



Caregiver News – 12/2022



Flu Shots for Older Adults During COVID Times: What to Know & Do for 2022

By: Leslie Kernisan, MD MPH

<https://betterhealthwhileaging.net/flu-shots-in-aging-what-to-know/>

It's that time of the year: fall, which I think of as flu vaccination time.

I always think getting a flu vaccine is a good idea for most older adults. In these COVID pandemic times, I think it's even more important. So I agree with the Centers for Disease Control (CDC), which is urging that people **get vaccinated against influenza early in the fall (before the end of October 2022)**.

Now, vaccination against seasonal influenza can seem like a bit of a tricky topic. Many older adults are skeptical of the need to get a yearly vaccination against influenza. They aren't sure it will help. Or they think that the vaccination will actually give them a mild case of the flu. Or they just don't like needles.

Or maybe they aren't sure which type of seasonal flu shot to get: the regular one or one of the newer "stronger" versions, designed for older adults?

And now that we have COVID-19 to contend with, vaccination for seasonal influenza might feel even more confusing for people.

Don't let yourself be confused. In this article, I will share with you what I know about influenza vaccination and what I've learned about influenza in COVID times. I also have updates on the new stronger flu vaccines that are now recommended for older adults.

This year, I agree with the CDC that it's important for people to get their seasonal flu shot, and **if you are an older adult, I recommend getting one of the three flu vaccines specifically recommended for older adults**. (See below for more on these!)

Among other things: although we've had some milder flu seasons these past few years, Australia just had its worst flu season in five years and [experts say](#) we should be prepared to see more flu circulating this year.

Note: If you are age 65 or older and it's been more than 2 months since your last COVID booster, you may be able to get your [COVID fall booster shot](#) at the same time. (For more on the new bivalent COVID booster, see [COVID Vaccination & Boosters for Aging Adults: What to Know & Do.](#))

In "normal" pre-COVID times, the [Centers for Disease Control \(CDC\) estimates](#) that every year, influenza affects 9-45 million Americans, causes 140,000-810,100 hospitalizations, and results in 12,000-61,000 deaths. In most years, influenza vaccination does help reduce hospitalizations and deaths (I go into details below).

And now this fall, this will be our third winter dealing with COVID-19 as well. As of September 2022, we still have 400-500 people dying of COVID every day, and my [recent review of CDC data](#) suggested that over 80% of the deaths are in people over age 65. We don't know for sure what will happen this fall, but since COVID seems to spread more when people are indoors and in proximity to the exhalations of others, it's certainly possible that COVID could get worse again this winter.

So this year, it's important to do what you can to reduce respiratory illness, to protect yourself, and to protect others. And getting vaccinated against influenza is one of the things we can do.

In fact, I'm about to go get mine. As a healthy woman in her 40s, I'm not that concerned about getting dangerously ill from influenza. Instead, I get my annual flu shot because I want to minimize my chance of getting sick and perhaps exposing my older patients to influenza.



**Senior
Resources**
AGENCY ON AGING

 Like us on
Facebook

This program is supported by Senior Resources – Agency on Aging with Title III funds made available under the Older American's Act.

19 Ohio Avenue, Suite 2 • Norwich, CT 06360 • www.SeniorResourcesEC.org
Phone 860.887.3561 • 800.690.6998 • Fax 860.886.4736

Here's what I'll cover in this article:

- The basics of influenza and vaccination against the flu
- What we know about influenza and COVID-19
- What to know about flu shots for older adults & the CDC's new recommendations specifically for older adults**
- What's new and resources for the 2022-2023 flu season
- Which influenza vaccination is probably best for most older adults
- What to do if your older parent or relative is unwilling or unable to get vaccinated
- Whether it's more important to get a flu shot or a COVID vaccination (or a booster)

The basics of influenza and vaccination against the flu

Q: What is influenza?

A: Influenza is a contagious respiratory viral illness, caused by [influenza A or influenza B virus](#). It usually causes symptoms such as sore throat, stuffy nose, cough, fever, and body aches. In the Northern hemisphere, influenza is most common in the winter. Peak influenza activity usually occurs between December and February, but it can start as early as October and occur as late as May.

In "uncomplicated" influenza, the flu causes symptoms similar to — but usually worse than — a very bad cold, and then these get better over 5-7 days. Most people who catch the flu experience uncomplicated influenza, with some people experiencing more significant symptoms than others. In fact, some people ([14%, in one study](#)) will catch the flu and shed some flu virus, yet not report any symptoms!

