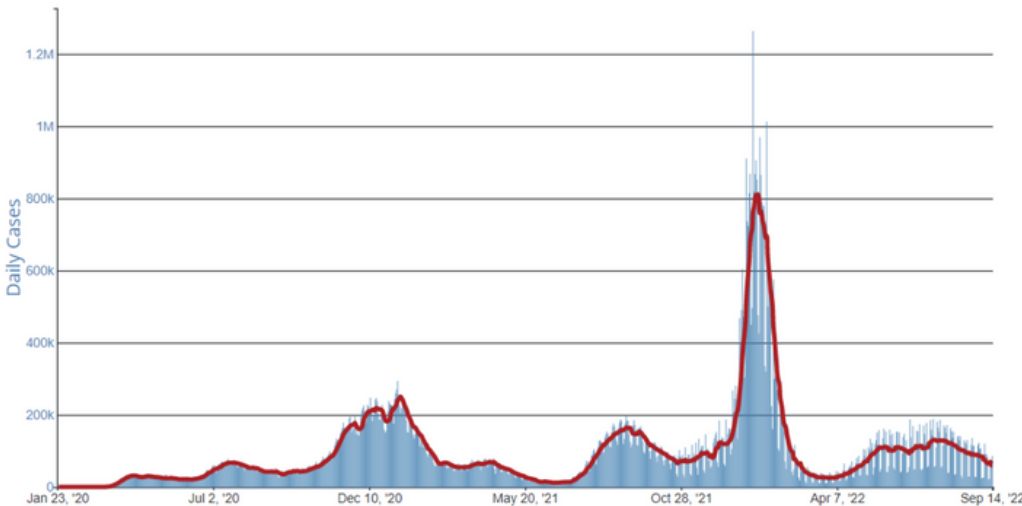


# Vacunas (Vaccines) Updates

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 September 14, 2022](#), the data were mostly trending in a good direction. The current 7-day moving average of daily new cases (59,856) decreased 15.9% compared with the previous 7-day moving average (71,190). The current 7-day average for new hospital admissions between September 7-12, 2022, was 4,371. This is a 6.1% decrease from the previous 7-day average (4,657) between August 31 - September 6, 2022. The current 7-day moving average of new deaths (358) has increased 3.9% compared with the previous 7-day moving average (344).

## THE LATEST ON COVID-19 VACCINATIONS

[As of September 14, 2022](#), 79.3% of the total U.S. population have received at least one dose of the COVID-19 vaccine. 67.7% of the total U.S. population have been fully vaccinated and 48.6% 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

CDC recommends the first updated COVID-19 booster

CDC partners can now report COVID-19 rumors

HHS releases reports two reports focused on Long COVID

Hispanic Heritage Month

U.S. government no longer sending free at-home COVID-19 test kits

An NIH Q&A explains myocarditis

# VACCINATION RATES IN THE HISPANIC COMMUNITY

[As of September 14, 2022](#), Hispanics account for 20.8% of people with at least one dose received and 21% 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, 64.3% of Hispanics have received at least one dose of the COVID-19 vaccine and 54.7% 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 \(42.5%\)](#).

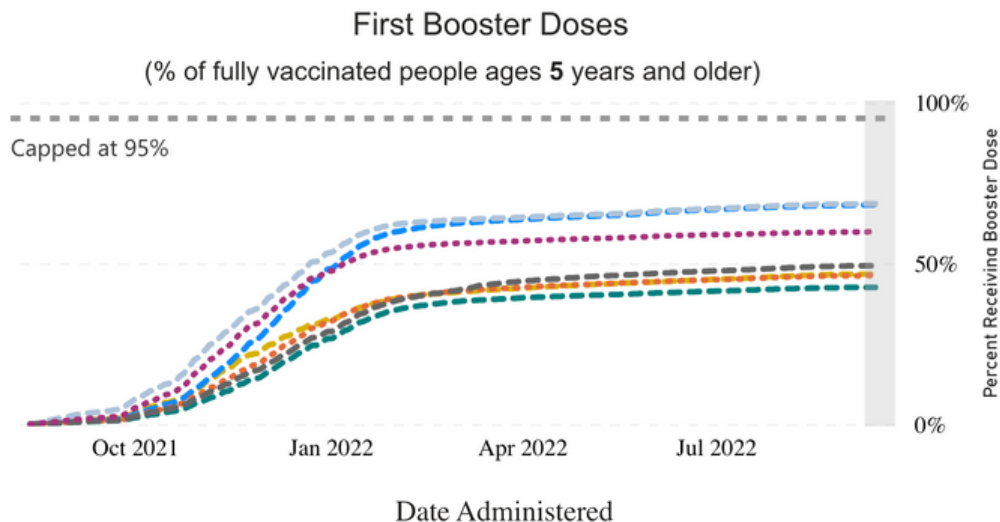
**Note:** Race/ethnicity was not available for about 25% of people who reported receiving at least one dose of the vaccine and 11% of people receiving a first COVID-19 booster dose. Additionally, CDC is not publicly reporting either state-level data on the racial/ethnic composition of people vaccinated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

