



VACUNAS (VACCINES) UPDATE

National Alliance for Hispanic Health





CDC RECOMMENDS ADULTS AGES 65 YEARS AND OVER RECEIVE AN ADDITIONAL UPDATED 2023-2024 COVID-19 VACCINE



The CDC has endorsed the Advisory Committee on Immunization Practices' (ACIP)

recommendation that adults ages 65 years and older should receive an additional updated 2023-2024 COVID-19 vaccine at least four months after receiving the previously updated dose to help protect against severe illness, hospitalization, and death from COVID-19. Previous CDC

<u>recommendations</u> ensured that people who are immunocompromised are already eligible for additional doses of the COVID-19 vaccine.

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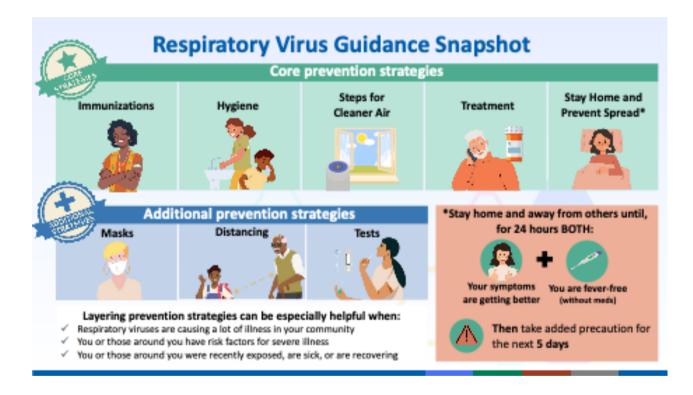
Adults 65 years and older made up more than half of COVID-19 hospitalizations between October 2023 and December 2023. An additional dose of the updated COVID-19 vaccine will help provide increased protection to adults 65 years and older and those who are immunocompromised who are disproportionately impacted by COVID-19. The CDC definition of being up-to-date on the COVID-19 vaccination is available by clicking here, and may be updated as CDC continues to monitor data.

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CDC UPDATES AND SIMPLIFIES RESPIRATORY VIRUS RECOMMENDATIONS

The CDC released <u>updated recommendations</u> on how people can protect themselves and their communities from common respiratory viruses, such as COVID-19, flu, and RSV. The <u>new guidance</u> represents a unified approach to lower the risk of severe illness by <u>staying up-to-date with vaccination</u> against flu, COVID-19, and RSV (if eligible), practicing <u>good hygiene</u>, and taking <u>steps for increased exposure to cleaner air</u>. If an individual gets sick with a respiratory virus, the <u>CDC recommends</u> staying at home and away from others. Individuals can return to normal activities when both of the following are true for at least 24 hours:

- Symptoms are improving overall, and
- If a fever was present, it has been gone without the use of a fever-reducing medication

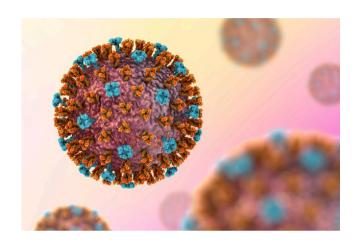


Once individuals resume normal activities, they are encouraged to take additional prevention strategies for the next five days such as taking steps for cleaner air, practicing good hygiene, wearing a well-fitting high quality mask, keeping distance from others, and/or virus testing when they will be around other people indoors. These additional precautions are important to protect individuals most at-risk for severe illness, including adults ages 65 years and older and immunocompromised individuals. The updated guidance also includes specific sections with additional considerations for individuals at higher risk of severe illness from respiratory viruses, including individuals who are immunocompromised, disabled, are or were recently pregnant, young children, and older adults.

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CDC ISSUES HEALTH ADVISORY IN RESPONSE TO RISING U.S. MEASLES CASES

A CDC report showed that between January 1, 2020 - March 28, 2024, the CDC was notified of 338 confirmed measles cases. Ninety-seven (29%) of these cases occurred during the first quarter of 2024, which represents a seventeenfold increase compared to the mean number of cases reported during the first quarter of 2020-2023. Almost all cases occurred in individuals who were unvaccinated or whose vaccination status was unknown. CDC officials maintain that the risk for widespread U.S. measles transmission remains low, but action is needed to increase routine measles, mumps, and rubella (MMR) vaccination coverage, especially among close-knit and undervaccinated communities. The CDC also issued a health alert to healthcare providers to stress that all U.S. residents older than six months of age traveling internationally, regardless of destination, should be up-to-date on their MMR vaccinations.



CDC STUDY SHOWS EFFECTIVENESS OF RSV IMMUNIZATION FOR INFANTS

A <u>CDC report</u> showed that nirsevimab, a long-acting monoclonal antibody, was highly effective in protecting infants from hospitalizations associated with respiratory syncytial virus (RSV). The analysis looked at nirsevimab effectiveness against RSV-associated hospitalization among 699 infants in their first RSV season from October 1, 2023 to February 29, 2024. Data showed that nirsevimab was 90% effective at preventing RSV-associated hospitalization in infants during this time period. This early estimate supports the CDC's <u>current nirsevimab recommendation</u> for the prevention of severe RSV disease in infants. This recommendation encourages healthcare providers to recommend either:

- Immunization with nirsevimab for all infants younger than eight months, born during or entering their first RSV season (between October and March in most of the continental US), if their mother did not receive the maternal RSV vaccine; or
- Maternal RSV vaccination with Abrysvo for pregnant individuals during weeks 32-36 of pregnancy, if that period falls between September and January.

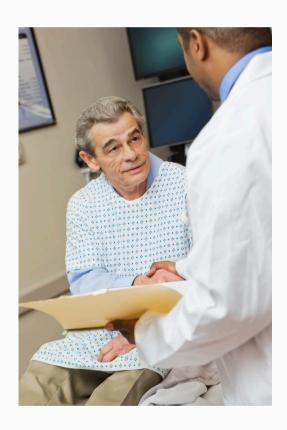
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COVID-19 VACCINES ARE PAVING THE WAY FOR ADDITIONAL VACCINES

The effectiveness and safety of the COVID-19 mRNA vaccine has galvanized <u>new investment</u> and interest in the mRNA platform and increased the possibility that this technology could soon be used to protect against other diseases. There are several other mRNA vaccines currently being developed and tested against flu, RSV, HIV, and cancer. Health experts note that these new mRNA vaccines will undergo a more conventional and slower development timeline, compared to the record pace of the COVID-19 vaccine. Nevertheless, mRNA vaccines have received a significant boost in acceptance within the scientific community and will likely play a larger role in future efforts to protect against infectious diseases.

RECENT STUDY ASSESSES VACCINE OUTREACH IN EMERGENCY ROOMS

A recent study published in the New England Journal of Medicine Evidence analyzed the 30day flu vaccine uptake of 767 patients at six emergency departments in five U.S. cities between October 2022 and February 2023. Researchers found a 41% uptake in flu vaccines for patients who were 1) asked about their interest in receiving the flu vaccine; 2) told their healthcare providers would be informed if they indicated vaccine acceptance; and 3) provided a vaccine messaging video and flyer. Patients who were only asked about their interest in receiving the flu vaccine and told their healthcare providers would be informed if they indicated vaccine acceptance exhibited a 32% vaccine uptake. The control group that received no vaccine messaging or question intervention exhibited a 15% vaccine uptake. Health experts note that these findings add to a growing body of evidence that shows public health interventions such as vaccine outreach should be delivered in emergency department settings.



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