

VACUNAS (VACCINES) UPDATES

National Alliance for Hispanic Health

Dec. 2022, Issue 8



FLU HOSPITALIZATIONS RISE AHEAD OF HOLIDAYS

Almost every U.S. state is experiencing [high levels of flu-like illness](#). Health officials are seeing signs of an early and severe flu season that turned significantly worse during Thanksgiving week. [According to data from the CDC](#), hospitals around the country admitted nearly 20,000 influenza patients, almost double the number from the week before Thanksgiving. The CDC has recorded at least 8.7 million illnesses, 78,000 hospitalizations, and 4,500 deaths from flu since October 2022.

Public health officials are concerned about flu vaccination rates that have been lower than in previous years, especially for groups at high risk of hospitalization such as young children, pregnant people, and adults ages 65 and older. The CDC continues to urge everyone 6 months and older to get a flu vaccine to prevent severe illness from the flu. Early data suggests this year's flu shot formula appears to be well matched against circulating strains, but even if the vaccine does not prevent infection, it still decreases the chance of hospitalization. People can visit www.vacunashelp.org for more information and www.vaccines.gov to find a flu vaccine near them.

In addition to flu, COVID-19 and respiratory syncytial virus (RSV) are creating worries about a potential "triple-demic." [RSV](#) is a common respiratory virus that usually causes mild, cold-like symptoms, but can be serious, especially for [infants](#) and [older adults](#). Adults at [highest risk](#) for severe RSV infection include adults ages 65 and older, adults with chronic heart or lung disease, and adults with weakened immune systems. There is no vaccine to prevent RSV infection, but practicing good hygiene, i.e., regular handwashing, can go a long way in keeping high risk adults healthy.

All three viruses have symptoms that are similar, but flu symptoms [tend to appear rather quickly](#) while symptoms of RSV and COVID-19 appear gradually. One of the only symptoms exclusive to COVID-19 is the loss of taste and smell. However, the only way to be sure of which virus someone is infected with is to get tested.

Flu Updates

Flu Hospitalizations Rise Ahead of Holidays

New Study of a Universal Flu Vaccine

CDC U.S. Influenza Surveillance Report

Symptoms of COVID-19, RSV and Flu

	COVID-19	RSV	Influenza
Onset of symptoms	Gradual	Gradual	Sudden
Cough	Common	Common	Common
Diarrhea	Sometimes	Rare	Sometimes*
Fatigue or tiredness	Common	Sometimes	Common
Fever	Common	Common	Common
Headache	Sometimes	Common	Common
Loss of taste and smell	Common	Rare	Rare
Muscle or body aches	Sometimes	Rare	Common
Runny or congested nose	Common	Common	Common
Shortness of breath or difficulty breathing	Common	Sometimes	Rare
Sneezing	Common	Common	Common
Sore throat	Common	Common	Common
Vomiting	Sometimes	Rare	Sometimes*
Wheezing	Rare	Sometimes*	Rare

Experts say the only way to confirm a diagnosis is with testing. No matter the symptoms, people should stay home when sick and seek medical help if they experience any trouble breathing.