## COVID-19 Booster Dose Administrations, United States

August 13, 2021 – September 14, 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	46.6%	68.1%	46.2%	42.5%	68.5%	49.2%	59.8%



## CDC RECOMMENDS THE FIRST UPDATED COVID-19 BOOSTER

The U.S. Food and Drug Administration [authorized](#) and CDC updated its [guidance](#) to recommend that everyone who is eligible receive an updated COVID-19 booster dose. 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 individuals 12 and older. Moderna's updated COVID-19 booster is recommended for individuals 18 and older. 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. It is important to note that people who are moderately or severely immunocompromised [have different recommendations for COVID-19 vaccines](#), including boosters.

The new updated bivalent booster replaces the existing monovalent booster, therefore, the previous COVID-19 booster is no longer authorized for individuals 12 and older. Individuals too young to receive an updated booster can still be boosted with the existing monovalent booster. In the coming weeks, the CDC expects to recommend updated COVID-19 boosters for other pediatric groups. 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 and updated COVID-19 boosters during the same visit.

## CDC PARTNERS CAN NOW REPORT COVID-19 RUMORS

The CDC announced last month in the [COVID-19 State of Vaccine Confidence Insights Report](#) that CDC partners can now report COVID-19 rumors directly to the agency. If you wish to report a rumor, go to [www.cdc.gov/report-rumors](http://www.cdc.gov/report-rumors). Make sure to start the subject line with the word "Rumors" and provide as much information about the rumor as possible. A description of the rumor, where you heard it, and the number of times you have heard the rumor are all details to include.



## HHS RELEASES TWO REPORTS FOCUSED ON LONG COVID

HHS has [released two reports](#) that outline the government’s plan to address Long COVID and associated conditions. The first report, [The National Research Action Plan on Long COVID](#), details advances in current research and introduces the first U.S. government-wide national research agenda focused on better understanding prevention, diagnosis, treatment, and provision of services and support for people experiencing Long COVID. The report also proposes a comprehensive and equitable research strategy to inform our national response to Long COVID. The second report, [The Services and Supports for Longer-Term Impacts of COVID-19](#), highlights the federally funded resources and services currently available to people experiencing Long COVID. The report also provides resources for healthcare workers treating patients with Long COVID and people experiencing challenges related to mental health, substance use, and loss of loved ones. More information and resources related to Long COVID can be found at [www.covid.gov/longcovid](http://www.covid.gov/longcovid).



## HISPANIC HERITAGE MONTH

Every year, Hispanic Heritage Month is observed from September 15 to October 15. As we celebrate the rich and diverse cultures that make up the Hispanic community, let us focus on the continued importance of COVID-19 vaccination, including boosters, and flu vaccination. Together, we can encourage each other to stay up-to-date on COVID-19 vaccines and get our flu vaccine to protect our loved ones. You can get both vaccines at the same time if you are eligible. Visit [www.vaccines.gov](http://www.vaccines.gov) to find a COVID-19 and/or flu vaccine site near you.



## U.S. GOVERNMENT NO LONGER SENDING FREE AT-HOME COVID-19 TEST KITS

Ordering through the federal program that provides free at-home COVID-19 test kits was [suspended on Friday, September 2](#) due to a lack of funding. To date, Congress has not provided additional funding to replenish the nation’s stockpile of tests. At-home tests continue to be available at local retailers and pharmacies. If you have health insurance through an employer or Marketplace, your insurance will reimburse you for 8 at-home tests each month for each person on your health plan. Visit [www.covid.gov/tests](http://www.covid.gov/tests) to learn more about insurance reimbursement for at-home COVID-19 test kits.



## AN NIH Q&A EXPLAINS MYOCARDITIS

Myocarditis is an inflammation of the heart muscle that can cause irregular heart rhythms, heart failure, and other complications. It is most often caused by viral infections, drugs/toxins, and other diseases and has been reported as a rare side effect of COVID-19 and mRNA COVID-19 vaccines. A [Q&A article](#) created by NIH discusses myocarditis in the context of COVID-19 with a physician from the National Heart, Lung, and Blood Institute. The article points out that a serious case of COVID-19 is far more likely to cause myocarditis than the COVID-19 vaccine itself. The chance of getting myocarditis after receiving the COVID-19 vaccine is small with about 2 cases per 100,000 people. The chance of having myocarditis if hospitalized for COVID-19 jumps to about 226 cases per 100,000 people. The data presented in this article demonstrates that COVID-19 vaccination protects people from myocarditis by protecting them from the severe health outcomes of COVID-19. The benefits of vaccination outweigh the very small risk of vaccine-related myocarditis.

