

**THE CENTERS FOR DISEASE CONTROL (CDC) SAYS AFRICAN-AMERICAN AND LATINO IMMUNIZATION RATES ARE DANGEROUSLY LOW**

*VACCINES SAVE LIVES by PREVENTING DISEASE*

**BLACK DOCTORS AND THE BLACK CHURCH ENCOURAGE IMMUNIZATIONS FOR THE ENTIRE FAMILY**



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*\*Ministers are not Doctors.*



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### Immunization Rates in the African American Community

African American adults are less likely than non-Hispanic White adults to have received a flu vaccine in the past year or to have ever received the pneumonia vaccine. **Influenza adults 18 and older for 2023-2024 season: White, non-hispanic (49.1%), Black, non-hispanic (42.1%), Hispanic (34.6%).** Source: <https://tinyurl.com/bd36uc25>.

Pneumonia data from 2021: Coverage with  $\geq 1$  dose of any type of pneumococcal vaccine among adults aged  $\geq 65$  years was 64.0%, similar to the estimate for 2021. Coverage among White adults aged  $\geq 65$  years (69.1%) was higher compared with Black (53.5%), Hispanic (41.7%), Asian (50.2%), and other race (54.0%) adults.

Composite 2021 data: Coverage with all age-appropriate vaccines in the composite adult vaccination measure (including influenza vaccination) was lower among Black (12.1%) and Hispanic (17.0%) adults compared with White (26.1%), Asian (26.2%) and other race (24.5%) adults aged  $\geq 19$  years. Source: <https://www.cdc.gov/vaccines/imz-managers/coverage/adultvaxview/pubs-resources/vaccination-coverage-adults-2022.html>

### Marcus C. Griffith, MD, Says Black and Latino Physicians Can Better Connect with Vaccine-Hesitant People of Color



“When it’s someone who looks like you, who lives where you live, goes to the same places as you — the same barbershop, the same church — it does help with that,” said Dr. Griffith, a psychiatrist and obesity medicine physician with [The Southeast Permanente Medical Group](#). Dr. Griffith’s leadership in addressing vaccine hesitancy initially began around educating communities on the flu shot, which naturally transitioned into COVID-19 vaccination. He regularly speaks with patients from historically marginalized racial and ethnic groups — such as Black, Latino, and Native American populations — about vaccine hesitancy.

**NBCI:** Are these patients sharing some of the reasons for their vaccine hesitancy with you? **Dr. Griffith:** One of the most troubling ones I had was a patient whom I encountered just two days ago. She’s a schoolteacher. She has a BMI of 70. She weighs 500 pounds. So, if she were to have COVID, she might not make it to the hospital in time because she’d deteriorate quickly. She’s a ventilator candidate. *What was very disturbing to*

*me—during this interview, I asked everyone about their vaccination status.* And she said, “No.” And I then wanted to find out why. Her explanation was this: She had never gotten sick before. She’s never come down with the flu. She never had chicken pox. And she believes that she is immune and won’t get COVID. And then she said, in fact, “I’ve been intentionally trying to catch it. Going around people who have tested positive so I can perhaps get this, get it naturally, and develop a natural immunity.”

**Vaccines are our best defense against severe illness, hospitalization, and death from disease.**

### National Vaccine Injury Compensation Program

Most people who get vaccines have no serious problems. Vaccines, like any medicines, can cause side effects, but most are very rare and very mild. Some health problems that follow vaccinations are not caused by vaccines. In very rare cases, a vaccine can cause a serious problem, such as a severe allergic reaction.

In these instances, the National Vaccine Injury Compensation Program (VICP) may provide financial compensation to individuals who file a petition and are found to have been injured by a VICP-covered vaccine. Even in cases in which such a finding is not made, petitioners may receive compensation through a settlement.

**Electronic filing now available for  
HRSA Injury Compensation Programs**



Visit Injury Compensation Program’s New Site!  
E-file with VICP or CACP at [injurycompensation.hrsa.gov](http://injurycompensation.hrsa.gov).

**NATIONAL FLU CAMPAIGN:**

## NBCI 10 Year Immunization Program: 2020-2030

Improving immunization in the African American community (men, women, & children) for the next ten years for better health outcomes.  
NBCI is building a network of 25,000 black churches - Vacc Churches



**NATIONAL  
BLACK  
CHURCH  
INITIATIVE**  
www.natblackchurch.com



# The National Black Church Initiative urges its 27.7 million members to stay up-to-date on their Immunization schedule

Follow NBCI's Immunization Tracker at [naltblackchurch.com/health/flu-campaign.html](http://naltblackchurch.com/health/flu-campaign.html)

**Table 1** Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2024

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs	
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes				1 dose (8 through 19 months), See Notes													
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →		← 3 <sup>rd</sup> dose →														
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose	See Notes														
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →			5 <sup>th</sup> dose										
<i>Haemophilus in luenzae</i> type b (Hib)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →												
Pneumococcal conjugate (PCV15, PCV20)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose	3 <sup>rd</sup> dose	← 4 <sup>th</sup> dose →													
Inactivated poliovirus (IPV <18 yrs)	1 <sup>st</sup> dose		2 <sup>nd</sup> dose	← 3 <sup>rd</sup> dose →				4 <sup>th</sup> dose	See Notes									
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)																	
Influenza (IIV4)	Annual vaccination 1 or 2 doses										Annual vaccination 1 dose only							
OR											Annual vaccination 1 or 2 doses							Annual vaccination 1 dose only
Influenza (LAIV4)																		
Measles, mumps, rubella (MMR)	See Notes				← 1 <sup>st</sup> dose →		2 <sup>nd</sup> dose											
Varicella (VAR)					← 1 <sup>st</sup> dose →		2 <sup>nd</sup> dose											
Hepatitis A (HepA)	See Notes				2-dose series, See Notes													
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)											1 dose							
Human papillomavirus (HPV)											See Notes							
Meningococcal (MenACWY-CRM ≥2 mos, MenACWY-TT ≥2years)											1 <sup>st</sup> dose		2 <sup>nd</sup> dose					
Meningococcal B (MenB-4C, MenB-FHbp)	See Notes																	
Respiratory syncytial virus vaccine (RSV [Abrysvo])														Seasonal administration during pregnancy, See Notes				
Dengue (DEN4CYD; 9-16 yrs)														Seropositive in endemic dengue areas (See Notes)				
Mpox																		

Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups
Recommended vaccination can begin in this age group
Recommended vaccination based on shared clinical decision-making
No recommendation/Not applicable

**Table 2** Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
OR	1 dose annually			
Influenza live, attenuated (LAIV4)	1 dose annually			
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.		≥60 years	
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (see notes)		2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal (PCV15, PCV20, PPSV23)				See Notes
				See Notes
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine			
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine or condition			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	19 through 23 years	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations		
<i>Haemophilus in luenzae</i> type b (Hib)	1 or 3 doses depending on indication			
Mpox				

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity
Recommended vaccination for adults with an additional risk factor or another indication
Recommended vaccination based on shared clinical decision-making
No recommendation/Not applicable