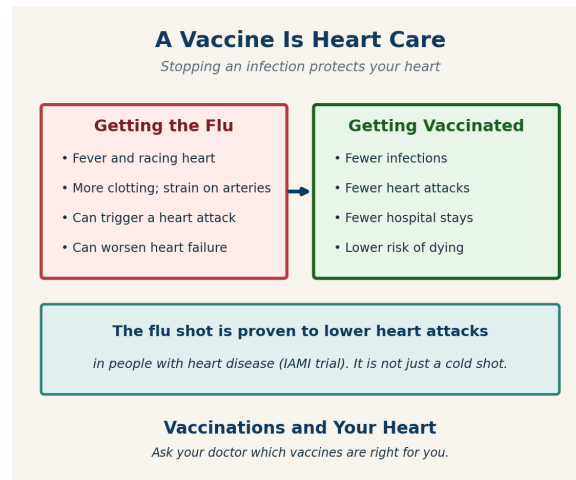


Vaccinations and Your Heart

Why Staying Up to Date Protects Your Heart

Infections like the flu put real stress on the heart and can trigger heart attacks. For people with heart disease, the right vaccines are a proven part of heart care.



Online: <https://go.riasalimd.com/vaccines-heart-guide>

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Names & Terms You Will Hear

Term	Meaning
Vaccine (Vaccination, Immunization)	A shot that trains your body to fight a germ. Also called getting immunized.
Influenza (Flu)	A serious lung infection. Different from a common cold. Can stress the heart badly.
Inactivated Vaccine	Made from a killed or non-living germ. The flu shot is one. It cannot give you the flu.
mRNA Vaccine	A newer type used for COVID-19. Teaches cells to make a harmless piece of the virus.
Pneumococcal Vaccine	Protects against pneumonia and blood infections from a common bacteria.
RSV Vaccine	Protects older adults from a lung virus that can be severe in heart and lung disease.
Tdap	A booster for tetanus, diphtheria, and whooping cough. Adults need it every 10 years.
Shingles Vaccine (Shingrix)	Two shots after age 50. Prevents a painful rash and lasting nerve pain.
Myocarditis	Swelling of the heart muscle. A rare vaccine side effect — and a more common result of infection.
ACIP	The expert panel that sets the U.S. adult vaccine schedule. Your doctor follows its advice.
High-Dose Flu Vaccine	A stronger flu shot for adults 65 and older. Builds a better immune response.
Up to Date	Having all the vaccine doses recommended for your age and health. Your doctor tracks this for you.



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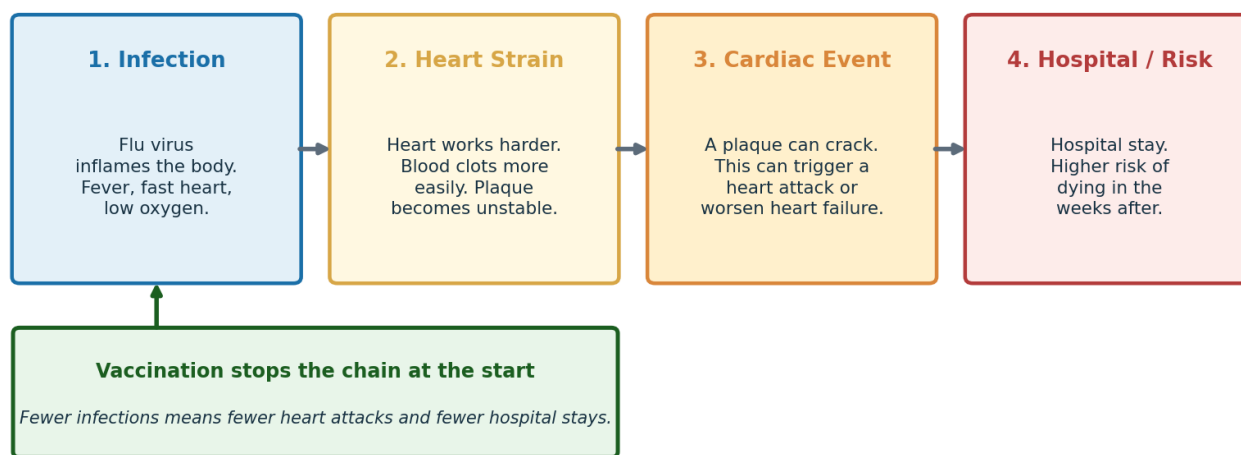


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Vaccinations and Your Heart?

