August 10, 2025

'THE WEEKLY DOCTORDOUG REPORT'

THERE IS NO FLU AROUND…..BUT TIME TO START THINKING ABOUT FLU SHOTS IN SEPTEMBER AND OCTOBER.

COVID IS LOW BUT STILL AROUND. NO SUMMER SURGE CURRENTLY IN ARIZONA.

STILL, THERE IS SOME NONSPECIFIC VIRAL UPPER RESPIRATORY INFECTIONS AROUND. SEEING THIS IN THE COMMUNITY AND IN THOSE WITH LITTLE CHILDREN OR GRANDCHILDREN.

IN OUR PRACTICE… COVID IS BEING SEEN AMONG TRAVELERS TO EUROPE AND THOSE WHO HAVE NEVER HAD COVID BEFORE. IF YOU ARE HIGH RISK AND OVER 65 OR OVER 80…YOU SHOULD BE GETTING EVERY 6 MONTHS COVID SHOTS THAT ARE PROVEN TO REDUCE SEVERE INFECTION AND HOSPITALIZATION.

INFORMATION ON THE UPCOMING FALL COVID VACCINE:

ROLL OUT OF THE NEW VACCINE HAS NOT BEEN DEFINED…WE DO NOT KNOW THE EXACT DATES BUT WILL KEEP YOU INFORMED WEEKLY ON THIS TOPIC (SEE BELOW).

IF YOU ARE OVER 65 AND IT HAS BEEN MORE THAN A YEAR SINCE YOU HAVE HAD COVID OR HAVE HAD A VACCINATION IT IS FINE TO GET THE CURRENT VACCINE. WAITING IS ALSO REASONABLE IF YOU PREFER TO HAVE THE MOST UPDATED VERSION, BUT TIMING ON THE NEW VACCINE IS NOT DEFINED. IT IS FINE TO GET THE CURRENT VACCINE. IT WILL PROVIDE SIGNIFICANT PROTECTION.

THIS SEASONS FLU VACCINE AND AVAILABILITY AND TIMING:

The 2025–2026 seasonal flu vaccine is now becoming available in the United States. Major manufacturers, including GSK, Sanofi, and CSL Seqirus, began shipping flu vaccine doses to healthcare providers, pharmacies, and health systems immediately following the FDA's licensing and lot-release approval in early July 2025. This means that doses should be arriving at clinics and pharmacies throughout August.

Most national pharmacy chains, such as CVS and Walgreens, typically start offering flu vaccinations to the public beginning in mid-August each year. Patients can generally expect to begin vaccination appointments as early as mid-August, with continued availability through the fall.

The CDC advises the optimal timing for flu vaccination is September and October, and that everyone 6 months and older should be immunized by the end of October for best protection before peak flu activity.

Key points for this flu season:

- **Flu vaccine doses for the 2025–2026 season are shipping now (as of July 2025) and will be widely available at pharmacies and providers starting mid-August.**
- **CDC and Medicare recommend vaccination ideally by the end of October, but vaccination should continue throughout the flu season**

- **TAKING THE FLU SHOT AND COVID SHOT AT THE SAME TIME IS AOK AND HAS PROVEN TO BE SAFE, EFFECTIVE, AND DOES NOT LEAD TO INCREASED SIDE EFFECTS OR COMPLICATIONS. THIS HAS BEEN STUDIED AND PROVEN.**

HERE IS SUMMARY INFORMATION ON THE NEW COVID VACCINE FORMULATION PER PERPLEXITY AI:

The updated 2025–2026 COVID-19 vaccines are expected to become available in the United States starting in September 2025, with most major healthcare systems and pharmacies receiving supplies around the same time as the annual flu vaccine. The new vaccines are monovalent, JN.1-lineage-based formulas—preferentially the LP.8.1 strain—matching the dominant circulating variant and following FDA recommendations

Detailed Information on the Fall 2025 COVID-19 Vaccine
Vaccine Composition and Target

- **Formula: The 2025–2026 COVID-19 vaccine is a monovalent shot targeting the LP.8.1 strain, a member of the JN.1 lineage of Omicron. This update is designed to better match the predominant SARS-CoV-2 virus currently circulating in the U.S.**