However, influenza does sometimes cause more serious health problems, which we call "complications." These are more likely to happen to people who are older, have other chronic conditions, or have a weakened immune system.

The most common complication of influenza is pneumonia, which means a serious infection of the lungs. Such cases of pneumonia are sometimes purely viral. But it's more common for them to be caused by bacteria, who are able to infect the lungs due to the body being weakened by influenza infection.

Many older adults also appear to experience worsenings of any chronic heart or lung conditions, when they experience influenza. These complications of influenza often cause hospitalization or even death.

To learn more about the basics of influenza, and for more on diagnosing and treating the flu, see:

- [Key Facts About Influenza \(Flu\)](#)
- [Diagnosing Flu](#)
- [Flu Treatment](#)

Q: What is the usual impact of influenza, and is it worse for older adults?

Influenza is more severe in some years than others. For instance, [the 2017-2018 season was particularly severe](#), with an estimated 52,000 deaths related to the flu. The 2018-2019 season wasn't as bad, but still had a real impact: the [CDC estimates](#) that there were 29 million flu illnesses that year, causing an estimated 28,000 flu deaths. For [2019-2020](#), the CDC estimates that there were 35 million flu-related illnesses and 20,000 flu deaths.

Now, most people get better without needing hospitalization, but some people get very sick. Older adults are especially likely to get dangerously ill from catching the flu.

Note: The information above is from pre-COVID times. In the winter of [2020-2021, influenza cases](#) were much much lower than usual, probably due to masking and social distancing associated with the coronavirus pandemic. The [flu season for 2021-2022](#) was also relatively mild, with an estimated 8-13 million flu-related illnesses and an estimated 5000-14,000 flu deaths.

In comparison, as of Sept 2022, over 225,000 Americans have died of COVID since the beginning of 2022 (!).

Q: How does the flu shot help protect one from influenza, and how effective is it?

A: The flu vaccine works by stimulating the body to produce antibodies against whatever strains of influenza were included in that year's vaccine. After vaccination, it takes about two weeks for the body's immune system to create its influenza antibodies.

Our bodies are able to fight off viral infections much more quickly if we already have matching antibodies available when a virus tries to create illness in our bodies. If we don't have matching antibodies available, then we'll experience more illness, and it will take longer for our immune systems to control the infection.

The tricky thing about influenza is this: both influenza A and B have a tendency to be constantly changing into slightly different strains. This means that every year, scientists must study what influenza strains are present, and try to predict which ones we'll be exposed to, during the coming winter. Influenza vaccines are then developed, to match those strains. (This is why the flu shot has to be given every year.)

Sometimes the scientific prediction works out well. In this case, we say that the vaccine was well-matched to the influenza viruses circulating that winter, and influenza vaccination will have been more effective in preventing the flu.

But there are years in which the influenza strains that circulate the most in the winter are not the ones that scientists were expecting. These are the years in which the influenza vaccine is not well-matched, and there tends to be more illnesses and hospitalizations.

The CDC estimates that when the vaccine is well-matched to the circulating influenza viruses, flu vaccination reduces the risk of flu illness by between 40% and 60%, for the overall population.

Several different flu vaccines are available every year. Some vaccines used to be “trivalent”; these protected against two strains of influenza A and one strain of influenza B. “Quadrivalent” flu vaccines, available since 2012, protect against two types of influenza A and two strains of influenza B.

For 2022-2023, all flu vaccines are quadrivalent.

Vaccines also vary in terms of whether they are “standard-dose” versus “high-dose,” and one type includes an “adjuvant,” which is an additive designed to increase the immune system’s response to the vaccine. (More response is better, in that it means more protection from future infection.) I’ll discuss high-dose and adjuvant vaccines later in this article, in the section addressing flu shots for aging adults.

You can find a list of all available influenza vaccines in the Table listed below.

For more information:

- [Key Facts About Seasonal Flu Vaccine \(CDC\)](#)
- [Vaccine Effectiveness – How Well Does the Flu Vaccine Work? \(CDC\)](#)
- [Understanding How Vaccines Work \(CDC\)](#)
- [Influenza vaccines — United States, 2022-2023 influenza season](#)

Q: Can you get the flu from the flu shot? What are the risks and side effects of influenza vaccination?

A: No, you can’t get the flu from a flu shot. Most of the currently recommended vaccines are made with “inactivated” virus (which means the virus has been killed and can’t become alive again). There is also one vaccine available that was made using “recombinant” technology (which means they have cobbled together virus proteins). It is not possible for these vaccines to give you influenza.

