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National Alliance for Hispanic Health
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Vacunas
Vaccines for all

VACUNAS (VACCINES) UPDATE

National Alliance for Hispanic Health

THE U.S. PLANS TO END PUBLIC HEALTH EMERGENCY FOR COVID-19

The Biden Administration announced that it plans to let the COVID-19 Public Health Emergency (PHE) expire on May 11, 2023. The Administration says that addressing COVID-19 remains a significant public health priority. Over the next couple of months, they will work closely with health officials to ensure an orderly transition and prepare for a number of changes.

It is important to note that not all policies will be immediately affected as the PHE comes to an end. **The FDA's ability to grant Emergency Use Authorizations (EUAs) for COVID-19 products (including tests, vaccines, and treatments) will not be affected.** Existing EUAs will remain in effect and the FDA may continue to issue new EUAs for future COVID-19 products if criteria are met.

Access to COVID-19 vaccinations and certain treatments, such as Paxlovid and Lagevrio, will be available until the federally purchased supplies are exhausted. The availability, access, and costs of COVID-19 vaccines are determined by the supply of federally purchased vaccines, not the PHE.

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COVID-19 vaccines will remain free to everyone, regardless of insurance coverage, as long as federally purchased vaccines last. Even after the federal supply of COVID-19 vaccines is gone, vaccines will continue to be free of charge for the majority of people with private or public health insurance. Vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) are a preventive health service and will be covered without a co-pay by most private health insurance plans. COVID-19 vaccinations will continue to be covered under Medicare Part B without cost sharing. Medicaid will continue to cover all COVID-19 vaccinations without a co-pay or cost sharing through September 30, 2024, and will cover vaccines recommend by ACIP for most beneficiaries afterwards. After the federal supply of COVID-19 vaccines is expended, ensuring access for uninsured and underinsured adults will be an ongoing policy issue.

For other COVID-19 treatments not purchased by the federal government, Medicare beneficiaries may face cost-sharing requirements once the PHE expires. Medicaid programs will continue to cover COVID-19 treatments without cost sharing through September 30, 2024. After this date, coverage and cost sharing may vary by state.

States may begin eligibility redeterminations for Medicaid as of April 1, 2023. During the COVID-19 PHE, Congress provided support to state Medicaid programs as long as they agreed to certain conditions, including a requirement to keep Medicaid beneficiaries continuously enrolled through the end of the month in which the PHE ends. Recent legislation ends continuous enrollment on March 31, 2023, while phasing down enhanced federal funds for Medicaid through December 2023. States can begin disenrolling people from Medicaid as early as April 1, 2023. Although, most states will take a year to complete these disenrollments.

Medicaid beneficiaries who have moved since the start of the pandemic, those with limited English proficiency, and people with disabilities may be at greater risk for losing coverage when the continuous enrollment provision ends. Enrollees who have moved may not receive important renewal notices, especially if they have not updated their contact information with their state Medicaid agency. Enrollees with limited English proficiency and people with disabilities are more likely to encounter challenges due to language and other barriers accessing information in needed formats. States can collaborate with managed care organizations, community health centers, and community-based organizations to provide information to enrollees about the need to update their contact information and complete the Medicaid renewal process.

Coverage for COVID-19 testing will change. Private health insurance will no longer be required to cover laboratory and over-the-counter (OTC) tests without cost sharing, however, they may continue coverage if they wish. Medicare beneficiaries enrolled in Part B will continue to have coverage without cost sharing for laboratory tests (when ordered by a provider), but access to free OTC tests will end. Medicaid beneficiaries will receive coverage for both laboratory and OTC tests at no-cost through September 30, 2024. After this date, coverage for COVID-19 tests will vary by state. Additionally, the U.S. government may continue to distribute free OTC tests from the Strategic National Stockpile through the U.S. Postal Service, though supply is diminishing.

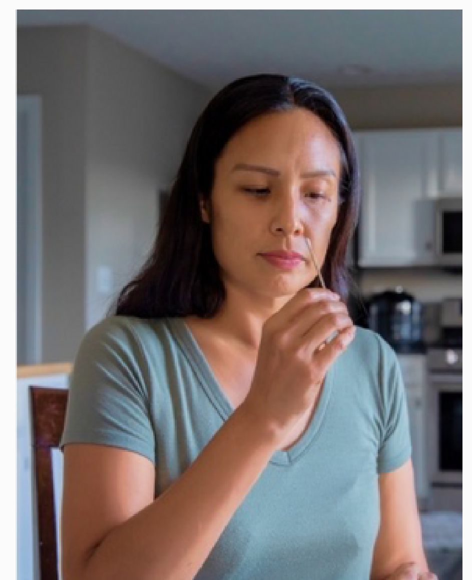
Reporting of COVID-19 laboratory results and immunization data to CDC will change. During the COVID-19 PHE, the Department of Health and Human Services (HHS) has had the authority to require lab test reporting for COVID-19. Once the PHE expires, HHS will no longer have this authority, which may affect the reporting of negative test results and impact the ability to calculate percent positivity for COVID-19 tests in some areas of the country. The CDC has been working with states and jurisdictions to voluntarily continue sharing vaccine administration data after the PHE expires. Hospital data reporting will continue as required by CMS through April 30, 2024, but reporting may be reduced from the currently daily reporting to a lesser frequency.