- **Rationale: LP.8.1 is now responsible for about 70% of U.S. COVID-19 cases. The vaccine update aims to provide stronger protection and keep pace with viral evolution.**

Manufacturers and Types

- **mRNA Vaccines: Moderna and Pfizer/BioNTech will produce updated mRNA vaccines using the new LP.8.1 antigen.**

- **Protein-based Vaccine: Novavax (Nuvaxovid™) will offer a protein-based, non-mRNA option, approved for adults 65+ and those 12–64 at high risk for severe COVID-19.**

- **All vaccines will be updated to target LP.8.1 for the 2025–2026 season.**

Effectiveness and Immune Response

- **Neutralizing Antibodies: Lab and early clinical data show that vaccines targeting LP.8.1 generate a similar or modestly higher immune response against circulating JN.1-derived variants compared to previous vaccines.**

- **Protection: Mathematical modeling and early studies suggest that the LP.8.1-based vaccine may offer improved effectiveness and longer duration of protection compared to earlier JN.1 or KP.2-based vaccines.**

- **Breakthroughs: As with previous vaccines, some breakthrough infections may occur, but the main benefit is a reduced risk of severe disease, hospitalization, and death.**

Eligibility and Access

- **Priority Groups: The vaccine will be primarily available to adults 65 and older and those 12–64 with high-risk conditions (e.g., asthma, diabetes, cancer, obesity, smoking).**

- **Healthy Adults & Children: Routine access for healthy adults under 65 and children may be limited, pending further studies and policy updates.**

- **Rollout Timing: Vaccines are expected to be distributed to clinics and pharmacies in the fall, as soon as manufacturing is complete.**

Safety and Side Effects

- **Safety Profile: The updated vaccines are expected to have a safety profile similar to previous versions. The most common side effects are mild and include soreness at the injection site, fatigue, and mild fever.**

- **Rare Risks: Novavax and other vaccines continue to be monitored for rare side effects such as myocarditis and pericarditis, especially in younger populations.**

Dosing and Recommendations

- **Older Adults (65+): Recommended to receive two doses, spaced six months apart.**

- **High-Risk Individuals (12–64): Eligible for at least one dose; specifics may vary by risk factors and vaccine type.**

- **Immunocompromised: May have different recommendations—consult your healthcare provider.**

Why the Update?

- **Virus Evolution: The LP.8.1 strain has surpassed previous variants (like JN.1 and KP.2) in prevalence and shows some increased immune resistance, making updated vaccines necessary to maintain protection.**

- **Annual Strategy: The approach now mirrors the flu vaccine, with yearly updates to match the most relevant strains.**

What to Expect

- **Continued Monitoring: The FDA and CDC will monitor vaccine safety and effectiveness as the season progresses and will update recommendations if needed.**

IF YOU ARE IN RISK GROUPS OR OLDER….DO KEEP WITH THE 6 MONTHS COVID IMMUNIZATIONS TO PROTECT AGAINST SEVERE INFECTION AND HOSPITALIZATION.

WEST NILE VIRUS:

WEST NILE SEASON BEGINS NOW. WE HAVE SEEN ZERO WEST NILE THIS YEAR SO FAR… 80% OF PEOPLE ARE ASYMPTOMATIC.

TO PREVENT WEST NILE, WEARING A GOOD MOSQUITO REPELLENT WITH DEET OR PICARIDIN IS THE BEST ADVICE. AVOID BEING OUTDOORS AT SUNSET ALSO HELPS. THIS LASTS FROM NOW UNTIL THE END OF SEPTEMBER.

MEASLES CONCERNS/OUTBREAK:

MEASLES OUTBREAKS ARE IN THE NEWS. A CHILDHOOD VIRUS THAT IS THE MOST HIGHLY CONTAGIOUS VIRUS KNOWN TO MAN, IT HAS BEEN ALL BUT ERADICATED IN THE USA, WITH A FOOTHOLD DEVELOPING DUE TO ANTI-VACCINE CONCERNS.

