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# Ruth Marcus: Actually, flu is the virus you should really be worrying about



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Centers for Disease Control (CDC) Director Tom Frieden provides an update on the latest developments involving the deadly Ebola virus and its infection of a Texas health care professional as he addresses the media during a briefing at CDC headquarters Monday, Oct. 13, 2014, in Atlanta. (David Tulis/AP)



By **Ruth Marcus** Columnist October 14

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If you are worried about contracting Ebola, I have two suggestions. First, stop. Second, get a flu shot.

On the first: If you live in the United States, your chances of getting Ebola are vanishingly small — even if you are a health-care worker, or a journalist who travels to Africa to report on the epidemic.

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That is not to diminish the significance of the problem. For Liberia, Sierra Leone and Guinea, the virus represents a public health catastrophe, one with dire implications for the continent and beyond. For the United States, it represents a serious challenge to public health protocols — a reminder about the interconnectedness of the planet in an age of jet travel and a wake-up call about the perils of laxity in the face of a deadly disease.

But as Anthony Fauci of the National Institutes of Health usefully tried to point out on numerous talk shows, there is an important distinction between stopping an Ebola outbreak and preventing an individual infection.

“We’re still quite confident, because of our ability to reach out, do the contact tracing and isolate people who are infected, that we won’t have a public outbreak,” [Fauci said on NBC’s “Meet the Press.”](#) “That’s a different thing than an individual health-care worker unfortunately getting infected.”

It is human nature, reinforced by journalistic instinct, to ignore this context. We worry about the plane crash and suppress the far more likely, and therefore far more terrifying prospect, of the bad driver down the block. We ignore the mundane tragedy of predictable and, in many cases, preventable deaths — from smoking, from gunshots, from the side effects of obesity — in favor of the

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newer, newsier threat.

This may have been good statistics and bad parenting, but when [my children worried about being killed by terrorists](#) in the aftermath of 9/11, I advised them to fear drivers on the Beltway. Being alert to the possibility of the black-swan event doesn't mean ignoring the far more likely reality.

My profession, to put it mildly, doesn't help matters. This is both ingrained response and business imperative. The news is the man who bites the dog. There are no viewers for the plane that doesn't fall from the sky. The adage, "If it bleeds, it leads," is terrifyingly apt when it comes to hemorrhagic fever. So we swarm to Dallas, interview neighbors, tweet breaking-news bulletins. We are serving the public but also disserving it.

People get riled up, for little rational reason. They and some of their politicians clamor to [restrict entry from Ebola-infected countries](#), which could be counterproductive, and to step up screenings of travelers, which makes people feel safer without being much safer.

Which brings us to your flu shot — something that could actually protect you from a serious illness.

There is an interesting debate about how many people die of the flu each year. The standard, prod-the-masses-into-getting-shots figure is north of 30,000. In fact, the numbers are dodgy — flu is not necessarily listed as the cause of death, even when it is — and vary widely from

year to year.

[A 2010 analysis](#) by the Centers for Disease Control and Prevention of 31 influenza seasons, from 1976 to 2007, found annual numbers in the United States ranging from 3,349 to 48,614. The [World Health Organization estimates](#) that annual flu epidemics “result in about 3 million to 5 million cases of severe illness, and about 250,000 to 500,000 deaths” worldwide.

Even so, a disappointingly low percentage of Americans [get flu shots each year](#), even as the availability of vaccinations increases and the cost drops. By the end of flu season, the share of those who have received shots tends to be less than half, according to the CDC. “I don’t need it,” people tend to say (28 percent, in [a 2011 RAND Corp. study](#)), or “I didn’t get around to it” (16 percent).

I write this with some sheepishness, as someone who hasn’t managed to get around to it in the last few years — and, even worse, hasn’t managed to rouse herself to get around to it for the kids either.

That was dumb. The vaccine isn’t foolproof, but it [can prevent you from contracting the flu](#) and perhaps make your case milder if you do get sick. I’m marching us to the drugstore this afternoon.

You should, too. Stop fretting about the unlikely. Do something about the predictable.

*Read more from [Ruth Marcus’s archive](#), [follow her on Twitter](#) or [subscribe to her updates on Facebook](#).*

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[This infographic shows](#) "impulsive overdosing" is common among people with pain conditions. If people don't feel quick relief from pain, they can take more than the recommended dose of medicines with acetaminophen—unaware of risks. Do you know your dose?

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