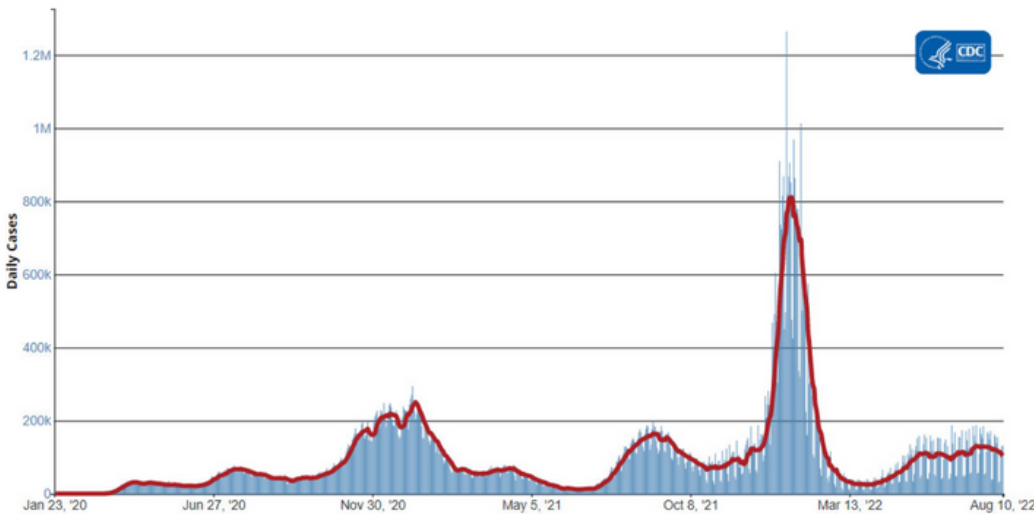


Vacunas (Vaccines) Updates

National Alliance for Hispanic Health

Daily Trends in COVID-19 Cases in the United States Reported to CDC

— 7-Day moving average



THE LATEST ON COVID-19

[As of August 17, 2022](#), the data were trending in a good direction. The current 7-day moving average of daily new cases (95,652) decreased 9.9% compared with the previous 7-day moving average (106,116). The current 7-day average for new hospital admissions between August 10-16, 2022, was 5,690. This is a 6.1% decrease from the previous 7-day average (6,059) between August 3-9, 2022. The current 7-day moving average of new deaths (394) has decreased 10.7% compared with the previous 7-day moving average (442).

THE LATEST ON COVID-19 VACCINATIONS

[As of August 17, 2022](#), 79% of the total U.S. population have received at least one dose of the COVID-19 vaccine. 67.4% of the total U.S. population have been fully vaccinated and 48.4% of this fully vaccinated population have received an additional or booster dose.

Newsletter Highlights

The latest on COVID-19

The latest on COVID-19 vaccinations

Vaccination rates in the Hispanic community

FDA Recommends Repeat Testing Following a Negative At-home COVID-19 Test

Health Care Provisions in the Inflation Reduction Act

Updated COVID-19 Boosters Will Be Rolled Out This Fall

CDC Urges Polio Vaccination for Unvaccinated

Back to School is a Time to Remind Parents About COVID-19 Vaccination

Monkeypox Update

VACCINATION RATES IN THE HISPANIC COMMUNITY

[As of August 17, 2022](#), Hispanics account for 20.8% of people with at least one dose received and 30.1% of people who received a vaccine in the last 14 days. These metrics are both greater than Hispanics' share of the total U.S. population (19.2%).

[Looking at the U.S. Hispanic population](#) as a whole, 63.9% of Hispanics have received at least one dose of the COVID-19 vaccine and 54.4% have been fully vaccinated. Of the fully vaccinated population, the [Hispanic population continues to have the lowest proportion of additional/booster doses received once eligible \(42.2%\)](#).

