



Question of the Week

Who introduced intradermal injections for smallpox during WWI?



Black History Month is a time to reflect on African American/Black Americans' roles in shaping American history.

Today, the Immunization program highlights contributions made by Dr. Louis Tompkins Wright (1891-1952), an African American surgeon, leader and activist born July 23, 1891, in Georgia. He attended Clark University in Atlanta and then Harvard Medical School, graduating fourth in his class in 1915. Shortly after he completed his internship at Freedmen's Hospital, he returned to Atlanta to practice medicine with his stepfather.

There, he joined the Army Medical Corps and founded Atlanta's NAACP chapter with his stepfather and others. During Dr. Wright's time in the military, he served as a lieutenant during World War I and was stationed in France. It was in this role that he introduced intradermal vaccination for smallpox and was awarded the Purple Heart after a gas attack.



Until his death in 1952, Dr. Wright was a relentless opponent of racial prejudice, discrimination and injustice. He stood solidly in favor of a responsive, fully integrated Harlem Hospital, which he considered to be the social obligation of the city of New York to support. Dr. Wright is remembered for his conviction that "what the Negro physician needs is equal opportunity for training and practice—no more, nor less."

Sources:

- [Topic | Dr. Louis T. Wright | The History of African Americans in the Medical Professions \(virginia.edu\)](#)
- [Louis T. Wright - Wikipedia](#)
- [Honoring Black Americans' Contributions to Medicine | AAFP](#)

Eligibility soon to change for Louisiana Medicaid enrollees



The Federal government announced on January 30 that the Public Health Emergency (PHE) is ending on May 11, 2023. The ending of the PHE puts Louisiana on notice to re-determine eligibility for **all** two million Louisiana Medicaid enrollees.

We urge providers to alert their patients of this change and to take these necessary steps to ensure eligibility:

- The patient's contact information must be correct so that when Medicaid requests updated eligibility information, the staff can reach the member in question.
- Members will need to submit updated eligibility information promptly. **Those who do not respond to requests for information risk losing their Medicaid coverage, even if they are still eligible.**

The termination of the PHE also means current enrollees may no longer qualify for Medicaid and must seek other forms of coverage and plan for how they will receive care.

It is important to share this information with your patients, so they don't loss eligibility by failing to take action.

The important of childhood vaccine: Reframing this conversation

The public conversation about childhood and adolescent vaccinations in the United States has been, at times, controversial, fraught, and in some cases, deeply emotional. How vaccinations are talked about publicly plays a *critically important* role in shaping attitudes about vaccines and their benefits, as well as shaping public support for policies that increase access to vaccines.

How those public conversations are framed—what we say, how we say it, what we emphasize, and what we leave unsaid—can help or hinder progress toward the ultimate goal of ensuring the health of children and adolescents through vaccination.

The Frameworks Institute has developed a briefing that offers five evidence-based recommendations for communicating about vaccinations:

1. Talk about the benefits of vaccination for the common good.
2. Talk about improving vaccination access as a preventive public health measure.

3. Focus on how vaccines benefit children's and adolescents' long-term health and well-being.
4. Use a computer updates metaphor to explain how the immune system improves its performance through vaccination.
5. Use a literacy metaphor to explain how the immune system learns how to respond to viruses through immunization.

Download the Framework Institute's strategic brief [here](#).



Answers to tough questions about the COVID-19 emergency declaration

On Monday, January 30, 2023, the Biden administration announced its [plans to end the COVID-19 national emergency declarations](#) on May 11, 2023. Health departments, healthcare providers, community organizations and others may receive questions about [what this means](#) for their constituents. Public health leaders might also be asked their opinion on whether President Biden's policy announcement was the right decision.

As the current news cycle evolves, the Public Health Communication Collaborative, PHCC, suggests using [bridging statements](#) to stay grounded in core messages. Here is an example of how you might apply the ABCs of bridging:

- **Acknowledge:** In the next three months; we'll keep people closely updated about any changes to policies and what the shift means for them, as we have throughout the pandemic.
- **Bridge:** Right now, we know that COVID-19 protection measures have not changed...
- **Continue:** We have the best tools to stay healthy, and that's how we've progressed from where we were a year ago. You should get vaccinated, get the updated booster, use at-home tests, stay home when you're sick and wear a high-quality mask when levels are high. These are all ways we can continue to protect ourselves and manage the pandemic.

PHCC has updated their [Answers to Tough Questions](#) with information about the announced May 11 end of the national emergency declarations. This document offers topline messaging and essential information to answer questions, including:

- What is an emergency declaration?
- What emergency declarations were issued related to COVID-19?
- What COVID-19 policies will be affected?



- Does this mean COVID-19 is over?

Black Americans' COVID-19 vaccine hesitancy stems more from today's inequities than historical ones



Early in the COVID-19 pandemic, the vaccination rate in the Black community lagged well behind that of whites, a gap many in the media speculated was the result of fears based on historical health-related injustices like the infamous Tuskegee Syphilis Study.

