COVID-19 pandemic is still ongoing, with cases and casualties on the rise.

Medical professionals are strongly advising those who haven't gotten their influenza vaccines already to do so as soon as possible. They warn about the seriousness of individuals contracting both COVID-19 and the flu at the same time. By getting flu shots early in the season, recipients stand a good chance of being protected from at least one of the two ailments for the duration of the six-month-long flu season.

While there is still no vaccine available to protect from the coronavirus, flu vaccines have been on the market for many years and are readily available in medical offices, clinics, hospitals and at major chain pharmacies.

To learn more about the flu and the advantages of being vaccinated against it,

Breakthru Media magazine interviewed Dr. Whitney E. Hardy, a family practice physician and Physician Site Lead for Ochsner West Bank. Dr. Hardy obtained her medical degree from the Louisiana State University and completed her internship and residency at the Lake Charles Memorial Hospital. Her practice involves all ages, with her interests being in sports medicine, women's health, and minor skin procedures. She participates in multiple health fairs, community outreach presentations and foreign missions.

Here are the questions and Dr. Hardy's responses:

Q: When is the best time to get a flu shot?

We really recommend getting the flu shot around October; the reason being is because of the length of our flu season, particularly in this part of Louisiana because it doesn't get cold until December and sometimes not until February. You want to have that added protection throughout the flu season because the season can last until April and sometimes through May.

Q: How long are the shots good for and when they are given do they take effect immediately or does it take a while?

The benefits (of the flu shots) are only good for about six months and you're looking at about 4-6 weeks maximum for you to build up the antibodies (needed to combat the infection).

Q: Once the flu season starts is it already too late to get a shot?

Absolutely not. You can get the shot any time during the flu season and that is because flu viruses will circulate year-round. It's during the flu season when they're at their peak prevalence.

Q: If someone already has the flu, can they get a shot while they have it?

While they're actively sick, we would recommend holding off on that. Guidelines recommend not giving the flu shot if the patient has fever greater than 100.4. But once they recover, we would absolutely want to vaccinate them because there are multiple other virus types and the flu shot can still protect them against getting it again with one of those (mutated) virus types.

Q: Is it possible for someone to have both the flu and COVID-19 at the same time?

Unfortunately yes. In my research I have not found a way that having one would provide protection against the

other. So that is all the more reason why the flu vaccine should be something that people take advantage of.

Q: So if they have both at the same time, then obviously the risks of one or the other or both are increased?

Exactly. Both of these illnesses have very similar symptoms. Both of them, especially for patients with chronic illnesses, can cause respiratory problems. They can lead to hospitalization and even death. So it's not something you would want to take chances with. The flu shot provides the protection for at least one of them.

Q: What is the approximate or estimated effectiveness percentage for the flu vaccine?

Based on the data from the CDC for 2019-2020, effectiveness is 45 percent against Flu A & B virus types. And even though that is not as high as some might think, that's still really good for a vaccine.

Q: So there's a chance that if somebody gets a vaccine they can still get the flu?

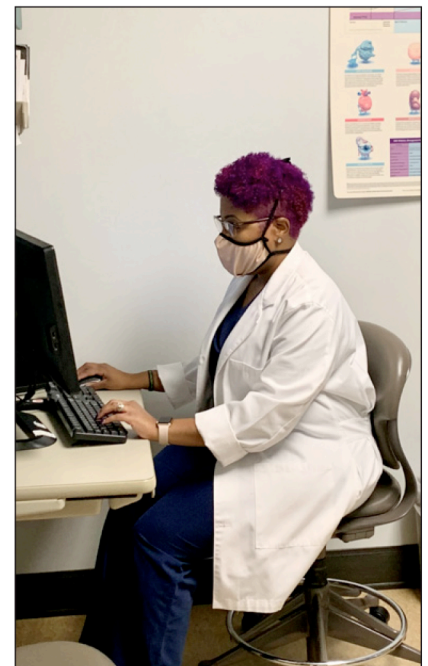
That is correct. That is the thing we've

always told people whenever we're vaccinating them. However, what the vaccine is doing is allowing your immune system to develop antibodies, which are memory cells that can activate and help fight off the virus. So even if you were to get it, it might be the difference between staying home or going to the hospital. The severity is lessened with the shot.

Q: Have you noticed an increase in people coming in to get their flu shots this season; is there a decrease or is it about the same?

