Vaccines and Older Adults

AHCJ Webinar Feb 26, 2026

Jennifer Beam Dowd, PhD
Professor of Demography & Population Health
BlueSky/Threads/Insta @drjenndowd

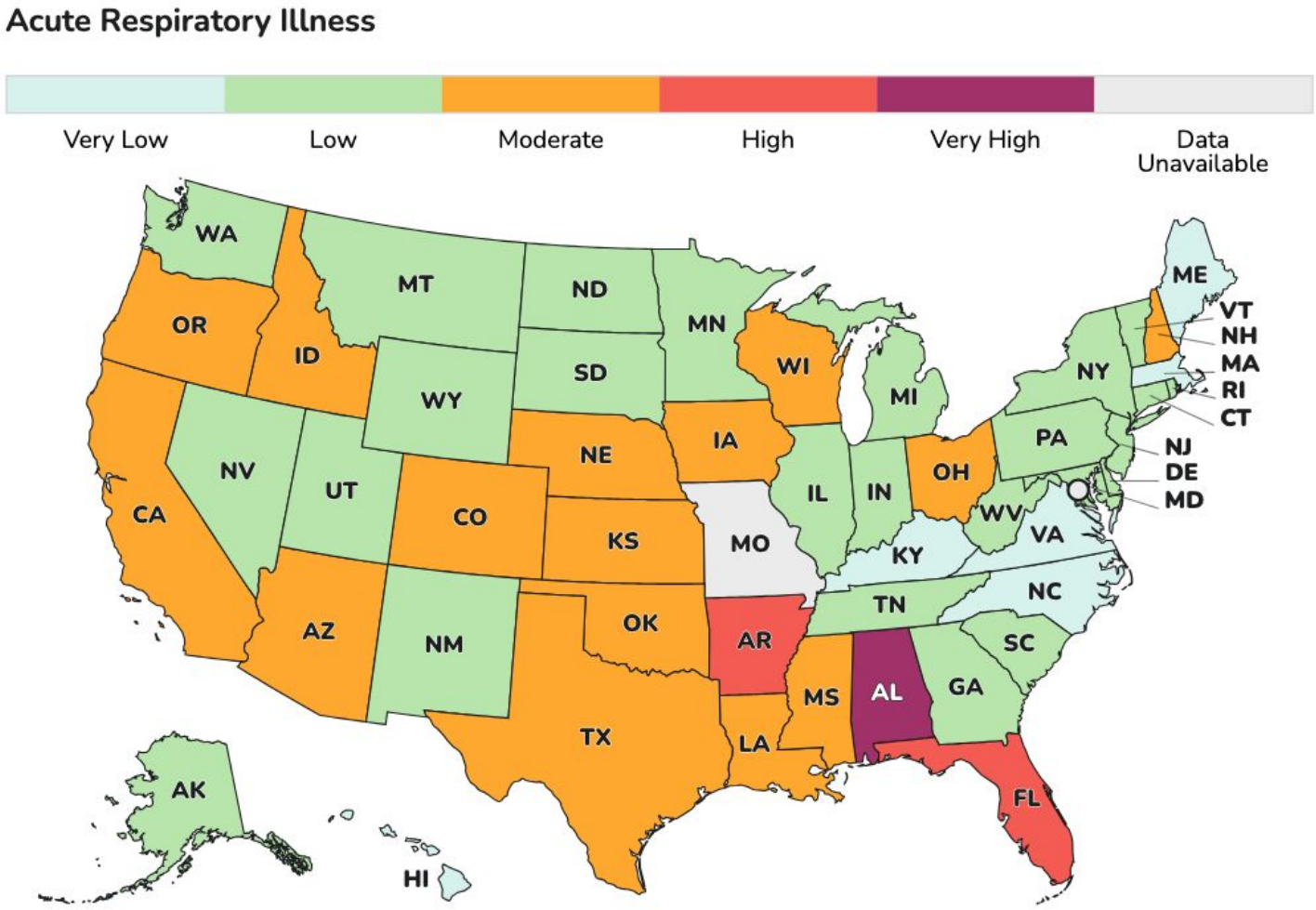
LEVERHULME CENTRE FOR DEMOGRAPHIC SCIENCE

OXFORD POPULATION HEALTH

UNIVERSITY OF OXFORD

Current Respiratory Season: Where are we?

Data through Feb 14th



Current Respiratory Season: Where are we?

