

VACUNAS (VACCINES) UPDATE

National Alliance for Hispanic Health



U.S. GOVERNMENT ALLOWS HOUSEHOLDS TO ORDER FOUR MORE FREE AT-HOME COVID-19 TESTS



The U.S. Department of Health and Human Services (DHHS) [announced](#) that starting Monday, November 20th households may order an additional four free COVID-19 at-home test kits through the U.S. Postal Service. Households that have not yet placed an order since the free testing program resumed in September can submit two orders, for eight tests in total. Visit [covid.gov/tests](https://www.covid.gov/tests) to order free COVID-19 at-home tests for your household. It is important to check the expiration dates on the box of home tests as [FDA has extended the expiration dates on certain authorized at-home COVID-19 tests](#). To do this check the name of the manufacturer of the test and the lot number printed on the box against the list of [FDA authorized at-home COVID-19 tests](#) to confirm if previously acquired tests have expired or if their expiration dates have been extended.

The mailed tests will also include instructions on how to look up extended expiration dates as early reports are that tests are being shipped by DHHS with an expiration date on the box that has passed but are still useable because their expiration date has been extended by the FDA.

IN THIS ISSUE

U.S. Government Allows Households to Order Four More Free At-Home COVID-19 Tests

CDC Updates RSV Antibody Shot Recommendations for Infants Due to Drug Shortages

New COVID-19 Variant HV.1 Has Become Dominant Strain in the U.S.

COVID-19 Risk for People with Disabilities

Short- and Long-Term Risks of Cardiovascular Damage from COVID-19

Data Show Hispanic Children Were More Likely Than Asian non-Hispanic and Black non-Hispanic Children to Ever Have Long COVID

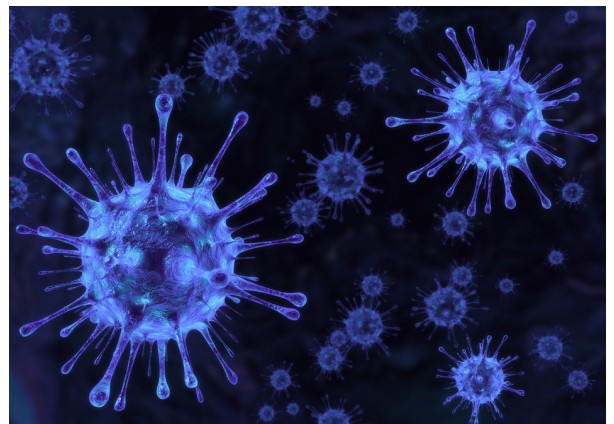
CDC Recommends Routine Use of Jynneos Vaccine for Prevention of Mpox

CDC UPDATES RSV ANTIBODY SHOT RECOMMENDATIONS FOR INFANTS DUE TO DRUG SHORTAGES

The CDC issued a [health alert](#) to provide options for healthcare providers to protect infants against respiratory syncytial virus (RSV) amidst a limited supply of nirsevimab, an antibody shot originally recommended for all infants under 8 months, as well as some older babies at increased risk of severe illness. The CDC now [recommends](#) that healthcare providers prioritize 100-milligram doses of nirsevimab for infants at the highest risk for severe RSV disease, including young infants less than six months of age, American Indian and Alaska Native infants less than eight months of age, and infants aged six to eight months of age born prematurely before 29 weeks of gestation or those who are severely immunocompromised. The CDC advises suspending administration of nirsevimab to palivizumab-eligible infants between eight and 19 months. These children should now be offered a previously approved monoclonal antibody, Synagis (palivizumab) for the 2023-2024 RSV season. American Indian and Alaska Native children ages eight to 19 months should receive nirsevimab if they are not eligible for Synagis and live in remote regions. Recommendations for using 50-milligram doses remain unchanged. Healthcare providers should also encourage pregnant people to receive [Abrysvo](#), the first RSV vaccine for use in pregnant individuals to protect infants from birth through 6 months of age, during weeks 32 through 36 of pregnancy.

NEW COVID-19 VARIANT HV.1 HAS BECOME DOMINANT STRAIN IN THE U.S.

[According to CDC data](#), the COVID-19 variant HV.1 has replaced EG.5 as the most prevalent coronavirus variant in the U.S. HV.1 is a descendant of the XBB strain of the Omicron family and represents an incremental change rather than a major new strain. [Health experts note](#) that even though HV.1 could be slightly more transmissible than EG.5, there is no cause for alarm. The updated 2023-2024 monovalent COVID-19 vaccines are expected to be effective against HV.1 because it is within the same family of variants. Everyone 6 months and older can [stay up-to-date](#) on COVID-19 vaccines by receiving the updated monovalent vaccine which is now available in most pharmacies and clinical settings. Visit www.vacunashelp.org for more information and www.vaccines.gov or <https://findahealthcenter.hrsa.gov/> to find a COVID-19 and flu vaccine near you.