- Vaccines are part of heart care. For people with heart disease, the right shots lower the risk of heart attacks and hospital stays — not just colds.
- Infections stress the heart. A bad case of the flu causes fever, a fast heart rate, and more blood clotting. All of this makes the heart work harder.
- The flu can **trigger a heart attack**. Studies show flu illness raises the risk of a heart attack about **6 times** in the days right after you get sick.
- The flu can **worsen heart failure**. Fluid and strain from the infection can tip stable heart failure into a hospital stay.
- Getting vaccinated breaks this chain. Fewer infections means fewer cardiac events. This is why your cardiologist cares about your shots.
- The flu shot is made from a **killed (inactivated) virus**. It **cannot** give you the flu. A sore arm or low fever is your immune system working — not the flu.
- The key vaccines for adults with heart disease are: annual flu, COVID-19, pneumococcal (pneumonia), and RSV for older adults. Tdap and shingles follow the general adult schedule.
- Your doctor sets your personal schedule. Your age, your heart condition, and your other health problems all matter. Ask us which vaccines are right for you.

How a Flu Infection Stresses the Heart



How a flu infection stresses the heart and can trigger a cardiac event — and how getting vaccinated breaks the chain at the start.



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The big idea: An infection is not just a cold for a heart patient. The flu can **trigger a heart attack** and **worsen heart failure**. The flu shot is proven to lower both — so for your heart, a vaccine is treatment, not just prevention.



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Why It Matters

- The **IAMI trial** (Circulation 2021) was the proof. It gave a flu shot or a placebo to 2,571 people within days of a heart attack and followed them for a year.
- People who got the flu shot had **fewer deaths, heart attacks, and stent clots** — 5.3% vs 7.2%. That is about a 28% lower risk.
- Even more striking: the flu shot cut the risk of **dying from heart causes** by about **41%** in that first year after a heart attack.
- This is why major heart groups now treat the flu shot as a heart-protective step, like a statin or a blood pressure pill — not just a way to avoid feeling unwell.
- The benefit is biggest right after a heart attack and in people with heart failure. These are the patients an infection hurts the most.
- Pneumonia is a top reason heart patients land in the hospital. The pneumococcal vaccine lowers that risk.
- COVID-19 can inflame the heart and blood vessels. Staying up to date on COVID shots lowers the chance of a severe infection that strains the heart.
- Vaccines are safe and recommended for heart patients. The risk from the infections they prevent is far greater than any risk from the shots themselves.

Which Vaccines Matter for Heart Patients — and Why

Vaccine	Who / When	Why It Matters for the Heart
Flu (influenza)	Everyone, every year. Early fall. High-dose at 65+.	Lowers heart attacks and cardiac death after a heart event (IAMI trial).
COVID-19	Stay up to date per current schedule.	Prevents severe infection that can inflame the heart and blood vessels.
Pneumococcal	Most adults 50 and older. One or two shots.	Prevents pneumonia, a top cause of heart-failure hospital stays.
RSV	Age 75+, and 60-74 with heart disease.	Prevents a lung virus that is severe in heart and lung disease.
Tdap / Shingles	Tdap every 10 years. Shingles at 50+.	Round out protection; lower the strain of preventable infections.



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Risk Factors

Some patients are more likely to develop this condition. Knowing your risk helps your care team take extra precautions.

Risk Factor	Why It Increases Risk
Coronary artery disease / after a heart attack or stent	Infection can crack plaque and trigger another heart attack. The flu shot is proven to lower this risk (IAMI trial).
Heart failure (HFrEF or HFpEF)	Flu and pneumonia add fluid and strain. They are a top cause of heart-failure hospital stays. Vaccines lower that risk.
Age 65 and older	Older immune systems respond less well. The high-dose flu shot and RSV vaccine give better protection at this age.
Diabetes with heart disease	Higher risk of severe infection and slower recovery. Staying up to date matters more, not less.
Recent heart surgery or procedure	Recovery is harder if you also catch the flu or pneumonia. Coordinate vaccine timing with your care team.
Lung disease plus heart disease	Double the strain when an infection hits. Flu, pneumococcal, and RSV vaccines are all important.
Not up to date on shots	Each missed vaccine leaves an open door. A quick check with your doctor closes the gaps.



