

VACUNAS (VACCINES) UPDATES

National Alliance for Hispanic Health

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CDC REPORT FINDS INEQUITIES IN FLU VACCINE UPTAKE

A [CDC Vital Signs report](#) found that Hispanic, Black, and American Indian/Alaska Native (AI/AN) adults in the U.S. are more likely to be hospitalized with flu, and less likely to be vaccinated against flu. The report looked at flu hospitalization rates from 2009 to 2022 and flu vaccination coverage from 2010 to 2022 by race and ethnicity.

Compared to non-Hispanic White adults, flu hospitalization rates are 20% higher (or 1.2 times higher) among Hispanic adults. Since 2010, flu vaccination coverage has been consistently lower among Hispanic, Black, and AI/AN adults. During the 2021-2022 flu season, flu vaccination coverage was 38% among Hispanic adults compared to 54% among non-Hispanic White adults.

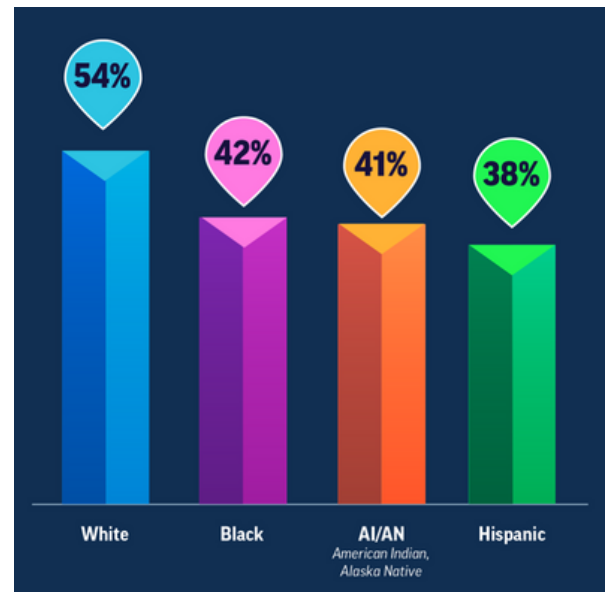
These disparities in flu vaccination coverage and severe outcomes of flu shows how important our *Vacunas para Todos* partners are in working to promote flu vaccinations within the Hispanic community. Lack of access to healthcare, missed opportunities to vaccinate, misinformation, and lack of access to culturally competent providers remain a barrier to vaccination for many Hispanics and other racial and ethnic minority groups. By partnering with trusted messengers, using culturally responsive messaging, promoting community-based vaccination events, and emphasizing flu vaccination, our *Vacunas para Todos* partners are raising awareness of the importance of flu vaccination and increasing flu vaccination rates in the Hispanic community.

Flu Updates

CDC Report Finds Inequities in Flu Vaccine Uptake

Flu Season Arrived Early with Higher Rates of Severe Illness

CDC U.S. Influenza Surveillance Report



Adult Flu Vaccination Rates During the 2021 – 2022 Flu Season by Race and Ethnicity

