

CONTRIBUTING TO A HEALTHIER COMMUNITY



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**A COMMUNITY GUIDE FOR SEASONAL
IMMUNIZATIONS DEVELOPED BY
NMA'S LEADING MEDICAL EXPERTS**

2023-2024

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Letter from...

Yolanda Lawson, MD, FACOG

124th President
National Medical Association

We hope you find this resource guide “Contributing to a Healthier Community” a helpful tool that will assist healthcare professionals and communities in increasing immunization uptake for respiratory viruses.

Nationally, Influenza, COVID-19, and Respiratory Syncytial Virus respiratory illnesses are on the rise. The Centers for Disease Control and Prevention reports that Influenza has caused 5.3 million illnesses, 54,000 hospitalizations, and 3,200 deaths this season. COVID cases continue to rise with the newest COVID variant, JN.1 accounting for the majority of the cases. Hospitalization rates for RSV are also increasing, primarily among young children.

The COVID-19 pandemic put a spotlight on health and economic disparities and the impact on Communities of Color resulting in poor health outcomes, increased hospitalization and premature deaths. Vaccine misinformation and increased patient hesitancy have contributed to a lag in vaccination uptake this season compared to last season for everyone.

The National Medical Association is committed to improving the health of all patients and communities across the nation. We promote policies and interventions that focus on ensuring equitable levels of care and equal access to care for diverse patients and communities.

Immunizations are one of the most important preventive health tool that we have to protect and save lives. Healthcare professionals are in the best position to educate on why vaccines are important and ensure patients receive accurate information. As trusted messengers, healthcare professionals can play a key role in driving vaccine acceptance for patients. It is our desire that this resource will help benefit you and the patients you serve to ensure they thrive and stay safe. Thank you for partnering with us in our efforts of contributing to a healthier community!

Sincerely,

A handwritten signature in black ink that reads "Yolanda Lawson, MD". The signature is fluid and cursive.

Yolanda Lawson, MD, FACOG

124th President, National Medical Association



Letter from...

Virginia A. Caine, MD

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Associate Professor of Medicine, Division of Infectious Diseases
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Welcome to “Contributing to a Healthier Community”, a guide for healthcare professionals with resources designed to help you increase respiratory virus immunizations for influenza, COVID-19, and Respiratory Syncytial Virus among your patients. A special thanks to ASTHO for their commitment to communities by collaborating with us in this initiative.

Health inequities due to lack of access, bias, and discrimination are preventing many People of Color from achieving their best health. Research has shown that patients are more likely to get their immunizations if recommended by their healthcare provider.

Our team of medical experts at the National Medical Association, wants you to actively explore this guide for the latest immunization recommendations for respiratory viruses. A list of our medical experts and useful tips for your patients are included. We hope this guide will assist you in maintaining and providing access to quality healthcare for populations in need.

Sincerely,

A handwritten signature in black ink that reads "Virginia A. Caine". The signature is written in a cursive, flowing style.

Virginia A. Caine, MD

President-Elect, National Medical Association

National Medical Association

The National Medical Association (NMA) is the collective voice of African American physicians and the leading force for parity and justice in medicine and the elimination of disparities in health.

The National Medical Association (NMA) is the largest and oldest national organization representing African American physicians and their patients in the United States. The NMA is a 501(c) (3) national professional and scientific organization representing the interests of more than 50,000 African American physicians and the patients they serve. NMA is committed to improving the quality of health among minorities and disadvantaged people through its membership, professional development, community health education, advocacy, research, and partnerships with federal and private agencies.

Throughout its history the National Medical Association has focused primarily on health issues related to African Americans and medically underserved populations; however, its principles, goals, initiatives, and philosophy encompass all ethnic groups.



Influenza

- Based on estimated range of the annual burden of influenza in the US, 2010-2020, influenza is responsible for 12,000-52,000 deaths each year; 140,00-710,000 influenza-related hospitalizations each year and 9,000,000-41,000,000 influenza illnesses. The 2022-2023 flu season in the US was moderately severe with an estimated 31 million symptomatic illnesses, 14 million medical visits, 360,000 hospitalizations, and 21,000 flu-related deaths, including 176 pediatric deaths.
- Treatments are available for influenza illness which can reduce severe illness, hospitalization, and death.
- Influenza can be associated with complications. These are more likely to occur in persons who are at higher risk for such complications, including:
 - Children younger than 5 years, but especially younger than 2 years of age
 - Adults 65 years and older
 - Pregnant women including women up to 2 weeks' postpartum.
 - Residents of long-term care facilities and nursing homes
 - Non-Hispanic Black persons, Hispanic or Latino persons, and American Indian or Alaska Native person
- Vaccination rates are 83% and 87% in White and Hispanic persons; disparities exist in vaccination rates as only 54.8% in Black persons.
- Annual influenza vaccination is indicated for all persons 6 months of age and older.
- Influenza vaccination is recommended for all pregnant women. Data shows that influenza vaccination provides protection for the pregnant woman as well as for her newborn infant in the first three months of life.
- The flu vaccine can safely be coadministered with COVID-19 vaccine.

