

Washington Square Citizens League

Discussion Forum

7:00-8:15 pm

Tuesday, October 1, 2024

Vaccine Guidelines for Adults

Donna Tartasky, moderator

Fall vaccine season is upon us. What vaccines should adults get now? And why doesn't everyone follow the CDC guidelines and get vaccinated? Let's start with the CDC's current recommendations. Take special note of Covid, RSV, pneumococcal, and shingles for adults 65+.

You need vaccines throughout your life! 2024 Recommended Immunizations for Adults Aged 19 Years and Older

Want to learn more?
Scan this QR code to find out which vaccines you may need. Or visit:
www.cdc.gov/vaccines/tool/adult.html



Staying **up to date** on your vaccines is one of the best things you can do to protect your health.

If you are pregnant or have a medical condition that puts you at higher risk for infections, talk to your health care provider about which vaccines are right for you.

KEY

- ALL adults in age group should get the vaccine.
- SOME adults in age group should get the vaccine.
- ▨ Adults should talk to their health care provider to decide if this vaccine is right for them.

VACCINE	19–26 YEARS	27–49 YEARS	50–64 YEARS	65+ YEARS
COVID-19	At least 1 dose of the current COVID-19 vaccine			
Influenza/Flu	Every Year			
RSV	If pregnant during RSV season		If aged 60 through 74 years	If aged 75 years or older
Tdap/Td	Tdap every pregnancy. Td/Tdap every 10 years for all adults.			
MMR	If aged 66 years or younger			
Chickenpox	If U.S. born and aged 43 years or younger			
Shingles	All adults 65+ years and older			
HPV	All adults 19–26 years	27–45 years		
Pneumococcal	All adults 65+ years and older			
Hepatitis A	All adults 19 years and older			
Hepatitis B	Through 59 years			
Meningococcal	All adults 19 years and older			
Hib	All adults 19 years and older			
Mpox	All adults 19 years and older			



FOR MORE INFORMATION
Call toll-free: 1-800-CDC-INFO (1-800-232-4636)
Or visit: www.cdc.gov/vaccines/adults



RSV Vaccines for Older Adults

Source CDC Weekly report, July 2024

WHAT TO KNOW

- Three RSV vaccines are licensed by the U.S. Food and Drug Administration for use in adults ages 60 and older in the United States.
- CDC recommends everyone ages 75 and older get an RSV vaccine.
- CDC recommends adults ages 60–74 who are at increased risk of severe RSV disease get an RSV vaccine.
- If you have already gotten an RSV vaccine, you do not need to get another one at this time.
- You can get one at any time, but the best time to get vaccinated is in late summer and early fall.

Available Vaccines

Three RSV vaccines are licensed by the U.S. Food and Drug Administration for use in adults ages 60 and older in the United States:

- GSK's Arexvy
- Moderna's mResvia
- Pfizer's Abrysvo

These vaccines work by causing an immune response that can protect you from respiratory disease if you get RSV in the future. Eligible adults can get any one of these three vaccines. The RSV vaccine is given as a single dose.

Who should get an RSV vaccine?

CDC recommends an RSV vaccine for **all adults ages 75 years and older** and for **adults ages 60–74 years who are at [increased risk of severe RSV](#)**.

Conditions that increase your risk for severe illness include:

- Chronic heart or lung disease
- Weakened immune system
- Certain other medical conditions, including some people with diabetes and some people with obesity
- Living in a nursing home

The RSV vaccine is not currently an annual vaccine, meaning people do not need to get a dose every year. If you have already received an RSV vaccine, you do not need another dose at this time.

Who should not get an RSV vaccine?

You should not get an RSV vaccine if you've ever had a severe allergic reaction to any component of the vaccine. Information about the three available RSV vaccines can be found in the manufacturer's package inserts for [GSK's Arexvy](#), [Moderna's mResvia](#), and [Pfizer's Abrysvo](#).

When should I get an RSV vaccine?

If you haven't gotten an RSV vaccine yet, you can get one at any time, but the best time to get vaccinated is in late summer and early fall before RSV usually starts to spread in the community. In most of the continental United States, this means getting your vaccine during August–October.

If you have a moderate or severe illness, you should wait until you recover before receiving an RSV vaccine. If you have a minor illness, such as a cold, you can get an RSV vaccine.

How long do these vaccines work?

One dose of RSV vaccine provides protection against RSV disease in adults ages 60 years and older for at least two years.

