THE WEEKLY DOCTORDOUG REPORT

October 25, 2026

"The weekly newsletter continues and is all personally written by myself and produced by my staff. That said, when I worked for the summer in DC, long ago, my job was to provide an executive summary for the congressman on various topics. Today...I'm letting AI provide that summary for you at the beginning of the newsletter, but the rest is as usual, handwritten."

- Dr. Lakin

This health update provides comprehensive guidance on viral respiratory infections, vaccination recommendations, illness management, and protective measures during travel, with a focus on COVID-19, measles, RSV, and flu.

- **Early Autumn viral infections remain low:** FLU has arrived. COVID is around. They are in moderate numbers. Please get your shots now. Doing both at the same time is efficient and shown to be safe and without increased side effects.

- **FLU SHOT:** Time to plan for your FLU SHOT. October through November are the best months, with October the sweet spot...but anytime mentioned is fine and later is OK too. All FLU SHOTS are excellent. The new mRNA flu shot has been proven safe and effective and is a fine choice, or you can stick with the traditional flu shots that are developed specifically for this year. We will be having flu shot clinic during late September and October. Call if you are interested. We do not have COVID vaccine.

- **COVID-19 vaccination availability and advice:** THE NEW COVID-19 vaccines are widely available at pharmacies; those 65 and older or with serious health conditions are strongly recommended to vaccinate, with dosing frequency varying by risk level. The NEW VERSION of the COVID VACCINE IS AVAILABLE.

- **2026–2027 COVID vaccine targets new strain:** XFG instead of last season's LP.8.1 — both are JN.1-lineage Omicron descendants, but XFG is the one now dominant in circulation, so the update is meant to better match currently spreading virus.

FLU & VIRAL UPDATE

FLU VACCINE:

The Flu shot:

The flu shot recommendations are the same as every year. Shots are best taken starting now.... end of September through November. It is OK if you take earlier or later, but the duration of the shot may not cover the entire flu season and taking late may miss the first part of the FLU SEASONS which traditionally begins around Thanksgiving-time, so time it as best you can based on your personal schedule.

mFLUSIVA: The Flu shot will be available as usual, the same versions as always, but there is a new version that is mRNA based, similar technology to the current COVID vaccination. Large

scale studies have proven this both safe and effective… 20% more effective. That said, this is the first year for the mRNA FLU shot. It is made by MODERNA and called: mFLUSIVA. This is considered safe and is fine to take this season, but if you are the more conservative type, you should take the traditional FLU vaccine this year, awaiting full roll-out, and then perhaps take the new technology flu shot next year…but it is proven safe to take and if you prefer this is an excellent choice.

The FDA's advisory committee confirmed on March 12-13, 2026 that the 2026-2027 US flu vaccines will keep the trivalent (three-strain) format that's been standard since the 2025-2026 season, covering two Influenza A strains and one Influenza B strain — with no bivalent option offered. The three components are:

- Influenza A(H1N1): A/Missouri/11/2025-like virus
- Influenza A(H3N2): A/Darwin/1454/2025-like virus (egg-based) or A/Darwin/1415/2025-like virus (cell/recombinant-based) — a new subclade K strain
- Influenza B: B/Tokyo/EIS13-175/2025-like virus (egg-based) or B/Pennsylvania/14/2025-like virus (cell/recombinant-based), both from the Victoria lineage

All three components got refreshed strains for this coming season, which is notable — it's the first time in recent years all three have changed simultaneously.

COVID-19 VACCINATION

The NEW COVID-19 vaccine is widely available at Walgreens, CVS, and other pharmacies. If you get the COVID vaccine… and a prescription is required, please contact our office and we will send that in for you. THAT SAID, THE GOVERNOR SIGNED A LAW SAYING YOU DO NOT NEED A VACCINE PRESCRIPTION, SO YOU SHOULD BE ABLE TO REGISTER AND OBTAIN IT WITHOUT A PRESCRIPTION FROM OUR OFFICE.