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Why Infections Are Hard on the Heart

- When you get the flu, your body fights back with fever and inflammation. Your heart beats faster and works harder — even at rest.
- Infection makes the blood more likely to clot. It can also make fatty plaque in your arteries unstable. A plaque that cracks can block an artery and cause a heart attack.
- Flu illness raises the risk of a heart attack about **6 times** in the days right after you get sick.
- For people with heart failure, the extra fluid and strain of an infection can tip a stable condition into a hospital stay.
- This is the chain a vaccine breaks: no infection means no infection-driven heart attack or heart-failure flare.
- See our companion guides: go.riasalimd.com/acs-guide (heart attack) and go.riasalimd.com/advanced-hf-guide (advanced heart failure).



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Which Vaccines Matter for Heart Patients

- **Flu (every year):** The single most important one. Get it in early fall. Adults 65+ should ask for the high-dose shot.
- **COVID-19:** Stay up to date. A severe COVID infection can inflame the heart and raise the risk of clots.
- **Pneumococcal (pneumonia):** Most adults 50 and older need it. Pneumonia is a leading reason heart patients are hospitalized.
- **RSV:** For adults 75 and older, and ages 60-74 with heart disease. It prevents a lung virus that hits heart patients hard.
- **Tdap and shingles:** Follow the general adult schedule — Tdap every 10 years, shingles vaccine at 50 and older.
- After a heart attack or while in cardiac rehab is a great time to catch up:
go.riasalimd.com/post-mi-guide | go.riasalimd.com/cardiac-rehab-guide.



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Safety, Myths, and Timing — Honest Answers

- **The flu shot cannot give you the flu.** It is made from a killed virus. A sore arm or mild fever for a day means your immune system is responding — that is not the flu.
- **Vaccines are safe for heart patients.** They are recommended specifically because heart patients have the most to lose from an infection.
- **About COVID-vaccine myocarditis:** A rare swelling of the heart muscle has been seen after mRNA COVID vaccines. It is uncommon, usually mild and short-lived, and mostly affects young males after the second dose.
- **The honest comparison:** COVID **infection** causes myocarditis more often and more severely than the vaccine does. Staying up to date lowers your overall heart risk.
- **Timing:** Get your flu shot in early fall. It is safe to get most vaccines around heart procedures — just coordinate the timing with your care team.
- **Side effects are usually mild:** sore arm, mild tiredness, or a low fever for a day or two. Serious reactions are very rare.



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Treatment Options

- **Annual flu shot:** Get it every year, ideally in early fall (September or October), before flu season peaks. It is never too late in the season — get it whenever you can.
- **High-dose flu shot at 65+:** Adults 65 and older should ask for the high-dose or adjuvanted flu vaccine. It builds a stronger response in older immune systems.
- **COVID-19:** Stay up to date per the current schedule. For heart patients, preventing a severe infection protects the heart.
- **Pneumococcal (pneumonia):** Most adults 50 and older need it. One PCV shot covers many; your doctor confirms which and when.
- **RSV:** Recommended at age 75 and older, and for ages 60-74 with heart disease. Usually a single dose. Ask if it is right for you.
- **Tdap and shingles:** Tdap booster every 10 years. Shingles vaccine (two doses) at age 50 and older. Both follow the general adult schedule.
- **Timing around procedures:** It is safe to get most vaccines around heart procedures, but timing helps — ask us when to schedule yours.
- **Make a plan with your doctor:** Bring your vaccine record to your next visit. We will tell you exactly which shots you need and when.



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Vaccines That Protect the Heart

Flu (Influenza)

Every year, early fall.
High-dose option at
age 65+. Top heart
protector.

COVID-19

Stay up to date.
Protects the heart by
preventing serious
infection.

Pneumococcal

Protects against
pneumonia. One or
two shots after
age 50.

RSV

Age 75+, and 60-74
with heart disease.
Usually a single
dose.

Tdap

Tetanus booster every
10 years. One dose
includes whooping
cough (Tdap).

Shingles

Two doses at age
50+. Prevents a
painful rash and
nerve pain.

The key vaccines for adults with heart disease, with simple timing. Your doctor sets the exact schedule that is right for you.



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Risks, Benefits, and Alternatives

Every choice has trade-offs. Use this table to start the shared decision conversation.