There is also a “live attenuated” form of flu shot (FluMist), available for people ages 2-49, which is given by nasal spray. This contains a weakened form of influenza virus. It has historically been popular with children.

The most common side-effect of the flu shot is arm soreness, and sometimes redness. People do sometimes report body aches, fever, or cough after the flu shot. But a [randomized trial](#) found that these are equally common in people who had just had saline injected, so these symptoms are either due to getting sick from something else after your flu shot, or perhaps to even expecting to feel lousy after your flu shot.

Serious adverse effects related to the flu shot are very rare.

For more information:

- [Misconceptions about Seasonal Flu and Flu Vaccines](#)
- [Flu Vaccine Safety Information](#)

Q: What are the best ways to protect oneself from influenza and its complications?

A: To reduce your risk of getting sick from the flu or a flu-like illness, it’s best to combine two approaches:

1. Minimize your exposure to people spreading the influenza virus in the winter.
2. Take steps to bolster your immune system, so that if you do get exposed to the influenza virus, you’ll be less likely to get very sick.

Older adults should also make sure they are up-to-date on pneumococcal vaccination. (These are one-time, not yearly).

Pneumococcal vaccination helps reduce the risk of certain types of bacterial pneumonia and other potential complications of influenza. A [2016 meta-analysis](#) concluded that being vaccinated for both influenza and pneumococcus was associated with a lower risk of pneumonia and death.

For a very long time, the pneumococcal vaccine recommended for all adults aged 65+ was the pneumococcal polysaccharide vaccine (“PPSV23”), brand name Pneumovax. However, in 2021, the [CDC updated its pneumococcal vaccination recommendations for older adults](#), in part to incorporate the use of some of the newer pneumococcus vaccines.

You can see the latest pneumococcal vaccination recommendations here: [CDC Pneumococcal Vaccination](#). For more on pneumococcal vaccination, also see [26 Preventive Services for Older Adults \(Vaccination section\)](#).

Pneumococcal vaccines can be administered at the same time as the annual influenza vaccination.

Minimizing your exposure to influenza virus

The main way people get exposed to influenza is when they breathe in air droplets containing the influenza virus. These droplets are created when people infected with influenza virus talk, sneeze, or cough. The [CDC estimates](#) that a person infected with the influenza virus may be contagious for one day prior to developing symptoms, and 5-7 days after getting sick.

Influenza virus can also [survive for up to two days](#). The virus survives for much less time on soft surfaces, such as used tissues and bed linens.

Based on these facts, the best ways to minimize exposure to influenza are to:

- **Avoid exposure to people** who may be infected with influenza.
- **Clean household surfaces**, especially hard surfaces such as counters, and especially if someone living with you has been sick.
- **Wash your hands often**, especially before touching your eyes, nose, or mouth.
- **Minimize your time near people who have not been vaccinated for influenza.**
 - Your risk of influenza exposure is reduced if people around you — family members, co-workers, fellow residents of your living facility — are vaccinated for influenza.

COVID precautions, such as wearing an N95-type mask indoors and ventilating indoor spaces will also help minimize your exposure to influenza.

Bolstering your immune system

Since we are social creatures and live in communities, we all have a good chance of being exposed to the influenza virus at some point. Whether we get sick from this exposure, and how sick we get, depends on how well our immune system can fight off the influenza virus.

Ways to bolster your immune system are:

- **Be vaccinated against seasonal influenza.** If the vaccine is a good match with circulating viruses and you have a good antibody response, this is probably the best way to prepare your immune system to beat influenza.
- **Take good care of your health and body.** This includes addressing healthy lifestyle basics such as not smoking, getting adequate sleep, avoiding chronic stress, and more. For a good review of what's known about strengthening the immune system, see: [How to boost your immune system \(Harvard Health Review\)](#)

What we know about COVID-19 and influenza

Q: How are COVID-19 and influenza similar and how are they different?

A: COVID-19 and influenza have many similarities, but also many differences.