Our office does not carry the COVID vaccine at this time. If you would like to receive both the flu and COVID shots together, scheduling directly with your local pharmacy is a convenient option — and it is perfectly safe to get both at the same visit.

Key Facts About COVID Vaccination

- The COVID vaccine is strongly recommended for adults 65 and older, and for anyone with serious underlying health conditions.
- In the 65+ age group, the vaccine has been proven to reduce the risk of hospitalization and death.
- COVID continues to rank among the top 3 or 4 causes of death in Americans over 65.
- The annual risk of contracting COVID is estimated at 10–30%.
- The risk of serious complications from the vaccine is approximately 1 in 100,000 — roughly the same odds as dying in a single skydiving jump. By comparison, the risk of serious illness or death from COVID in those over 65 is 50 per 100,000 or higher.
- Cash price for the COVID vaccine ranges from $140 to $200. This should not be a barrier for those who are high-risk, but I want you to have the full picture.

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About the 2025–2026 COVID Vaccine Formulation

XFG instead of last season's LP.8.1 — both are JN.1-lineage Omicron descendants, but XFG is the one now dominant in circulation, so the update is meant to better match currently spreading virus.

Available options include mRNA vaccines from Moderna and Pfizer/BioNTech.

Dosing Recommendations

- Adults 65 and older (healthy): one dose per year is recommended.
- Adults 65 and older with significant health conditions (diabetes, COPD, heart failure, kidney disease, immune compromise): every six months is appropriate — and at minimum, once a year.
- Adults over 80: every six months is the preferred interval.
- Immunocompromised individuals should consult with me directly for personalized guidance.

If you fall into any of these higher-risk groups, please stay current with your COVID vaccinations. The protection they offer against hospitalization is real and well-documented.

MEASLES: WHAT YOU NEED TO KNOW

Measles has been making headlines due to a growing outbreak driven in part by declining vaccination rates. Measles is the most contagious virus known — far more than COVID or flu. While the broad risk to adults remains very low, there is a clear breakdown by age:

- Born before 1957: You almost certainly had natural measles infection and carry lifelong immunity. No action needed.
- Born 1968 or later: You received an effective measles vaccine and are protected.
- Born 1958–1967: There is a possibility that your vaccine protection has waned over the decades. While you are likely still immune, you may wish to have a blood test to confirm your immunity status. If the test is negative, a simple MMR booster will restore full protection. I generally do not recommend routine testing for people in this age group unless you are immunocompromised or particularly concerned — but the option is there for peace of mind.

The overall risk of measles exposure for most of my patients remains very, very low.

RSV VACCINE

The RSV vaccine has now been available for over two years and has a good safety record. Here is who should consider getting it:

Most Important Group

Individuals living in group or congregate settings — including independent living communities where meals are shared, or assisted living facilities — are at the highest risk for RSV and stand to benefit the most from this vaccine.

Also Consider the RSV Vaccine If You Are Over 65 With:

- Actively managed heart failure
- Cancer (currently or recently treated)
- Chronic lung disease
- Diabetes

Two versions are available — one from GSK (maker of Shingrix) and one from Pfizer (maker of the COVID vaccine). Both are comparable in efficacy and safety. There is no strong medical reason to choose one over the other.

The RSV vaccine can be given at any time of year. No special timing is required.

There is currently no antiviral treatment for RSV. If you get it, we treat the symptoms. That is another good reason to vaccinate in advance.

TRAVEL AND MASKING

COVID activity in Arizona is low right now — great news. However, travel significantly increases your exposure risk, simply by putting you in contact with people from many different places.

Masking during travel is a personal decision, but I do offer these recommendations:

- A high-quality mask — N95 or KN95 — meaningfully reduces your risk of infection in crowded spaces. It is not perfect, but it does help.

- I recommend wearing a mask in busy airport terminals, where your exposure is greatest.
- On the airplane, once the engines are fully running, the air is filtered at a high level and exposure drops considerably. Whether to mask during the flight is your call.
- A smart strategy: wear a mask on the way to your destination so you arrive healthy. It is less critical on the return trip.
- Do not worry about what others around you are doing. If you are wearing a good mask, you are protecting yourself — and that is what matters.

