

VACUNAS (VACCINES) UPDATE

National Alliance for Hispanic Health



CDC ADVISERS RECOMMEND RSV ANTIBODY SHOT FOR ALL INFANTS

The CDC has [adopted](#) the Advisory Committee on Immunization Practices (ACIP) recommendation for use of nirsevimab, a long-acting antibody shot marketed under the trade name Beyfortus. Nirsevimab protects all infants under 8 months, as well as some older babies at increased risk of severe illness, against Respiratory Syncytial Virus (RSV). ACIP also voted to include nirsevimab in the [Vaccines for Children program](#), which provides immunizations free-of-charge to children who are uninsured, underinsured, Medicaid-eligible, or American Indian or Alaska Native communities.

[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 58,000 – 80,000 children younger than 5, most of them infants, are hospitalized each year in the United States due to RSV infection.

The RSV antibody shot is expected to be available this fall in advance of RSV season. The CDC recommends all infants younger than 8 months who are born during or shortly before their first RSV season should receive one dose of nirsevimab during their first week of life. Babies between 8 and 19 months of age who are at increased risk of severe RSV disease due to underlying health conditions should receive a second dose when entering their second RSV season.

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RECOMMENDED VACCINES FOR FALL 2023

New and updated virus immunizations are expected to be available this fall. They include an updated COVID-19 vaccine, annual flu vaccine, RSV (Respiratory Syncytial Virus) antibody shot for infants, and RSV vaccines for adults ages 60 and older. These immunizations are valuable tools to protect against severe illness, hospitalization, and death during a time when all three viruses are likely to circulate in the fall and winter.

COVID-19 vaccines are being [updated](#) to a monovalent vaccine targeting the XBB.1.5 Omicron strain and are expected to be ready for use by mid to late September. Everyone 6 months and older will likely be eligible for the updated COVID-19 vaccines, and this updated vaccine will be especially important for older adults and immunocompromised individuals to maintain immunity against newer variants.

Children who are uninsured will continue to have access to COVID-19 vaccines through the Vaccines for Children program, and adults who are uninsured will be able to access these vaccines through the newly established [Bridge Access Program for COVID-19 Vaccines and Treatments](#). The Bridge program will allow the CDC to purchase and distribute vaccines through its network of state, territorial, and local health departments. Additionally, the program will establish new partnerships with retail pharmacies that will enable them to continue offering free COVID-19 vaccines and treatments to uninsured individuals.

The **annual flu vaccine** is being [updated](#) to best match the flu virus predicted to be most common during the 2023-2024 flu season. Most individuals 6 months and older should receive the flu vaccine in September and October, although anyone who does not receive their vaccine in those months can still obtain a flu vaccine throughout flu season. [National Influenza Vaccine Week](#) is the first week of December and is a good time to bring awareness to the flu shot for any who have not yet received it.

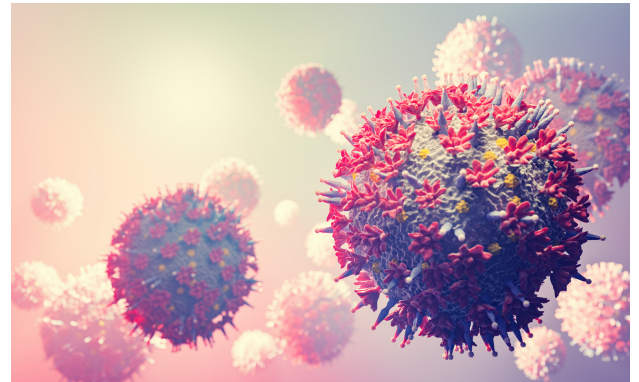
The CDC also recently approved the [first RSV vaccines](#) for adults 60 years of age and older and an [RSV antibody shot](#) for all infants under 8 months and some older babies at increased risk of severe illness. Older adults and parents of infants should talk with their healthcare providers about the new RSV immunization recommendations.

While, the COVID-19 and flu vaccine can be administered at the same time, health experts do not have enough data yet to know whether individuals should receive all three vaccines (COVID-19, flu, and RSV) at the same time. The CDC is expected to provide guidance on coadministration of the three vaccines in the coming weeks.

Visit www.vacunashelp.org for more information and www.vaccines.gov to find a COVID-19 and flu vaccine near you. Visit www.testinglocator.cdc.gov to find free COVID-19 tests for those who are uninsured. Be sure to check the list of [FDA authorized at-home COVID-19 tests](#) to confirm if previously acquired tests have expired or if their expiration dates have been extended.

EG.5 MOST PREVALENT CORONAVIRUS VARIANT IN U.S.