FLU SEASON ARRIVED EARLY WITH HIGHER RATES OF SEVERE ILLNESS

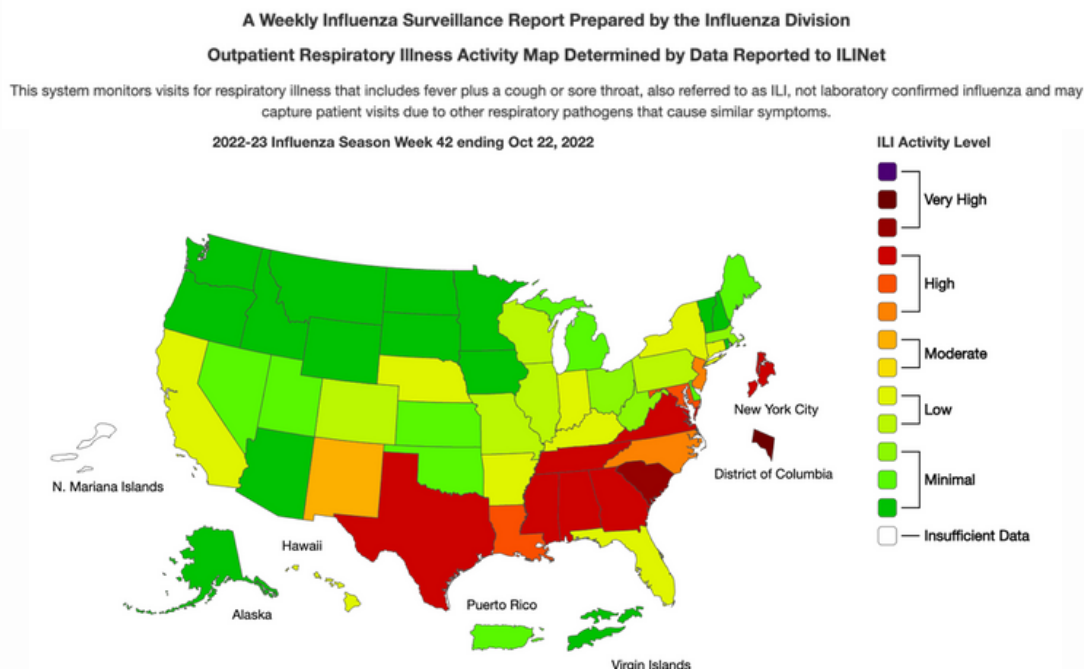
Flu season is usually between October and May and typically peaks in December or January. This year it arrived about six weeks earlier with uncharacteristically high illness. [The CDC estimates that](#), so far this season, there have been at least 880,000 flu illnesses, 6,900 hospitalizations, and 360 deaths from flu. The United States has not seen such a high burden of flu illness at this point in the season [since the 2009 H1N1 swine flu pandemic](#). The predominant strain of flu currently circulating around the nation is H3N2, which typically causes the worst outbreaks compared to other types of flu viruses. Flu seasons where H3N2 dominates usually result in the most complications, especially for the elderly, very young, and people with chronic health conditions. Adding to concerns, flu vaccination rates are lagging behind where they usually are at this point in the season. About 128 million doses of flu vaccine have been distributed so far, compared with 139 million doses at this time last year and 154 million doses at this point during the year before.

These data coming from the CDC highlight the need for everyone 6 months and older to get a flu vaccine to prevent severe illness from the flu. People can visit www.vacunashelp.org for more information and www.vaccines.gov to find a flu vaccine near them.

CDC U.S. INFLUENZA SURVEILLANCE REPORT

[As of week 42 \(ending October 22, 2022\)](#), flu activity continues to increase with the southeast and south-central regions of the U.S. reporting the highest levels of flu activity. During week 42, **6.2% of specimens tested were positive for influenza** compared to 4.4% [during week 41](#). **2,332 patients with laboratory-confirmed influenza were admitted to a hospital** during week 42 compared to 1,674 during week 41. During week 42, **13 U.S. states/jurisdictions experienced “high” or “very high” influenza-like illness (ILI) activity*** compared to 8 states/jurisdictions during week 41.

