

I Raise the Rates! April Edition

In this edition of I Raise the Rates (IRtR), you will find a variety of new resources from several public health partners, educational opportunities, and a brief selection of popular media articles related to immunization.

CDC Morbidity and Mortality Weekly Report (MMWR)

Use of an Additional Updated 2023–2024 COVID-19 Vaccine Dose for Adults Aged ≥65 Years: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024



In February 2024, CDC's Advisory Committee on Immunization Practices (ACIP) recommended that adults aged 65 and older receive an additional dose of updated 2023–24 COVID-19 vaccine. For adults aged 65 and older with healthy immune systems, the additional dose should be given at least 4 months after the last dose of updated COVID-19 vaccine. Adults aged 65 and older with moderately or severely weakened immune systems who have received at least 1 dose of updated COVID-19 vaccine should receive an additional dose of updated COVID-19 vaccine at least 2 months after the last dose of updated vaccine.

Vaccination remains protective against the most severe illness and death caused by COVID-19 and can also reduce the chance of having Long

COVID. Clinicians should talk to patients who are aged 65 years and older about getting an additional dose of updated COVID-19 vaccine to increase their protection against severe COVID-19 illness.

People can get help finding and receiving their COVID-19 vaccines at <u>Vaccines.gov</u>. CDC's <u>Bridge Access Program</u> provides free COVID-19 vaccines to adults without insurance and adults whose insurance does not cover all vaccine costs, including additional COVID-19 vaccine doses for those that are eligible. CDC programs such as <u>Vaccines for Children</u> and <u>Partnering</u> <u>for Vaccine Equity</u> are also helping people get vaccinated to protect themselves.

> For more information on COVID-19 vaccines, please visit: <u>Stay Up to Date with COVID-19 Vaccines | CDC</u>

> > **Read More**

Updated Guidance Document for Worker Protection to Reduce Exposure to Novel Influenza A Viruses Associated with Disease in Humans

As you know, people with occupational or recreational exposure to infected animals or materials are at higher risk of getting infected with this virus. It's important for people to understand the precautions they need to take to protect their health and reduce the overall public health risk posed by the current situation. CDC's <u>Updated Interim Recommendations for Worker Protection and Use of Personal Protective Equipment (PPE) to Reduce Exposure to Novel Influenza A Viruses Associated with Severe Disease in Humans guidance for worker protection page has been expanded to include and define certain additional job tasks that may put workers at risk for avian influenza A virus infection, including *slaughterhouse workers performing certain tasks* on dairy cattle.</u>

Protect Yourself From H5N1 When Working With Farm Animals

H5N1 is a bird flu virus that could make you sick. Wear recommended personal protective equipment (PPE) when working directly or closely with sick or dead animals, animal feces, litter, raw milk, and other materials that might have the virus.



While wearing PPE

- Use separate designated clean areas, one for putting on PPE and one for taking off PPE.
- Avoid touching your eyes, mouth, and nose after touching any contaminated material.
- Do not eat, drink, smoke, vape, chew gum, dip tobacco, or use the bathroom.

Follow these steps to safely remove PPE

- 1. Remove the apron, if worn
- 2. Clean and disinfect boots
- 3. Remove boots
- 4. Remove coveralls
- 5. Remove gloves

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- 6. Wash hands with soap and water or alcohol-based hand rub
- Remove goggles or faceshield and then remove respirator
- 8. Remove head cover or hair cover
- 9. Wash hands again with soap and water or alcohol-based hand rub

After removing PPE

- Shower at the end of the work shift.
- · Leave all contaminated clothing and equipment at work.
- Watch for symptoms of illness while you are working with potentially sick animals or materials. Continue watching for symptoms for 10 days after finishing working. If you get sick, tell your supervisor and talk with a doctor.

Reusable and disposable PPE

- While removing PPE, dispose of all disposable PPE appropriately and set aside reusable PPE
- Clean and disinfect reusable PPE after every use



Updated H5N1 Technical Report: Highly Pathogenic Avian Influenza A(H5N1) Viruses

The_H5N1 Technical Report was updated Friday to include current information on H5N1 activity, including the recent detections in cattle in the United States.

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Global immunization efforts have saved at least

154 million lives over the past 50 years (WHO)



A major landmark study to be published by The Lancet reveals that global immunization efforts have saved an estimated 154 million lives over the past 50 years. 101 million were those of infants.

This World Health Organization (WHO)-led study supports the claim that immunization is the most impactful of all health interventions in preventing infant deaths.

The measles vaccination accounted for 60% of the lives saved due to immunization, the highest share of any vaccine included in the study.

The study found that for each life saved through immunization, an average of 66 years of full health were gained – with a total of 10.2 billion full health years gained over the five decades.

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Weekly U.S. Influenza Surveillance Report (CDC FluView)



Key Points

- Seasonal influenza activity continues to decline nationally and in most areas of the country.
- Nationally, the number of weekly flu hospital admissions has been decreasing since January.
- CDC estimates that there have been at least 34 million illnesses, 380,000 hospitalizations, and 24,000 deaths from flu so far this season.

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Approaches to Address Common Vaccine Myths and Tools to Decrease Hesitancy

NJIN Webinar Friday, May 10th 8:30am-9:45am

The New Jersey Immunization Network will host an educational webinar on the issues of vaccine hesitancy, myths, and misinformation on Friday, May 10th. 1.25 AMA PRA Category 1 Credits will be made available to those who attend the webinar and complete a brief post-webinar evaluation.



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