Because Arexvy and Abrysvo were licensed by FDA in May 2023 and mResvia was licensed in June 2024, we are still learning about how long RSV vaccines provide protection.

Additional data are needed for all three vaccines to determine how long the protection lasts.

What are the possible side effects?

Side effects such as pain, redness, and swelling where the shot is given, fatigue, fever, headache, nausea, diarrhea, and muscle or joint pain may occur after you get an RSV vaccine. These side effects are usually mild. Patients who have experienced these symptoms when getting other vaccines might be more likely to experience them after getting an RSV vaccine.

A small number of participants in clinical trials developed serious neurologic conditions, including Guillain-Barré syndrome (GBS), after receiving GSK's Arexvy or Pfizer's Abrysvo. GBS is a rare condition in which your immune system attacks your nerves, causing symptoms such as weakness.

Early safety surveillance data from CDC and the FDA-Centers for Medicare and Medicaid Services (CMS) partnership suggest a potential for an increased risk of GBS after RSV vaccination in older adults ages 60 and older. However, these data are from the first RSV season during which vaccines were available and are preliminary. At this time, an increased risk of GBS cannot be confirmed. Learn more about [GBS and vaccines](#).

There were no reports of GBS among adults who received Moderna's mResvia vaccine in clinical trials, but a similar safety signal cannot be ruled out from the clinical trial data alone—clinical trials may be too small to capture rare events such as GBS. Vaccine safety monitoring systems will continue to monitor for GBS caused by any RSV vaccine, including mResvia.

Additional analyses are underway and will provide more information about whether there is an association between any RSV vaccine and GBS and, if it is present, how high the risk is. CDC and FDA will share data on RSV vaccine safety as they become available.

According to CDC estimates, the risk of being hospitalized from RSV is significantly higher than any GBS risk from vaccines in adults 75 and older and in adults 60–74 who have health conditions that increase risk of severe RSV.

As new data become available, CDC may update RSV vaccine recommendations.

Shingles vaccine linked with lower dementia risk, study shows

The research adds to growing recognition that infectious agents may play a role in the development of some types of dementia.

By Elizabeth Cohen, Washington Post, July 30, 2024

The shingles vaccine, recommended for people 50 and older to fight the painful viral infection, might also decrease the chances of developing dementia, according to data presented at a medical conference Tuesday.

The study, which looked at the health records of hundreds of thousands of people across the United States, shows that those who received the shingles vaccine were 20 percent less likely to be diagnosed with dementia in the five years following vaccination compared with a control group of people who received a vaccine for a different illness.

Pharmaceutical giant GSK, which makes the Shingrix vaccine, funded and performed the research, and presented it at the Alzheimer's Association International Conference in Philadelphia.

Vaccine experts who were not involved in the research said that more definitive studies still need to be done, but they noted the study adds to growing recognition that infectious agents may play a role in the development of some types of dementia.

"I think this is something that we have to take seriously," said Peter Hotez, a physician and co-director of the Texas Children's Hospital Center for Vaccine Development.

Growing evidence of lower dementia risk

The GSK research follows two other large studies, which were not funded by the industry, that also show a lower risk for dementia among those who were vaccinated against shingles.

Last week, researchers in the United Kingdom published a study in [Nature Medicine](#) looking at medical records of hundreds of thousands of people over six years and found that those who received Shingrix were 23 to 27 percent less likely to develop dementia compared with people who received vaccines against other diseases. That research was not funded by GSK, but one of the authors is a consultant for the company.

Another study of more than 282,000 people in Wales found that those who received a different shingles vaccine had a 22.4 percent lower risk of being diagnosed with dementia in the seven years following vaccination compared with those who didn't receive the vaccine. That research, which was led by researchers at Stanford University, was published last year in the journal [Alzheimer's & Dementia](#).

"We are seeing different groups, different methodologies, coming up with not exactly the same results, but broadly similar results," said Phil Dormitzer, global head of vaccines research and development and infectious-disease research at GSK. The Shingrix vaccine is the only shingles vaccine available for use in the United States.

[One out of three people](#) will get shingles in their lifetime, according to the Centers for Disease Control and Prevention. The infection is a reactivation of the chickenpox virus, which can lie dormant in the nervous system. While rarely life-threatening, shingles causes distressing

symptoms including a painful rash with blisters that can last for several weeks. It can also lead to blindness and to neurological pain that can persist for months or years.

