Global Health Cast 50

September 20, 2023

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Every Week

12.00 noon - CET

50th Podcast

Check our GHP Website:

www.ID-EA.org

What we talk about today

- Intelligent people get their COVID-19 vaccines first
- Past COVID infection, side effects top reasons for not getting booster
- 166 Legionellosis cases and 23 deaths reported in Poland
- Is your vaccination status up to date?
- Adverse events following COVID-mRNA dosing in subjects ≥65 years

Contents lists available at ScienceDirect

Journal of Health Economics

journal homepage: www.elsevier.com/locate/jhealeco

Cognitive ability, health policy, and the dynamics of COVID-19 vaccination

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TL,DR: Smart people first in line for COVID-19 vaccines

ARTICLE INFO

Keywords:
Intelligence
Vaccination
COVID-19
Nudge
Administrative data
Twin-design

ABSTRACT

We examine the relationship between cognitive ability and prompt COVID-19 vaccination using individual-level data on more than 700,000 individuals in Sweden. We find a strong positive association between cognitive ability and swift vaccination, which remains even after controlling for confounding variables with a twin-design. The results suggest that the complexity of the vaccination decision may make it difficult for individuals with lower cognitive abilities to understand the benefits of vaccination. Consistent with this, we show that simplifying the vaccination decision through pre-booked vaccination appointments alleviates almost all of the inequality in vaccination behavior.

Vaccine

Available online 4 September 2023

In Press, Corrected Proof ? What's this?

Understanding low COVID-19 booster uptake among US adults

Elizabeth T. Jacobs [a], Felina M. Cordova-Marks [a], Leslie V. Farland [a], Kacey C. Ernst [a], Jennifer G. Andrews [b], Sage Vu [a], Kelly M. Heslin [a], Collin Catalfamo [a], Zhao Chen [a], Kristen Pogreba-Brown [a]

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Received 5 May 2023, Revised 28 August 2023, Accepted 29 August 2023, Available online 4 September 2023.

Conclusions

Improvement in booster uptake is necessary for optimal public health in the United States. The development of vaccines against SARS-CoV-2 occurred at an unprecedented speed, but vaccine uptake remains among the greatest current public health challenges as updated boosters continue to be developed and made available to the public. Interventions to improve vaccination rates require a variety of approaches.

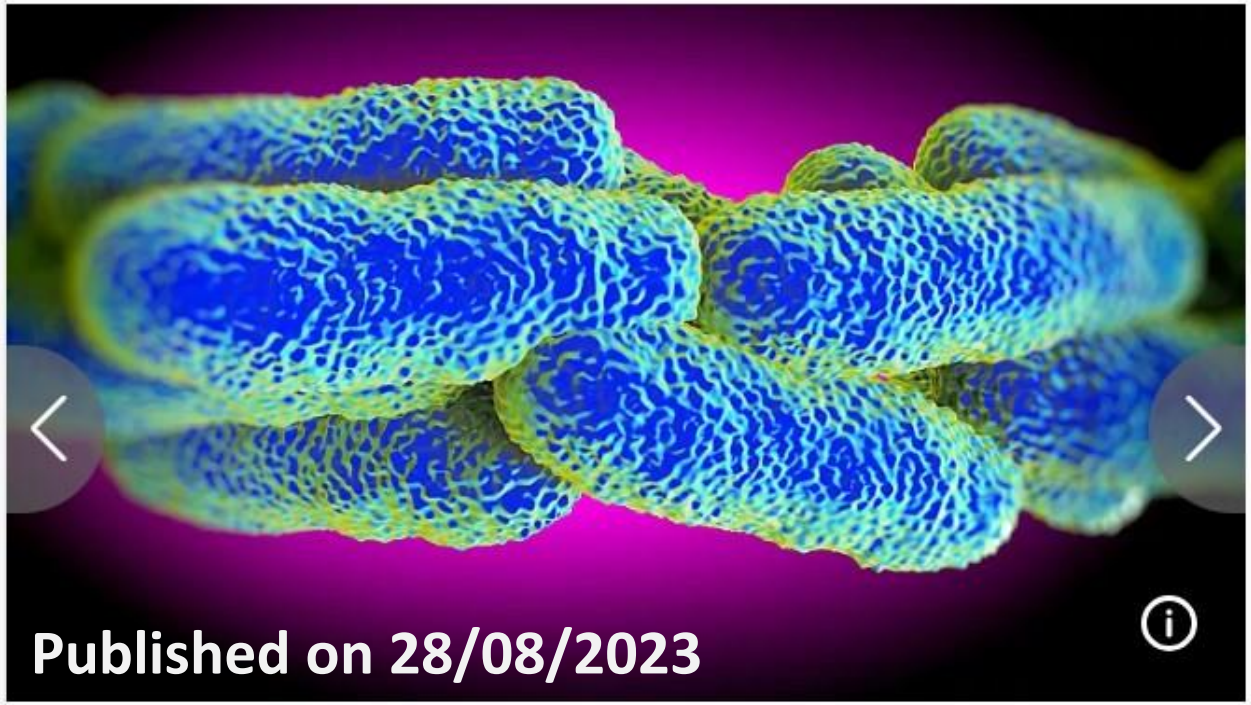
Poland launches probe as Legionella confirmed in city water supply