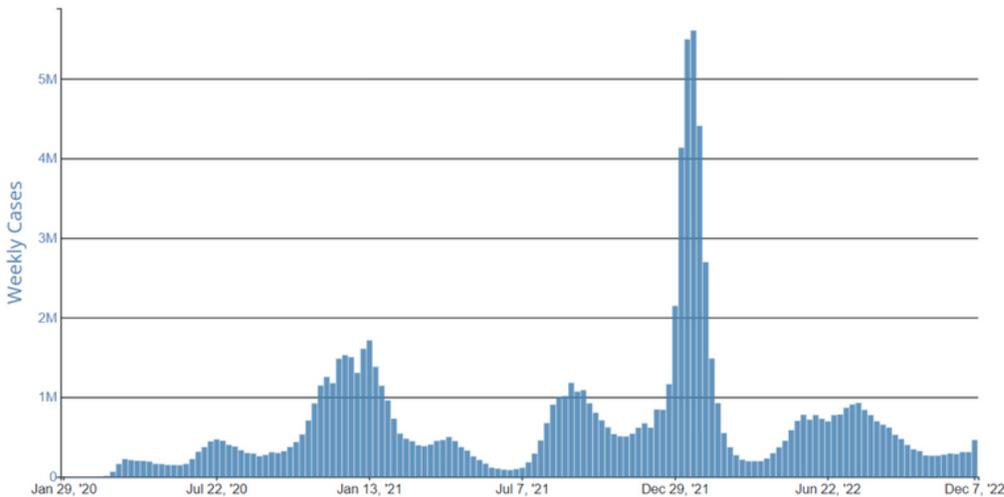
*MORE COMMON IN CHILDREN
SOURCE: CDC, MAYO CLINIC



CDC COVID-19 DATA TRACKER - CASES, HOSPITALIZATIONS, & DEATHS

[As of December 7, 2022](#), the data were trending in a poor direction. The current 7-day average of weekly **new cases** (65,569) **increased** 49.6% compared with the previous 7-day average (43,825). The current 7-day daily average for **new hospital admissions** between November 30 – December 6, 2022, was 4,844. This is a 13.8% **increase** from the previous 7-day average (4,256) between November 23-29, 2022. The current 7-day average of **new deaths** (426) **increased** 61.7% compared with the previous 7-day average (263).

Weekly Trends in Number of COVID-19 Cases in the U.S. Reported to CDC



CDC COVID-19 DATA TRACKER - VACCINATION RATES & TRENDS

[As of December 7, 2022](#), 80.6% of the total U.S. population have received at least one dose of the COVID-19 vaccine. 68.9% of the total U.S. population have completed their primary series and 13.5% of the U.S. population aged 5 and older have received an updated (bivalent) booster dose.

Looking at trends in vaccination status and intent from the [National Immunization Survey Adult COVID Module](#), 85.2% of Hispanic adults age 18+ have been vaccinated (received at least one dose of the COVID-19 vaccine), 0.4% definitely will get vaccinated, 4.8% probably will get vaccinated or are unsure, and 9.6% probably or definitely will not get vaccinated.

COVID-19 Updates

CDC COVID-19 Data Tracker - Cases, Hospitalizations, & Deaths

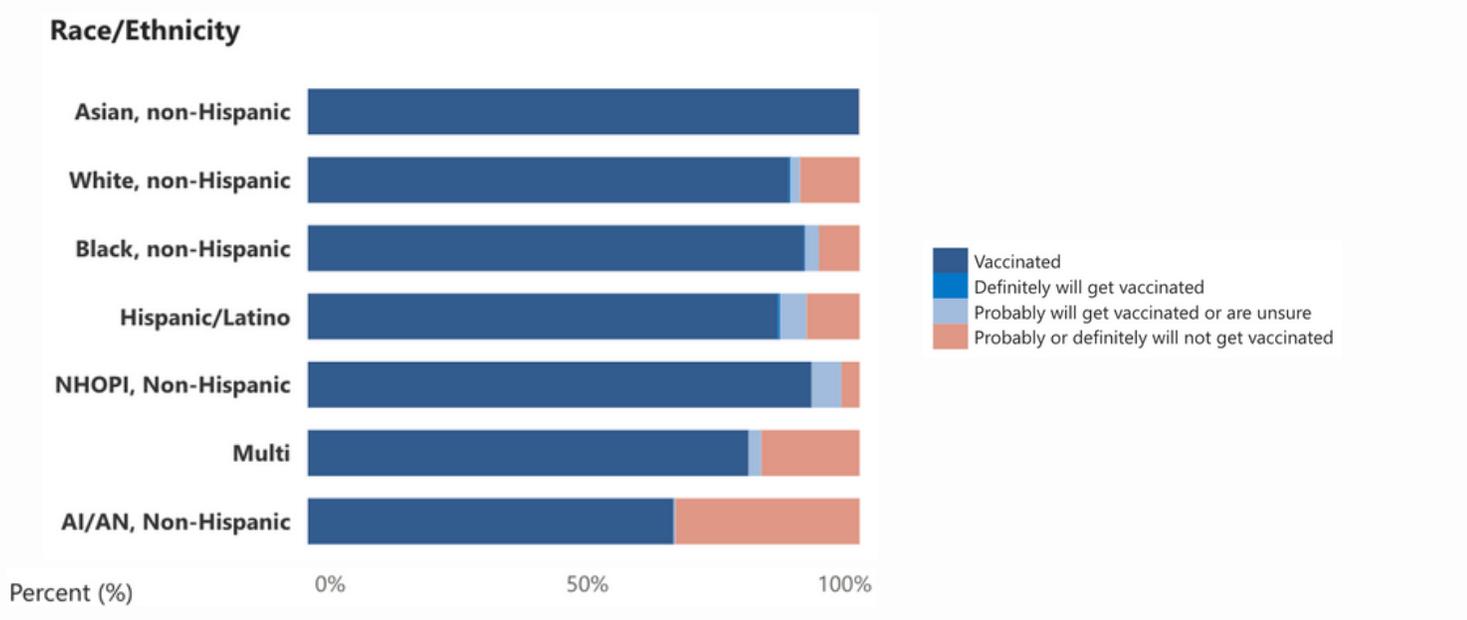
CDC COVID-19 Data Tracker - Vaccination Rates & Trends