The main similarities are:

- **Both viruses are mostly spread through an airborne route.** This means that steps you take to protect yourself from COVID-19, such as social distancing measures and avoiding crowded indoor spaces, will likely reduce your risk of catching influenza as well.
- **The initial symptoms of infection have a lot in common.** Namely, both often start with "upper respiratory symptoms" such as cough, runny nose, fatigue, fever, and body aches. This means it will be difficult to tell the two conditions apart, unless laboratory testing is used.
- **Both are more likely to cause severe illness in people who are older or frail.**

Even though both viruses often cause viral pneumonia, there are significant differences between the two. They are actually quite different types of viruses. The differences include:

- People appear to be infectious for longer, with COVID-19.
- In "mild" COVID-19 (meaning hospitalization is not required), people seem to be sick for longer than with the flu.
- The antivirals known to be active against influenza (such as oseltamivir) do not work against COVID-19.
 - Similarly, antivirals that work against COVID, such as Paxlovid, do not work against influenza.
- COVID-19 has been noted to cause more severe and more varied illness in the body than influenza, including clotting disorders, inflammation of organs other than the lungs, persisting long-term symptoms in some patients, and more.
- Although COVID-19 and flu viruses spread in similar ways, COVID-19 seems to be more contagious under certain circumstances.
- Although the mortality rate for COVID-19 is still being debated (we still don't know exactly how many people have had COVID-19), in adults of all ages, it appears to be higher than that of influenza.

In short, influenza and COVID-19 are similar in terms of how they spread and common initial symptoms. But COVID-19 has so far caused more serious disease, and at this time, remains harder to treat, in part because it seems to affect the body in more significant ways than influenza usually does.

For more on the similarities and differences between influenza and COVID-19:

- [CDC: Similarities and Differences between Flu and COVID-19](#)

Q: Is it possible to get influenza and COVID-19 at the same time? How do they affect each other?

A: Yes, over the few years, some people have been found to be co-infected with influenza and COVID-19 at the same time.

That said, our understanding of how these two viruses interact remains limited, as we haven't yet had large numbers of people be co-infected. For instance, [a Mayo Clinic study published in 2022](#) found only 120 co-infection cases (out of almost 200,000 COVID cases).

Since the arrival of COVID, the past two influenza seasons have been relatively mild in the US. It remains to be seen whether we'll have a more significant influenza season for 2022-2023 (some experts think we will) and whether this results in a lot of co-infections.

What to know about flu shots for older adults

Q: Is the flu vaccine effective for older adults?

A: You may have heard people say that the flu shot doesn't work in older people. This is not entirely correct.

Now, it's true that flu vaccine is usually less effective in older adults because aging immune systems tend to not respond as vigorously to the vaccine. In other words, older adults tend to create fewer antibodies in response to vaccination. So if they are later exposed to flu virus, they have a higher chance of falling ill, compared to younger adults.

But "less effective" doesn't mean "not at all effective." For the 2017-2018 flu season, the [CDC estimates that vaccination prevented about 700,000 influenza cases and 65,000 hospitalizations](#), for adults aged 65 and older.

For more on the effectiveness of influenza vaccination in older adults, see:

- [Vaccine Effectiveness – How Well Does the Flu Vaccine Work?](#) (You can jump to the section "How effective is the flu vaccine in the elderly?" by using the "On this Page" menu, to the right.)
- [Influenza Vaccine Effectiveness in Older Adults Compared with Younger Adults Over Five Seasons](#)

To provide more effective vaccination to aging immune systems, vaccine makers have developed "stronger" vaccines against the flu, which I explain in the next section.

Q: Are there flu shots specifically designed for older adults?

Yes! Over the past several years, vaccine makers have developed vaccines that are designed to work better with an aging immune system. Most research studies to date show that these stimulate aging immune systems to produce more antibodies to influenza. There's also some evidence that these vaccines reduce the risk of being hospitalized for influenza.

In 2022, for the very first time, the CDC's Advisory Committee on Immunization Practices (ACIP) decided to recommend certain influenza vaccines specifically for older adults. You can read about this exciting development here: [ACIP Flu Meeting Update: Flu Vaccines Worked Better than Reported & ACIP Recommends Specific Vaccines For Seniors](#).