Intelligence bosses are looking into whether the outbreak in Rzeszów is a result of tampering.

AUGUST 28, 2023

euronews.next

Eleven people die from Legionnaires' disease outbreak in Polish town of Rzeszow



Published on 28/08/2023

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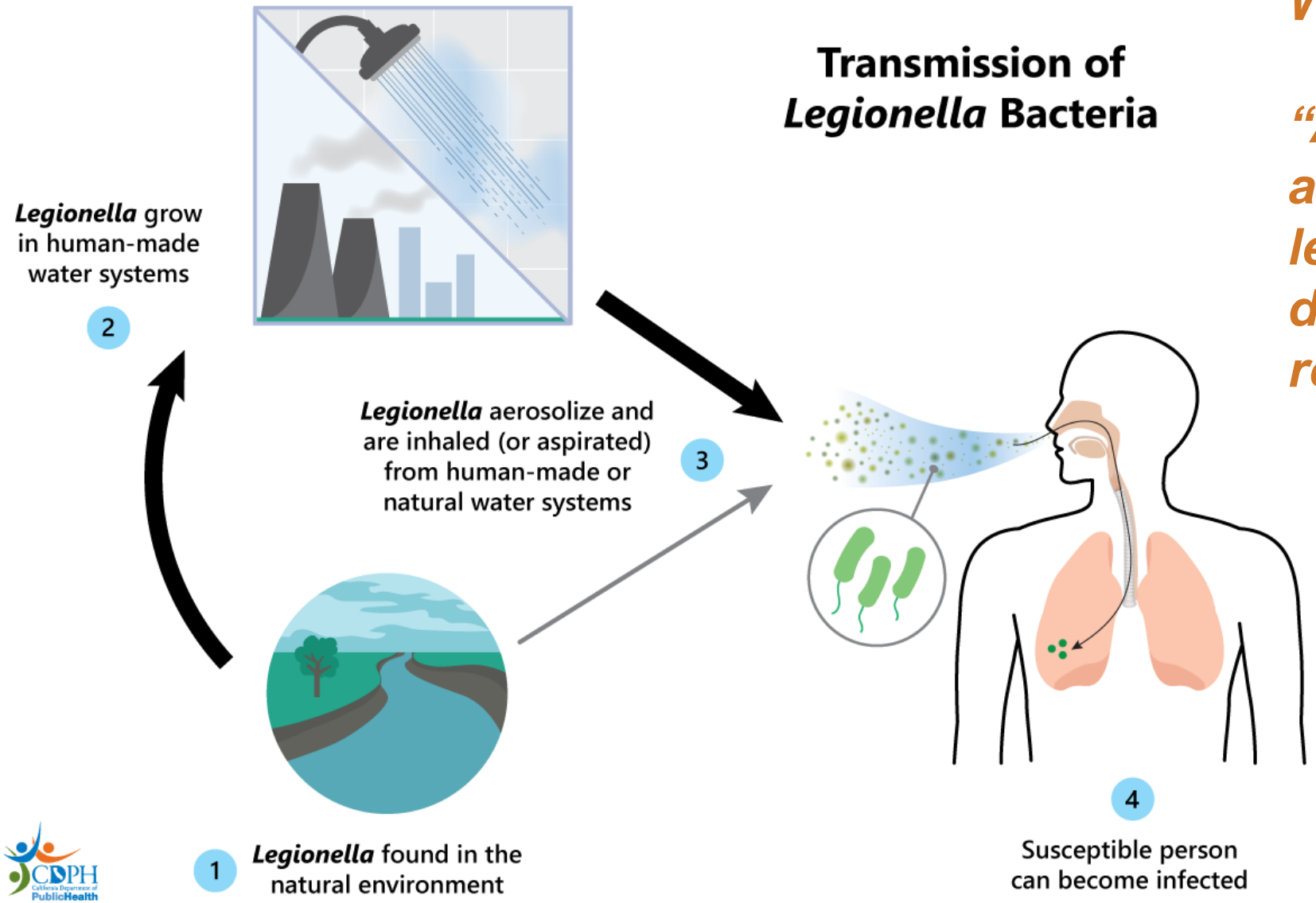
https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON487