CDC Report Shows Updated (Bivalent) Booster is Effective

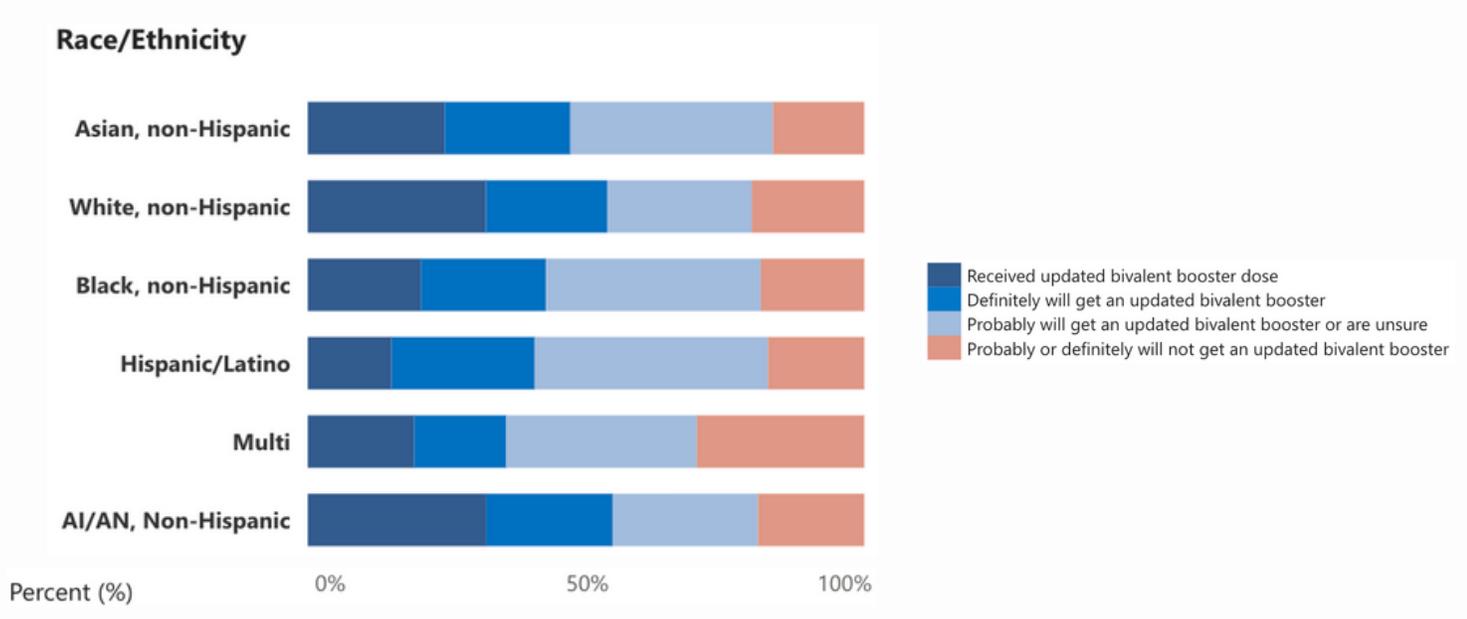
CDC Data Shows More Than 90% of COVID-19 Deaths Are Among Elderly Adults

Regarding the updated (bivalent) booster, 15% of Hispanic adults age 18+ (among adults who completed their primary series) have received the updated booster, 25.8% definitely will get an updated booster, 41.9% probably will get an updated booster or are unsure, and 17.3% probably or definitely will not get an updated booster.

