Vaccination Priorities Delay Shots for Higher-Risk People of Color

Prioritizing older people or older people and essential workers for COVID-19 vaccination, as many states have done, slows eligibility for adults in some racial and ethnic groups and for those with family incomes below the federal poverty level, according to a recent analysis by Agency for Healthcare Research and Quality (AHRQ) researchers.

Using data from AHRQ’s Medical Expenditure Panel Survey, which does not include nursing home residents or incarcerated adults, the researchers examined how 3 different scenarios for prioritizing vaccines affected various groups’ eligibility based on age, health status, employment characteristics, poverty level, and race and ethnicity.

Of the 3 scenarios, only 1 increased vaccine access for Black adults and adults living in poverty. It did so by prioritizing adults whose comorbidities placed them at an increased risk of severe COVID-19 ahead of non-health care, high-priority occupation groups, including food service and postal workers, who are unable to work from home. However, that scenario would delay vaccines for some essential workers who have an increased risk of being exposed to SARS-CoV-2 and spreading it, the researchers found.

In a related analysis of data from 9 states in the AHRQ’s Healthcare Cost and Utilization Project, AHRQ researchers found that in the first few months of the pandemic, non-Hispanic Black and Hispanic patients combined accounted for a larger share of COVID-19 hospitalizations than non-Hispanic White patients. In April, May, and June 2020, 48.6% of COVID-19 hospitalizations were for non-Hispanic Black and Hispanic patients, while 38.8% were for non-Hispanic White patients.

Death rates of patients hospitalized with COVID-19 at that time varied depending on their race and ethnicity and the state in which they were treated. Without adjusting for age, however, death rates were higher for non-Hispanic Black patients than for non-Hispanic Black or Hispanic patients.

NIH Launches Program to Investigate COVID-19 in Children

The National Institutes of Health (NIH) recently launched a research program to figure out why some children with COVID-19 develop severe illness and how to identify those most at risk.

Although they account for about 13% of all US COVID-19 cases, current data show that most children infected with SARS-CoV-2 don’t develop serious illness. But some go on to develop multisystem inflammatory syndrome in children (MIS-C), a life-threatening condition marked by severe inflammation of 1 or more organs, including the heart, lungs, kidneys, and brain. As of March 1, 2017 cases of MIS-C had been reported to the US Centers for Disease Control and Prevention (CDC), including 33 deaths.

The Collaboration to Assess Risk and Identify Long-term Outcomes for Children with COVID (CARING for Children with COVID) is led by the Eunice Kennedy Shriver National Institute of Child Health and Human Development and the National Heart, Lung, and Blood Institute in collaboration with the National Institute of Allergy and Infectious Diseases.

Three NIH-funded networks—the Pediatric Heart Network, the Pediatric Trials Network, and the Pediatric Research Immune Network on SARS-CoV-2 and MIS-C—are conducting CARING clinical trials.

CARING research data will be housed on 3 cloud-based platforms that will be made widely available to researchers wanting to conduct additional analyses.

“While much of the devastation wrought by COVID-19 is on older and vulnerable populations, it is affecting children in ways we are just beginning to understand,” Gary Gibbons, MD, NHLBI director and cochair of CARING for Children with COVID, noted in a prepared statement.

Medicare Raises Payment for Administering COVID-19 Vaccines

The Centers for Medicare & Medicaid Services (CMS) recently increased the Medicare payment rate for administering COVID-19 vaccines to approximately $40 per shot.

The rate will be adjusted based on where in the country the vaccine is administered.

Previously, Medicare paid $28.93 for a single-dose vaccine or for the second dose in a series of 2, and $16.94 for the first dose in a series of 2.

Two authorized vaccines in the US, manufactured by Pfizer-BioNTech and Moderna, require 2 injections 3 and 4 weeks apart, respectively. The third authorized vaccine in the US is manufactured by Janssen/Johnson & Johnson and requires only 1 shot.

The increased payments reflect updated information about the vaccine administration costs for different types of providers and suppliers and the additional resources needed to ensure safe and appropriate administration, according to CMS.

Usually, CMS changes Medicare payments for specific services through notice and comment rulemaking, but to save time during the COVID-19 pandemic, the agency bypassed that route before increasing payments for administering the vaccines. However, CMS said it continues to seek information from the public for reviewing and establishing payment rates for vaccine administration, both during the pandemic and on a longer-term basis. – Rita Rubin, MA

Note: Source references are available through embedded hyperlinks in the article text online.