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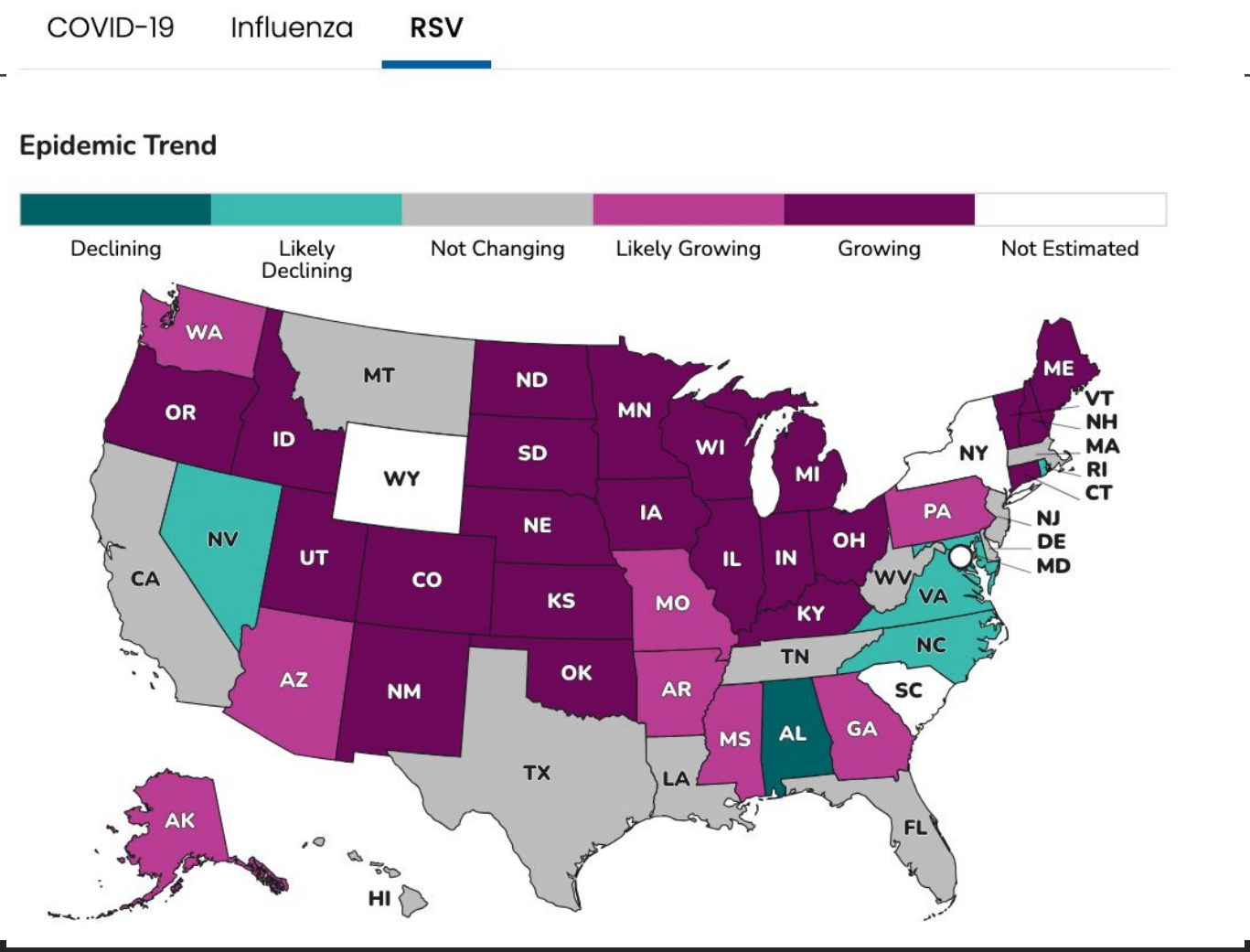
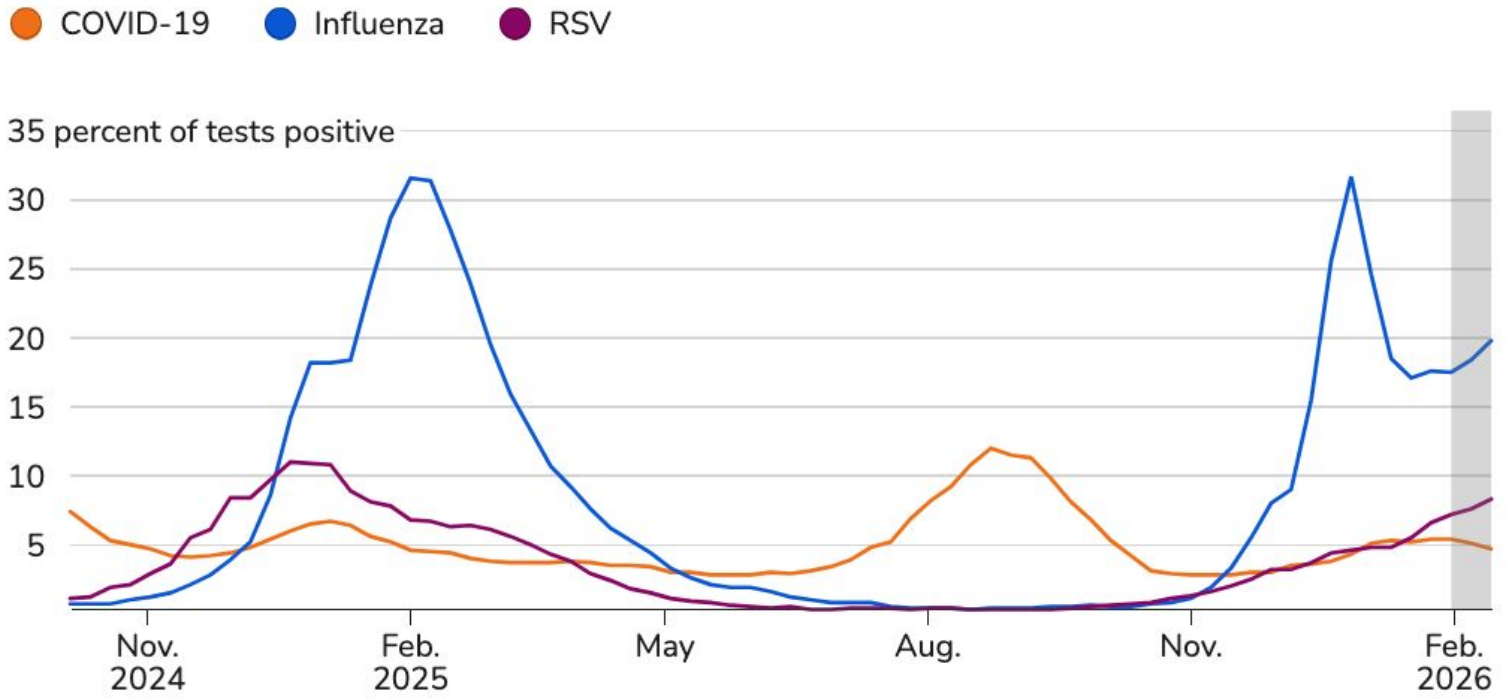


TL:DR: Respiratory Virus Season isn't over. Getting protection is still worthwhile.