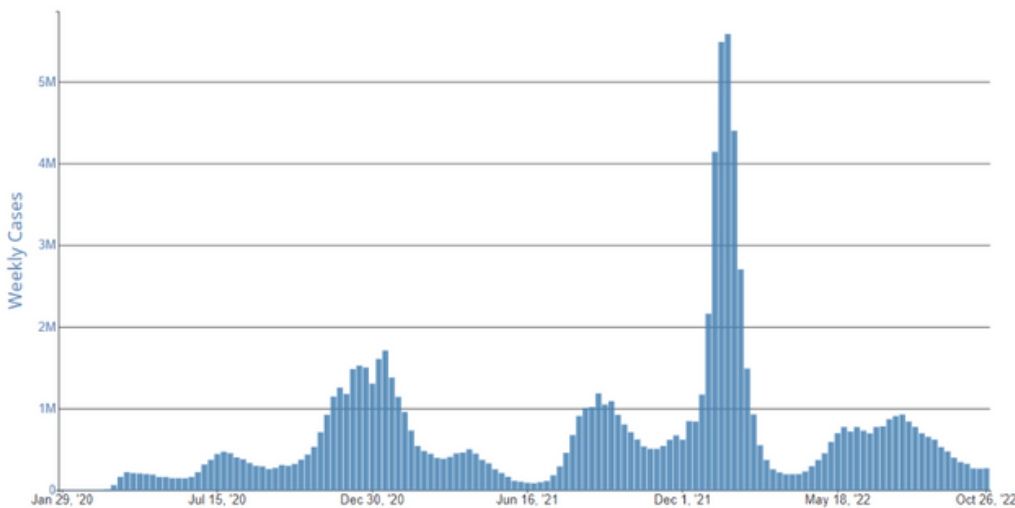
* ILI is defined as fever and a cough and/or a sore throat. Activity levels are based on the percent of outpatient visits due to ILI in an area compared to the average percent of ILI visits that occur during weeks with little or no influenza virus circulation (non-influenza weeks) in that area.



CDC COVID-19 DATA TRACKER - CASES, HOSPITALIZATIONS, & DEATHS

[As of October 26, 2022](#), the data were mostly trending in a good direction. The current 21-day moving average of weekly new cases (37,683) **decreased** 25.1% compared with the previous 21-day moving average (50,328). The current 7-day daily average for new hospital admissions between October 19-25, 2022, was 3,249. This is a 1.0% **increase** from the previous 7-day average (3,217) between October 12-18, 2022. The current 21-day moving average of new deaths (373) **decreased** 13.7% compared with the previous 21-day moving average (432).

Weekly Trends in Number of COVID-19 Cases in the U.S. Reported to CDC



CDC COVID-19 DATA TRACKER - VACCINATION RATES & TRENDS

[As of October 27, 2022](#), 80.1% of the total U.S. population have received at least one dose of the COVID-19 vaccine. 68.4% of the total U.S. population have been fully vaccinated and 7.3% of this fully vaccinated population have received an updated (bivalent) booster dose.

Looking at trends in vaccination status and intent from the [National Immunization Survey Adult COVID Module](#), 85.1% of Hispanic adults age 18+ have been vaccinated (received at least one dose of the COVID-19 vaccine), 0.7% definitely will get vaccinated, 4.8% probably will get vaccinated or are unsure, and 9.4% probably or definitely will not get vaccinated.