id-ea.org



World Health Organization

"As of 11 September 2023, a total of 166 cases of legionellosis, including 23 deaths, have been reported from Poland."

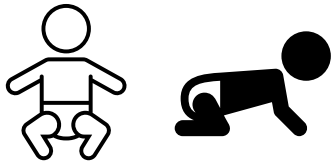
Levofloxacin or azithromycin for 7–10 days is recommended in cases of moderate to severe Legionella pneumonia. For immunocompromised hosts, a 21-day course of levofloxacin or a 10-day course of azithromycin is usually recommended

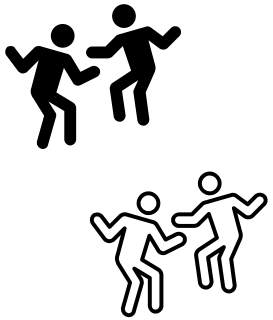
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9124264/

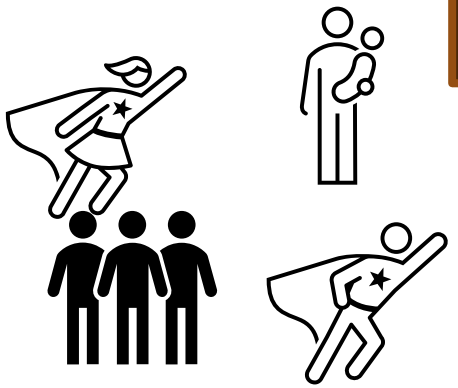
https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON487

Current Vaccines

Maternal Immunization (5)	Infant, toddlers (≥11+4)	School Entry/ Adolescents (6)	Adults (>3)	≥65 yrs (9)
- TdaP - Influenza - COVID-19 - RSV (Recommended, not licensed)	- DTaP-Hib-IPV-HBV - PCV - Rotavirus - Influenza - MenACWY - MenB - TBE (>1 yr) - MMR-V	- Boosters TdaP - Influenza - COVID-19 - MenACWY - MenB - HPV - TBE	- Boosters - Tdap-IPV - Influenza - HPV - TBE - “Workplace Vx”	- Boosters - TdaP - TBE - COVID-19 - Influenza - PCV - Zoster - MenACWY - MenB