Vaccination Status and Intent Among All Adults 18+, by Demographics, United States



Vaccination Status and Intent Among All Adults 18+ Who Completed Primary Series, by Demographics, United States



CDC REPORT SHOWS UPDATED (BIVALENT) BOOSTER IS EFFECTIVE

New data coming from the CDC highlights the importance of receiving an updated (bivalent) booster for everyone ages 5 years and older. Since Omicron became the dominant COVID-19 variant circulating around the world, there has been a concern that the original (monovalent) COVID-19 vaccine is less effective against symptomatic infection. A CDC [report](#) found that the updated (bivalent) booster provided additional protection against symptomatic COVID-19 infection in people who had previously received two or more doses of the original (monovalent) vaccine. Receiving the updated (bivalent) booster restored protection that had decreased over time since receiving the last (monovalent) vaccine dose.

This report further supports the recommendation that all people should [stay up to date](#) with recommended COVID-19 vaccines, including updated (bivalent) booster doses, if it has been at least 2 months since their last original (monovalent) vaccine dose. It is important to note that there are [different recommendations for COVID-19 vaccines](#), including boosters for people who are moderately or severely immunocompromised. The CDC is also urging health providers to offer people flu vaccinations and updated COVID-19 boosters during the same visit.



CDC DATA SHOWS MORE THAN 90% OF COVID-19 DEATHS ARE AMONG ELDERLY ADULTS

The [latest CDC data](#) shows that adults ages 65 and older in the U.S. make up 92% of all deaths from COVID-19. While older adults have been known to be one of the groups at highest risk of death from COVID-19, they now make up a larger share than ever before. Health officials note that this data shows the lack of COVID-19 boosters received by older adults and its impact on this vulnerable population. [As of December 7, 2022](#), only 34.2% of people aged 65 and older have received an updated (bivalent) booster dose. Although this percentage is higher compared to other age groups, it is still alarmingly low for an age group at high risk of severe illness and death from COVID-19. Health officials stress that there needs to be more effort made at getting primary series vaccines and updated (bivalent) boosters into the arms of older adults. Let's help spread the word to our older family members about the importance of getting updated (bivalent) COVID-19 boosters, especially as we head into the holidays with family gatherings. Visit www.vacunashelp.org for more information and www.vaccines.gov to find a COVID-19 vaccine near you.



IMPACTS OF THE COVID-19 PANDEMIC ON ROUTINE VACCINATION

The CDC regularly publishes reports on vaccine confidence. The [latest report, published on November 10, 2022](#), discusses the impacts of the COVID-19 pandemic on routine vaccination and suggests actions that public health agencies can implement to raise vaccination rates. The report details a study reviewing Medicare claims that found from January 2020 – July 2021 monthly vaccine claims decreased on average by 32% for adults and 36% for adolescents when compared to the same months in 2019. An analysis of CDC data found that after COVID-19 vaccines became widely available in the 2021-2022 flu season, adult influenza vaccine uptake decreased from 43.7% to 39.2% in states with the lowest COVID-19 vaccine uptake and only decreased after the COVID-19 vaccine was made available. Several studies featured in the report found a decline in rates of routine vaccinations during the pandemic in the U.S. Although all studies found that routine vaccination rates rebounded to some extent, most studies within the U.S. found that rates did not return to pre-pandemic levels.

Reasons why the COVID-19 pandemic may have affected vaccine confidence and uptake of routine vaccinations include: a decline in the trust of government and healthcare industry, access to routine healthcare services has not recovered for some people, misinformation has spread about routine vaccinations, and there has been pandemic-related increases in political polarization of vaccines and public health. Recommendations to improve routine vaccination rates include: home visits, community-based interventions targeting certain populations, reducing out-of-pocket costs, school vaccination programs, establishing mobile vaccination centers, and tailoring messages about vaccination among others included in the report.

