CDC Report: Urgent Need to Address Teens’ Adverse Experiences During Pandemic

Three-quarters of US adolescents reported at least 1 adverse experience, such as abuse, neglect, witnessing violence, or having a family member attempt or die by suicide during the COVID-19 pandemic, according to a CDC report. Youths reporting multiple adverse childhood experiences, or ACEs, were substantially more likely to report poor current mental health or a past-year suicide attempt than those without these experiences.

Poor adolescent mental health was a growing concern before the pandemic, according to the report authors, but it has since escalated into a crisis. The team analyzed survey data collected from 4390 high school students between January and June 2021. Most of the students reported at least 1, about half reported 1 to 2, 12% reported 3, and about 8% reported 4 or more ACEs during the pandemic or during the past 12 months.

The effects of these experiences were cumulative, with youth who reported the most ACEs being the most likely to report poor mental health. Those who had 4 or more adverse experiences were 4 times more likely to report poor current mental health and 25 times more likely to report a suicide attempt than those without such negative experiences.

Certain types of adverse experiences were particularly harmful to mental health. Emotional abuse was associated with about twice the risk of poor mental health and about 3.5 times the risk of a suicide attempt. About one-third of adolescents who reported a sexual assault also reported attempting suicide.

“This analysis highlights the ongoing, urgent need to address adversity experienced before and during the pandemic to mitigate its impact on mental and behavioral health,” the authors wrote. They recommended a comprehensive approach to prevent adverse experiences among youth, including bolstering economic support for families, supporting quality child care, and connecting youth and parents with community support. The authors also recommended multipronged approaches to preventing suicide and better integration of mental health care into primary care.

Targeted Flu Vaccination Campaigns Needed for Certain Racial and Ethnic Groups

In a new Vital Signs report, the CDC is calling for collaborations with trusted organizations serving American Indian or Alaska Native, Black, and Hispanic communities and culturally appropriate vaccination campaigns to reverse disparities in flu hospitalizations.

Using data from the Influenza-Associated Hospitalization Surveillance Network collected between 2009 and 2022, the authors analyzed hospitalization rates by race and ethnicity. They excluded the 2020-2021 influenza season because of low case counts that year, likely resulting from pandemic-related precautions. The investigators found that, compared with White adults, influenza hospitalizations were 80% higher among Black adults, 30% higher among American Indian and Alaska Native adults, and 20% higher among Hispanic adults, lead author Carla Black, PhD, MPH, an epidemiologist in the CDC’s Immunization Services Division, said during a press briefing.

“Long-standing inequities have contributed to putting these groups at higher risk of hospitalization when they do get sick with flu,” Debra Houry, MD, MPH, the CDC acting principal deputy director, said during the briefing. She explained that racism is a root cause of many health disparities and that structural racism, discrimination, and disenfranchisement have had lasting health impacts on these communities.

Racism and prejudice—which contribute to vaccination barriers such as lack of access to health care and insurance, missed vaccination opportunities by clinicians, and misinformation and distrust—likely explain
why these groups are also less likely to be vaccinated, Houry said. For example, Black and her colleagues found that influenza vaccination rates during the 2021-2022 flu season were 41% among American Indian or Alaska Native adults, 42% among Black adults, and 38% among Hispanic adults, compared with 54% among Asian and White adults. Having insurance and a check-up in the last year were associated with higher vaccination rates. But American Indian or Native Alaskan, Black, or Hispanic individuals were still less likely to be vaccinated even if they had seen a clinician.

“Health care providers are missing opportunities during routine medical appointments to vaccinate people from certain groups,” Black said. She also noted that misperceptions about the seriousness of the flu, misinformation about vaccines, and distrust of government and health care caused by systemic racism and historical events contribute to lower vaccination rates.

To boost influenza vaccination rates in these at-risk groups, Houry said, the CDC has awarded $156 million since 2020 to fund efforts that build partnerships with community organizations and trusted messengers as part of the Partnering for Vaccine Equity Program. The agency also has partnered with the American Medical Association (the publisher of JAMA) and the Ad Council on targeted vaccination campaigns for Black and Latino people. Survey data suggest that the campaigns have helped reduce concerns about the risks or adverse effects of flu vaccines by about 10% among both groups, the authors said.

Houry recommended that clinicians use culturally appropriate and language-appropriate flu vaccine education materials and that state and local governments work with community partners to remove vaccination barriers and build trust in vaccine. — Bridget M. Kuehn, MSJ

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