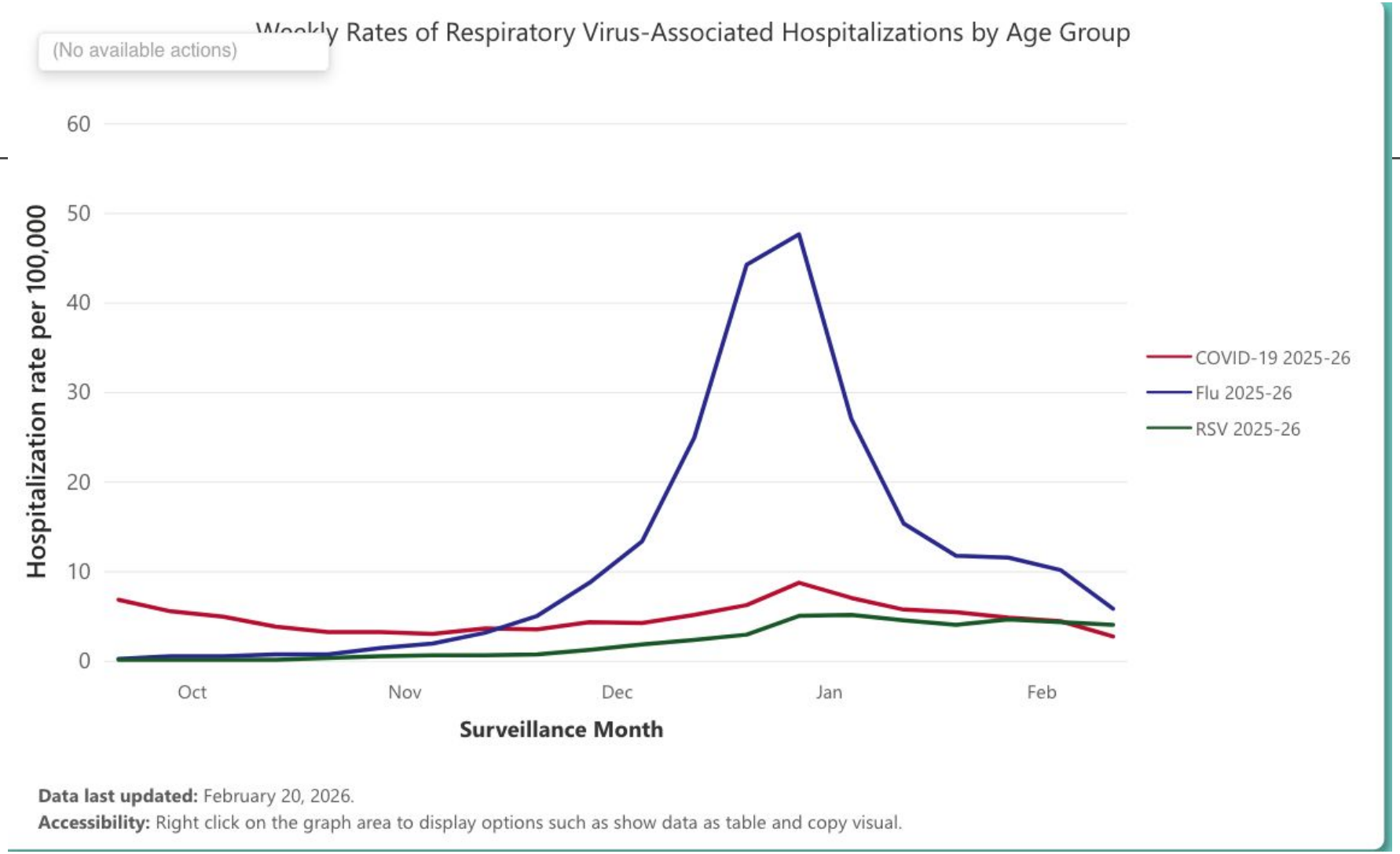
Percent of Tests Positive for Respiratory Viruses

Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level. Preliminary data are shaded in gray. Refer to data notes for more details.