I've noticed an increase. We've actually had people calling in for flu shots in advance this year. Normally we would be pushing to convince people that they need to get their flu shot. But this year there seems to be an increased awareness and I think that's largely due to the COVID-19 pandemic. People are still unsure about what a COVID-19 vaccine will be like. The flu vaccine is something that we DO know and it's protection that we have right now.

Q: Focusing specifically on the African American community, for some reason, maybe because of past experiences, there's been a certain amount



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of fear among African Americans about getting vaccinated for anything. Can you address that?

Just going from my patient population and what I've seen, I think there is still that concern. People want to trust the reliability of what they're getting; they want to trust the quality of the information.

But I have seen an increase of engagement with my patients who are 65 and older and among my patients who have the most chronic diseases. So the sickest patients are the ones, even in the African American community, who are interested in protecting themselves. But, by and large, that resistance is still prevalent. And so it's my challenge to make sure that I have the opportunity to educate them and that we get information out there that is accurate. I can do this because my patients trust the relationship that they have with me, and I know that's something that Ochsner is doing a lot of work around as well.

We too are trying to get the information out to people (in the African American community) that they would normally trust. Especially the pastors in the churches. We're trying to get the message across that this is not one of those experimental experiences that they've had in the past.

There's a lot of misinformation and concern about future experimentation. I see misinformation on Facebook all the time; things like "Is Bill Gates putting a microchip in the vaccination?" and other stories of that nature. These are the types of questions that I'm getting, even though this sounds like a science fiction novel. So I do have those conversations with my patients to explain how that would not even be possible right now with today's technology. It's that (doctor-patient) relationship we have that you can build the education upon.

Q: We know that the flu is transmitted through the air but can it also be contracted by touching certain surfaces that might have been contaminated?

Our knowledge is that it's primarily airborne transmission. Because the virus, when you breathe it in, it tends to live in the nasal passages. So that's why, whenever we do the flu swab, we'll collect it through the nasal passages.

Q: What medicines might be prescribed for the flu and do over-the-counter medicines work against it?

The main prescription we'll give is Tamiflu. What it generally does is decrease the length of illness by one to two days. So it's most effective if it's taken within 72 hours of symptom onset. So that would mean that when people start feeling those flu-like symptoms, they need to get to the doctor and get a test right away. Because once you're out of that 72-hour window, it doesn't really help you. And it can be kind of expensive.

As far as over the counter medicines, some studies that show that zinc can have antiviral properties, particularly against the common cold. So that's a supplement that people may be interested in. Of course, warm tea with honey if you're

having sore throat. You can use antihistamines for congestion. And then there's Delsym, a cough medicine, and other cough suppressants.

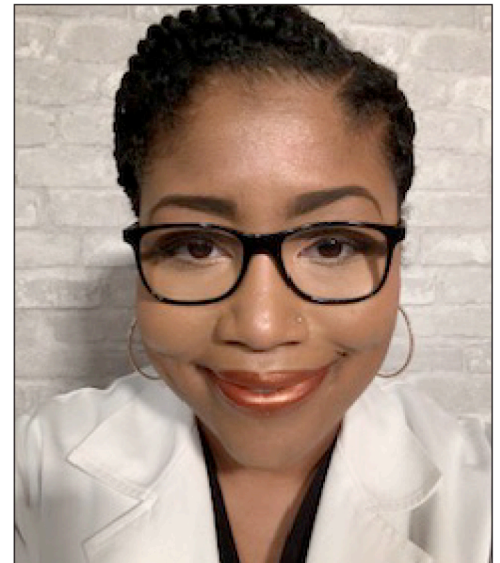
But the treatment is mostly supportive and symptomatic, which is why we really want people to get the vaccine so that you just don't get the flu. Because there isn't a whole lot that we can do once you do get it.

Q: Is there some information on the Ochsner website that people can refer to?

Yes. We actually have a link to that: www.ochsner.org/flu.

It's a really great one-pager that kind of breaks down many of those myths. We distribute this throughout the primary care offices so that when patients come in they can see this. I also refer my patients to the CDC and to the WHO so they can see that it's not just me as their doctor saying this. The information that I'm getting is coming from reliable, evidence-based sources. 🌐

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Editor's note: Dr. Hardy noted that, with the onset of the colder weather and people spending more time indoors, both flu and COVID-19 cases are likely to increase. In offices and other indoor work environments she recommends wearing facial coverings and maintaining safe distances. But, in family situations where members are indoors, there are no specific recommendations from the medical community. Families should use their own judgments and make decisions based on the health of the family members with whom they share the space.