COVID-19 RISK FOR PEOPLE WITH DISABILITIES

People with disabilities may be at higher risk for COVID-19 and severe illness from the virus. Recent [research](#) has shown that people with disabilities were at elevated risk of morbidity and mortality from COVID-19 during the pandemic and to face psychological distress than those without disabilities. This increased risk of infection could be connected to inadequate access to health services, lack of information about COVID-19 that took into account the needs of those with disabilities, living in group settings, difficulty following preventive practices including hand washing and social distancing, and underlying medical conditions and comorbidities.

U.S. [Census](#) data show that older adults report having a higher burden of disability, specifically 24% of adults ages 65-74 and 46% of those 75 and older. The most common forms of disability in the United States are related to mobility; inability to live independently due to physical, mental, or emotional challenges; and, cognitive function.

A 2021 [New England Journal of Medicine](#) study concluded that “having an intellectual disability was the strongest independent risk factor for presentation with a COVID-19 diagnosis and the strongest independent risk factor other than age for COVID-19 mortality.”

If you or someone you know has limited mobility or cannot avoid close contact with others, has trouble taking preventive measures like hand washing or social distancing, or has trouble communicating illness symptoms, the updated COVID-19 vaccine can help prevent severe illness and death from COVID-19. For assistance finding needed services, contact the Su Familia Helpline at 1-866-783-2645.



SHORT- AND LONG-TERM RISKS OF CARDIOVASCULAR DAMAGE FROM COVID-19

Between March 2020 to March 2022, [national data](#) show there were approximately 90,000 more deaths in the U.S. attributed to cardiovascular disease than expected during that time frame. Although some of these deaths could be associated with difficulty accessing medical care during the height of the pandemic, [health experts note](#) that the COVID-19 virus is also a factor due to increased risk of heart attacks, strokes, and other cardiovascular problems up to a year after infection. In the short-term, severe COVID-19 infection leads to widespread inflammation within the body. Inflammation in the blood vessels can cause built-up plaque in arteries to break apart, creating a blood clot and increasing the risk of a heart attack or stroke. In some cases, inflammation can increase the risk of a blood clot even in people without pre-existing plaque.

In the long-term, the possibility for cardiovascular health problems does not dissipate after recovery from COVID-19 infection. A [study](#) analyzing medical records of 691,455 unvaccinated persons diagnosed with COVID-19 in the U.S. found that they had a significantly higher risk of developing nearly all cardiovascular diseases within a year after COVID-19 infection. The individuals in the study were 1.5 times more likely to have a stroke and nearly twice as likely to experience a heart attack. These long-term risks of cardiovascular damage could be attributed to the risk of developing hypertension after a COVID-19 infection. A [recent study](#) observing persons without a history of hypertension in a New York City health system found that nearly 21% of hospitalized COVID-19 patients and around 11% of nonhospitalized COVID-19 patients eventually developed high blood pressure within 6 months after infection.