For 2022-2023, there are three influenza vaccines that are specifically recommended for people aged 65 and older:

- **Fluzone High-Dose Quadrivalent:** This vaccine contains four times the amount of antigen, compared to Fluzone standard-dose. It is approved for adults age 65+. Fluzone High-Dose has been trivalent in past years but is now quadrivalent.
 - Studies have found that the high-dose vaccine does improve antibody response. A [study published in 2017](#) also found that use of the high-dose vaccine in nursing-homes was associated with a lower risk of hospitalization during flu season.
- **Fluad Quadrivalent:** This vaccine contains an "adjuvant," which is an additive meant to stimulate a better immune response to the vaccine. It is a newer vaccine in the U.S., but had been licensed in Canada and several European countries prior to receiving approval here in 2015. The quadrivalent version was licensed by the FDA in February 2020.
 - An [Italian study](#) found that this vaccine resulted in higher antibody titers, among older adults. [Another study published in 2020](#) found that this vaccine "stimulated a superior antibody profile."
 - An industry-funded [systematic review & meta-analysis published in 2021](#) concluded that the trivalent version of this vaccine was effective in reducing influenza illness among older adults.
- **Flublok Quadrivalent:** This is a recombinant protein influenza vaccine. It is approved for use in people 18 years and older, and as of 2022, it's also specifically recommended for older adults.
 - Per the [CDC announcement](#), "It is made using different production technology than the inactivated influenza vaccines and contains three times the antigen dose compared with standard-dose inactivated flu vaccines. The higher dose of antigen is intended to give people 65 years and older a better immune response to vaccination, and therefore, better protection against flu."

For more on why the ACIP decided to recommend these three influenza vaccines for older adults, you can view the ACIP slides from June 2022 [here](#).

Note: The ACIP says there is not yet enough data available to say which of the above three vaccines is better for older adults. Also, if none of these three are available to you, it's fine to get a standard flu shot for adults.

For more information on flu shots for older adults, see:

- CDC: [Flu & People 65 Years and Older](#)
- [Fluzone High-Dose Seasonal Influenza Vaccine](#)
- [FLUAD Flu Vaccine With Adjuvant](#)
- [Flublok Quadrivalent](#)

Q: Does Medicare cover the cost of influenza vaccination?

Yes, yearly influenza vaccination is [100% covered by Medicare](#), with no deductible or co-pay. So if you get your flu shot from a health provider that accepts Medicare payment, there should be no cost.

Q: Is it more important to get a flu shot or a COVID vaccine/booster?

Don't choose between them, just get both! [Per the CDC](#), you can get a flu vaccine and a COVID vaccine (or a [COVID booster](#)) at the same visit.

That said, if you're reluctant to get both and really want to know which is more likely to make a difference to your risk of being hospitalized this winter...

If for some reason, you haven't yet gotten vaccinated against COVID: I'd go with COVID vaccination. And if you are older: make sure you get a booster too! COVID is just much more dangerous than influenza.

Also, the mRNA COVID vaccines (Moderna, Pfizer) have proven to be **extremely effective** at protecting older adults against hospitalization due to COVID, especially if you stay up-to-date on boosters. (See my [COVID vaccination](#) article for more.)

Now, if you have been vaccinated against COVID and are wondering if a booster or a flu shot is more likely to help you...well, we don't really know. Australia just had its worst flu season in five years, so we might finally be in for a bad flu season this winter.

Really: the best is to just get updated protection again both influenza and COVID. (And then take precautions to minimize exposure to respiratory illnesses this winter.)

What's new and resources for the 2022-2023 flu season

The CDC maintains a page dedicated to the current flu season. There is a section for the public and also a section for providers. This is a good place to get up-to-date information on influenza and influenza vaccination. You can find it here:

- [2022-2023 Flu Season](#) (main page)
- [Frequently Asked Flu Questions 2021-2022 Influenza Season](#) (main page for the public)

Note that the CDC's Flu FAQ page currently includes lots of information about influenza and COVID-19, such as how to tell them apart, why it's safe to be vaccinated for both at the same time, and more.

The CDC also provides information specific to older adults here:

- [What You Should Know and Do this Flu Season If You Are 65 Years and Older](#)

Which influenza vaccination is best for older adults?

Looking at the list of available flu shots can be overwhelming. In looking at this year's [CDC table of available influenza vaccines](#), I counted eight options that are available for people aged 65 or older:

- 4 standard-dose quadrivalent inactivated vaccines (Afluria Quadrivalent, Fluarix Quadrivalent, FluLaval Quadrivalent, Fluzone Quadrivalent)
- 1 standard-dose quadrivalent inactivated vaccine manufactured with a newer "[cell culture-based](#)" technology (Flucelvax Quadrivalent)
- 1 high-dose quadrivalent inactivated vaccine (Fluzone High-Dose Quadrivalent)
- 1 standard-dose quadrivalent adjuvanted inactivated vaccine (Fluad Quadrivalent)
- 1 quadrivalent recombinant vaccine (Flublok Quadrivalent)

Only Fluzone High-Dose Quadrivalent and Fluad Quadrivalent are restricted to people 65 years or older.

