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Fall 2025 - NEWSLETTER

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Fall Vaccines- Major Pharmacies Suspending COVID Vaccinations

Annual Fu Shots are recommended by the CDC for our adult patient population. The 2025 vaccine is available in my office but we are well aware that its protection begins to diminish three months after it is administered in senior citizens. In most years in South Florida, Influenza A arrives in late November and peaks in early February. For this reason, I prefer to administer the flu shot in late October through November to those patients aged 65 or older so that their immunity is at peak levels when influenza peaks locally.

My preference is you receive your flu shot in my office rather than in a commercial pharmacy. I also administer the flu shot to adults aged 18 – 65. Please call the office to schedule your flu shot.

Respiratory Synctial Virus (RSV) is an aggressive upper respiratory virus that hospitalizes and kills infants and seniors. Vaccines exist for seniors seventy-five years of age or older as well as infants. The vaccine is administered in the pharmacy because Medicare and Part D supplement plans do not pay for it in a physician's office. It is administered one time, and we highly recommend it for our senior patients 75 years of age or older.

COVID Vaccines - These vaccines are recommended every six months in immunosuppressed individuals and adults aged 65 or older. They are administered in the pharmacy and covered by Medicare. If you were infected with COVID, and have recovered, I recommend waiting three months after recovery to receive your booster. For those individuals 18 -65, I recommend an annual COVID booster

In recent days, due to political decisions made by the Secretary of Health and Human Services, Robert F. Kennedy Jr., the CDC has replaced its Advisory Committee on Immunization Practices with individuals who are considered anti-COVID vaccine proponents. With no ACIP approval for vaccinating adults aged 18 - 64 years annually , major pharmacies in multiple states such as CVS and Publix have ceased vaccinating anyone against COVID. That means Medicare and younger patients will have no place to receive their shot.

My office has opened an account with Moderna and is exploring purchasing the COVID vaccine and administering it to my patients at the office on an appointment basis. I will only order vaccine for those individuals who call and request that I purchase vaccine for them.

We are also reviewing the storage requirements before ordering the vaccine and researching whether Medicare and Part D plans will reimburse for the vaccine and administration. If they will not, I will be charging about $140 per shot which will cover the wholesale cost. I will inform you if we are forced to proceed.

Pneumonia Vaccine - I recommend Prevnar 20 or 21 as a one-time vaccination. If you have previously received older versions of pneumonia vaccine, and it has been more than five years, I recommend Prevnar 20 or 21. This is not an mRNA vaccine. It is prepared in a chick egg product administered at your pharmacy.

Shingles - This vaccine, which is administered in two sessions two months apart, prevents a chicken pox herpes

zoster infection and its potential long term pain syndrome post herpetic neuralgia. The Shingrix vaccine is administered at the pharmacy beginning at age 50 and costs about $165 per shot.

Influenza Vaccine Myths and News as the Season Approaches

This is the time of year physicians encourage patients to receive a flu shot. It is also the time of the year I hear the same excuses from patients trying to avoid the flu shot.

1. ***"The flu shot will make me ill or give me the flu."***

This idea has been well studied and disproved. A study looked at 1,800 patients over the age of 60 who were randomly assigned to receive flu vaccination or a saline placebo. Side effects were tracked over a four-week post vaccination period. The only difference was that those who received the actual flu vaccine had soreness at the injection site more often than those who received the saline placebo.

A second study cited included 336 veterans aged 65 or older. Fifty percent of these participants received the flu vaccine and then two weeks later a placebo. The other half of the study group received the placebo first followed by the flu shot two weeks later. The only difference in health was more soreness at the injection site of those who received the influenza vaccine compared to the saline placebo.

2. ***"I can't take the flu shot because it is produced in chick eggs and I am allergic to eggs."***

A study involving almost 800 young people aged 2-18 years, with known egg allergies, was conducted by Turner et al. The study group had 270 young people with anaphylaxis in it. The participants all received the flu shot and no allergic reactions occurred in any of them. Kelso and colleagues reviewed 28 studies of 4,315 patients with egg allergy who received egg grown Influenza vaccine. Six hundred fifty six patients in these studies had a history of anaphylaxis to egg. None had a serious reaction to the flu shot.

This summary of flu shot myths was published in the online magazine *Medscape* written by Douglas Paauw, MD. He emphasized that the American Academy of Allergy, Asthma, and Immunology blessed people with egg allergy receiving a seasonal flu shot.