ADULTS ARE GENERALLY NOT AT RISK, BUT HERE IS INFORMATION FOR YOU:

IF YOU WERE BORN BEFORE 1957 YOU HAVE NO CONCERNS. IT IS ALMOST CERTAIN YOU HAVE MEASLES AND YOU REMAIN IMMUNE.

IF YOU WERE BORN IN 1968 OR LATER YOU CERTAINLY HAD AN EFFECTIVE MEASLES VACCINE AND ARE PROTECTED.

IF YOU WERE BORN IN 1958-1967, IT IS POSSIBLE THAT YOUR MEASLES VACCINE HAS WORN OFF. ALTHOUGH LIKELY THAT YOU HAVE IMMUNITY, YOU COULD CONSIDER A BLOOD TEST TO CHECK FOR IMMUNITY AND IF NEGATIVE, GET AND MMR BOOSTER SHOT. IN GENERAL, I DO NOT RECOMMEND TESTING PEOPLE IN THIS AGE GROUP UNLESS THEY ARE IMMUNE COMPROMISED, THEN IT IS WORTHWHILE. THE ONLY OTHER REASON IS IF YOU REMAIN WORRIED SO THAT YOU HAVE PEACE OF MIND ON THIS TOPIC. THE RISKS OF MEASLES BROADLY REMAIN VERY VERY LOW.

<u>RECOMMENDATIONS FOR 2025 IMMUNIZATIONS:</u>

DATA CONTINUES TO SUPPORT BENEFIT FROM COVID VACCINATION. BENEFITS OF THE SHOT INCREASE WITH AGE AND WITH CONDITIONS THAT PREDISPOSE TO COMPLICATIONS (EMPHYSEMA/COPD, HEART FAILURE, DIABETES, IMMUNE SUPPRESSION)

ONCE A YEAR: FOR THOSE OVER 65 YEARS OLD AND HEALTH…A COVID VACCINE ONCE A YEAR WILL PREVENT HOSPITALIZATION.

EVERY 6 MONTHS: FOR THOSE OVER 80 AND THOSE 65 AND OLDER WITH SIGNIFICANT HEALTH ISSUES SUCH AS DIABETES, COPD, HEART FAILURE, SIGNIFICANT KIDNEY DISEASE……EVERY 6 MONTHS IS APPROPRIATE FOR THE COVID VACCINE, AND CERTAINLY AT LEAST ONCE A YEAR. THIS PREVENTS HOSPITALIZATION.

CURRENT COVID STATUS:

THE CURRENT COVID STRAINS ARE VERY CONTAGIOUS AND PRESENT THROUGHOUT ARIZONA… WE ARE SEEING SEVERAL EACH WEEK, MOST DUE TO TRAVEL OR LARGE EVENT ATTENDANCE.

IF YOU GET SICK AFTER TRAVEL OR ATTENDING A BIG GATHERING… DO A COVID TEST. ALL STANDARD COVID TESTS WORK TO IDENTIFY THE CURRENT STRAINS.

ALL DOING WELL. BE PROACTIVE TO PREVENT THE NEED FOR HOSPITALIZATION. PROTECTION IS UP TO YOU AND NOW IS A PERSONAL DECISION. DO WHAT MAKES YOU COMFORTABLE.

DATA 100% SHOWS THAT GOOD MASKS MAKE A DIFFERENCE. THEY ARE NOT PERFECT, BUT THEY DO REDUCE RISK OF EXPOSURE AND INFECTION.

- **I CANNOT STRESS THIS ENOUGH… IF YOU DON'T WANT COVID & FLU FROM TRAVEL… WEAR A MASK IN THE AIRPORT CROWDS AND ON THE AIRPLANE (UNTIL 10,000 FEET) … THIS IS NOT AS ESSENTIAL AS IT WAS WHEN COVID WAS MORE SEVERE… BUT IF YOU WANT TO AVOID INFECTIONS IN GENERAL DURING TRAVEL... IT'S A RECOMMENDATION.**

- **EVEN SELECTIVE MASK USE WORKS WELL… SUCH AS ONLY IN CROWDED SPACES IN THE AIRPORT, AND DURING TRAVEL 'TO' YOUR DESTINATION, SO THAT YOU ARE NOT ILL DURING YOU VACATION/TRAVEL TIME. LESS IMPORTANT WHEN YOU RETURN FROM VACATION.**

VACCINATIONS:

- **COVID SHOT…GET UPDATED VERSION**

- **FLU SHOT …WAIT FOR THE FALL. DO NOT GET AT THE PRESENT TIME.**

- **RSV SHOT (CAN CONSIDER TAKING IF YOU HAVE NOT TAKEN YET)**

DO NOT GET ALL SHOTS AT THE SAME TIME. RSV SHOULD BE TAKEN ALONE.