Vaccine experts say the possibility of a connection between the shingles vaccine and reduced risk of dementia makes sense.

“I think it’s real,” said Paul Offit, a physician and professor of vaccinology at the University of Pennsylvania. He’s also a member of the Food and Drug Administration’s Vaccines and Related Biological Products Advisory Committee.

Why the vaccine may protect against dementia

Offit and other experts said there are two possible reasons that the shingles vaccine might protect against dementia. First, previous research suggests that herpes infection might play a role in the development of dementia.

Shingrix dramatically decreases the reactivation of the herpes virus that causes chickenpox. It’s [97 percent effective](#) at preventing shingles in people ages 50 to 69 with healthy immune systems, according to the CDC.

Experts also hypothesize there might be something about the particular way Shingrix stimulates the body’s immune system against shingles that decreases the chances of dementia.

Hotez, the vaccine expert in Texas, said that if more studies show that Shingrix protects against dementia, it could be “another carrot to induce people to want to get it.”

Only 18.6 percent of people in the United States who are aged 50 and older have received at least one dose of Shingrix, which is given in two doses, according to CDC data from 2021. The CDC also recommends the vaccine to anyone age 19 and older with a weakened immune system.

Dormitzer, the GSK scientist, said the company is doing more studies to see if there truly is a relationship between the shingles vaccine and preventing dementia.

“We have a very interesting clue here,” he said. “We have more work to do at this point.”

William Schaffner, a physician and infectious-disease researcher at Vanderbilt University School of Medicine, said that if the relationship withstands further scrutiny, it would be “big news — capital B, capital N, because at the moment, we have a very limited number of things we can do to prevent or intervene on behalf of people who have Alzheimer’s.”

The Best Time to Get a Flu Shot

There is such a thing as getting a vaccine too soon. Here’s what to know.

By [Emily Schmall](#), NYT, Sept. 3, 2024

In the waning days of summer, flu season can still feel a long way off. Yet some pharmacy chains have already started urging consumers to beat the crowds and schedule a flu vaccine.

But experts said that for most people, getting a shot at the start of September may be too early to provide protection that will last throughout flu season.

This year's vaccines protect against several different flu viruses, which can cause fever, fatigue, body aches, diarrhea and other symptoms. In serious cases, an infection can lead to hospitalization or even be fatal. There were about 35 million cases of flu nationwide last season. About 400,000 people were hospitalized with flu infections, and 25,000 people died.

When is the right time for a shot?

Ideally, you want to get your flu shot before cases in your area start picking up. The problem is, it's difficult to predict when exactly that will happen, because it varies in different parts of the country and from year to year. The Covid-19 pandemic also disrupted flu season, delaying the start and sharply diminishing the spread of the flu virus from 2020 to 2022.

Flu season started to return to normal last year, said Deepta Bhattacharya, a professor of immunobiology at the University of Arizona. This year, the Centers for Disease Control and Prevention has designated Oct. 5 as the start of its flu surveillance season.

Experts say most people should get vaccinated between mid-September and late October. The C.D.C. recommends getting your shot by the end of October at the latest.

Generally speaking, your immunity peaks a week or two after a flu shot. Even after it peaks, protection lasts five or six months. This is typically enough protection to get you through flu season, which tends to begin in October and end in March or April.

There are some exceptions to those recommendations. Experts said pregnant women in their third trimester should get vaccinated now to confer flu immunity on their newborns.

Some children between 6 months and 8 years old need two flu shots, four weeks apart. This includes children who have never gotten a flu shot, who have only received one dose or who have an unknown vaccination history. Experts say that for young children, an initial course of two doses provokes the best immune response to flu. Alicia Budd, the team lead of the influenza division at the C.D.C.'s National Center for Immunization and Respiratory Diseases, said children who need two doses can get their first shot now.

If you miss your flu shot during the recommended window this fall, it's still worth getting vaccinated, experts said: Protection late in the season is better than none at all.

What does the vaccine protect against, and who should get it?

Each year, the World Health Organization studies data from Australia and South America, where flu seasons start earlier, to help drugmakers tweak vaccines [for better protection](#) against the flu viruses likely to prevail in the United States.

This year, the vaccines available in the United States are formulated to protect against two [influenza A viruses](#) and one influenza B virus. (In previous years, flu vaccines targeted four viruses, but this year, drugmakers dropped one flu virus that largely disappeared during the pandemic.) Most of these are shots, given as an injection in the arm, but there is also a nasal spray flu vaccine. Experts said this might be a good option for [eligible patients](#) who are afraid of needles. There are specific high-dose vaccines for people 65 and older, who are at higher risk of severe illness.