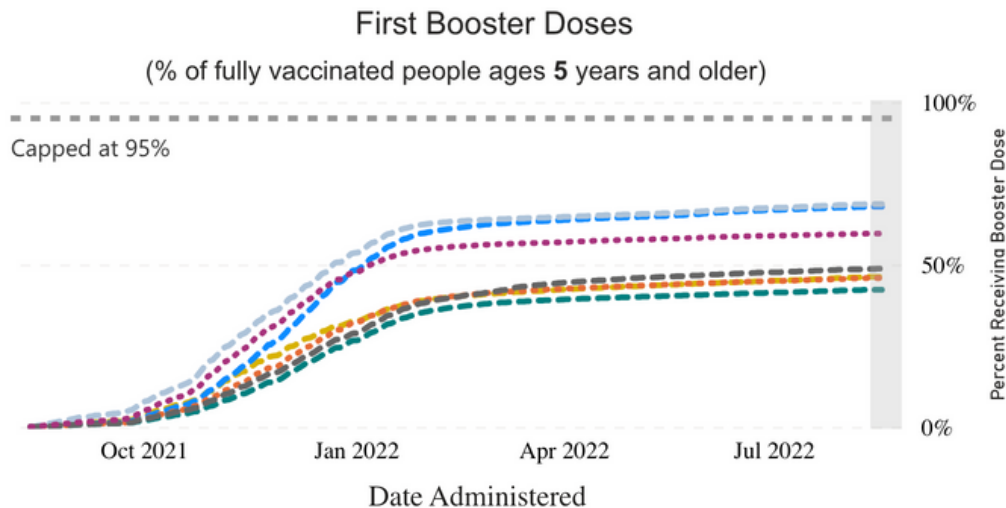
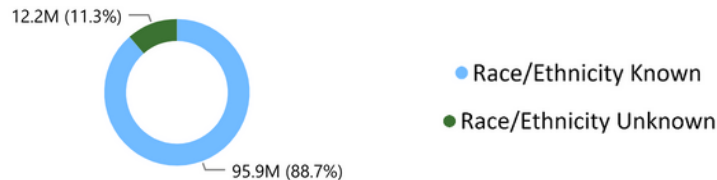
Note: Race/ethnicity was not available for about 25% of people who reported receiving at least one dose of the vaccine and 11% of people receiving a first COVID-19 booster dose. Additionally, CDC is not publicly reporting either state-level data on the racial/ethnic composition of people vaccinated or receiving booster doses or reporting racial and ethnic data for vaccinations among children.

COVID-19 Booster Dose Administrations, United States

August 13, 2021 – August 17, 2022

At this time, all people ages 5 years and older are eligible to receive a first booster, and all people ages 50 years and older are eligible to receive a second booster dose ([learn more here](#)).

	AI/AN, NH	Asian, NH	Black, NH	Hispanic/Latino	Multiracial, NH	NHOPI, NH	White, NH
First Booster Dose	46.2%	67.8%	45.8%	42.2%	68.6%	48.7%	59.5%



FDA RECOMMENDS REPEAT TESTING FOLLOWING A NEGATIVE AT-HOME COVID-19 TEST

The FDA is [currently advising](#) people to perform repeat testing after receiving a negative result on any at-home COVID-19 antigen test, regardless of whether or not they have COVID-19 symptoms. At-home COVID-19 antigen tests are less accurate than PCR tests and may not detect the virus early in an infection, especially when a person does not have symptoms. This is why repeat testing is important.

- If you receive a negative result and have COVID-19 symptoms, test again 48 hours after your first negative test (for a total of at least two tests).
- If you receive a negative result and do not have COVID-19 symptoms but believe you have been exposed to COVID-19, test again 48 hours after your first negative test, and then 48 hours after the second negative test (for a total of at least three tests).

If you receive a positive result on any repeat test, you most likely have COVID-19. It should be noted that you do not need to use the same brand of test each time for repeat testing. The goal of these recommendations is to reduce the risk of an infection being missed (false negative result) and to help prevent people who are infected with COVID-19 from unknowingly spreading the virus to others.



HEALTH CARE PROVISIONS IN THE INFLATION REDUCTION ACT

The [Inflation Reduction Act was signed into law on August 16, 2022](#). In addition to provisions that will address climate change and prescription drug prices for our nation's seniors, the bill also sets out to reduce vaccine disparities for the nearly [50 million](#) Medicare Part D beneficiaries and more than [80 million](#) Medicaid beneficiaries. The Inflation Reduction Act includes two [health care provisions](#) key to vaccine equity work. The first provision will eliminate cost sharing for adult vaccines covered under Medicare Part D that are recommended by the Advisory Committee on Immunization Practices (ACIP). The second provision improves access to adult vaccines under Medicaid and CHIP by requiring state Medicaid programs to cover all approved adult vaccines recommended by ACIP without cost sharing. These changes will take effect for plans beginning on January 1, 2023.