Option	Risks	Benefits	Alternatives
Annual flu shot	Sore arm, mild tiredness, or a low fever for a day or two. Serious allergic reactions are very rare. Cannot give you the flu.	Fewer heart attacks and lower heart death after a heart event (IAMI trial). Fewer hospital stays. The strongest vaccine evidence for the heart.	There is no good alternative for flu protection. Hand-washing and avoiding sick contacts help but are not enough.
COVID-19 vaccine (stay up to date)	Sore arm and short-lived tiredness are common. Myocarditis is rare, usually mild, mostly in young males.	Prevents severe COVID, which itself harms the heart more than the vaccine does. Lowers clot and inflammation risk.	No equally effective alternative. Masking and distancing reduce but do not replace it.
Pneumococcal vaccine	Sore arm, occasional mild fever. Most people have no reaction at all.	Prevents pneumonia and blood infection — a top cause of heart-failure hospital stays. Usually one or two lifetime doses.	No alternative. Good general health helps but does not replace the vaccine.
RSV vaccine (older adults)	Sore arm, tiredness, headache for a day or two. Generally well tolerated.	Prevents a lung virus that is severe in heart and lung disease. Lowers the risk of a serious winter illness.	No alternative for RSV. Discuss timing and need with your doctor.



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Common Misconceptions

Myth	Reality
MYTH: The flu shot can give me the flu.	FACT: It cannot. The flu shot is made from a killed (inactivated) virus. A sore arm or low fever is your immune system working — not an infection.
MYTH: Vaccines are just about avoiding a cold.	FACT: For heart patients, the flu shot is proven to lower heart attacks and heart death (IAMI trial). It protects the heart, not just the lungs.
MYTH: Vaccines are not safe for people with heart disease.	FACT: They are recommended specifically for heart patients. The risk from the infections they prevent is far greater than any risk from the shots.
MYTH: The COVID vaccine causes dangerous heart inflammation.	FACT: Myocarditis after the mRNA vaccine is rare, usually mild, and mostly in young males. COVID infection causes it more often and more severely.
MYTH: I am healthy enough that I do not need them.	FACT: A strong immune response still matters with heart disease. An infection strains the heart no matter how fit you feel.
MYTH: I had the flu shot last year, so I am covered.	FACT: Flu viruses change each year and protection fades. A new flu shot every fall is needed for steady protection.
MYTH: I should wait until after my heart procedure for any vaccine.	FACT: Most vaccines are safe around procedures. Timing helps — ask your care team when to schedule, rather than skipping them.



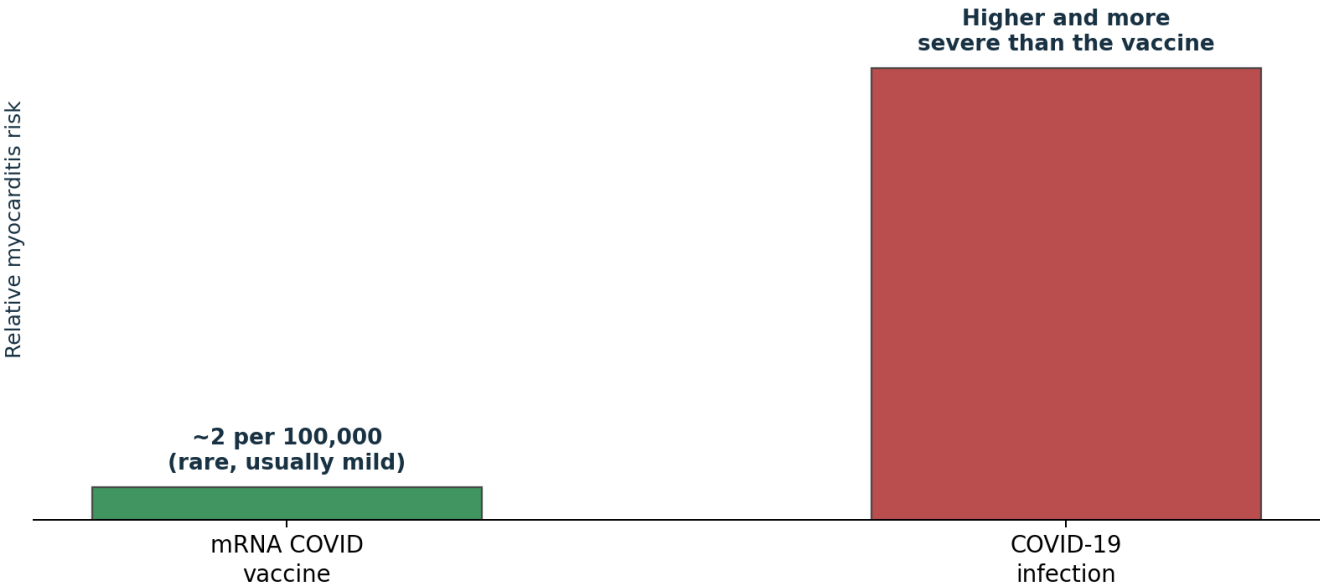
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COVID Infection Harms the Heart More Than the Vaccine



Myocarditis (heart-muscle swelling) is a rare side effect of mRNA COVID vaccines — usually mild and short-lived. It is more common and more severe after COVID infection itself.