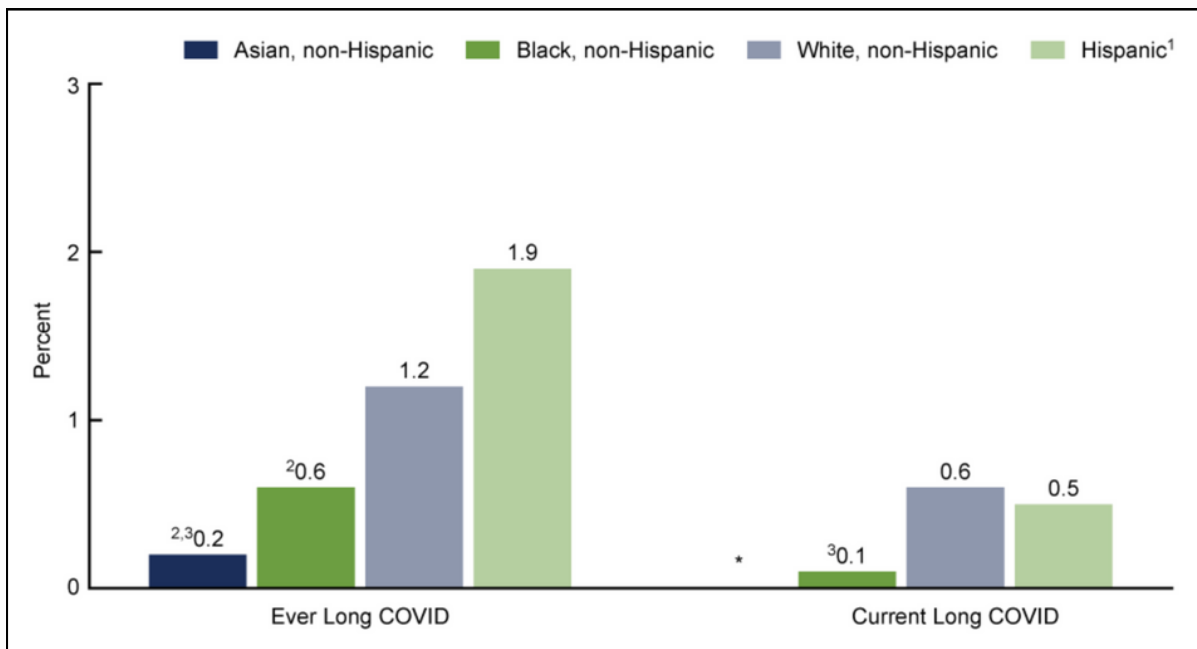
[Research](#) has shown that individuals who are vaccinated against COVID-19 are less likely to experience a heart attack or stroke after a COVID-19 infection than those who are unvaccinated. Be sure to [stay up-to-date](#) on COVID-19 vaccines by receiving the updated monovalent vaccine.



DATA SHOW HISPANIC CHILDREN WERE MORE LIKELY THAN ASIAN NON-HISPANIC AND BLACK NON-HISPANIC CHILDREN TO EVER HAVE LONG COVID

Some individuals who have had a COVID-19 infection can experience a wide range of new, returning, or ongoing health problems, known as [Long COVID](#). Individuals with Long COVID exhibit a wide range of symptoms that can include ongoing fatigue, brain fog, dizziness, heart palpitations, and loss of smell or taste, lasting weeks, months, or even years after infection. A [report from the CDC](#) detailed the percentage of children ages 0-17 years in the U.S. who had Long COVID or had Long COVID at the time of interview based on parent-reported data from the 2022 National Health Interview Survey. In 2022, 1.3% of children in the U.S. ever had Long COVID and 0.5% currently had Long COVID (at the time of interview). Children ages 12-17 years were more likely than children ages 0-5 years and 6-11 years to ever have or currently have Long COVID. Hispanic children (1.9%) were more likely than Asian non-Hispanic (0.2%) and Black non-Hispanic children (0.6%) to ever have Long COVID. Research suggests that individuals who have received a COVID-19 vaccine are less likely to report Long COVID after a COVID-19 infection, compared to unvaccinated individuals. Be sure to protect yourself and others by [staying up-to-date](#) on COVID-19 vaccination and seeking [treatment](#) for COVID-19 if appropriate.

Percentage of children who ever had Long COVID or currently have Long COVID, by race and Hispanic origin: United States, 2022



CDC RECOMMENDS ROUTINE USE OF JYNNEOS VACCINE FOR PREVENTION OF MPOX

The CDC has endorsed the Advisory Committee on Immunization Practices' (ACIP) [recommendation](#) for routine use of the 2-dose JYNNEOS vaccine series for individuals aged 18 years and older at risk for mpox (formerly known as monkeypox). Individuals at risk include:

- Gay, bisexual, and other men who have sex with men, transgender and non-binary people who in the past six months have had at least one of the following:
 - A new diagnosis of at least one sexually transmitted disease;
 - More than one sex partner;
 - Sex at a commercial sex venue;
 - Sex in association with a large public event in an area where mpox is spreading;
- Sexual partners of persons with the risks described above.
- Persons who anticipate experiencing any of the above.

The CDC [estimates](#) that 2 million individuals in the U.S. are now eligible to receive the JYNNEOS vaccine. About 23% of this eligible group received the recommended two doses during the 2022/2023 mpox outbreak to date.



Vacunas para todos (Vaccines for All)™ National Hispanic Network is funded in part by the Hispanic Family Equity Fund of the Healthy Americas Foundation and by the U.S. Department of Health and Human Services (HHS) as part of an award from the Centers for Disease Control (CDC) and by the U.S. Administration for Community Living (ACL) under a grant to the National Council on Aging (NCOA). The contents of this newsletter are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by ACL, CDC, HHS, NCOA, or the U.S. Government.