However, [research by UCLA](#) psychologists shows that vaccine hesitancy and mistrust of medical professionals among Black Americans may hinge more on their current unsatisfactory healthcare

experiences than on their knowledge of past wrongs.

The current studies add to an extensive body of research showing that Black Americans have worse healthcare experiences than whites. And, while the vaccination gap between Blacks and whites has decreased, issues of inequitable treatment and medical mistrust remain and need to be addressed in the context of present-day experiences, the researchers emphasized.

“Characterizing race-related disparities in health care experiences as a relic of the past excludes current medical experiences and absolves the current health care system from making needed change,” said co-author Kerri Johnson, a UCLA professor of communication and psychology.

Johnson and the other authors said that healthcare professionals and researchers need to identify and implement changes that could provide Black Americans with more equitable and satisfying healthcare experiences in the future.



Read the full article [here](#).

Week 4 FluView report



**DON'T LET THE FLU
RUIN MARDI GRAS.**
Get your flu AND COVID shots.



Seasonal influenza is steadily declining in Louisiana but remains a threat; keep encouraging vaccination. Click below for key points summarizing FluView data and other relevant flu-related information.

In Louisiana during Week 4:

- **2.6%** of patient visits reported through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to influenza-like illness (ILI).
- This percentage is **below the regional baseline** of 3.9%.
- The ILI case definition changed starting with the 2021–2022 season: fever >100.3 AND cough and/or sore throat.

Cumulative 2022–23 influenza vaccinations statewide:

1. Flu vaccines given to individuals 0–17 years of age: **139,327**
2. Flu vaccines given to individuals 18+ years of age: **638,325**

[FluView Report Week 4](#)

Vax Matters podcast: "Vaccines & Medical Mistrust"



Be immune from misinformation with the Office of Public Health's Vax Matters podcast.

Many researchers have begun exploring the issue of medical mistrust, which is prevalent among the African American population and other minorities. Medical mistrust refers to a need for more trust in healthcare providers and organizations to have patients' best interests in mind or provide competent care that produces the best possible results. In a throwback episode of Vax Matters, we are taking a closer look at minority mistrust of vaccines and the U.S. healthcare system in general. Dr. Shantel Hebert-Magee joins us to help lead this delicate discussion.

Jump to the episode [here](#).

All Vax Matters episodes are available on most major podcast platforms. Click here to listen now: [Apple](#), [Spotify](#), [Google Podcasts](#), [Stitcher](#), [Amazon](#), [Audible](#).

If you would like to be a future guest on the Vax Matter podcast, contact jourdan.barnes@la.gov



ASTHO webinar: "Vaccine Equity Combating COVID-19 Misinformation"

The COVID-19 pandemic was unprecedented not only in its impact on the public's health and well-being but also in its impact on the spread of misinformation and disinformation. The spread of misinformation during the pandemic inhibited public health's ability to mitigate COVID-19 and has damaged the relationship with public health and the people they serve. However, misinformation can be combatted.

Debunking misinformation is critical for establishing and increasing vaccine trust, confidence, and equity. This event will highlight best practices for identifying and dispelling misinformation and discuss ways to assist groups most at risk of being exposed and influenced by misinformation through creative social media posts.



Hear from representatives from [Culture ONE World](#) and [CMRignite](#) as they highlight best practices for identifying and correcting misinformation and discuss ways to assist groups most at risk of being exposed and influenced by misinformation.

Speakers:

- Kristina Brown-Watts, Program Team Lead, Culture ONE World
- Humberto Martinez, Social Listening & Strategy, Culture ONE World
- Jennifer Cox, Strategy Lead, Culture ONE World
- Dachon Freeman, Creative Lead, CMRignite
- Meg De Leon, Production Director, CMRignite

Date: Monday, February 13, 2023

Time: 12:00 PM – 1:00 PM CST

[Register for the webinar today!](#)

Online learning opportunity: Infodemic

The COVID-19 pandemic has impacted everyone around the globe. Strengthening the public health response, health systems and health security depends on improving our entire information ecosystem. Unfortunately, the rapid overflow of information, combined with information voids and confusing messaging, has created an "infodemic" that makes it hard for people to find trusted information and know what actions to take to protect their health and their communities.

The World Health Organization (WHO) has developed an online course for anyone interested in understanding what an infodemic is, how it dramatically affects public health and what we can do about it now and into the future.

- Participants will be exposed to a broad range of infodemic management skills and topics, and
- Learn how to decrease the negative impact of misinformation and disinformation on public health.

[Click here](#) to enroll in the course.

Was IZ Newsletter Issue 97 informative?

Yes

No

Office of Public Health | Immunization Team | 1450 Poydras Street, Suite 1938, New Orleans, LA 70112

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