An infection with flu will also generate some immunity — but only against the particular flu virus that made you sick. The vaccine offers a much broader form of protection.

Experts say that everyone benefits from a flu vaccine. Children, in particular, can spread the virus easily and are the most susceptible to infection. Children under 5, especially those with other medical conditions, are at risk of severe illness. Yet only 57 percent of children and adolescents received one or more doses of flu vaccine last season, [according to C.D.C. data](#).

“Year after year, we see that many of the children who die from flu are not immunized or are only partially immunized,” said Dr. Kristina Bryant, a pediatric infectious diseases physician at Norton Children’s in Kentucky. “I think people forget that this is not just a cold.”

Use of COVID-19 Vaccines for Persons Aged ≥ 6 Months: Recommendations of the Advisory Committee on Immunization Practices — United States, 2024–2025

Weekly / September 19, 2024 / 73(37);819–824

What is already known about this topic?

The 2023–2024 COVID-19 vaccines provided protection against SARS-CoV-2 XBB-sublineage strains; however, these strains are no longer predominant in the United States.

What is added by this report?

On June 27, 2024, the Advisory Committee on Immunization Practices recommended 2024–2025 COVID-19 vaccination with a Food and Drug Administration (FDA)–authorized or approved vaccine for all persons aged ≥ 6 months. In August 2024, the FDA approved and authorized the Omicron JN.1 lineage (JN.1 and KP.2), 2024–2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (KP.2 strain) and Novavax (JN.1 strain).

What are the implications for public health practice?

The 2024–2025 COVID-19 vaccines are recommended for all persons aged ≥ 6 months to target currently circulating SARS-CoV-2 strains and provide additional protection against severe COVID-19–associated illness and death.

Abstract

COVID-19 vaccination provides additional protection against severe COVID-19–associated illness and death. Since September 2023, 2023–2024 Formula monovalent XBB.1-strain COVID-19 vaccines have been recommended for use in the United States for all persons aged ≥ 6 months. However, SARS-CoV-2 continues to evolve, and since winter 2023–2024, Omicron JN.1 lineage strains of SARS-CoV-2, including the JN.1 strain and the KP.2 strain, have been widely circulating in the United States. Further, COVID-19 vaccine effectiveness is known to wane. On June 27, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended 2024–2025 COVID-19 vaccination with a Food and Drug Administration (FDA)–approved or authorized vaccine for all persons aged ≥ 6 months. On August 22, 2024, FDA approved the 2024–2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (based on the KP.2 strain) for use in persons aged ≥ 12 years and authorized these vaccines for use in children aged 6 months–11 years under Emergency Use Authorization (EUA). On August 30, 2024, FDA authorized 2024–2025 COVID-19 vaccine by Novavax (based on the JN.1 strain) for use in persons aged ≥ 12 years under EUA. ACIP

will continue to evaluate new evidence as it becomes available and will update recommendations as needed.

Introduction

COVID-19 continues to account for thousands of hospitalizations and hundreds of deaths in the United States each week* (1). During October 2023–May 2024, U.S. COVID-19–associated hospitalization rates were highest among adults aged ≥ 75 years, followed by infants aged < 6 months and adults aged 65–74 years (2). During July 2023–March 2024, among children and adolescents aged ≤ 17 years admitted to a hospital with COVID-19, 50% had no underlying medical conditions, with underlying conditions less common among infants aged < 6 months (25%) and more common among adolescents (78%). Among hospitalized children and adolescents aged ≤ 17 years with COVID-19 and no underlying medical conditions, 18% were admitted to an intensive care unit. Age-adjusted COVID-19–associated hospitalization rates during October 2023–May 2024 were highest among non-Hispanic American Indian or Alaska Native persons, and non-Hispanic Black or African American persons (1). During May 2023–April 2024, monthly rates of COVID-19–associated death were highest among adults aged ≥ 75 years, followed by adults aged 65–74 years.[†] In 2023, a total of 44,059 COVID-19–associated deaths were reported in persons aged ≥ 65 years, 5,634 among persons aged 20–64 years, 125 among persons aged 1–19 years, and 58 among infants aged < 1 year.[§]