Summary

Therefore, in keeping with the mission and objectives of the NMA and based upon the available scientific data and upon the basic axioms of public health, the NMA strongly recommends that all adults and children 6 months of age and older receive an annual influenza vaccination. Flu vaccines are readily available and should be given in the primary care physician's office as well in the office of subspecialists such as cardiologists, pulmonologists, nephrologists, neurologists, immunologists and other subspecialists who provide specialty care for persons

with chronic illness. Flu vaccines are readily available and can also be accessed in local communities through retail pharmacies where pharmacists provide flu vaccination as well at a nominal cost.

We urge all practitioners to proactively encourage all patients 6 months of age and older to receive an annual flu vaccination, preferably in the fall before the flu season begins. We urge all obstetricians to proactively encourage all pregnant women to receive a flu vaccination (flu shot).

Summary *(continued)*

The flu nasal spray vaccine is a live vaccine and is NOT recommended in pregnant women. A 2018 study showed that pregnant women receiving the influenza vaccination reduced a pregnant person's risk of being hospitalized with flu by an average of 40%. Pregnant women who receive a flu vaccination also are helping to protect their babies from flu illness and flu related hospitalizations for the first several months of life, when they are too young to get vaccinated.

All influenza vaccines available for the 2023-2024 season are quadrivalent. The Advisory Committee on Immunization Practices recommends for persons ages 65 years and older,

higher dose or adjuvanted influenza vaccines which provide a better benefit than the standard dose influenza vaccines. Fluzone High-Dose Quadrivalent and the adjuvanted Flud Quadrivalent influenza vaccines are recommended.

Anyone with a history of egg allergy, regardless of severity, may now receive any egg-based or non-egg-based influenza vaccine appropriate for their age and health status. No additional safety measures beyond those recommended for any recipient of any vaccine are required.

Live attenuated influenza vaccine should not be given to anyone immunocompromised or has certain medical conditions.



FACTSHEET RSV

RSV (Respiratory Syncytial Virus)



Each year in the US, RSV (respiratory syncytial virus) infection is the cause of approximately 2.1 million outpatient visits and 58,000-80,000, hospitalizations among children younger than 5 years old. RSV is the cause 60,000-160,000 hospitalizations and 6,000 - 10,000 deaths among adults 65 years and older.

Only supportive treatments are available for persons with RSV infection. Antiviral medications are not routinely recommended to treat RSV infection. Prevention efforts available include vaccination for older adults and pregnant women, as well as RSV antibody for use in infants and young children. There are two FDA licensed RSV vaccines available for adults 60 years and older to prevent RSV-related serious illness. Persons should talk with their health care provider about whether RSV vaccination is right for them. Persons at higher risk include adults 60 years and older, adults with a weakened immune system, adults with chronic medical conditions such as heart

or lung disease, or adults living in nursing homes or long-term care facilities. There is no maximum age for getting RSV vaccination. RSV vaccine is given as a single dose. RSV vaccine can be coadministered with other vaccines.

Based on CDC recommendations, for the majority of the continental United States, there is an RSV vaccine licensed and recommended for pregnant women to be used during weeks 32 through 36 of pregnancy from September to January to protect infants. If the mother is vaccinated, the risk of RSV infection in the infant is reduced by 57% for the first 6 months of life. But if you live in Alaska, south Florida, Hawaii, or outside the continental US which has a later RSV season, talk with your healthcare provider to determine which seasonal months are appropriate to receive the vaccine.

One dose of a licensed RSV antibody (Nirsevimab) is recommended for:

All infants younger than age 8 months

who are born shortly before or during their first RSV season (typically fall through spring) if:

- The mother did not receive RSV vaccine during pregnancy.
- The mother's RSV vaccination status is unknown and
- The infant was born less than 14 days after maternal RSV vaccination.