RSV VACCINE:
THIS IS A NEWISH VACCINE. HAS BEEN GENERALLY AVAILABLE FOR 2+ YEAR.

WHO SHOULD GET IT:

THE MOST IMPORTANT GROUP IS NOW CLEAR…. THOSE WHO LIVE IN GROUP SETTINGS, INDEPENDENT LIVING WITH PEOPLE CONGREGATE FOR MEALS AND THOSE IN ASSISTED LIVING SITUATIONS.

ALSO…. PEOPLE AT HIGHER RISK SHOULD CONSIDER GETTING THE RSV VACCINE THIS YEAR IF THEY ARE INCLINED…BUT DON'T FEEL OBLIGATED.

FOR THOSE OVER 65 WHO HAVE ADDITIONAL RISK FOR SERIOUS ILLNESS AS A RESULT OF HEALTH ISSUES SUCH AS: ACTIVELY TREATED HEART FAILURE, CANCER, LUNG DISEASE, OR DIABETES.

THERE ARE TWO VERSIONS, BOTH SIMILAR, AND THERE IS NO SPECIFIC REASON TO CHOOSE ONE OVER THE OTHER (ONE IS GSK..MAKERS OF SHINGRIX, THE OTHER IF PFIZER…MAKERS OF THE COVID VACCINE)
WHEN TO GET RSV VACCINE:

CAN GET AT ANY TIME. ANY SEASON IS FINE.

IF YOU GET SICK YOU NEED TO TEST FOR COVID. CONSIDER COMING INTO THE OFFICE PARKING LOT FOR FLU TESTING AS WELL

TREATMENT FOR COVID AND FOR FLU IS AVAILABLE AND WORTHWHILE IN MANY INSTANCES.TREATMENT FOR RSV IS PURELY SYMPTOMATIC…. WE TREAT THE SYMPTOMS AS THERE IS NO ANTIVIRAL FOR RSV
PAXLOVID ANTI-VIRAL PILLS ARE WIDELY AVAILABLE…. BUT MOST PEOPLE DO NOT REQUIRE MEDICATION TO TREAT THEIR CASE OF COVID.

PLEASE LIVE LIFE, BEING CAREFUL IN WAYS THAT MAKE YOU FEEL MOST COMFORTABLE, BUT DO NOT RESTRICT YOUR ACTIVITIES.

FOR THE UNVACCINATED…. KEEP YOUR EYES ON THE ROAD…. COVID CONTINUES TO BE AN ISSUE.
THE CURRENT VARIANT IS MUCH MILDER, BUT THERE ARE CONCERNS FOR THOSE WHO ARE NOT VACCINATED. WE ARE TREATING NEARLY ALL THE UNVACCINATED THAT GET COVID.

RECOMMENDATIONS FOR MASKING WHEN TRAVELING IS A PERSONAL DECISION.

- **DO NOT CONCERN YOURSELF IF OTHERS ARE MASKING. IF YOU WEAR A HIGH-QUALITY MASK YOU ARE INCREASING YOUR PROTECTION AND DECREASING YOUR RISK.**
- **I DO RECOMMEND WEARING A KN95 OR N95 IN THE AIRPORT TERMINAL WHERE EXPOSURE IS GREATEST.**

- **ON THE AIRPLANE, WHEN THE ENGINES ARE FULLY ON, THE AIR IS BEING HIGHLY FILTERED AND EXPOSURE IS MUCH LESS. WEARING AN EXCELLENT MASK WILL REDUCE YOUR RISK DURING FLIGHT, BUT IT IS UP TO YOU IF YOU WISH TO USE THE MASK AT THAT TIME.**

Yours in good health,
Dr. Lakin