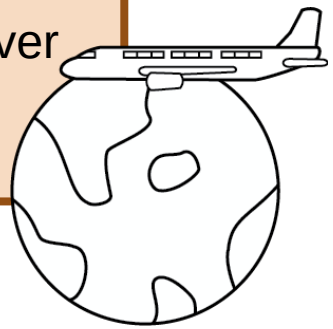




Medical Need Based on sepcial host/exposure

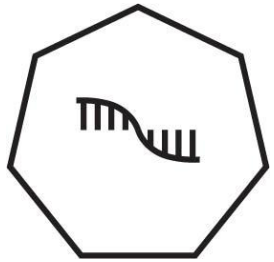
Traveler

- Boosters
- TBE (FSME)
- HAV
- HBV
- Influenza
- MenACWY
- MenB
- JE
- Typhoid
- Rabies
- Yellow fever
- Cholera
- Dengue



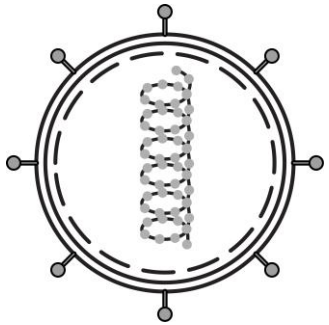
Underlying diseases

- Influenza
- Boosters
- (risk-based Vx)



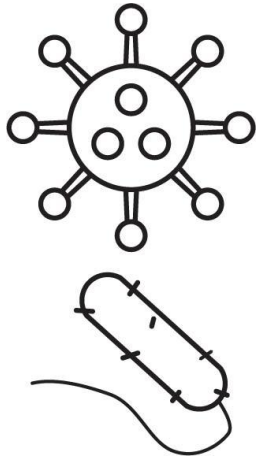
B-&T-cell Defect/ Cancer*

- Influenza
- PCV
- MenACWY
- MenB
- *H. influenzae* b
- HBV
- Boosters



Emerging infections

- COVID-19 VOCs
- Avian influenza
- Cholera
- Smallpox
- Monkeypox



Lack of health care resources

Monkeypox
Ebola

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* If sufficient immune responses can be reasonably expected

Potential AE after COVID-19 mRNA vaccination in subjects ≥65 years and older: Two self-controlled studies in the U.S

Background: Our near-real-time safety monitoring of 16 adverse events (AEs) following COVID-19 mRNA vaccination identified potential elevation in risk for six AEs following primary series and monovalent booster dose administration. The crude association with AEs does not imply causality. Accordingly, we conducted robust evaluation of potential associations.

Methods: We conducted two self-controlled case series studies of COVID-19 mRNA vaccines (BNT162b2 and mRNA-1273) in U.S. Medicare beneficiaries aged ≥ 65 years. Adjusted incidence rate ratio (IRRs) and 95 % confidence intervals (CIs) were estimated following primary series doses for acute myocardial infarction (AMI), pulmonary embolism (PE), immune thrombocytopenia (ITP), disseminated intravascular coagulation (DIC); and following monovalent booster doses for AMI, PE, ITP, Bell's Palsy (BP) and Myocarditis/Pericarditis (Myo/Peri).

Results: The primary series study included 3,360,981 individuals who received 6,388,542 primary series doses; the booster study included 6,156,100 individuals with one monovalent booster dose. The AMI IRR following BNT162b2 primary series and booster was 1.04 (95 % CI: 0.91 to 1.18) and 1.06 (95 % CI: 1.003 to 1.12), respectively; for mRNA-1273 primary series and booster, 1.01 (95 % CI: 0.82 to 1.26) and 1.05 (95 % CI: 0.998 to 1.11), respectively. The hospital inpatient PE IRR following BNT162b2 primary series and booster was 1.19 (95 % CI: 1.03 to 1.38) and 0.86 (95 % CI: 0.78 to 0.95), respectively; for mRNA-1273 primary series and booster, 1.15 (95 % CI: 0.94 to 1.41) and 0.87 (95 % CI: 0.79 to 0.96), respectively. The studies' results do not support that exposure to COVID-19 mRNA vaccines elevate the risk of ITP, DIC, Myo/Peri, and BP.

Conclusion: We did not find an increased risk for AMI, ITP, DIC, BP, and Myo/Peri and there was not consistent evidence for PE after exposure to COVID-19 mRNA primary series or monovalent booster vaccines. These results support the favorable safety profile of COVID-19 mRNA vaccines administered in the U.S. elderly population.

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