Additionally, a dose of Nirsevimab is recommended for some children aged 8 through 19 months old who are at increased risk for severe RSV disease and entering their second RSV season. These children include:

- American Indian/Alaska Native children
- Children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season.
- Children with severe immunocompromised conditions
- Children with severe cystic fibrosis

Summary

Therefore, in keeping with the mission and objectives of the NMA and based upon the available scientific data and upon the basic axioms of public health, the NMA strongly recommends that adults 60 years and older adults, especially those with a weakened immune system or a chronic medical conditions such as heart or lung disease, or those adults living in nursing homes or long term care facilities receive a single dose of RSV vaccine based upon discussion with their health care provider. Pregnant women should receive an RSV vaccine

single dose between 32-36 weeks to protect their infants from serious RSV infection in the first 6 months of life. Infants born to mothers who did not receive RSV vaccine during the 32 through 36 weeks of pregnancy or whose maternal RSV vaccination status is unknown should receive RSV antibody (Nirsevimab) as a single dose shortly before or during their first RSV season. An additional dose should be given to infants 8 through 19 months of age entering their second RSV season who are at increased risk for severe RSV disease.

Update on COVID Vaccines

December 4, 2023

The CDC now recommends the 2023–2024 updated COVID-19 vaccines—Pfizer-BioNTech, Moderna, or Novavax—to protect against serious illness from COVID-19.

Everyone aged 5 years and older should receive **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#All>)

Children aged 6 months–4 years need multiple doses of COVID-19 vaccines to be up to date, including at least 1 dose of updated COVID-19 vaccine. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#Children> | <https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#UTD>)

People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/immuno.html>)

The CDC will update COVID Vaccine Recommendations as needed.

Recommendations for Everyone Aged 5 Years and Older

Everyone aged 5 years and older should get **1 dose of an updated COVID-19 vaccine** to protect against serious illness from COVID-19.

None of the updated 2023–2024 COVID-19 vaccines is preferred over another. (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#preferential>)

Children aged 5–11 years who are unvaccinated or have previously gotten a COVID-19 vaccine before September 12, 2023, should get 1 updated Pfizer-BioNTech or Moderna COVID-19 vaccine.

People aged 12 years and older who are unvaccinated should get either:

- 1 updated Pfizer-BioNTech or updated Moderna COVID-19 vaccine, OR
- 2 doses of updated Novavax COVID-19 vaccine.

Pfizer-BioNTech and Moderna mRNA COVID-19 vaccines

mRNA vaccines use mRNA created in a laboratory to teach our cells how to make a protein—or even just a piece of a protein—that triggers an immune response inside our bodies. The mRNA from the vaccines is broken down within a few days after vaccination and discarded from the body.

Novavax protein subunit COVID-19 vaccine

Protein subunit vaccines contain pieces (proteins) of the virus that causes COVID-19. The virus pieces are the spike protein. The Novavax COVID-19 vaccine contains another ingredient called an adjuvant. It helps the immune system respond to that spike protein. After learning how to respond to the spike protein, the immune system will be able to respond quickly to the actual virus spike protein and protect you against COVID-19.

About COVID-19 Vaccines

COVID-19 vaccines available in the United States are effective at protecting people from getting seriously ill, being hospitalized, and dying. As with other vaccine-preventable diseases, you are best protected from COVID-19 when you stay up to date with the recommended vaccinations.

COVID-19 vaccines recommended for use in the United States: Pfizer-BioNTech, Moderna, Novavax

COVID-19 Vaccines: 2023–2024 Updated, Bivalent, and Original

2023–2024 Updated COVID-19 Vaccines

As of October 3, 2023, the 2023–2024 updated Novavax vaccine was recommended by CDC for use in the United States.

As of September 12, 2023, the 2023–2024 updated Pfizer-BioNTech and Moderna COVID-19 vaccines were recommended by CDC for use in the United States.

The 2023–2024 updated COVID-19 vaccines more closely targets the XBB lineage of the Omicron variant and could restore protection against severe COVID-19 that may have decreased over time. We anticipate the updated vaccines will be better at fighting currently circulating variants. (<https://www.cdc.gov/coronavirus/2019-ncov/variants/index.html>)

There is no preferential recommendation for the use of any one COVID-19 vaccine over another when more than one licensed or authorized, recommended, and age-appropriate vaccine is available.

2022–2023 Bivalent Vaccines

As of September 11, 2023, the bivalent Pfizer-BioNTech and Moderna COVID-19 vaccines are no longer available for use in the United States.

The 2022–2023 bivalent vaccines were designed to protect against both the original virus that causes COVID-19 and the Omicron variants BA.4 and BA.5. Two COVID-19 vaccine manufacturers, Pfizer-BioNTech and Moderna, had developed bivalent COVID-19 vaccines.