COVID-19 Updates

CDC COVID-19 Data Tracker - Cases, Hospitalizations, & Deaths

CDC COVID-19 Data Tracker - Vaccination Rates & Trends

CDC Expands Updated COVID-19 Booster to Include Children Ages 5 to 11

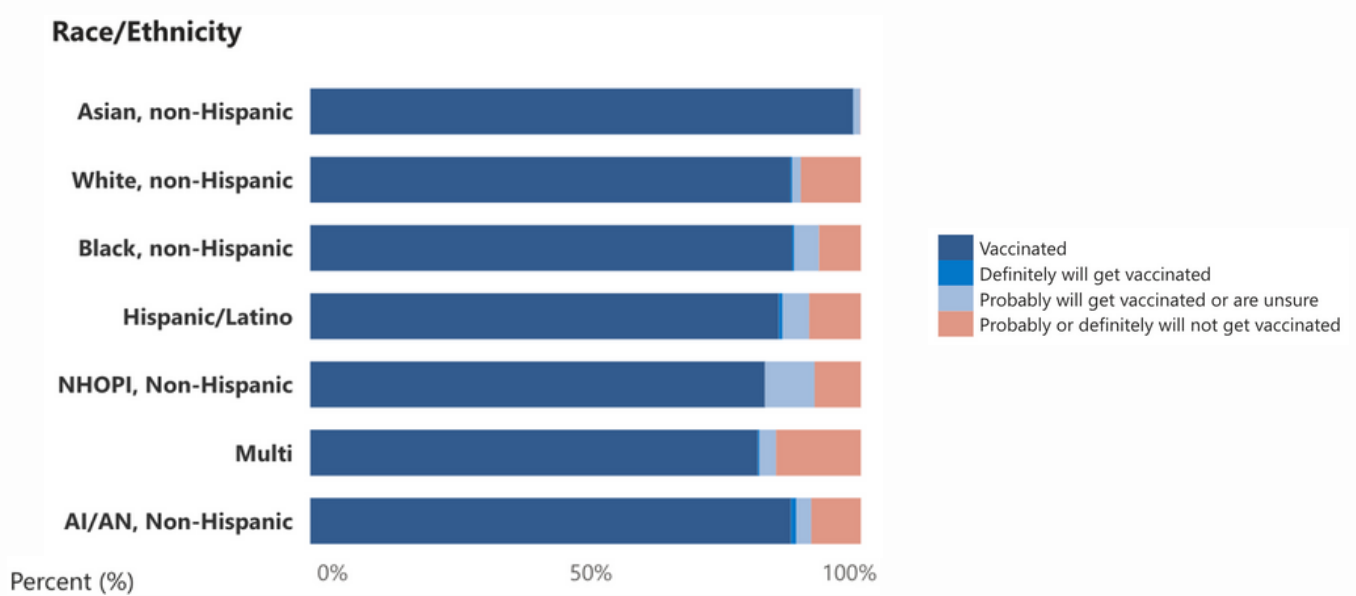
Improving Ventilation in Your Home

CDC Allows Novavax Monovalent COVID-19 Boosters for Adults Ages 18 and Older

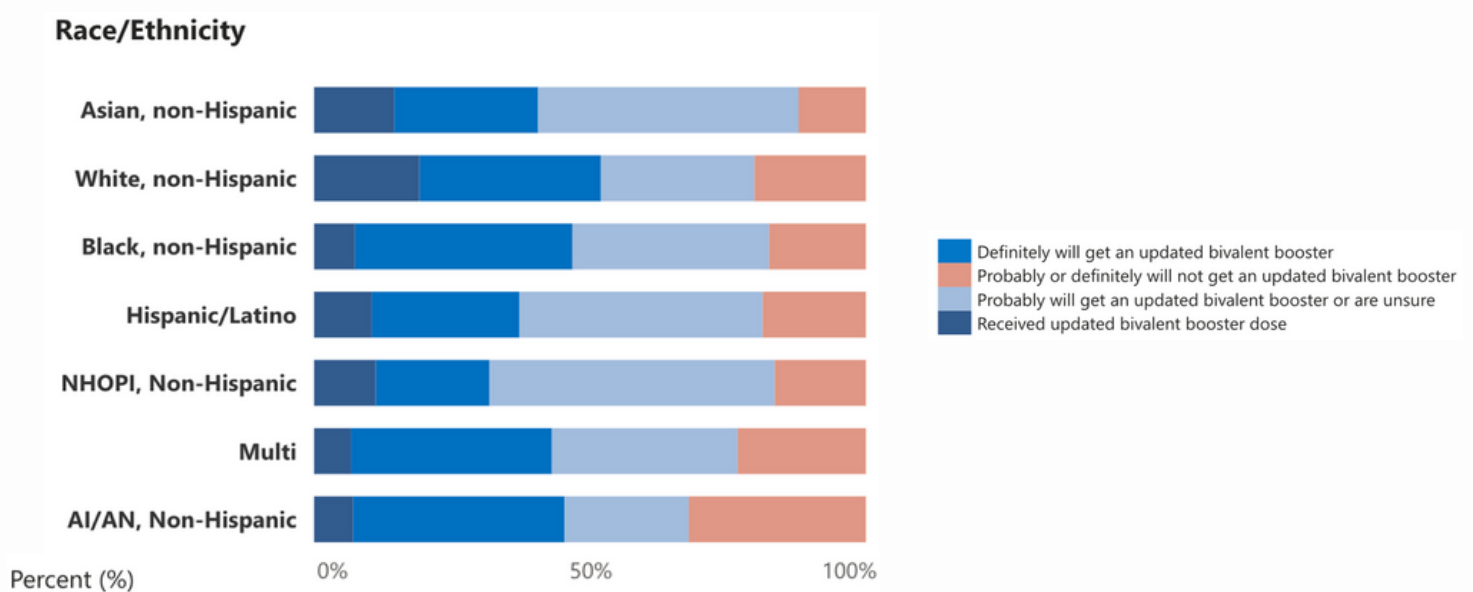
CDC Advisors Endorse Adding COVID-19 Vaccination to Immunization Schedule