The 2023–2024 Formula COVID-19 monovalent vaccines were based on the XBB.1 strain; however, since winter 2023–2024, Omicron JN.1 lineage SARS-CoV-2 strains, including the JN.1 and KP.2 strains, have been widely circulating in the United States. On June 27, 2024, the Advisory Committee on Immunization Practices (ACIP) recommended 2024–2025 COVID-19 vaccination with a Food and Drug Administration (FDA)–approved or authorized vaccine for all persons aged ≥ 6 months. On August 22, 2024, FDA approved the 2024–2025 COVID-19 vaccines by Moderna and Pfizer-BioNTech (KP.2 strain) for use in persons aged ≥ 12 years and authorized these vaccines for use in children aged 6 months–11 years under Emergency Use Authorization (EUA) (3). On August 30, 2024, FDA authorized 2024–2025 COVID-19 vaccines by Novavax (JN.1 strain) for use in persons aged ≥ 12 years under EUA (3). ACIP’s recommendation was based on ongoing vaccine-preventable morbidity and mortality from COVID-19 in all age groups, vaccine effectiveness (VE) and safety data, cost-effectiveness, and equitable access to COVID-19 vaccine, including in disproportionately affected populations (1). ACIP will continue to evaluate new evidence as it becomes available and will update recommendations as necessary.

Opinion: The Checkup With Dr. Wen: The summer covid wave is here. It won’t be the last.

Covid cases are rising, but most people don’t need to alter their summer plans.

By [Leana S. Wen](#), MD. Washington Post, July 18, 2024

[More than half of states](#) are registering “high” or “very high” levels of the [coronavirus](#) in wastewater testing, the Centers for Disease Control and Prevention reports.

Nationally, [emergency department visits](#) due to covid are increasing. On Wednesday, [the White](#)

[House announced](#) that [President Biden](#) tested positive with his second coronavirus infection. As with [his first bout](#), he is experiencing mild symptoms and has started Paxlovid treatment.

If this feels like déjà vu, that's because it is. Covid-19 has not settled into the annual pattern favored by other respiratory viruses. If anything, it seems coronavirus waves are occurring at least twice a year, with an uptick in the summer followed by another rise in the winter coinciding with the flu and other viruses.

The current covid wave is cause for caution, not alarm. Thanks to readily available vaccines and treatments, most people do not need to alter their summer plans.

This advice applies to Mary from California. She and her friend, both in their 60s and recently retired, have been planning “for ages” to go to Paris for the Olympics to watch the gymnastics competition. “We are vaccinated and got all our boosters, the last one in April,” she wrote. “Now we're worried about covid again. Any advice? Please don't tell us we have to cancel our trip!”

Mary shouldn't cancel her long-awaited travels. If she and her friend are in generally good health, their chances of developing severe illness is low, especially if they promptly take [antiviral treatment](#) after contracting the coronavirus.

That said, they should be aware that if they attend large events in crowded indoor spaces, they could easily be exposed. The ongoing Tour de France has been plagued with coronavirus cases, with [multiple cyclists](#) forfeiting midway through the three-week race because they became ill. It's possible the coronavirus will also disrupt the Olympics, if not among the athletes then surely among the millions of spectators descending on Paris.

I advise Mary and her friend to bring several [well-fitting N95 masks or something equivalent](#) with them. They can don them while traveling and in crowds. They can also reduce their risk of infection by opting for outdoor dining whenever possible. And they should bring plenty of rapid tests and have a [plan for accessing antivirals](#).

Many readers want to know if they should try to get another dose of the existing coronavirus vaccine now instead of waiting for the newly formulated booster. Mark from D.C., 73, asks, “If cases are rising now, why isn't the CDC recommending that everyone get the covid vaccine now?”

I think there are at least four reasons it made sense for the CDC to recommend that people receive the updated booster in the fall rather than get the 2023 version at this time:

- As I wrote in a [previous newsletter](#), that recommendation aligns the covid-and-flu-shot timing and therefore is more likely to increase uptake.
- The new version will be better matched to currently dominant variants compared with a vaccine developed last year.
- It is only a short matter of time before the new vaccine is made available. Older individuals who followed the CDC recommendation to receive a spring covid booster would have had a recent shot and still be well-protected.
- And, finally, there are logistical challenges. Many pharmacies have stopped supplying the 2023 vaccine, and it might be hard for people to find the shot.

There may be a small subset of individuals who could benefit from an additional vaccine sooner. These are older people with multiple underlying medical conditions who were eligible for the spring vaccine but delayed getting it. If they are able to find the booster now, they could get it right away. Then, four months later, they could receive the updated formulation.