As of 2022, the CDC is now recommending these three influenza vaccines for adults aged 65 and older:

- Fluzone High-Dose Quadrivalent
- Fluad Quadrivalent
- Flublok Quadrivalent

So if you are an older adult, or if you're trying to arrange a flu shot for an aging relative, which flu vaccine should you try to get?

My take is this: if you have a choice, **go for one of the three vaccines listed above.**

Why? Because we know that as people get older, their immune systems tend to respond less vigorously to immunization. And because research suggests that the high-dose flu shot generates higher antibody titers and has been associated with better influenza outcomes.

You may have also heard that the New England Journal of Medicine published a study in 2017, [about a newer influenza vaccine in older adults](#). That study, funded by the manufacturer of recombinant influenza vaccines, compared the effectiveness of a recombinant quadrivalent vaccine with a standard-dose quadrivalent inactivated vaccine, in adults aged 50 and older. Confirmed influenza cases were 2.2% in the group receiving recombinant vaccine and 3.2% in the group receiving inactivated vaccine. Hence the probability of influenza-like illness was 30% lower with the recombinant vaccine than with the inactivated vaccine. But again, this study did not compare the recombinant vaccine against a high-dose inactivated vaccine.

Bottom line:

- What is most important is to get any type of flu vaccination that is approved for your age.
- Research suggests that **older adults are more likely to benefit from an influenza vaccine designed to provide a stronger stimulus to the immune system**, such as Fluzone High-Dose, Fluad, or Flublok.
- If you are under age 65, you might get better protection from a vaccine that is recombinant (Flublok) rather than made from an inactivated vaccine.
- Flumist, the nasally administered vaccine, is available only to people age 2-49, and so is not an option for older adults.

What to do if your older parent or relative is unwilling or unable to get vaccinated

Now, what if your older parent won't, or can't, get a flu shot?

Some older adults just don't want to get it. Here are some things you can try:

- Ask them to clarify what their concerns are.** It's important to start by listening, in order to understand what an older person believes about the flu and the flu shot.
- Provide information to dispel myths and misunderstandings.** Sometimes all people need is a little of the right kind of information.
- Point out that it can benefit an older person's family members and neighbors.** Getting a flu shot can reduce the risk that we pass the flu on to another person. People are sometimes more willing to take action to protect others than to protect their own health.
- Make sure they know they won't have to pay for the flu shot.** If you get the shot from a provider who takes Medicare, it shouldn't cost anything.

•**Offer to go together to get your flu shots.** Sometimes it helps to make it a family outing.

There are also some older adults for whom it's hard to get a flu shot, such as people who are homebound or have very limited transportation options.

If this is your situation, the main thing to do is **encourage flu shots (and COVID vaccination!) for family and others coming to the house.** For older adults who don't get out much, their main source of exposure to influenza and other dangerous viruses will be from those who come to them.

Above all, don't panic if your older loved one can't or won't get a flu shot.

Although I've just written a long article encouraging flu vaccination for older adults, the truth is this: most years, the chance of getting very sick or dying from influenza are small. Although some seasons, such as the 2017-2018 season, are unusually severe; most years are less severe. **(I fully expect that more respiratory illnesses will be related to COVID-19, so prioritize COVID vaccination and boosters!)**

Being vaccinated certainly helps make this chance smaller. But not every older person is interested in doing everything possible to reduce the danger of illness. Vaccination is important from a public health perspective, but most people survive flu season whether or not they've been vaccinated.

Personally, I think it's worth getting vaccinated because there's a small chance that you'll avoid the misery of having influenza. And, there's maybe an even better chance that you'll help reduce the spread of influenza to people around you.

The downsides of getting a flu shot are small. You'll have to get to a place where they are offering the flu shot. The needle poke will hurt for a moment. Your arm might be sore for a day or so.

And then that's it! **You'll have done your small part to protect yourself and others.**

So, have you decided where to go to get your flu shot? You can find a place to get one here: [VaccineFinder.org](https://www.vaccinefinder.org).

This article was reviewed and updated in September 2022.