Regarding the updated (bivalent) booster, 10.5% of Hispanic adults age 18+ (among adults who completed their primary series) have received the updated booster, 26.7% definitely will get an updated booster, 44.2% probably will get an updated booster or are unsure, and 18.7% probably or definitely will not get an updated booster.

Vaccination Status and Intent Among All Adults 18+, by Demographics, United States



Vaccination Status and Intent Among All Adults 18+ Who Completed Primary Series, by Demographics, United States



CDC EXPANDS UPDATED COVID-19 BOOSTER TO INCLUDE CHILDREN AGES 5 TO 11

The U.S. Food and Drug Administration [authorized](#) and CDC updated its [guidance](#) to expand the use of updated COVID-19 boosters to children ages 5 through 11 years. This new booster contains an [updated bivalent formula](#) that both boosts immunity against the original COVID-19 strain and adds an Omicron BA.4 and BA.5 spike protein component to protect against newer variants that account for most of the current COVID-19 cases.

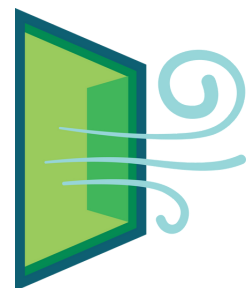
The CDC definition of up-to-date for COVID vaccination, including boosters, is available by clicking [here](#) and may be updated as CDC monitors data. Pfizer's updated COVID-19 booster is recommended for children ages 5 through 11 years. Moderna's updated COVID-19 booster is recommended for children and adolescents ages 6 through 17 years. Eligible individuals can receive either the Pfizer or Moderna updated booster, regardless of whether their primary series or last booster dose was with Pfizer, Moderna, Novavax, or Johnson & Johnson. Individuals are eligible for the updated COVID-19 booster if it has been at least 2 months since their last COVID-19 vaccine dose. It is important to note that there are [different recommendations for COVID-19 vaccines](#), including boosters for people who are moderately or severely immunocompromised.

The new updated bivalent booster replaces the existing monovalent booster. This means that the previous Pfizer and Moderna COVID-19 booster is no longer authorized for individuals 5 through 11 years. No updated COVID-19 boosters have been approved yet for children under 5. Children between 6 months and 5 years of age should receive their COVID-19 vaccine primary series if they have not already done so. Pfizer and Moderna are expected to have results later this year from research studies examining the updated boosters in young children. Individuals who recently had COVID-19 [may consider delaying](#) the updated booster dose by 3 months after an infection. The CDC is also urging health providers to offer people flu vaccinations and updated COVID-19 boosters during the same visit.



IMPROVING VENTILATION IN YOUR HOME

[Improving ventilation](#) can help you reduce virus particles in your home and keep COVID-19 from spreading. Opening windows, using air filters, and turning on fans are all methods to help clear out virus particles. If a guest visits your home, using these tools to improve ventilation both during and after their stay (for example, an extra hour) can help prevent you from getting and spreading COVID-19. Use this [interactive ventilation tool](#) to learn how you can decrease the level of COVID-19 virus particles during and after a guest visits your home.