NIH RESEARCH IDENTIFIES LONG COVID DISPARITIES

According to new research funded by the National Institutes of Health, Hispanic and Black Americans seem to endure more symptoms and health problems related to long COVID than White Americans, but are not as likely to be diagnosed with the condition. One study looked at the health records of 62,339 adults who received a positive COVID-19 test at one of five academic health centers in New York City between March 2020 and October 2021. The patients' health was tracked for one to six months after the positive COVID-19 test and compared to 247,881 adults who never had COVID-19. During this time frame, Hispanic adults admitted to the hospital were more likely than White adults to experience headaches, shortness of breath, joint pain, and chest pain, but less likely to experience sleep disorders, cognitive problems, or fatigue. Black adults experiencing severe disease were more likely than White adults to suffer from headaches, chest pain, and joint pain, but less likely to experience sleep disorders, cognitive problems, or fatigue.

FDA AUTHORIZES FIRST OVER-THE-COUNTER AT-HOME TEST TO DETECT BOTH FLU & COVID-19

The FDA issued an emergency use authorization (EUA) for the first over-the-counter (OTC) at-home diagnostic test that can differentiate and detect influenza A and B, also known as the flu, and COVID-19. The Lucira COVID-19 & Flu Home Test is a single-use at-home test kit that provides results from self-collected nasal swab samples within 30 minutes. The test is for individuals with signs and symptoms consistent with a respiratory tract infection and can be purchased without a prescription. With rapid diagnostic tests, there is a risk of false positive and false negative results. People who test positive for either flu or COVID-19 should take precautions to avoid spreading the virus and seek care from a healthcare provider. People who test negative and continue to experience symptoms consistent with a respiratory tract infection should seek care from a healthcare provider. Although the Lucira COVID-19 & Flu Home Test now has an EUA, the $99 list price makes it too expensive for many households, and access remains an ongoing policy issue.



COVID-19 VACCINES ADDED TO CDC ROUTINE IMMUNIZATION SCHEDULE

The 2023 immunization schedules for children, adolescents, and adults recommended by the CDC include the addition of the COVID-19 primary vaccine series and recommendations on booster dose vaccination. The proposed changes were recommended by the Advisory Committee on Immunization Practices (ACIP) and adopted by the CDC. Healthcare experts note that this change to the immunization schedule helps “normalize” the COVID-19 vaccine and sends a message that everyone ages 6 months and older should stay up to date with recommended COVID-19 vaccines just as they would with any other routinely recommended vaccine. It is also important to note that while CDC makes recommendations for use of vaccines, school-entry vaccination requirements and vaccine mandates are determined by state or local jurisdictions.

COVID-19 UPDATE

As of March 1, 2023, the data on COVID-19 cases, hospitalization, and deaths were trending in a good direction. The current 7-day average of weekly **new cases** (32,374) **decreased** 5.1% compared with the previous 7-day average (34,102). The current 7-day daily average for **new hospital admissions** between February 22 –28, 2023 was 3,318. This is a 7.9% **decrease** from the previous 7-day average (3,604) between February 15 – 21, 2023. The current 7-day average of **new deaths** (327) **decreased** 3.3% compared with the previous 7-day average (338).

At this point in the pandemic, much of the country has protection against circulating strains of COVID-19 either through vaccination, previous infection, or a combination of both. At the same time, new subvariants of COVID-19 continue to emerge. Even if you have been diagnosed with COVID-19 before, reinfection is possible as we know that protection from infection-related immunity decreases over time, just like protection from vaccination.

The CDC encourages anyone who has not received their primary series or updated booster dose to do so now to better protect themselves from severe illness and death. This is particularly true for adults ages 50 and over who are immunocompromised or have weakened immune systems, and people with underlying health conditions. Stay up to date with your COVID-19 vaccines and visit www.vacunashelp.org for more information and www.vaccines.gov to find a COVID-19 vaccine near you.

FLU UPDATE

For the 2022-2023 Influenza Season Week 9 (ending March 4, 2023), flu activity remains low across the country. During week 9, 0.9% of people tested were positive for influenza and 1,418 patients with laboratory-confirmed influenza were admitted to a hospital compared to 1,520 during week 8.

After two flu seasons where flu activity was diminished by COVID-19 precautions, the 2022-2023 flu season began unusually early and posed a public health threat throughout the winter months in combination with COVID-19 and RSV. As of February 25, 2023, the CDC has estimated* that there have been between 290,000 – 620,000 flu hospitalizations and 18,000 – 54,000 flu deaths. The current flu season has been compared to some of the worst seasons over the last decade, but for now seems to be winding down.

New data from the CDC shows that this season's flu vaccination reduced the risk of flu-related hospitalization by nearly three quarters among children and by nearly half among adults. Vaccination also provided protection against flu-related illness and emergency department visits, with people who were vaccinated about half as likely to experience these outcomes as people who had not been vaccinated.

The CDC continues to urge 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.

* Because influenza surveillance does not capture all cases of flu that occur in the U.S., CDC provides these estimated ranges to better reflect the larger burden of influenza. These estimates are calculated based on data collected through CDC's Influenza Hospitalization Surveillance Network (FluSurv-NET) and are preliminary.