**Are you 65 and living
on a fixed income?**

**Are you under 65, disabled
and living on a fixed income?**

**You may qualify for benefits to help pay your
Medicare premiums, prescription drugs, food,
heating costs and more!**



**Contact Senior Resources
Benefits Enrollment Center**

**Our Benefits Counselors will screen and provide
application assistance for various programs.**

**Call now to schedule your Benefits screening!
860-887-3561 ext. 132**

Alzheimer's and Dementia Support Groups

Groton Senior Center

102 Newtown Road, Groton
Tomi Stanley (860)441-6785 or TStanley@groton-ct.gov
2nd Monday of every month, 10:00 – 11:00 a.m.
www.alz.org to learn more about caregiver programs

Alzheimer's Association – CT Chapter

2nd Thursday of the month, 1:30 – 2:30 p.m.
Quinebaug Valley Senior Center
69 South Main Street, Brooklyn
Kathy Demers (860)377-6416 kdemers48@gmail.com
Jean Ann Moore (860)208-2673 jamorre@snet.net

Hartford HealthCare Center for Healthy Aging

Virtual Dementia Caregivers Support Group
Call (860)972-6338 and enter 19623# when prompted
Mondays at 10:00 a.m.
Tuesdays at 3:00 p.m.
Wednesdays at 10:00 a.m.
Fridays at 2:00 p.m.
Questions email: Adrienne.DeVivo@hhchealth.org

Hartford Healthcare Windham Hospital

Alzheimer's Caregivers Group
3rd Wednesday of every month, 10:00 a.m.
Johnson Room, 3rd Floor, Windham Hospital
For information call: (860)456-6785

Chestelm Health and Rehabilitation Center

534 Town Street, Moodus
3rd Wednesday of the month, 4:00 p.m.
To register contact Marie Sola
(860)873-6555 or recreation@chestelm.com

Mind Matters, LLC

801 Poquonnock Road, Groton
2nd Tuesday of every month, 6:30 – 7:30 p.m.
Contact: robin@mindmatters@gmail.com

Griswold Senior Center

Dementia Caretaker Support Group
Every 2 weeks on Thursdays via Zoom
To register call: (860) 376-2604

LiveWell Dementia Specialists

Virtual Meetings 2nd & 4th Wednesday of the month: 3:30 – 5:00 p.m.
<https://livewell.org/project/virtual-care-partner-support-group/>

Caregiver Support Groups

Mansfield Senior Center

303 Maple Road, Mansfield

Yamil Figueroa (860)487-9875 figueroay@mansfieldct.org

2nd Tuesday of each month, 3:30 - 4:30 p.m.

Quinebaug Valley Senior Center

69 South Main Street, Brooklyn

Kathy (860)377-6414 or Jean Ann (860)208-2673

2nd Thursday of the month, 1:30 – 2:30 p.m.

VNA Caregiver Support Group

Madison Senior Center

For information contact Amanda: (203)245-5627

29 Bradley Road, Madison

3rd Tuesday of the month, 11:00-12:30 p.m.

Proof of vaccination required for this activity at time of registration

Zoom Support Group

Every Wednesday 2:00 – 3:00 p.m.

For information contact Molly: (203) 584-0051

Middlesex Health

2nd Wednesday of the month, 1:00 – 2:30 p.m.

Please contact Joan Perkins, LCSW

(860)358-2037 or joan.perkins@midhosp.org

Lawrence and Memorial Hospital

L & M Hospital, Conference Room 3

1st Tuesday of the month, 4:00 – 5:30 p.m.

Contact: Carol Vara, MSW or Mary Sweeney

(860)442-0711 x 2483 or x 2078

Grandparents Raising Grandchildren Support Groups

Senior Resources Agency on Aging

Sally Huck, Caregiver Program Coordinator
(860)887-3561 x126
Rose City Senior Center
8 Mahan Drive, Norwich
Last Tuesday of each month, 9:00 a.m.

Eastern CT Area – Mansfield

Janit Romayko (860)569-1978, Call to Register
Big Y Mansfield, 141 Storrs Road, Mansfield Center
2nd Wednesday of each month, 9:15 a.m.

United Services - Kinship Support Group

Plainfield Area
Lori Bergstrom, Prevention Services Manager
(860)412-8665 lbergstrom@usmhs.org
United Services, 303 Putnam Road, Wauregan
2nd Tuesday of each month, 5:00 – 6:30 p.m.

Bereavement Support Groups

Middlesex Hospital

Virtual/Online Session

Every 2 weeks on Tuesday, 5:30 – 7:00p.m.

