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RSV - Why Seniors Should be Vaccinated

RSV is a virus that sickens, hospitalizes and can kill young infants and senior citizens. The infection is seen primarily during the fall and winter cold and flu season. Most adults get mild upper respiratory symptoms with a runny nose, sore throat and mild cough and fatigue. The illness typically resolves in a few days. Infants produce so much mucous that it clogs their small developing airways and can lead to hospitalization, intubation, intensive care stays and even death. We see severe lower respiratory tract infections, pneumonia and respiratory failure in healthy adults aged 75 or older and younger adults who are immunocompromised.

The COVID pandemic led to the development of rapid tests to detect respiratory viruses. With this capability we now understand that RSV infection kills a larger percentage of seniors infected than COVID or influenza. The risk factors for severe RSV are present in 25% or more of US adults. This can be prevented by receiving a one-time vaccination against RSV at your pharmacy. Medicare pays for the vaccines at your pharmacy but not at your doctor's office. There are two approved vaccines in the USA.

Side effects are minor including soreness at the injection site and a short period of feeling malaise, fatigue and flu like symptoms. There is a minimal increased risk of Guillan Barre Syndrome from the vaccine with a far larger number seen in unvaccinated patients with RSV infection. If you are 75 years of age or older, or 50+ with COPD, asthma, heart disease or diabetes; please get vaccinated or speak to a health care expert about this.

Low Dose Aspirin in the Prevention of Heart Attacks and Strokes

A Veterans Administration research study in the 1950's showed that male veterans taking a daily aspirin had fewer heart attacks and strokes and survived them better than those who did not take an aspirin. The study was the basis for men being placed on a daily baby aspirin. Yes, they suffered more episodes of gastrointestinal major bleeding and brain bleeding than those who did not take an aspirin.

For the next 70 years research has focused on the use of aspirin in men and women who have suffered a heart attack, bypass surgery, percutaneous stenting, a stroke, or transient ischemic attack. These events are primary events and the use of aspirin to prevent a second event is clearly favorable. The problem is that millions of Americans who have not had a primary cardiac event or stroke but have risk factors for coronary artery disease and cerebrovascular disease, have been taking an aspirin as well. Most have been taking an enteric coated 81mg aspirin daily.

Well respected and reviewed research studies such as ASPREE, ASCEND and ARRIVE seem to indicate that in senior citizens over age 70, the risk of an adverse event (major gastrointestinal bleed or cerebrovascular bleed) is far more likely than the prevention of a heart attack or stroke. Despite the research findings, countless seniors are still taking one baby aspirin daily.

In a well thought out and written article by Eric Topol, MD, a recognized expert on the topic, he points out that these studies questioning the benefit of a daily aspirin for primary prevention of heart attack and stroke have

been published and discussed for seven years now and seniors continue to take the daily baby aspirin. He wonders why?

I am one of those patients who was prescribed a daily baby aspirin 30 years ago after finding a high calcium score on Cardiac CT plus I have high blood pressure and high cholesterol. My maternal grandfather had premature heart attacks and strokes and succumbed to a ruptured aortic aneurysm.

My question is, after taking a daily aspirin for over 30 years, where is the data that reveals what happens to those who abruptly stop it? I understand and see the sense in not starting new patients on a baby aspirin for primary prevention and I follow those guidelines.

However, where is the study that shows what happens, if anything, to those who were following past guidelines and have now been asked to abruptly stop the aspirin?

Heart Attacks and Strokes Increase After Hospitalization for RSV Infection

In a previous blog article, I recommended that all adults 75 or older, or immunosuppressed 50 or older, or those with COPD or heart disease, be vaccinated against the respiratory syncytial virus (RSV). I wrote this prior to seeing a study from C. Liang, MD, PhD of New York City. She looked at 11,887 adult patients aged 18 or older who were hospitalized due to the severity of their RSV infection. The mean age of the patients was 69 years old with 61% being women.

Their study noted an increased rate of heart attacks 2.6 - 8.7 times what was expected in the hospitalized RSV group. The older one was, the higher the risk. The highest risk was within the first seven days of hospitalization. Stroke risk increased 7.4 times in the first week. Congestive heart failure exacerbation risk increased 12 times as did serious heart rhythm issues. The increased risk of these lethal complications began to decline six months after the illness but remained higher than pre-infection.

The RSV vaccine is a one-time vaccination designed to reduce the risk of infection and reduce the risk of hospitalization and death. The new data supports the use of the vaccine and the necessity of receiving it.

Diabetes Development Risk Markedly Increased in Unvaccinated COVID Patients

Under the guidance and leadership of Robert F. Kennedy, Jr., as head of the Department of Health and Human Services, and in Florida under the direction of the state's Surgeon General, Joseph Ladapo, MD, there is a strong message to avoid COVID vaccines. Data is beginning to accumulate showing that the consequences of becoming infected with COVID in the unvaccinated state are not encouraging.

The number of heart attacks and strokes in the first week of illness is markedly elevated and the risk continues for months. Recently in the journal *Diabetes /Metabolism Research and Reviews*, data is presented that individuals unvaccinated against COVID who are infected with the virus developed diabetes at a far higher rate than anticipated for this group. The increased risk of, and development of, the disease so far has persisted for at least three years. The study followed almost 300,000 patients who tested positive for COVID and two million who tested negative. The increased risk of developing diabetes was not seen in those who were partially vaccinated.

The message to me is clear. Vaccines were developed using a rigid scientific method including exhaustive testing. The COVID vaccine developed rapidly under Operation Warp Speed and was based on years of scientific research on the mRNA vaccine type. The vaccine has been given to millions of adults worldwide and countries like the state of Israel have detailed and comprehensive data showing its efficacy and safety.

Take your vaccines please and encourage your loved ones to do the same.

Please Tell Us the Nature of Your Phone Call

When we receive a phone call from a patient, we have a phone triage protocol for addressing medical issues based on the severity and nature of the call. When patients will not tell us anything beyond, "Have the doctor call me." it's difficult to adequately address the subject of the call. If we need to add on a visit or research a lab test or consultation with a specialist who has not yet sent us their report, we cannot do what we have no prior knowledge of.

Please cooperate with our staff and let them know why you are calling. They will then have adequate information to share with me, so I have information regarding the purpose of your call.

We appreciate your understanding of this request which is intended to better serve your healthcare needs.

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