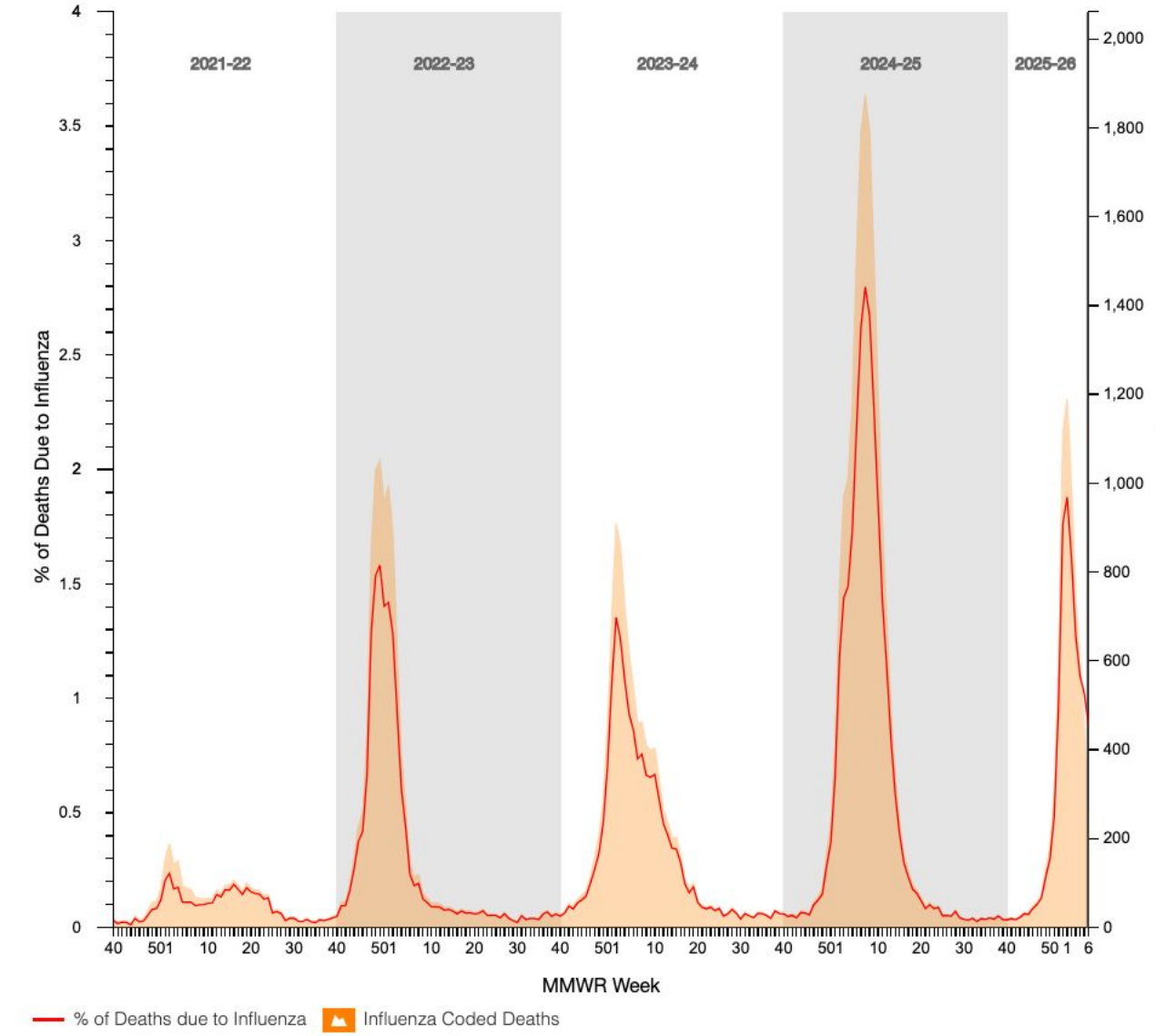


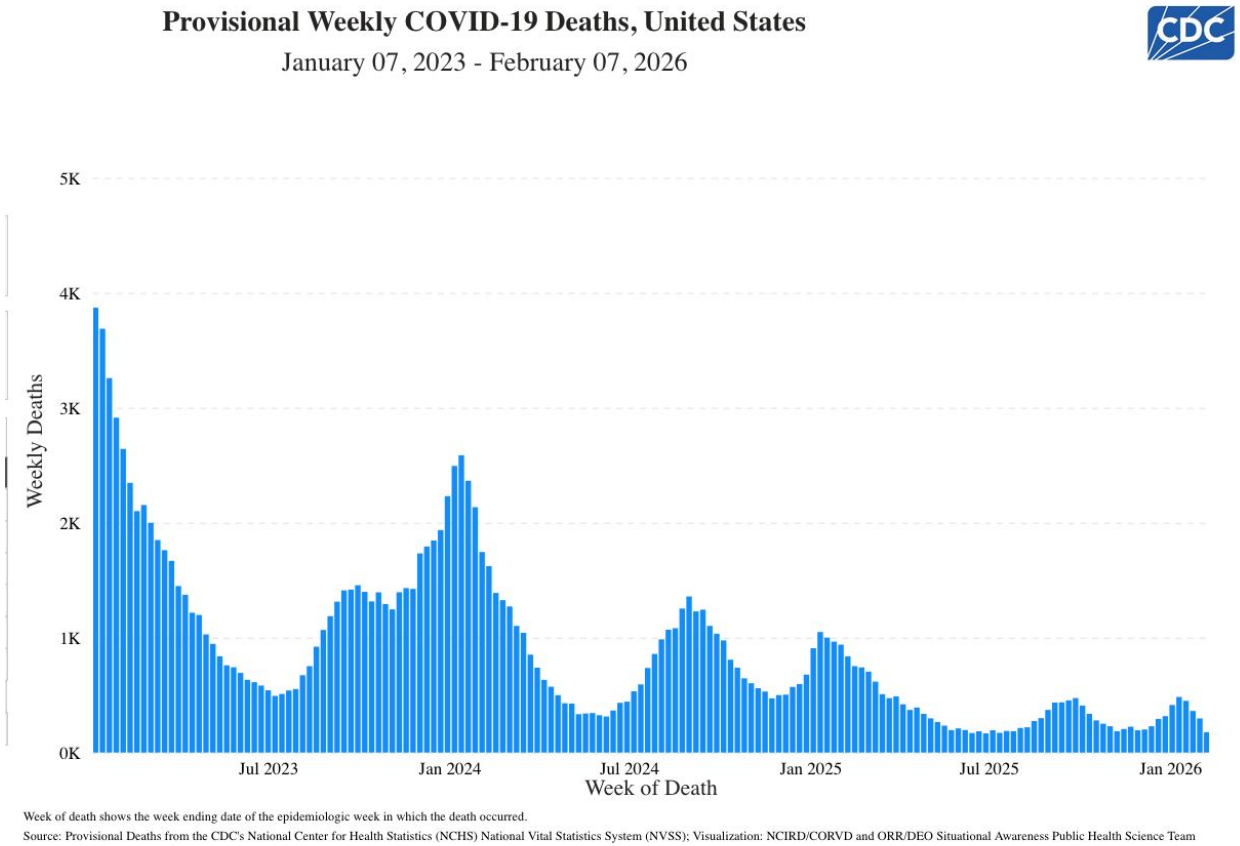
Data last updated on February 19, 2026 and presented through February 14, 2026. View this dataset on data.cdc.gov.