UPDATED COVID-19 BOOSTERS WILL BE ROLLED OUT THIS FALL

Pfizer and Moderna have [assured federal officials](#) that they can deliver millions of updated bi-valent COVID-19 booster shots by mid-September. These new versions of the COVID-19 booster are expected to perform better against the contagious Omicron BA.5 subvariant. With updated boosters soon being made available, federal officials decided against expanding eligibility for second boosters for younger individuals, instead focusing their efforts on strengthening everyone's immunity in the fall. All adults are expected to be eligible for the updated booster shots and children could be as well. Federal officials continue to stress that anyone who is eligible for a booster shot under the current guidelines should get vaccinated now and not wait for the fall. In anticipation of the bivalent COVID-19 vaccines, on August 16, 2022 the CDC published a [Fall Immunization Planning Guide](#).



CDC URGES POLIO VACCINATION FOR UNVACCINATED

In July 2022, the CDC was notified of a [case of polio](#) in a 20-year-old man from Rockland County, New York. The infected individual was unvaccinated and had not traveled overseas during the period when he could have been exposed to the virus. Since this polio case emerged, wastewater testing has shown that the virus is present in New York City, as well as Rockland and neighboring Orange counties. The [CDC recommends](#) that children get the polio vaccine to protect against polio, or poliomyelitis, as part of the series of routine childhood vaccines. Most adults in the United States were vaccinated as children and are therefore likely to be protected from getting polio. CDC urges everyone who is not fully vaccinated to complete the polio vaccination series as soon as possible.



BACK TO SCHOOL IS A TIME TO REMIND PARENTS ABOUT COVID-19 VACCINATION

Late summer is usually a time many families begin preparing to send their children back to school. This is a crucial time to remind families to add routine childhood and COVID-19 vaccinations to their back-to-school checklist. According to the [CDC COVID DATA TRACKER](#), 75% of children 12-18 years of age are fully vaccinated, and 50% of those children have received a booster dose. For children 5 and older, 71% are fully vaccinated, and 48% of those children have received a booster dose. However, only about [5% of eligible children under 5](#) had received their COVID-19 vaccine first dose. This is a good opportunity to partner with schools and support **family vaccination efforts**. To support back to school vaccination, HHS and CDC have published a [back-to-school vaccination checklist](#). Under CDC's [Vaccines for Children](#) program, uninsured, underinsured, and Medicaid-eligible children have access to free vaccinations. Also, the Alliance's bilingual Su Familia Helpline at 1-866-783-2645 is available to help families with answers to questions about back-to-school vaccination and eligibility for free vaccines.



MONKEYPOX UPDATE

Earlier this month HHS Secretary Xavier Becerra [declared](#) the ongoing spread of the monkeypox virus in the United States a Public Health Emergency (PHE). As of [August 24, 2022](#), there have been a total of 16,603 confirmed monkeypox cases in the U.S. Most cases to date have been in the gay, bisexual, and men who have sex with men communities. Anyone can [spread monkeypox](#) through contact with body fluids, monkeypox sores, or shared fabrics and surfaces that have been used by someone with monkeypox. In a close setting the virus can also spread between people through respiratory droplets. [Monkeypox](#) is rarely fatal and typically resolves on its own without treatment. Most cases in the U.S. have been mild to date, though the infection can be painful, and [most](#) hospitalizations that have occurred have been to treat pain. However, cases of monkeypox-related myocarditis and encephalitis also have been reported.



[Symptoms of monkeypox](#) can typically begin with flu-like illness and swelling of the lymph nodes that progresses to a widespread rash on the face and body. Some people experience a rash first, followed by other symptoms, while others experience only a rash. People who may have symptoms of monkeypox and those who have been in close contact with them should be aware of any unusual rashes or lesions and contact their healthcare provider to get tested.

Although there is no treatment specifically for monkeypox, because the monkeypox and smallpox viruses are closely related, drugs and vaccines developed for smallpox may be used to prevent and treat monkeypox. The U.S. Food and Drug Administration (FDA) issued an [emergency use authorization \(EUA\)](#) for the JYNNEOS vaccine by intradermal injection for individuals 18 years of age and older who are at high risk for monkeypox infection. The EUA also allows for use of the JYNNEOS vaccine by subcutaneous injection for individuals younger than 18 years of age determined to be at high risk of monkeypox infection. The JYNNEOS vaccine is a [two-dose regimen](#) given four weeks (28 days) apart. [Tecovirimat \(TPOXX\)](#), an antiviral medication, may be recommended for people who are more likely to get severely ill, like people with weakened immune systems. Most people with monkeypox recover fully within 2 to 4 weeks without the need for medical treatment.

MONKEYPOX US MAP AND CASE COUNT

Data as of August 18, 2022