TWITTER HAS STOPPED ENFORCING ITS COVID-19 MISINFORMATION POLICY

As of November 23, 2022, Twitter has [stopped enforcing its COVID-19 misinformation policy](#), which previously allowed users to flag content promoting false information about COVID-19 for review and possible removal from the social media platform. Public health officials are concerned that Twitter's decision to no longer remove misleading information about COVID-19 could lead to a rise in false claims about COVID-19, the safety and effectiveness of vaccines, and other health issues. Health experts continue to remind us that we all have a collective responsibility to combat misinformation and help build a healthier information environment. Read a [Community Toolkit for Addressing Health Misinformation](#) that provides information and exercises to slow the spread of health misinformation to learn more.

Combating Misinformation

Impacts of the COVID-19 Pandemic on Routine Vaccination

Twitter Has Stopped Enforcing Its COVID-19 Misinformation Policy



PNEUMONIA & PNEUMOCOCCAL DISEASE (PNEUMOCOCCAL VACCINATION)

[Pneumonia](#) is an infection of the lungs that can cause mild to severe illness in people of all ages. However, adults 65 years or older, children younger than 5 years old, people with ongoing medical conditions, and people who smoke cigarettes are at increased risk for pneumonia. The disease affects millions of people worldwide each year with [data from the CDC](#) showing that more than 47,000 people in the U.S. died from pneumonia in 2020.

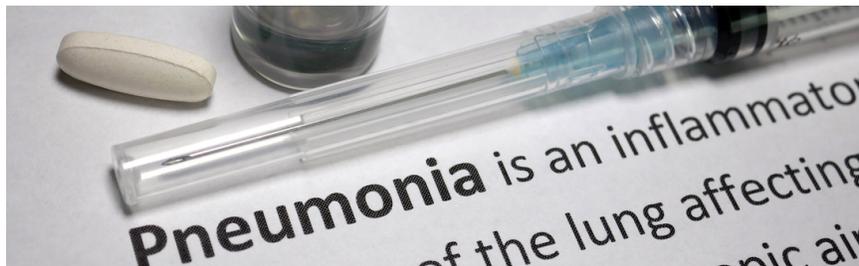
Pneumonia can be [caused](#) by viruses, bacteria, or fungi. In the U.S., common causes of viral pneumonia are influenza viruses, respiratory syncytial virus (RSV), and COVID-19. Common causes of bacterial pneumonia are *Streptococcus pneumoniae* (pneumococcus) and, especially in children, *Mycoplasma pneumoniae*. Pneumococcal pneumonia causes [an estimated 150,000 hospitalizations](#) each year in the U.S.

The [CDC recommends](#) all adults 65 years and older receive the pneumococcal vaccination to protect against [pneumococcal disease](#) and pneumococcal pneumonia. There are 2 kinds of pneumococcal vaccines in the United States:

1. Pneumococcal conjugate vaccines (PCV13, PCV15, and PCV20)
2. Pneumococcal polysaccharide vaccine (PPSV23)

For those who have never received any pneumococcal conjugate vaccine, the CDC recommends PCV15 or PCV20 for all adults 65 years or older and adults 19 through 64 years old with certain medical conditions or risk factors. For those who have received PCV15 before, the CDC recommends PPSV23 for adults 19 years or older.

[Data from the National Health Interview Survey](#) showed that there were racial and ethnic differences in pneumococcal vaccination coverage, with generally lower coverage among non-White and Hispanic adults compared with White adults. Among adults aged 19-64 years at increased risk, coverage among White adults (26.3%) was higher compared with Hispanic (16.7%) and Asian (13.8%) adults. Among adults aged 65 years or older, coverage among White adults (72.4%) was higher compared with Black (50.8%), Hispanic (48.1%), and Asian (54.9%) adults.



Adult Routine Vaccination

Pneumonia & Pneumococcal Disease (Pneumococcal Vaccination)