Please do not let any of this keep you from living your life and enjoying your travels. The goal is to be informed and take sensible precautions, not to stay home.

COVID/FLU: CURRENT STATUS AND WHAT TO DO IF YOU GET SICK

If you feel seriously ill with fever, aches/pains, cough, congestion…it is reasonable to test for COVID and FLU If flu-like symptoms are present, you are also welcome to come to the office parking lot for testing. Please call us to arrange.

Treatment is available for both COVID and flu and is worthwhile in many situations. Paxlovid antiviral pills for COVID are widely accessible, though most people with mild illness do not require medication. RSV has no antiviral — we manage symptoms supportively.

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The Three Phases of COVID Illness

- Jailbird: Strict quarantine for 5 days from first significant symptoms (or from your positive test date if symptoms were unclear). You must also be fever-free for 24 hours before ending isolation. If you must go out, wear a mask indoors 100% of the time.
- Free Bird: Day 5 and beyond — no restrictions apply. No follow-up test is needed to confirm clearance.

While You Are Ill — Key Steps

1. Understand the typical course of COVID illness.
2. Quarantine for 5 days from first symptoms or positive test, with 24 hours fever-free before ending isolation.
3. Monitor yourself daily: check your temperature and oxygen levels if you have the equipment.
4. Stay well hydrated. Eat if you can manage it.
5. Treat your symptoms as needed (see medication list below).
6. The single most important warning sign is true shortness of breath. If that develops, go to the emergency room.
7. Stay in touch with our office and update us on fever and oxygen readings if you have them.
8. No testing is required once you have recovered.

YOUR HOME COVID/ILLNESS KIT

Being prepared at home makes managing an illness much easier. Here is what I recommend having on hand:

Equipment

- Digital oral thermometer — to monitor fever
- Pulse oximeter — to check your oxygen levels

Medications

- Tylenol (acetaminophen), Advil (ibuprofen), or Aleve (naproxen) — for fever and body aches. Advil and Aleve are both safe to use with COVID.
- Sudafed 30mg tablets — for nasal congestion
- Chlorpheniramine 4mg tablets — for drying/congestion
- Robitussin DM syrup — for cough
- Imodium AD — for diarrhea

Managing Common Symptoms

Fever and aches: Tylenol 650–1000mg up to four times per day is first choice. If needed, Advil (200mg, 2–3 tablets, 2–3x/day) or Aleve (220mg, 1–2 tablets, 1–2x/day) are good alternatives.

Sore throat: Gargle with warm salt water (1 teaspoon salt dissolved in a glass of warm water) every 2–4 hours. Pain medications also help.

Cough: Steam — from a hot shower or a towel-covered bowl of hot water — soothes irritated airways. Robitussin DM or Delsym can suppress cough. If your cough is severe, contact me; a prescription-strength syrup may be appropriate.

Congestion: Sudafed 30mg (1–2 pills, up to 4x/day) or Chlortrimeton 4mg (up to 4x/day). Note: Claritin, Zyrtec, and Allegra are allergy medications and will not help with infection-related congestion.

Nausea: This is the hardest symptom to manage at home. Flat ginger ale or ginger root can help mildly. If nausea is persistent and preventing fluid intake, call us — prescription medications (Zofran, Phenergan, Compazine) work very well and can be prescribed.

Hydration — The Most Important Thing

Preventing dehydration is your top priority during any illness. Sip clear liquids continuously throughout the day. Good options include:

- Plain water
- Gatorade or similar electrolyte drinks (full-sugar versions — the calories help)
- Tea, broth, chicken soup
- Apple juice or cranberry juice diluted 50/50 with water
- Popsicles

If your appetite is present, eat whatever sounds good and is easy to tolerate — toast, crackers, plain noodles, rice, banana, applesauce, or cooked chicken. If you cannot eat, that is fine for a few days. Liquids are the priority.

Yours in good health,

Dr. Lakin