Hospitalizations among >65



Mortality


Pneumonia and Influenza Mortality from
the National Center for Health Statistics Mortality Surveillance System
National Summary data through the week ending February 14, 2026
2021-26
Show Number of Influenza Deaths
2021-22
2022-23
2023-24
2024-25
2025-26
% of Deaths Due to Influenza
# of Deaths
MMWR Week
% of Deaths due to Influenza
Influenza Coded Deaths


Provisional Weekly COVID-19 Deaths, United States
January 07, 2023 - February 07, 2026
Weekly Deaths
Week of Death
Jul 2023
Jan 2024
Jul 2024
Jan 2025
Jul 2025
Jan 2026
Week of death shows the week ending date of the epidemiologic week in which the death occurred.
Source: Provisional Deaths from the CDC's National Center for Health Statistics (NCHS) National Vital Statistics System (NVSS); Visualization: NCIRD/CORVD and ORR/DEO Situational Awareness Public Health Science Team

Preliminary Estimated 2024-2025 U.S. RSV Burden Estimates

CDC estimates* that, from October 1, 2024 through September 27, 2025, there have been:

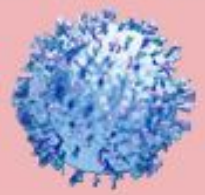
3.6 million- 6.8 million

RSV Outpatient Visits

190,000- 370,000

RSV Hospitalizations

11,000- 24,000



RSV Deaths

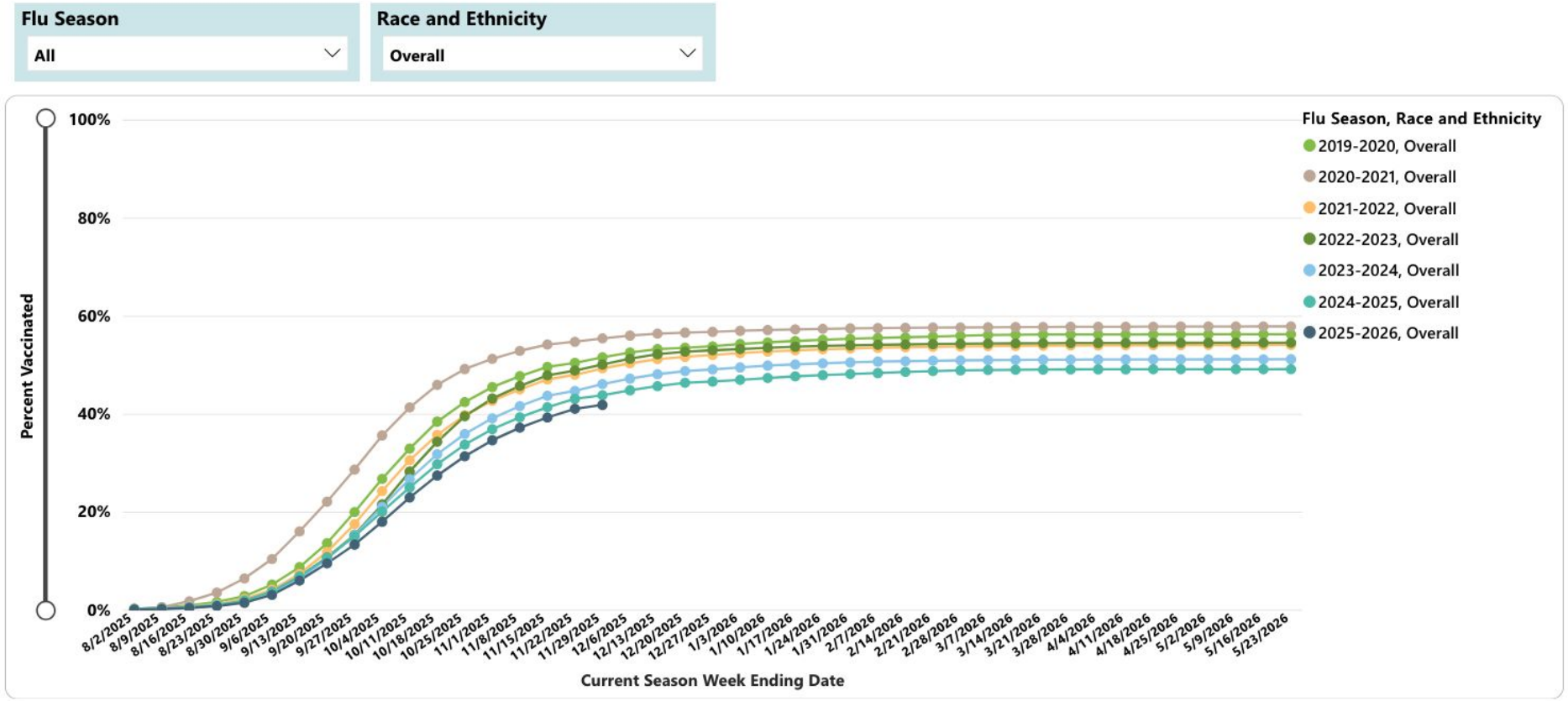
*Based on data from September 29, 2024 through September 27, 2025.