Original Vaccines

As of April 18, 2023, the original Pfizer-BioNTech and Moderna COVID-19 vaccines are no longer available for use in the United States.

As of May 6, 2023, J&J/Janssen COVID-19 vaccine is no longer available for use in the United States.

Previous COVID-19 vaccines were called “original” because they were designed to protect against the original virus that causes COVID-19.

Getting Vaccines If You Recently Had COVID-19

If you recently had COVID-19, you still need to stay up to date with your vaccines, but you may consider delaying your vaccine by 3 months.

Reinfection is less likely in the weeks to months after infection. However, certain factors could be reasons to get a vaccine sooner rather than later, such as:

- personal risk of severe disease,
- risk of disease in a loved one or close contact,
- local COVID-19 hospital admission level, (<https://www.cdc.gov/coronavirus/2019-ncov/your-health/covid-by-county.html>)
- and the most common COVID-19 variant currently causing illness. (<https://www.cdc.gov/coronavirus/2019-ncov/variants/>)

Reference:

U.S. Center for Disease Control
& Prevention–Nov 8, 2023

COVID-19 Task Force on Vaccines and Therapeutics

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How To Get Vaccinated

To protect everyone from serious respiratory illnesses seen in the fall-winter season that can result in hospitalizations and death, it is important to get vaccinated for Influenza (flu), COVID-19, and Respiratory Syncytial Virus (RSV) viruses. To date from December 19, 2023, in the past four weeks, hospitalizations nationally among all age groups increased by 200% for influenza, 51% for COVID-19, and 60% for RSV. Nationally 12 pediatric influenza deaths have been reported for the 2023-2024 season.

Why Patients Need to Get Vaccinated?

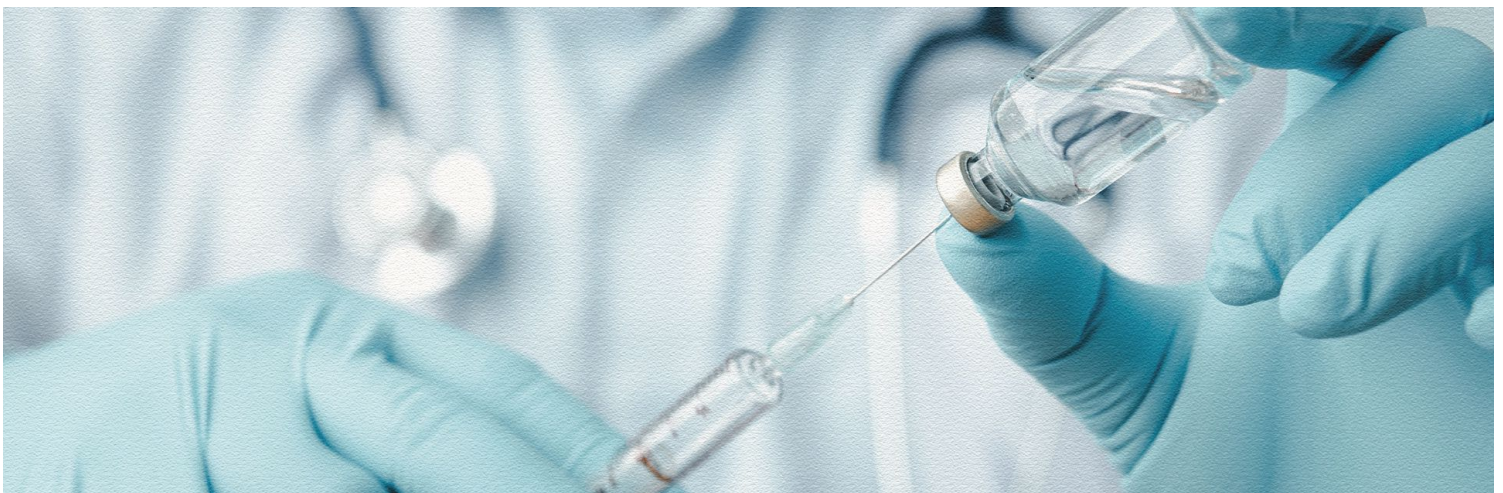
Vaccination for influenza, COVID-19, and RSV reduces the risk of severe disease, including pneumonia, hospitalization, and death. Vaccination for COVID-19 can also reduce the incidence of multisystem inflammatory syndrome in children (MIS-C) recently increased in the United States and post-COVID conditions.

