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VACUNAS (VACCINES) UPDATE

National Alliance for Hispanic Health

LONG COVID IS BEGINNING TO ALSO LOOK LIKE A NEUROLOGICAL DISEASE

As of March 2023, long COVID has affected more than 15 million adults in the U.S. The risk for developing the condition appears to be slightly higher in people who were hospitalized for COVID-19, as well as for individuals who smoke, have excess weight, or have underlying risk factors such as an autoimmune disease.

Health experts note that the most prevalent, persistent, and disabling symptoms of long COVID are neurological. Some individuals experience cognitive issues in the form of difficulty with memory, concentration, sleep, and mood. Other symptoms such as pain and fatigue can result from nerve dysfunction in the autonomic nervous system (which instructs our bodies to breathe, digest food, and carry out other involuntary actions). This type of nerve dysfunction is called dysautonomia which can lead to multiple symptoms including dizziness, fast heart rate, high or low blood pressure, and ongoing fatigue.

Researchers have found evidence that the COVID-19 virus can reach parts of the body outside the lungs, including the brain and other parts of the central nervous system. The recognition that the effect of long COVID may impact the brain and nervous system is beginning to reshape how healthcare providers approach medical treatment. Some health experts are now beginning to think of COVID-19 as a neurological disease and not just a pulmonary disease.

IN THIS ISSUE

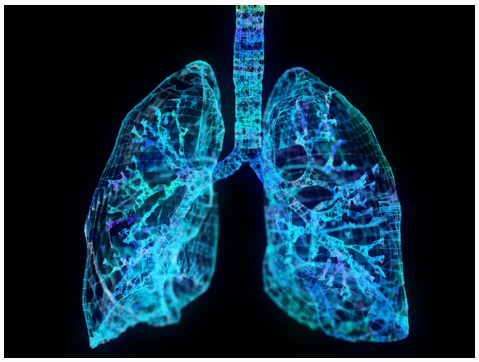
NEW RESEARCH IDENTIFIES COMMON LONG COVID SYMPTOMS

A new study from the National Institutes of Health's RECOVER program identified common long COVID symptoms to help scientists find a treatment for the condition that impacts millions of individuals. Researchers analyzed data from 9,764 adults in the RECOVER trial and identified 12 of the most common long COVID symptoms which include ongoing fatigue, brain fog, dizziness, thirst, cough, chest pain, heart palpitations, abnormal movements, upset stomach, lack of sexual desire, loss of smell or taste, and feeling sick or overly exhausted after physical activity (also known as post-exertional malaise). Health experts note that the intent of this research is not to limit the definition of long COVID to these 12 symptoms, but instead to direct future efforts into research that includes these symptoms as scientists continue to study the effects of long COVID.

The study also found that individuals with long COVID who were unvaccinated and those infected before the omicron variant became the dominant strain were more likely to experience severe long COVID symptoms. Findings also showed that some long COVID symptoms tend to cluster together such as fatigue and post-exertional malaise. Researchers expect to start enrolling individuals with long COVID in clinical trials for treatments this year to continue studying this complicated chronic disease.

COVID-19'S LASTING DAMAGE TO THE LUNGS

COVID-19 inflicts lasting lung damage on some individuals who experience severe illness and hospitalization, including scar tissue development within their lungs that ultimately limits airflow, even after inflammation and fluid of an active infection has cleared. To better understand the long-term impact of COVID-19's damage on the lungs, the New York Times analyzed C.T. scans of three patients who were hospitalized during the early days of the pandemic and constructed 3-D images of their lungs at different points in time. The images depict lung damage from COVID-19 that can linger years after infection and impact everyday life. The three patients have been able to regain lung function to varying degrees and have made better progress than doctors initially predicted, but they are unlikely to recover fully. With COVID-19 vaccines and antiviral treatments, health experts note that they are encountering fewer patients severely impacted by COVID-19, however, there is still a segment of the population who suffers from lasting health effects, particularly lung damage.