Download Data

The estimates above are the last update of the preliminary in-season burden estimates for the 2024-2025 season for RSV.

Vaccine uptake among older adults: Flu

Figure 6. Weekly Cumulative Influenza Vaccination Coverage*, by Flu Season and Race and Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 years, United States
Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse



Pertussis: the “100-day”, rib-cracking cough

➡️ Adults

Adults should get a dose of Tdap every 10 years. People who had a tetanus booster (aka Td booster) within the last 10 years but never had the Tdap vaccine, should get Tdap now, especially if you ever spend time around newborns.

➡️ New Grandparents + Anyone Around Newborns

Should make sure they are up-to-date on their Tdap shot, and getting an earlier booster may not be a bad idea, since vaccine effectiveness wanes substantially over time.

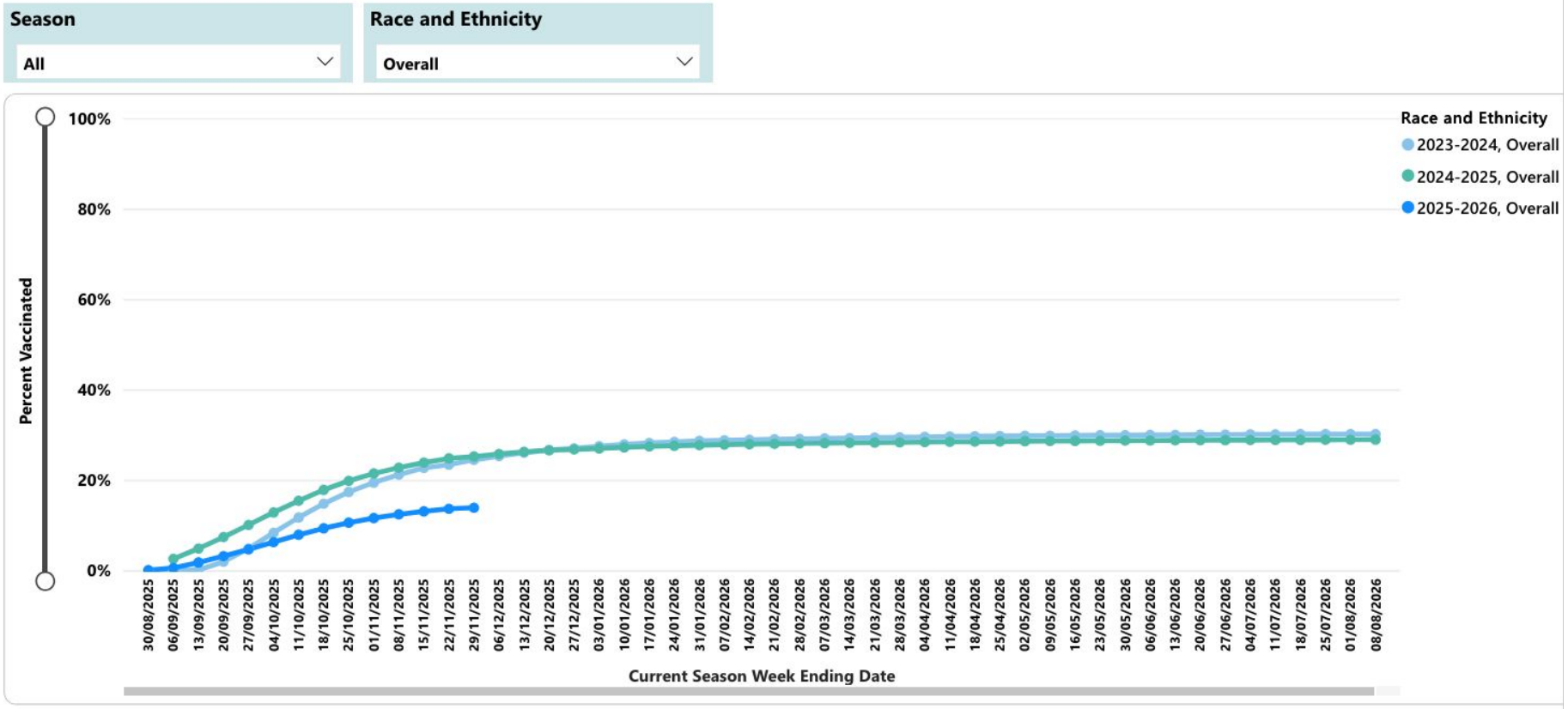
Vaccine uptake among older adults: RSV

- As of November 29, 2025, an estimated **36.1%** of Medicare fee-for-service beneficiaries 75 years and older enrolled in a Part D plan were vaccinated.
- Vaccination coverage was highest among White, non-Hispanic beneficiaries (37.0%) and lowest among Hispanic beneficiaries (14.3%).
- Survey data: An estimated **43.9%** of adults 75+ (95% Confidence Interval: 41.0%—46.8%) reported having ever received an RSV vaccine.
- An estimated **32.3%** of 50-74 year olds with a high risk condition (30.5%—34.1%) reported having ever received an RSV vaccine.