Recommendations For Healthcare Providers

Administer influenza, COVID-19, and RSV immunizations now to patients as recommended. Immunizations are especially important for higher at-risk populations for severe disease, including infants, older adults, pregnant people, immunocompromised, and patients with certain chronic medical conditions.

Antiviral medications are currently underutilized but are important to treat patients. We strongly encourage healthcare providers to treat all eligible patients with influenza and COVID-19 with antiviral medications, especially those at high risk of progression to severe disease such as immunocompromised, older adults, and people with certain underlying chronic medical conditions.

Providers should utilize available communication tools to increase immunizations among their patients against influenza, COVID-19, and RSV such as “ the CDC At-A-Glance Vaccination Conversation Guide for Healthcare Providers”. These effective communication tools can be found at CDC’s Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season.



What Immunizations Should You Take?

- [Everyone 6 months and older](#) should receive a 2023-2024 seasonal influenza vaccine.
- [For adults ages 65 years and older](#) should receive high-dose, adjuvanted, or recombinant influenza virus, if available.
- [Everyone 6 months and older](#) should receive at least one dose of an updated 2023-2024 COVID-19 vaccine. More than one dose may be required if an immunocompromised patient, children 6 months through 4 years, and unvaccinated persons 12 years and older who choose to receive the Novavax vaccine.
- [Recommend adults 60 years and older](#) may receive one dose of RSV using shared clinical decision-making. The highest risk patients for severe disease has been found in older adult patients with cardiopulmonary disease and those living in long-term care facilities.

Vaccination for influenza, COVID-19, and RSV reduces the risk of severe disease, including pneumonia, hospitalization, and death. Vaccination for COVID-19 can also reduce the incidence of multisystem inflammatory syndrome in children (MIS-C) recently increased in the United States and post-COVID conditions.

Where To Find Vaccine Providers Near You

Please ask your healthcare provider, your local pharmacy, community health center, local or state health departments, or visit their websites.

Some health departments and pharmacies may offer vaccines to those who walk-in without making an appointment ahead of time.

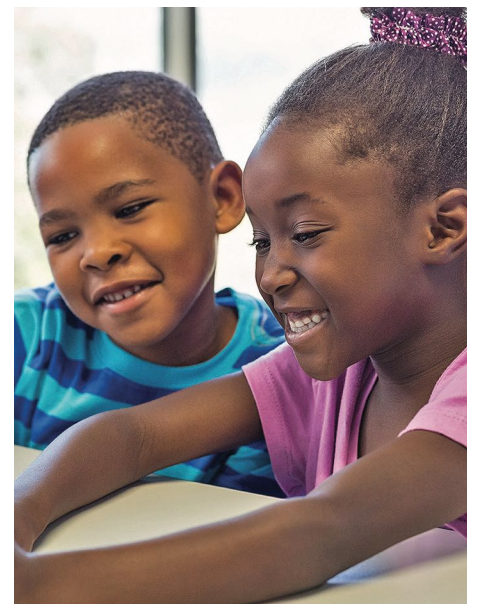
To find the influenza, COVID-19, or RSV vaccine locations near you: Search [vaccines.gov](https://www.vaccines.gov), text your Zip Code to 438829, or call 1-800-232-0233 (TTY 1-888-720-7489).

Recommendations for the Public

Be knowledgeable about everyday prevention measures including covering your coughs and sneezes, washing your hands, staying home when sick, wear an N-95 well-fitting mask if high risk and in public settings that increase your risk for acquiring an infection, and improving ventilation in home and work environments.

If you develop symptoms of a respiratory illness, talk to a healthcare provider about testing and treatment options.

Use the [Vaccines.gov](https://www.vaccines.gov) website to find the location for influenza and COVID-19 vaccines. Please know that through the CDC's Bridge Access Program, uninsured and underinsured adults can receive COVID-19 vaccines at no cost.



Resources

1. CDC's Bridge Access Program which provides information on free adult COVID-19 vaccines through December 2024
2. CDC COVID-19 Vaccination Clinical and Professional Resources <https://www.cdc.gov/vaccines/COVID-19>
3. CDC COVID VaxView- an interactive dashboard that provides trends in vaccination coverage by demographics and jurisdiction
4. CDC Immunization Resources for You and Your Patients
5. CDC Healthcare Provider Toolkit: Preparing Your Patient for the Fall and Winter Virus Season
6. Vaccines.gov Provider Resources
7. CDC National Center for Immunization and Respiratory Diseases
8. <https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>

For questions about the contents of this resource guide or to contact our NMA COVID Task Force Members, contact us at Grants@nmanet.org.



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