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Possible Complications

Knowing what can go wrong helps you spot problems early. Most complications are uncommon, especially with treatment.

Where / What	What Can Happen
From the infection (not the vaccine): heart attack	Flu and other infections can crack plaque and trigger a heart attack — the very risk vaccines lower.
From the infection: heart-failure flare	Fluid and strain from flu or pneumonia can tip stable heart failure into a hospital stay.
Common vaccine side effects (mild)	Sore arm, mild tiredness, or a low fever for a day or two. These pass quickly and mean your body is responding.
Rare: allergic reaction	A serious allergy is very rare. Vaccines are given where staff can treat a reaction right away. Tell us about past reactions.
Rare: myocarditis after mRNA COVID vaccine	Uncommon, usually mild and short-lived, mostly in young males. More common and more severe after COVID infection itself.
Missed protection (skipping vaccines)	The biggest risk is not getting vaccinated at all — leaving the heart exposed to infections that can trigger events.



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Points to Know

If you remember nothing else, remember these key points.

- Vaccines are heart care. For people with heart disease, the right shots lower heart attacks and hospital stays — not just colds.
- The flu can trigger a heart attack and worsen heart failure. Flu illness raises heart-attack risk about 6 times in the days after.
- The flu shot is proven to help your heart. The IAMI trial showed fewer cardiac events and about 41% lower heart death after a heart attack.
- Key vaccines for heart patients: annual flu (high-dose at 65+), COVID-19 (stay up to date), pneumococcal, and RSV for older adults.
- The flu shot is a killed virus — it cannot give you the flu. A sore arm or low fever means it is working.
- Get your flu shot in early fall. It is safe to get most vaccines around heart procedures — coordinate timing with your care team.
- COVID-vaccine myocarditis is rare and usually mild. COVID infection harms the heart more than the vaccine does.
- Bring your vaccine record to your next visit. We will set the schedule that is right for you.



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When to Call Us - and When to Call 911

If you are not sure, call. We would rather hear from you twice than miss a real problem.

- **Call 911 right away** — chest pain or pressure, trouble breathing, or fainting, whether or not you have an infection.
- **Call us (727-943-5200)** — if you catch the flu or another infection and you have heart disease. We may adjust your care.
- **Call us** — new or worse shortness of breath, swelling, or weight gain of 2-3 lbs in a day during or after an illness.
- **Call us before a procedure** — to plan the best timing for your flu, COVID, or other vaccines around it.
- **Call us** — if you are not sure which vaccines you need or are due for. We will check your record and tell you.
- **Call us** — if you had a strong reaction to a past vaccine. We will help you weigh your options safely.
- **Seek care** — for a high fever that will not come down, confusion, or severe weakness with an infection.

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Trusted Resources

The links below are the trusted resources Dr. Ali used to write this guide and that he recommends you visit for more information. Each is a clickable link in the digital version and a Short.io tracked URL on the printed version.

- [AHA — Flu and Heart Disease](#) - American Heart Association's patient guide on why heart patients should be vaccinated against the flu.
- [CDC — Flu and People with Heart Disease](#) - Why influenza is dangerous for people with heart disease and how the flu shot lowers cardiac risk.
- [CDC — Recommended Adult Immunization Schedule](#) - The official adult vaccine schedule: flu, COVID-19, pneumococcal, RSV, Tdap, and shingles, by age and condition.
- [Cleveland Clinic — Vaccines and Heart Disease](#) - Plain-language overview of recommended vaccines for cardiac patients.
- [Mayo Clinic — Flu Shot Facts](#) - How the flu shot works, why it cannot give you the flu, and what side effects to expect.
- [CDC — Myocarditis After mRNA COVID-19 Vaccination](#) - Honest, data-based information on the rare myocarditis seen after mRNA COVID vaccines and how it compares to infection.
- [IAMI Trial Summary \(Circulation 2021\)](#) - The randomized trial showing the flu shot after a heart attack lowered cardiac events and death.
- [Post-Heart-Attack Recovery Guide — go.riasalimd.com](#) - Our companion guide to recovering after a heart attack, including vaccines and prevention.
- [Advanced Heart Failure Guide — go.riasalimd.com](#) - Our heart failure guide — infections are a top cause of heart-failure hospital stays.
- [Cardiac Rehab Guide — go.riasalimd.com](#) - Our cardiac rehabilitation guide — a great time to catch up on recommended vaccines.
- [Exercise and Your Heart Guide — go.riasalimd.com](#) - Our companion guide on exercise as part of a heart-healthy life.
- [Heart Attack \(ACS\) Guide — go.riasalimd.com](#) - Our guide to acute coronary syndrome — what a heart attack is and how infection can trigger one.