Vaccine uptake among older adults: COVID

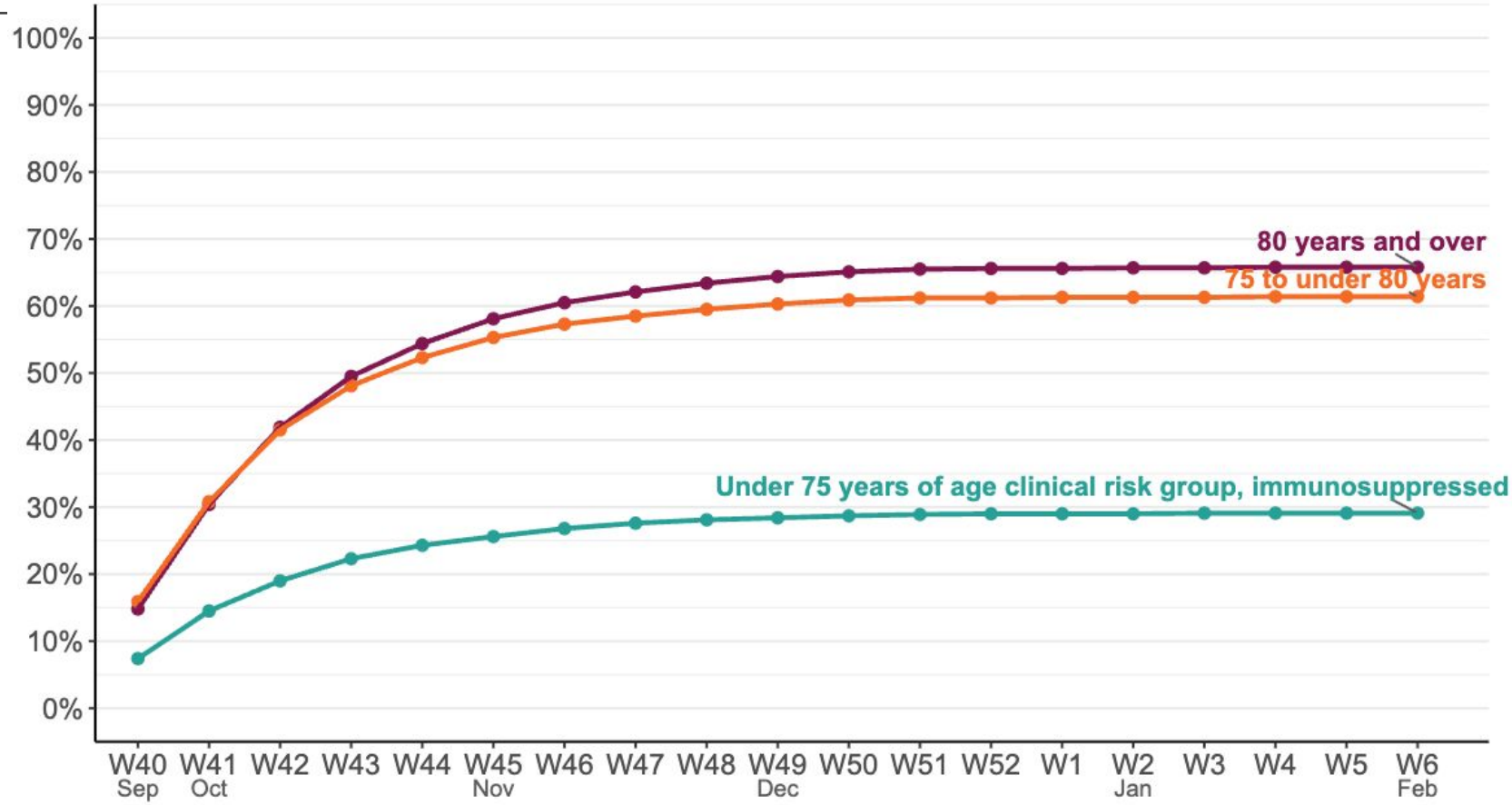
Figure 5. Weekly Cumulative COVID-19 Vaccination Coverage †, by Season and Race and Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 years, United States

Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse



Compared to England:

Figure 40. Cumulative weekly COVID-19 vaccine uptake by target group in England [note 11]



Shingles vaccine for dementia prevention?

- Really interesting recent results linking the shingles vaccine to lower risk of dementia.
- Good quality- “quasi-experiments”
- More to learn, but increases value of shingles vaccine

My take-aways

- In a world looking for longevity hacks, still so many tangible, proven benefits from vaccines that are untapped.
- We need to get the word out that this is one of the easiest and effective things easier adults can do to lower their risk of hospitalization each winter

Reliable data outside government websites:

Vaccine Integrity Project:
https://vaxintegrity.cidrap.umn.edu/

Pophive: Yale School of Public Health:
https://www.pophive.org/

The Evidence Collective:
https://www.evicollective.org/

https://www.evicollective.org/recommendations

Websites

American Academy of Pediatrics

American College of Obstetricians and Gynecologists

Bioots Risk Reports (wastewater)

Common Health Coalition

Healthy Children (AAP resource for parents)

CHOP vaccine education center

Center for infectious disease research and policy

World Health Organization

Wastewater Scan (wastewater)

Population Health Information and Visualization Exchange (PopHive- data for multiple health conditions, presented through Yale)

Voices for Vaccines (resources)

Brown's pandemic center (infectious disease updates)