FDA ADVISERS VOTE IN SUPPORT OF NEW RSV VACCINE FOR INFANTS

The U.S. Food and Drug Administration's independent vaccine advisers recently voted in favor of recommending approval for a new respiratory syncytial virus (RSV) vaccine for infants. RSV is a contagious respiratory virus that causes infections of the lungs and breathing passages. Although most children infected with RSV will experience mild cases, RSV is the number one reason for child hospitalizations in the U.S. It is estimated that RSV causes about 1 in 28 deaths among infants ages 28 days to 6 months worldwide. Clinical trials showed that the vaccine was 82% effective against severe lower respiratory tract infections in the first three months after birth and 57% effective in preventing infants from seeing a doctor for an RSV infection. This vaccine under review is a single-dose maternal vaccine that would be administered to pregnant people late in pregnancy. The approval decision by the advisory committee now goes to the FDA for further consideration. Health experts that advise the CDC on vaccine guidance will meet in June to review both adult and infant RSV vaccines, as well as nirsevimab, a monoclonal antibody that prevents against RSV.

FDA FULLY APPROVES ORAL ANTIVIRAL PAXLOVID FOR ADULTS

The U.S. Food and Drug Administration approved Paxlovid, the first oral COVID-19 antiviral fully approved in the U.S., for the treatment of mild-to-moderate COVID-19 in adults who are at high risk for severe illness. This includes individuals who have diabetes, heart conditions, cancer, or are immunocompromised. Health experts consider Paxlovid a valuable complementary tool to vaccination that can save lives and reduce the severity of COVID-19 for high-risk individuals. The FDA first made Paxlovid available under emergency use authorization (EUA) in December 2021.

This latest decision to grant full approval confirms that there is extensive clinical data demonstrating Paxlovid's safety and effectiveness.

END OF COVID-19 PUBLIC HEALTH EMERGENCY MEANS A SHIFT IN DATA

May 11, 2023 marked the end of the federal COVID-19 public health emergency (PHE) declaration. Although addressing COVID-19 remains a public health priority, the end of the PHE will result in changes to COVID-19 data collection, reporting, and surveillance. Certain surveillance metrics will remain the same, but some will change in terms of reporting frequency, data sources, or availability. The Department of Health and Human Services (HHS) will no longer have the authority to require lab test reporting for COVID-19. This means negative COVID-19 test results no longer have to be reported and the ability to calculate percent positivity for COVID-19 tests in a given region may be affected. Although the CDC has been working with states and jurisdictions to encourage voluntary sharing of vaccine administration data after the PHE expiration, reports on vaccination data will no longer include specific counts and may only be estimates.

Hospital admission data that will allow health officials to track severe disease will continue as required by CMS through April 2024, but frequency of reporting may be reduced. Data on COVID-19 deaths will continue, but the data source will be changed. Emergency department visit data will now serve as an early indicator of COVID-19 activity. Wastewater and genomic surveillance will allow public health officials to track COVID-19 variants and transmission.

VAST MAJORITY OF COVID-19 DEATHS ARE AMONG OLDER ADULTS

According to a report from the World Health Organization and CDC, adults aged 60 and older accounted for more than 80% of COVID-19 global deaths during the first two years of the pandemic. The study also found that the median percentage of older adults who had received their COVID-19 primary vaccines at the end of 2022 was 76%, which falls short of the goal to have at-risk populations fully vaccinated. Health officials stress that there is a continuing need to get updated (bivalent) initial and booster vaccines for older adults who are at high risk of severe illness and death from COVID-19. The FDA and CDC have authorized additional updated (bivalent) COVID-19 boosters for adults 65 and older and those who are immunocompromised. Adults over the age of 65 are now eligible for an additional bivalent booster if it has been at least four months since their previous updated vaccine. Immunocompromised individuals may obtain a bivalent dose if at least two months have passed since their last dose, and they may obtain additional doses at the recommendation of their healthcare provider. We should discuss with older family members the importance of getting vaccinated against COVID-19. To stay up to date with COVID-19 vaccines, visit www.vacunashelp.org and go to www.vaccines.gov to find a COVID-19 vaccine near you.

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