Register online at <https://middlesexhealth.org/hospice-care/support-group-registration/support-group-registration>

The Estuary

Bereavement Group

Micaela Finnegan (860)388-1611 x204

Montville Senior Center

12 Maple Avenue, Uncasville

Every Friday, 3:00 – 4:00 p.m.

Sign Up at (860)848-0422

Brian's Healing Hearts

Loss of Spouse or Partner Support Group

1st and 3rd Wednesday of each month

6:30 – 8:00 p.m.

2nd and 4th Wednesday

10:00 – 11:30 a.m.

<https://brianshealinghearts.org/resources/grief-support-programs/>

or call (860)451-8354

Center for Hospice Care

Bereavement Counseling

227 Dunham Street, Norwich

(860)848-5699 Toll Free 1(877)654-4035

Day Kimball Healthcare

Evening Bereavement Group, 5:00 – 6:00 p.m.

Day Bereavement Group 12:00 – 1:00 p.m.

Registration Required

Suzon Warner (860)928-0422 x7316

Parkinson's Disease Support Groups

Windham Hospital Family Healthcare Center

5 Founder Street, Willimantic, 2nd floor conference room

2nd Wednesday of every month, 1:00 – 2:00 p.m.

1 (855) HHC-HERE to Register

A support session for patients, family, and caregivers will be followed by
30 minutes of LSVT Loud activities

CT Parkinson's Disease Working Group

Grace Evangelical Lutheran Church

1055 Randolph Road, Middletown

3rd Saturday of the month, 10:00 a.m. – 12:00 p.m.

Most meetings are virtual at this time.

Call (860)704-9519

Email: martha.jaffe@cpwg.org

Day Kimball Healthcare

Parkinson's Disease Monthly Support Group

For information contact:

Victor Gregoire (860)774-6143

Hartford Healthcare

Parkinson's Living Room Online Support Group

4th Friday of the month, 1:00 p.m.

For information call (860)870-6385

<https://hartfordhealthcare.org/file%20library/services/pdfs/cfmcdc-pd-living-room-flyer.pdf>

Lawrence and Memorial Hospital

Windham Fall Estates, Activity Room, Groton

3rd Wednesday of the month, 1:00 – 3:00 p.m.

Contact: Donna Weissman (860)536-1020

Diabetes Groups

Live Well with Diabetes

6-Week Workshop

Learn how to better manage your ongoing health condition.

To register contact Lori Rygielski

(860)887-3561 x 127 or lrygielski@seniorresourcesec.org

Hartford HealthCare Windham Hospital

Windham Hospital Diabetes Education Classroom

112 Mansfield Ave, Willimantic

1st Wednesday of every month, 1:00 p.m. or 6:00 p.m.

Call to register 1 (855) HHC-HERE

Lawrence and Memorial Hospital

Joslin Diabetes Center affiliate at L & M Hospital

For location and time contact: Joslin (860)444-3366

Substance Abuse Groups

Nar-Anon

"Steps" to Serenity" Support Group

For Information go to www.naranonctma.org

Or Contact (860)377-8309

Al-Anon

Al-Anon Face Alcoholism

For Information go to www.ctalanon.org

Or Contact 1 (888)825-2666



We earn \$5 for every \$100 in gift cards you buy!

It's as easy as...

Everyone buys groceries. Use Cash for Causes gift cards and help us raise money.

**Did you know?
100 families spending just \$100 on groceries each week could raise \$26,000!**

1

Senior Resources buys Cash for Causes gift cards at a **5% discount**

2

Sell the gift cards to you, your family & neighbors, civic groups & organizations, etc.



3

You get full face value and Senior Resources **keeps the profit!**

Name: _____
 Address: _____
 Telephone: _____
 Card Amount: \$50 \$100 Other: _____

If you would like to pay via credit card, please visit our website at
www.SeniorResourcesEC.org/about-us/pay-your-bill-online

Account Name: Your first and last name
Invoice Number: Cash for Causes

Mail to: 19 Ohio Avenue, Norwich, CT 06360 - or - Contact: Erica (860) 887-3561 x 110



We hope you find this month's edition of our Caregiver of Children newsletter informative.

Senior Resources currently produces a monthly caregiver of children newsletter. We are looking for feedback on any ideas you may have for future editions.

Please contact Sally Huck with any ideas/suggestions or if you wish to be removed from our mailing list.

Sally Huck: SHuck@seniorresourcesec.org or 860 887-3561 x 126.

To read previous editions of this newsletter please visit:
www.SeniorResourcesEC.org/stay-informed/grandparent-newsletter