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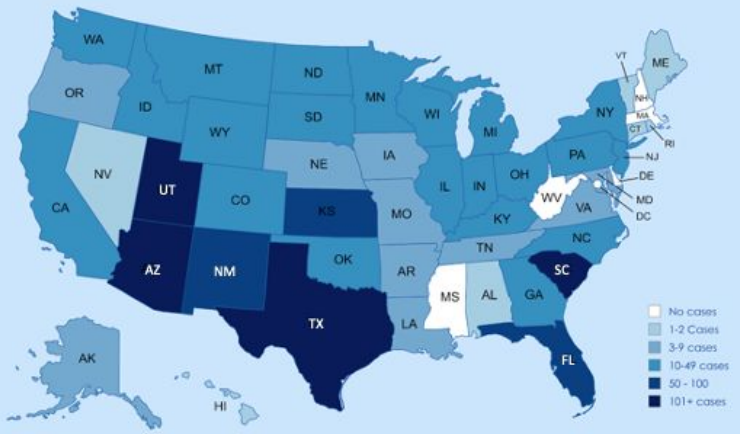
Measles

MEASLES CASES – AS OF 20 FEBRUARY 2026 DRAFT

2026 CASES
1034 CONFIRMED CASES

2025 CASES
2,280 CONFIRMED + 4 PROBABLE CASES AND 3 DEATHS

2025 - 2026 CASES
3314 CONFIRMED + 4 PROBABLE CASES and 3 DEATHS



NOTE: The data presented on this page is preliminary. Information has been compiled from state and local health departments, news media reports, the CDC, and the Center for Outbreak Response Innovation (CORI). The numbers include confirmed and probable cases.

STATE	CASES					DEATHS
	NEW	2025+2026	CONFIRMED 2026	CONFIRMED 2025	PROBABLE 2025	2025
SOUTH CAROLINA	23	975	645	330		
UTAH	22	305	110	195		
FLORIDA	14	100	92	8		
ARIZONA	15	269	49	220		
WASHINGTON	2	36	26	12		
CALIFORNIA	4	48	21	27		
NORTH CAROLINA	1	22	20	2		
TEXAS	7	817	14	803		2
VIRGINIA	3	16	10	6		
PENNSYLVANIA	0	24	8	16		
IDAHO	0	21	7	14		
NORTH DAKOTA	4	43	7	36		
SOUTH DAKOTA	0	22	6	16		
OREGON	0	6	5	1		
MINNESOTA	3	31	5	26		
MAINE	4	5	5	0		
OHIO	2	50	5	45		
KENTUCKY	0	17	4	13		
WISCONSIN	0	38	2	36		
ILLINOIS	2	16	2	14		
COLORADO	0	36	1	35	1	
GEORGIA	0	11	1	10		
NEBRASKA	0	6	1	5		
NEW JERSEY	1	12	1	11		
NEW YORK	0	49	1	48		
OKLAHOMA	0	18	1	17	3	
VERMONT	0	3	1	2		
ALABAMA		1	0	1		
ALASKA		4	0	4		
ARKANSAS		8	0	8		
CONNECTICUT		1	0	1		
HAWAII		2	0	2		
INDIANA		11	0	11		
IOWA		9	0	9		
KANSAS		91	0	91		
LOUISIANA		3	0	3		
MARYLAND		3	0	3		
MICHIGAN		30	0	30		
MISSOURI		7	0	7		
MONTANA		36	0	36		
NEVADA		2	0	2		
NEW MEXICO		100	0	100		1
RHODE ISLAND		1	0	1		
TENNESSEE		8	0	8		
WYOMING		15	0	15		
TOTALS	92	3325	1045	2280	4	3

OUTBREAKS

- SMALL OUTBREAK (3-9)
- MEDIUM OUTBREAK (10 - 49)
- LARGE OUTBREAK (50 OR MORE)

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

2026

Total: 952

AGES
25% - Under 5
58% - 5-19 years of age
15% - 20+ years of age
2% - Unknown

95% of all cases were unvaccinated or had unknown vaccination status, **2%** had 1 MMR dose, and **3%** had 2 MMR doses.

3% of all cases required hospitalization
- 6% - Under 5
- 2% - 5-19 years of age
- 5% - 20+ years of age
- 5% - Unknown

2025

Total: 2,278

AGES
26% - Under 5
44% - 5-19 years of age
29% - 20+ years of age
1% - Unknown

93% of all cases were unvaccinated or had unknown vaccination status, **3%** had 1 MMR dose, and **4%** had 2 MMR doses.

11% of all cases required hospitalization
- 18% - Under 5
- 6% - 5-19 years of age
- 12% - 20+ years of age

Measles Vaccination Recommendations by Year of Birth and Prior Vaccination Status

Year of Birth	Status	Measles Vaccine Recommendation
Born prior to 1957	• Highly likely they had measles as a child and are immune to measles	• NO vaccination or testing for immunity recommended (unless healthcare personnel, HCP)[1]
Born in 1957 or later	· 2 doses documented in vaccination record	· NO additional dose or testing for immunity is recommended.
	· Vaccinated between 1963-1967 (when less effective, killed vaccine was used)	· ONE MMR dose recommended
	· Vaccinated between 1968-1989 (when only one dose was recommended)	· CONSIDER another MMR dose (which increases protection from 93% to 97%) using shared decision-making
	· Vaccination history unknown/records unavailable	· ONE MMR dose (preferred approach)[2] **OR** · If a patient prefers, obtain measles IgG titers: o If positive, vaccination not recommended o If negative, recommend one MMR dose