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Sources Used to Build This Guide

Every recommendation in this guide is grounded in one or more of the studies, guidelines, or trusted resources below. Short links are tracked so Dr. Ali can see which references patients are reading; nothing personally identifying is captured.

- [AMI Trial — Influenza Vaccination After Myocardial Infarction \(Circulation 2021\)](#) [Trial]
Randomized, double-blind, placebo-controlled trial (2,571 patients) showing flu vaccine within 72 h of a heart attack cut the composite of death, MI, or stent thrombosis (5.3% vs 7.2%, HR 0.72) and cut cardiovascular death (HR 0.59). The central evidence that the flu shot is heart-protective.
- [ACC Expert Consensus — Adult Immunizations as Part of Cardiovascular Care \(JACC 2025\)](#) [Guideline]
2025 ACC concise clinical guidance establishing that recommended adult vaccines (flu, COVID-19, pneumococcal, RSV) are part of standard cardiovascular care for heart patients.
- [Influenza Vaccine and Cardiovascular Outcomes — Systematic Review and Meta-Analysis \(JAHA 2021\)](#) [Review]
Meta-analysis confirming flu vaccination lowers all-cause and cardiovascular mortality and hospitalizations in patients with cardiovascular disease, with greatest benefit after recent acute coronary syndromes.
- [American Heart Association — Flu and Heart Disease / Vaccination](#) [Patient Education]
Authoritative patient-facing source on why infection raises heart-attack and heart-failure risk and why heart patients should be vaccinated.
- [CDC — Flu and People with Heart Disease or History of Stroke](#) [Patient Education]
Public-health basis for influenza vaccination in cardiovascular patients; documents that flu illness can trigger heart attacks and worsen heart failure.
- [CDC — Recommended Adult Immunization Schedule \(ACIP\)](#) [Guideline]
Source for the current adult vaccine schedule used in plain terms: annual flu (high-dose preferred at 65+), COVID-19, pneumococcal (PCV at 50+), RSV (75+ and 60-74 with heart disease), Tdap, and shingles.
- [Cleveland Clinic — Vaccines and Heart Disease](#) [Patient Education]
Plain-language framing of the recommended vaccines for cardiac patients and infection-related cardiac events.
- [Mayo Clinic — Flu Shot: Your Best Bet for Avoiding Influenza](#) [Patient Education]
Plain-language explanation of how the inactivated flu shot works, why it cannot give you the flu, and common mild side effects — used to bust the central myth.
- [CDC — Myocarditis and Pericarditis After mRNA COVID-19 Vaccination](#) [Patient Education]
Authoritative basis for the honest safety section: vaccine-related myocarditis is rare, usually mild and short-lived, mostly in young males, and less common and less severe than myocarditis from COVID infection itself.
- [Myocarditis Risk — COVID-19 Infection vs mRNA Vaccination \(peer-reviewed analysis, 2024\)](#) [Review]
Quantifies that myocarditis is more common and more severe after COVID infection than after vaccination, supporting the recommendation to stay up to date for heart patients.



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About This Guide

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Version: 2026-08-15

Reviewer note: Reviewed Cleveland Clinic, Mayo Clinic, and AHA patient pages on flu and heart disease. This guide adds: the IAMI trial result (flu shot after a heart attack cut cardiac events and death); a visual infection-to-cardiac-event flow showing how vaccination breaks the chain; a recommended-vaccines panel with timing; a vaccine-by-heart-reason comparison table; and an honest, data-based section on the rare myocarditis seen after mRNA COVID vaccines vs. the higher risk from COVID infection itself.

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This guide is for educational purposes only and does not replace medical advice from your physician. Recommendations may not apply to every patient. Always follow the specific instructions of Dr. Ali and your care team. In an emergency call 911 or go to the nearest emergency department.



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