CDC ALLOWS NOVAVAX MONOVALENT COVID-19 BOOSTERS FOR ADULTS AGES 18 AND OLDER

The U.S. Food and Drug Administration [authorized](#) and CDC updated its [guidance](#) to allow adults ages 18 and older to receive a Novavax monovalent COVID-19 booster. This updated guidance gives adults the option to receive a Novavax monovalent COVID-19 booster instead of an updated bivalent Pfizer or Moderna booster if they are at least six months past receiving a primary COVID-19 vaccine series, but have not previously received a COVID-19 booster. The CDC acknowledges that some adults may be unable to receive an mRNA vaccine due to an allergy, history of a severe allergic reaction, or lack of availability of an mRNA vaccine; and others may be unwilling to receive mRNA vaccines. This recent authorization and allowed use of a Novavax monovalent COVID-19 booster is geared towards giving people 18 years and older the option to receive a COVID-19 booster if they cannot or will not receive mRNA vaccines.



CDC ADVISORS ENDORSE ADDING COVID-19 VACCINATION TO IMMUNIZATION SCHEDULE

The CDC's Advisory Committee on Immunization Practices (ACIP) [voted](#) to add COVID-19 vaccines to the routinely recommended childhood and adult immunization schedules for 2023. This update to vaccination schedules [does not mandate vaccination](#) for children or adults or prevent unvaccinated children from attending school. It is simply an annual update to the CDC's recommended child and adult immunization schedules. The CDC can only make recommendations for use of vaccines, while school-entry vaccination requirements and vaccine mandates are determined by state or local jurisdictions. A separate vote by ACIP to include COVID-19 vaccines in the Vaccines for Children (VFC) program would ensure the vaccine is free of charge to uninsured, underinsured, and indigent children.



TOOLKIT FOR ADDRESSING HEALTH MISINFORMATION

Although not a recent phenomenon, health misinformation in recent years has spread at unprecedented speed and scale via social media and search engines. Health misinformation endangers our collective public health by causing confusion, sowing mistrust, and undermining public health efforts such as the *Vacunas para Todos* program. During the pandemic, misinformation has led people to decline vaccines, reject public health measures, and use unproven treatments. The U.S. Surgeon General has made it a priority to [prevent and address health misinformation](#) and calls on all of us, as a society, to help build a healthier information environment.

The Office of the Surgeon General developed a [Community Toolkit for Addressing Health Misinformation](#) that provides information and exercises to slow the spread of health misinformation. The toolkit explains what motivates people to share misinformation and provides information and exercises to help people recognize false health information. The toolkit also provides tips for community leaders and individuals on how to effectively talk with people who are prone to spreading misinformation. Experts suggest that we listen to people's fears, empathize with the difficulty in trusting certain sources of information, point to credible sources, do not publicly shame, and use inclusive language to show that you see yourself being impacted in the same way.

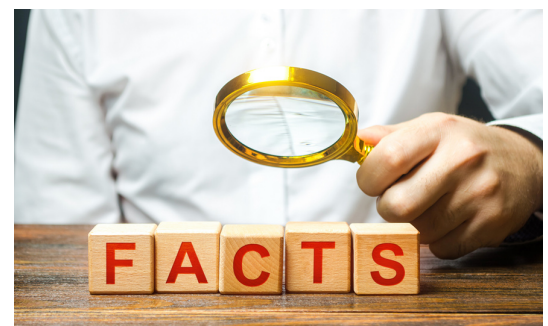
CORRECTING MISINFORMATION

The CDC regularly publishes reports on vaccine confidence. The [latest report, published on October 10, 2022](#), discusses emerging community concerns that affect vaccine confidence and suggests actions that public health agencies can implement to increase confidence. Emerging misinformation includes: concern that there is a relationship between COVID-19 and Monkeypox, reluctance by parents to vaccinate their children, and continued concern of COVID vaccinations due to potential side effects. The CDC report includes several suggestions for messaging to address each of these concerns.

