Lowest US Life Expectancy Since 1996
Linked to COVID-19

Life expectancy dropped by 3 years for US men and 2.3 years for US women between 2019 and 2021, according to provisional life expectancy data from the National Center for Health Statistics.

During this period, US life expectancy dropped to about 73 years for men and to about 79 years for women, the lowest levels since 1996. Three-quarters of overall life expectancy lost during this period was attributed to COVID-19 deaths, according to a CDC statement. The deaths contributed to a growing gap in life expectancy between US men and women, which increased from 4.8 years in 2010—the lowest ever recorded—to about 6 years in 2021.

Unintentional injuries, about half of which were drug overdose deaths, were the second leading cause of lost life expectancy among US men and women between 2020 and 2021. A staggering 109,000 overdose deaths were recorded in the US between March 2021 and March 2022, according to the CDC statement. Suicide, chronic liver disease or cirrhosis, and homicide also contributed to lost life expectancy among men between 2020 and 2021. Heart disease, stroke, and chronic liver disease contributed to reduced life expectancy for women.

Reduced deaths primarily from influenza, pneumonia, and other respiratory diseases helped offset life expectancy losses for both men and women.

American Indian and Alaska Native individuals experienced the largest decrease in life expectancy—from 67 years to 65 years—of any racial or ethnic group between 2020 and 2021. Non-Hispanic White individuals had the second largest decline, from about 77 years to about 76 years. Life expectancy for Black individuals dropped about 8 months, to a little more than 70.5 years during this period.

Catch-up Vaccinations Needed for Some Adolescents

Overall rates of routine adolescent vaccinations remained high or grew during the COVID-19 pandemic, but some subgroups may require catch-up vaccinations, a CDC survey suggests.

About 90% of adolescents aged 13 to 17 years received 1 or more doses of diphtheria-tetanus-pertussis (DTP) and meningococcal conjugate vaccine (MenACWY) in both 2020 and 2021. The number of adolescents aged 17 years or older who received MenACWY booster doses increased from about 54% to 60% between 2020 and 2021. Coverage with 1 or more doses of a vaccine against human papillomavirus (HPV) increased from about 75% to 77% during this period. The number of adolescents who were up to date on the 2- or 3-dose HPV vaccination series also increased from about 59% to about 62%.

However, the survey identified a few coverage gaps. Coverage with 1 or more doses of MenACWY dropped about 5 percentage points among adolescents who turned 13 years in 2021 compared with 2019. About a 4–percentage point drop occurred in coverage with at least 1 dose of DTP among those who turned 12 years during the pandemic compared with pre-pandemic 12-year-olds. No difference in first doses of the HPV vaccine was seen among individuals who turned 12 or 13 years during the pandemic compared with their pre-pandemic peers.

Coverage with MenACWY, the HPV vaccine, and 2 or more doses of the hepatitis A vaccine was lower among adolescents living in rural areas but only among those with family income at or above the poverty level. The authors suggest that individuals whose incomes were at or above the poverty level who did not
qualify for the Vaccines for Children Program may have had reduced access to vaccinations in rural areas. They also cited evidence of reduced vaccine confidence in rural areas during the pandemic.

"Review of patient vaccination records is important for providers to ensure that children and adolescents are up to date with all recommended vaccinations," the authors wrote.

**Identifying False-Positive Monkeypox Results**

After investigating 3 cases of false-positive monkeypox test results, the CDC now recommends retesting low-risk individuals who test positive with low amounts of virus detected.

Clinicians have identified about 20,000 cases of monkeypox, primarily among men who have sex with men, in the US since May 2022. A CDC investigation of 3 false-positive, real-time polymerase chain reaction (PCR) tests for monkeypox involving 1 pregnant woman, an elementary school-aged child, and an infant found that none had typical symptoms or epidemiological links to someone with the disease. Each had PCR test results with late-cycle threshold values at or above 34, indicating that little virus was detected. The individuals and their close contacts were subjected to treatment or precautionary measures before subsequent testing found no evidence of the monkeypox virus infection.

The CDC recommends careful review of monkeypox test results from low-risk individuals and consideration of other potential diagnoses, including hand, foot, and mouth disease; varicella; or molluscum contagiosum. Clinicians should consult the CDC about atypical or questionable cases.

The agency also recently reported findings on use of the smallpox antiviral drug tecovirimat (TPOXX) for monkeypox infection. The time to subjective improvement was a median of 3 days, regardless of HIV status, for 255 patients who received the drug and had outcomes information available. Less than 4% of 340 patients with adverse event information available experienced such an event. "These data support the continued access to and treatment with tecovirimat for patients with or at risk for severe disease in the ongoing monkeypox outbreak," the study authors wrote.

— Bridget M. Kuehn, MSJ

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