More Effective Flu Vaccines Recommended for Older Adults

Adults aged 65 years or older should receive high-dose or adjuvanted seasonal influenza vaccines, according to a new CDC recommendation.

Seasonal influenza disproportionately affects individuals aged 65 years or older, accounting for 70% to 85% of deaths from the disease and 50% to 70% of hospitalizations. Vaccination can reduce poor outcomes, yet some older adults may not have a strong immune response. To help increase their protection, the CDC's Advisory Committee on Immunization Practices (ACIP) recently recommended preferentially using Fluzone High-Dose Quadrivalent (inactivated influenza vaccine [IIV4- HD]), Flublok Quadrivalent (recombinant influenza vaccine [RIV4]), or FluaD Quadrivalent (adjuvanted inactivated influenza vaccine quadrivalent [aIIV4]) for this age group. If high-dose or adjuvanted vaccines aren't available, a standard seasonal influenza vaccine is recommended for older adults, the ACIP statement noted.

The ACIP based its recommendation on an evidence review suggesting that IIV4-HD, RIV4, and aIIV4 are more effective than standard doses of unadjuvanted influenza vaccines for this age group. In addition to helping increase influenza protection among older adults, the new recommendation may help reduce disparities in influenza vaccination that was documented in a 2021 study. The study found that Asian, Black, and Hispanic Medicare beneficiaries were less likely to be vaccinated and those who were vaccinated were 26% to 32% less likely than White beneficiaries to receive a high-dose vaccine. “This recommendation could help reduce health disparities by making these vaccines more available to racial and ethnic minority groups,” José R. Romero, MD, director of CDC’s National Center for Immunization and Respiratory Diseases, said in the agency’s statement about the new recommendation.

The CDC plans to publish the ACIP’s complete recommendation in an upcoming issue of its Morbidity and Mortality Weekly Report.

Reduced HIV Testing and Diagnoses During COVID-19 Pandemic

Pandemic-related disruptions in access to HIV testing may have contributed to a 17% decline in new HIV diagnoses—from 36 940 to 30 635 diagnoses—between 2019 and 2020, according to a CDC report. The pandemic response strained the US public health system, forcing many health departments to redploy staff and resources from sexual health initiatives to COVID-19 mitigation efforts, according to a 2021 survey by the National Coalition of STD Directors. To assess the effect on HIV testing, scientists from the CDC’s National Center for HIV, Viral Hepatitis, STD, and TB Prevention analyzed 3 overlapping federal data sources. They found that HIV testing by 2 commercial laboratories decreased by about 15% overall in 2020 compared with 2019—representing about 1.35 million fewer tests—with a more than 50% decrease in testing at the end of the first quarter of 2020. The number of HIV tests funded by the Health Resources and Services Administration’s Bureau of Primary Health Care decreased by about 8% in 2020 compared with the previous year. About half as many CDC-funded tests were distributed among health care and other settings during this period. CDC-funded testing among populations at higher risk of HIV infection, including men who have sex with men, transgender individuals, and Black and Hispanic individuals, also decreased by about half.

The authors couldn’t determine whether reduced access caused the decrease in testing. Fewer people engaging in high-risk activities during the pandemic also may have led to reduced demand for testing. But the authors noted that it’s essential to increase testing to detect diagnoses missed during the pandemic. They recommended federal, state, and local partnerships to increase access to HIV testing, including self-testing. — Bridget M. Kuehn, MSJ

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