If you have concerns about receiving the flu shot, speak with me about them. Odds are, I'm going to tell you to "Get the flu shot."

New, More Effective, Influenza Drug on the Horizon

Cidara Pharmaceuticals announced the results of research trial of a new annual influenza vaccine to prevent influenza A and B. Called CD388, it was injected into over 5,000 healthy volunteers from September to December 2024 across the USA in 57 cities and at sites in the United Kingdom. The medication was tried at three different dosages. The patients were monitored for body temperature and whether they caught the flu. There was an equally large placebo group.

At the highest dosage used, CD388 administration resulted in far less influenza than in the placebo group. At the 450mg dosage, the manufacturer claimed a prevention efficiency of 76%. The Centers for Disease Control figures show that the influenza vaccines used for the last 15 years only achieved a preventive efficiency of 15 - 60%.

Adverse effects including inflammation and irritation at the injection site, and flu-like symptoms post vaccination, were similar to those that occur with the traditional influenza vaccine.

CD388 will now move on to a Phase 3 trial before it can be presented to US and WHO agencies for final approval. If the findings continue in the Phase 3 trial, we will have available a much more effective annual vaccine to prevent Influenza.

Lithium for Alzheimer's Disease

Researchers at the Massachusetts General Hospital have discovered that lithium may be deficient in the brains of adults suffering from Alzheimer's disease. In rodents, bred specifically to develop Alzheimer's disease for research purposes, they have fed them a safe preparation of lithium to reverse the disease process. What the researchers observed is a startling and spectacular discovery not yet tried in human beings.

Lithium, in various preparations, has been used in human beings. Initially, in one form, it was used unsuccessfully to treat congestive heart failure. More recently, it has been used to treat psychiatric disorders such as bi-polar mood disorder and schizophrenia.

It is a tricky drug to use as the difference between a safe therapeutic dose and severe toxicity is very small. Pre-administration comprehensive blood evaluations must be performed looking particularly at kidney function and an EKG for cardiac rhythm and structure. A medication history is essential because diuretics, ACE inhibitors, ARB blood pressure medications, certain calcium channel blockers and thyroid medications interact with the lithium leading to adverse effects.

Physicians prescribing lithium start with a low dose and monitor blood serum levels closely when initiating therapy and continue timed monitoring of blood levels and kidney function for the life of the treatment. Toxicity is common, even with monitoring and common adverse effects include severe gastrointestinal symptoms, severe neurological symptoms and heart arrythmias.

I bring this caution up in the face of an extraordinary scientific breakthrough because humans are overwhelmed with a fear of Alzheimer's disease. I anticipate online influencers and foreign supplement manufacturers to take advantage of our fears and start making available "brain protection products" containing lithium. There is no regulation of supplements in the USA and fearful adults and family members not qualifying for, or accepted to, legitimate research trials will take a chance. As a result, I fully expect to see many more cases of lithium toxicity and poisoning in the next few years.

The discovery of the relationship between lithium and Alzheimer's dementia is an extraordinary scientific opportunity to begin exploring how lithium depletion occurs and how to safely reverse that process in human beings. Whether doing that prevents or reverses the disease remains to be seen.

In the interim, during the period of time needed to design and implement this research, I hope a frightened and fearful public will not injure themselves by being taken advantage of by social media snake oil charlatans.

Screening Blood Tests for Cancer – Show Me the Data

A few years back, pre-COVID pandemic, a bright wealthy patient came to me and asked me to draw his blood and send it off to test for fifty cancers. The test at that time cost $1,200. I promised to research the topic and discuss it with him because there were no rigorous studies that showed that the product did what they advertised. I declined and he fired me as his physician.

It is now six years later and there are still no rigorous scientific studies performed independently, peer reviewed and accepted for publication in an independent scientific or medical journal concerning the accuracy of these tests. We hope for a test that finds cancer early and at the same time does not miss existing pathology or say that there is trouble when in fact there is no trouble.

I address this now because the same issues are still present today. Not much has changed in screening for cancer. The cancers we routinely screen for are breast, colorectal cancer, and cervical cancer in large populations of adults.

We should be screening for lung cancer in patients who smoke or did smoke for twenty pack years (number of packs per day times number of years smoking) if over 50 years of age. Prostate cancer guidelines for screening

are still changing regularly with the guidelines used by the European Union distinctly differently than the guidelines recommended by the US Preventive Task Force (USPTF). The USPTF recommendations on screening with PSA for prostate cancer are not necessarily aligned with the guidelines US urologists believe in. A 2022 research publication estimated that in the USA, only 1 in 7 malignancies is detected with these screenings.

