



Health Officer Report

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FALL 2023 VACCINES

What are the options?

Who is eligible?

How well do they work?

When should I get it?

INFLUENZA



A shot that targets 4 strains of seasonal flu

6 months and older

Reduces the risk of going to the doctor by 53%

October is ideal, as vaccine protection wanes over a season

COVID-19



Updated vaccine formula targeting XBB - an Omicron subvariant

Options: Moderna and Pfizer (mRNA), Novavax (protein) available soon

6 months and older

Last year, the fall COVID-19 vaccine provided 40-60% additional effectiveness against severe disease

Protection against **severe disease**: Get now

Protection against **infection**: Best to get it right before a wave, which can be challenging to time

Recently infected? Wait at least 3-4 months

RSV (OLDER ADULTS)



2 options: GSK and Pfizer. They are slightly different in design, but only at a microscopic level

60 years and older

82-86% efficacy against severe disease

Now: no need to juggle timing as protection is durable

RSV (PREGNANCY)



Pfizer is actively seeking approval

Pregnant people (then protection will pass to baby for protection in first 6 months of life)

82% efficacy in preventing hospitalization in first 3 months of life. 69% efficacy after 6 months

It's not available yet but once approved, get at 24 to 36 weeks of pregnancy

RSV MONOCLONAL ANTIBODY



This is not a vaccine (doesn't teach the body to make antibodies) but rather a proactive medication (provides antibodies)

All infants <8 months. High-risk infants 8-19 months

Reduces risk of hospitalization and healthcare visits by ~80%

Will be available soon.

Protection lasts 4-6 months



Insurance Coverage for COVID-19 Vaccines

- **Private insurance:** companies mandated to cover vaccine with no copay
 - Change from last year: insurers no longer required to pay for “out-of-network”
- **Uninsured / underinsured adults:** CVS/Walgreens required by federal law to cover vaccine at no cost (more info here: [Bridge Access Program | CDC](#))
 - Only Covid-19; not RSV
- **Uninsured / underinsured kids:** CDC Vaccines for Children Program covers all pediatric vaccines, not just Covid-19 (more info here: [VFC: Vaccines for Children Program | CDC](#))

FLU VACCINE: GET THE FACTS

YOUR BEST PROTECTION AGAINST FLU

Millions of people get flu every year, hundreds of thousands of people are hospitalized and thousands or tens of thousands of people die.

The Centers for Disease Control and Prevention (CDC), public health professionals, and our practice recommend that everyone 6 months of age and older should get a flu vaccine every year. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent serious flu complications that can result in hospitalization and even death.^{1,2} A flu vaccine is the best way to help prevent flu and its potentially serious complications. Remember that flu vaccine not only protects you, but it also can help protect those around you.

FLU VACCINE REDUCES YOUR RISK OF FLU



CDC estimates that flu has resulted in 9 million – 41 million illnesses, 140,000 – 710,000 hospitalizations and 12,000 – 52,000 deaths annually between 2010 and 2020.³

40-
60%

Recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to the flu vaccine.



Since 2004, when pediatric flu deaths became nationally notifiable, the number of pediatric flu deaths reported to CDC each year prior to the COVID-19 pandemic ranged from 37 (2011-2012 season) to 199 deaths (2019-2020 season.)

While some people who get a flu vaccine still get sick, vaccination can make their illness less severe. Two recent studies among hospitalized flu patients showed that flu vaccination reduced intensive care unit admissions and duration of hospitalization.⁶

Remember that a flu vaccine not only protects you, but it also can help protect those around you, including people who are at higher risk for serious flu illness, like babies, young children, older adults, pregnant people, and people with certain chronic health conditions.

FLU VACCINATION ESPECIALLY IMPORTANT FOR SOME

Flu vaccination is especially important for people who are at higher risk of developing serious complications from flu, including children younger than 5, pregnant people, adults 65 and older, and people with certain chronic health conditions, such as diabetes, heart disease, and asthma.

PROVEN SAFETY RECORD

For more than 50 years, hundreds of millions of Americans have safely received seasonal flu vaccines and there has been extensive research supporting its safety.⁷ Side effects from flu vaccination are generally mild, especially when compared to symptoms of flu.⁷

Talk to someone in our office about getting a flu vaccine this fall. Our staff is ready to answer your questions.

Visit WWW.CDC.GOV/FLU for more information.

2023-2024 Recommendations


- ACIP voted to recommend maternal RSV for pregnant people during 32 – 36 weeks gestation, using seasonal administration, to prevent RSV lower respiratory tract infection in infants
 - September through January in most of continental United States
 - In jurisdictions where seasonality differs (Alaska, places with tropical climates), providers should follow state, local, or territorial guidance on timing of administration



Free COVID-19 Tests

4 tests per household, order here: [COVID.gov - Free at-home COVID-19 tests](https://www.covid.gov/free-at-home-covid-19-tests)

Take an at-home test:

- If you begin having COVID-19 symptoms like fever, sore throat, runny nose, or loss of taste or smell, or
- At least 5 days after you come into close contact with someone with COVID-19, or
- When you're going to gather with a group of people, especially those who are at risk of severe disease or may not be [up to date on their COVID-19 vaccines](#) 



Pediatric Obesity: A Public Health Emergency?

~20% of U.S. youth are obese; ~40% of adults are obese

2011 – 2020: U.S. pediatric obesity prevalence increased to 21%

Record high prevalence for severe obesity (BMI > 95%) in youth

To date, numerous public health strategies to target pediatric obesity have shown limited success

An approach with proven success for several other diseases is declaring a public health emergency

Read more here:
[Considering Pediatric Obesity as a US Public Health Emergency | Pediatrics | American Academy of Pediatrics \(aap.org\)](#)

TABLE 1

Arguments Favoring and Opposing a U.S. Pediatric Obesity Public Health Emergency Declaration

Favoring a Pediatric Obesity Public Health Emergency

1. Obesity is a burgeoning health disease epidemic that significantly strains the medical system, and the time to begin acting is during childhood
2. Public health emergencies have been declared for diseases affecting far fewer individuals than obesity and are just as morbid and fatal (ie, the opioid-addiction epidemic)
3. Public health emergencies have helped in the past for numerous diseases including H1N1 influenza and COVID-19
4. Although previous initiatives for obesity treatment have had limited success, a public health emergency declaration has yet to be tried and may be more effective given the increased resources, scope, and attention devoted to such an approach

Opposing a Pediatric Obesity Public Health Emergency

1. Resources would need to be provided by either potentially diverting from other efforts (ie, opiate-addiction, tobacco cessation) or increasing the national debt (already burdened by COVID-19), to fund a disease for which previous public health policies have overall only been modestly effective
2. Health policies geared toward mitigating obesity created by a declaration may affect an individuals' autonomy despite the fact that an individuals' actions (ie, dietary choices) may not directly impact others' health or well-being
3. A declaration may either, unintentionally or intentionally, increase weight stigmatization and/or worsen health care disparities
4. A declaration may create moral panic leading to those with obesity being further ostracized, or be viewed as "one too many" leading to future declarations being ignored
5. Lack of clear benchmarks for determining when a public health emergency for a chronic disease that affects a large portion of the population, such as pediatric obesity, should be discontinued