Combating Misinformation

Toolkit for Addressing Health Misinformation

Correcting Misinformation



SHINGLES (HERPES ZOSTER)

Adult Routine Vaccination

Shingles (Herpes Zoster)

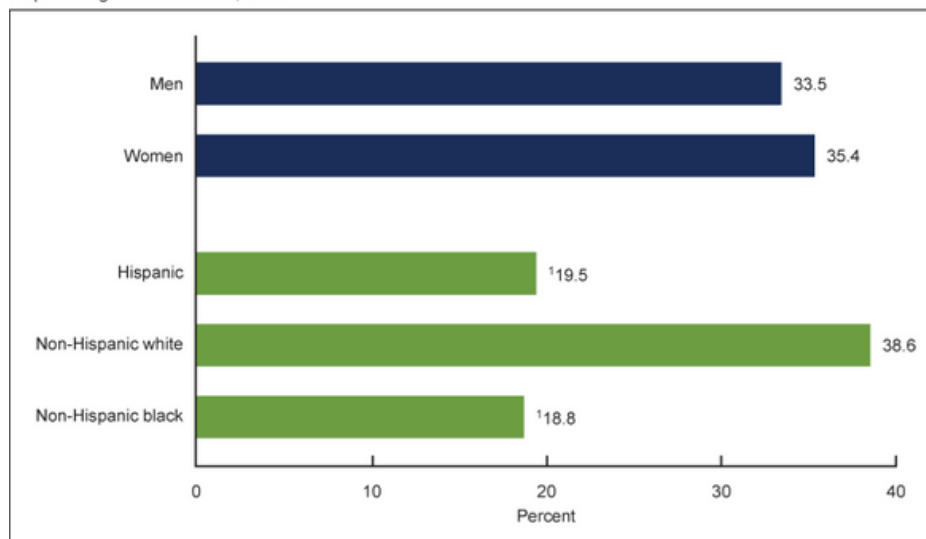
About [1 out of every 3 people](#) in the U.S. will develop shingles, also known as herpes zoster, in their lifetime. If someone has ever been diagnosed with chickenpox, they are at risk for shingles. The risk of being diagnosed with shingles and having serious complications increases as we get older. About 1 in 10 people who are diagnosed with shingles develop nerve pain, called postherpetic neuralgia, that lasts for months or years after infection and is the most common complication of the disease.

Shingles is [caused by the same virus that causes chickenpox](#), varicella zoster virus (VZV). After a person recovers from chickenpox, the virus stays dormant (inactive) in the body and can be reactivated years later, causing shingles.

The [CDC recommends](#) adults 50 years and older receive 2 doses of the shingles vaccine, a recombinant zoster vaccine called Shingrix, to prevent shingles and related complications from the disease. Adults 19 years and older who have weakened immune systems because of disease or therapy should also receive 2 doses of the shingles vaccine, as they have a higher risk of getting shingles. A person should [still get the shingles vaccine](#) even if they have had shingles in the past, received the Zostavax vaccine (a previous shingles vaccine that is no longer available in the U.S.), or received the chickenpox vaccine.

[Data from the 2008-2018 National Health Interview Survey](#) showed that uptake in shingles vaccination did not differ significantly by sex, but non-Hispanic White adults were more likely to have received the shingles vaccine compared with Hispanic and non-Hispanic Black adults. Among adults 60 years and older, women (35.4%) were equally as likely as men (33.5%) to have ever received the shingles vaccine. Non-Hispanic White adults (38.6%) were more likely to have ever received the shingles vaccine than either Hispanic (19.5%) or non-Hispanic Black (18.8%) adults.

Figure 2. Percentage of adults aged 60 and over who had ever received a shingles vaccine, by sex and race and Hispanic origin: United States, 2018



¹Significantly different from non-Hispanic white adults ($p < 0.05$).
 NOTES: Receipt of shingles vaccine is based on self-report. This analysis excludes approximately 3% of adults aged 60 and over with unknown shingles vaccination status. Adults categorized as Hispanic may be of any race or combination of races. Adults categorized as non-Hispanic white and non-Hispanic black indicated one race only. Estimates for non-Hispanic adults of races other than white only or black only, or of multiple races, are not included in this analysis. Estimates are based on household interviews of a sample of the civilian noninstitutionalized population. Access data table for Figure 2 at: <https://www.cdc.gov/nchs/data/databriefs/db370-tables-508.pdf#2>.
 SOURCE: NCHS, National Health Interview Survey, 2018.