There is currently a large study of the genetic cancer screening test known as Galleri ongoing in the United Kingdom following over 140,000 patients in the UK National Health Service. Hopefully this will tell if the test picks up all the malignancies and, if it does so early, leading to better outcomes. It should tell us about false positive results as well. Sadly, early nonpublished results do not seem to support the manufacturers' claims.

I have always taken the position that unless we are dealing with a new orphan drug for a horribly fatal disease with no other effective medications available to treat it, I prefer to see how that drug works during the first twelve months of the drugs introduction to the US market. I do not want my patients to be a guinea pig especially if there are other successful treatment options available with a proven track record. I feel the same way about the screening tests and certainly do not want an unproven test to force us to order more tests looking for a malignancy that is not there. First do no harm – even if that means getting fired by a patient who demands something which doesn't have the scientific data to support it.

Do Brain Enhancing Supplements Work?

While watching prime-time television, an advertisement appeared suggesting that a well-known and advertised product would enhance my memory and slow my brain's decline. My wife naturally wondered if I thought we should order and take this product. Fortunately, the next day a round table discussion on that very topic appeared in the online medical journal *Medscape*. Peter Cohen MD, a Harvard Medical faculty member and director of the Supplement Research Program at the Cambridge Health Alliance said he doesn't recommend these products to his patients. He emphasized that over the counter vitamins, minerals and supplements are not very well regulated by the Food and Drug Administration. "Many contain dubious or unlisted ingredients. Unapproved drugs (omberacteam, aniracetam, phenibut, vinpocetine, picamilon), as well as compounds not listed on the label, are often found in unregulated products. Seventy-five percent% of the declared quantities listed on the label were inaccurate.

Jayne Zhang, MD, a cerebrovascular disease expert at Johns Hopkins School of Medicine explained that "there's not a lot of strong evidence from rigorous trials" that these products work. Alejandr Sanchez Lopez, MD, an Alzheimer's researcher, and clinician at UCLA claims there is "weak evidence of benefit". She adds that those studies showing benefit are small sample sized and sponsored by the manufacturing company. She recommends that her patients not take these brain supplements which come with "palpable GI (gastrointestinal) side effects such as nausea and diarrhea". She suggests that patients improve their dietary choices, stop smoking, reduce their alcohol intake, get sufficient exercise, and participate in a robust social life. She encourages patients with depression, diabetes, and high blood pressure to work with their physicians to get these conditions under control. "There is no magic pill for brain health."

A National Institute of Health (NIH) funded study looked at the use of a multivitamin and cognition and, surprisingly, found that adults given a multivitamin had higher global cognition scores than adults who did not take the multivitamin. Dr Sanchez does encourage this type of supplement.

She expressed a concern about supplements and toxicity because several studies cited the presence of ingredients not listed on the label when sent to independent chemical research labs for analysis. Drug interactions with prescribed medications are another area of concern with these products with them altering the absorption, metabolism or excretion of prescribed drugs thus altering their effectiveness and safety. Dr Sanchez asks her patients to bring all their vitamins, minerals, herbs, and supplements to her office in their original bottles for review, a practice we do as well in my practice.

Emma Laing, PhD, RDN, a clinical professor of nutrition talked about the benefits of a Mediterranean diet or the MIND Diet (Mediterranean-DASH Intervention for Neurodegenerative Delay). Eating minimally processed foods along with nutrient dense foods have been shown to promote neurological health along with coffee and tea. A healthy diet and lifestyle may deliver more solid benefits to the brain than commercial brain supplements.

New Cuffless BP Monitoring Machine Gets FDA Approval

The Food and Drug Administration (FDA) has approved the Hilo brand of home blood pressure monitoring system. Worn on your wrist, it uses photoplethysmography and an app with an A1 algorithm to monitor and record your blood pressure 24 hours per day, seven days a week. It will be available for purchase in early 2026 with the price not yet known.

Home BP monitoring has progressed greatly since the original cuffs worn on your arm and connected by wires to a power battery source on your hip. Those units inflated six times per hour during waking hours but reduced to four times an hour during sleep.

The new Hilo monitor seems to incorporate minimal inconvenience with maximal data collection and should provide valuable data for those whose pressure goes up whenever they go for a health care checkup.

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