Ahead of the fall vaccination season, EG.5 is a new variant that has become the most prevalent coronavirus variant in the U.S. [according to the CDC](#). EG.5, nicknamed Eris, is a spinoff of the XBB strain of the Omicron family and represents an incremental change rather than a major new strain like Omicron. Compared with its parent XBB.1.9.2, it has one extra mutation to its spike. The mutation is present in about 35% of coronavirus sequences reported worldwide. The World Health Organization EG.5 Initial Risk Evaluation report [states](#), “Several countries with rising EG.5 prevalence have seen increases in cases and hospitalizations, although at present there is no evidence of an increase in disease severity directly associated with EG.5.” According to the CDC, “At this time, there is no evidence indicating EG. 5 is able to spread more easily, and currently available treatments and [vaccines are expected to continue to be effective against this variant.](#)”



GENETIC VARIATION ASSOCIATED WITH ASYMPTOMATIC COVID-19 INFECTION

A [study](#) published in the science journal Nature analyzed 1,428 unvaccinated individuals from a national bone marrow database who reported testing positive for COVID-19 from February 2020 through April 2021. Researchers found that individuals who had HLA-B*15:01, a specific genetic variation of a protein called human leukocyte antigen (HLA), [were less likely to develop COVID-19 symptoms](#). HLA is found on the surface of cells and plays a critical role in the immune system. This protein is the most variable part of the human genome with a genetic code that carries many small mutations that lead to different HLA protein variants. Individuals carrying the HLA-B*15:01 variant also had T-cells that were able to better identify COVID-19 and quickly kill infected cells before symptoms had time to develop. Researchers note a limitation of the study is that the data are only representative of people who self-identify as white due to lack of data from other races and ethnicities. Health experts note that these findings need to be researched in other populations and could help develop improved drugs and vaccines to protect against COVID-19.

OLDER ADULTS ARE MOST VULNERABLE AS IMMUNITY FROM COVID-19 VACCINES WANES OVER TIME

The COVID-19 virus has undergone several mutations that pose a continuing risk to protection from severe illness. A recent [study](#) published in the JAMA Network Open analyzed 40 studies on COVID-19 vaccine effectiveness against infections by the Delta and Omicron variants. Researchers found that as the COVID-19 virus continues to evolve and mutate, older adults remain at high risk for severe side effects. Age is the [single most important risk factor](#) for severe disease and mortality, and as immunity wanes over time older adults are more vulnerable to the effects of COVID-19. Older adults also tend to have a higher prevalence of chronic diseases such as diabetes, heart disease, and kidney disease. These comorbidities add to lower immunity levels experienced by the older adult cohort. It is imperative for older adults to talk with their healthcare provider about staying [up to date](#) with their COVID-19 vaccines to increase their overall protection as new variants become dominant.



CATCH UP ON ROUTINE VACCINES DURING NATIONAL IMMUNIZATION AWARENESS MONTH!

Each August, National Immunization Awareness Month gives us an opportunity to highlight the importance of routine vaccinations for people of all ages. Together, it is important to encourage all adults and children to stay up to date on routine vaccinations. The CDC has a short assessment tool for both [adults](#) and [children](#) that provide a list of recommended vaccines based on answers to a few questions. You can also share social media and other communication [resources](#) from the CDC within your communities to encourage routine vaccination this month and throughout the year. Visit www.vacunashelp.org for more information.



VACCINE HESITANCY IN PREGNANT WOMEN

Researchers conducted a [literature review](#) on previous educational methods to improve vaccine acceptance during pregnancy. Results from their review of ten research articles show that the three most common reasons for vaccine hesitancy in pregnant women include: 1) concern of side effects or adverse events; 2) lack of confidence in vaccine safety; and, 3) lack of awareness that they are at high risk of infection during pregnancy, or did not previously receive the vaccination before becoming pregnant. Other cited reasons include vaccine cost, hesitation from spouse, and misinformation about vaccines. Researchers found that pregnant women were more likely to accept vaccine information when it was provided by a trusted source such as a healthcare provider. Pregnant women were also more likely to be receptive to vaccination if it was encouraged by family members, especially a spouse.

The researchers note that vaccine hesitancy is dynamic and pregnant women may move along a spectrum of vaccine hesitancy due to a variety of reasons. It's important for healthcare providers to use effective communication strategies as their patients fluctuate between different levels of vaccine hesitancy. There are several vaccines [recommended during pregnancy](#), including the flu, COVID-19, and pertussis vaccine, that can provide protection for the mother, as well as the baby during the first few months of their life.



Vacunas para todos (Vaccines for All)[™] National Hispanic Network is funded in part by the Hispanic Family Equity Fund of the Healthy Americas Foundation and by the U.S. Department of Health and Human Services (HHS) as part of an award from the Centers for Disease Control (CDC) and by the U.S. Administration for Community Living (ACL) under a grant to the National Council on Aging (NCOA). The contents of this newsletter are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by ACL, CDC, HHS, NCOA, or the U.S. Government.