What about people who already received the spring booster, like Denise from New Hampshire, who asked if she should get another dose before her travels next month? In that case, I'd advise her to hold off until the new shot is released, which could be as early as late August. She and others seeking optimal protection should use all the other tools at their disposal, including masks and ventilation to prevent infection, tests for early detection, and antiviral treatment to reduce the chance of severe disease.

This pattern of multiple covid spikes a year will almost certainly continue for the foreseeable future. If so, the same questions will keep popping up, including how well vaccines protect against emerging variants. Scientists should continue developing better vaccines with longer durability and broader coverage. In the meantime, those striving to avoid infection should be aware of virus levels in their community, but most no longer need to upend their plans as a result.

How Americans View the Coronavirus, COVID-19 Vaccines Amid Declining Levels of Concern

Continued decline in share of U.S. adults with up-to-date vaccination

BY [ALEC TYSON](#) AND [GIANCARLO PASQUINI](#), Pew Research, March 7m 2024

How we did this

A new Pew Research Center survey finds that just 20% of Americans view [the coronavirus](#) as a major threat to the health of the U.S. population today and only 10% are very concerned they will get it and require hospitalization. This data represents a low ebb of public concern about the virus that reached its height in the summer and fall of 2020, when as many as two-thirds of Americans viewed COVID-19 as a major threat to public health.

Just 28% of U.S. adults say they have received the updated COVID-19 vaccine, which the [Centers for Disease Control and Prevention \(CDC\) recommended last fall](#) to protect against serious illness. This stands in stark contrast to the spring and summer of 2021, when long lines and limited availability characterized the initial rollout of the first COVID-19 vaccines. A majority of U.S. adults (69%) had been fully vaccinated by August 2021.

Underscoring the limited demand for the updated COVID-19 vaccines, a larger share of U.S. adults say they've gotten a flu shot in the last six months than the updated coronavirus vaccine (44% vs. 28%). And despite a [public health push encouraging adults to get both](#) vaccines at the same time, almost half of those who received a flu shot from a health care provider chose *not* to get the updated COVID-19 vaccine.

The [vast majority of Americans have some level of protection](#) from the coronavirus because of vaccination, prior infection or a combination of the two. This has led to a decline in severe illness from the disease.

Still, the virus continues to [circulate widely in the United States](#), with wastewater data suggesting that cases in the early part of 2024 were among the highest they have been since the first omicron wave in 2022.

Long COVID ranks among the concerns of public health experts. [Long COVID refers to a variety of symptoms](#) such as fatigue and brain fog that last longer than a month after a COVID-19 infection.

The survey – conducted among 10,133 U.S. adults from Feb. 7 to 11, 2024 – finds that 50% of Americans say it is extremely or very important for medical researchers and health care providers to understand and treat long COVID; 27% see this as a less important issue and 22% of Americans say they haven't heard of long COVID.

Continuity and change: Partisan views of COVID-19

Partisanship remains one of the most powerful factors shaping views about COVID-19 vaccines and the virus. But the size and nature of differences between Republicans and Democrats have evolved since earlier stages of the outbreak.

The percentage of Americans who view the coronavirus as a major threat to public health has fallen from 37 percentage points in May 2022 to 16 points today. In the pandemic's first year, Democrats were routinely about 40 points more likely than Republicans to view the coronavirus as a major threat to the health of the U.S. population. This gap has waned as overall levels of concern have fallen.

When it comes to vaccination, Democrats and Democratic-leaning independents remain more likely than Republicans and GOP leaners to say they've received an updated COVID-19 vaccine (42% vs. 15%). This 27-point gap in recent vaccination is about the same as in January 2022 when 62% of Democrats and 33% of Republicans said they were up to date (i.e., fully vaccinated and recently boosted).

When vaccines first became available in 2021, large majorities of *both* Republicans and Democrats ages 65 and older said they had received the vaccine. But as additional doses have become available, uptake among older Republicans has declined at a faster rate than among older Democrats.

In the current survey, 66% of Democrats ages 65 and older say they have received the updated COVID-19 vaccine, compared with 24% of Republicans ages 65 and older.

This 42-point partisan gap is much wider now than at other points since the start of the outbreak. For instance, in August 2021, 93% of older Democrats and 78% of older Republicans said they had received all the shots needed to be fully vaccinated (a 15-point gap).

