VERMONT
DEPARTMENT OF HEALTH

Health Update
November 21, 2022

TO: Vermont Health Care Providers and Health Care Facilities
DATE: November 21, 2022
FROM: Brian Borah, MD, Epidemic Intelligence Service Officer assigned to the Vermont Department of Health

Increased Respiratory Viral Activity, Especially Among Children, Straining Vermont Health Care Systems

BACKGROUND

A surge of respiratory illness, especially among children, is straining health care systems across New England and Vermont. To help reduce this burden, clinicians can encourage patients to remain up to date on vaccinations, test and treat for respiratory illnesses appropriately, and remind patients to avoid others when sick.

On November 4, 2022, the Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory about early, elevated respiratory disease incidence caused by multiple viruses occurring especially among children. In New England and Vermont, significantly increased activity of respiratory syncytial virus (RSV), along with co-circulation of influenza virus, rhinovirus and other respiratory viruses, is causing a high incidence of pediatric respiratory illness. This surge of illness is straining health care systems across the region, causing bed shortages, delayed elective procedures, and long wait times for medical care. This is especially concerning as community transmission of SARS-CoV-2 and influenza virus—both currently at low levels in Vermont—is expected to increase in the coming weeks.

REQUESTED ACTIONS

Vaccinations

All eligible Vermonters should stay up to date on influenza and COVID-19 vaccinations. Statewide uptake for both vaccinations is currently low (Table).

- Walk-in clinics remain available, with expanded weekend and evening hours to accommodate a variety of schedules, namely families with school-aged children. Now is the optimal time to vaccinate patients for protection as the season progresses.
- Everyone 6 months and older is recommended to receive an annual influenza vaccine. Early studies suggest that this year's influenza vaccine should offer protection against the predominantly circulating influenza viruses. As of November 15, 2022, only 28% of Vermonters have received their influenza vaccine for 2022-2023 season.
- Everyone 5 years and older who has gotten their primary COVID-19 vaccination series is recommended to receive the COVID-19 bivalent Omicron booster. These booster shots are widely available, and studies indicate that they are highly effective against currently circulating Omicron variants. As of November 15, 2022, only 22% of Vermonters have received their COVID-19 bivalent boosters.

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Table

Age group (years)*	Percentage of Vermonters that have received a 2022-2023 influenza vaccine	Percentage of Vermonters that have received a COVID-19 bivalent Omicron booster
<5	28%	N/A
5-11	25%	6%
12-17	19%	12%
18-64	21%	18%
65+	52%	48%
Total	**28%**	**22%**

Data sources: Vermont Immunization Registry (11/15/2022); Vermont Department of Health Population Estimates (2021)
*Age is based on a person's age as of the start of the current quarter. For example, data reported on January 13, 2022, will be based on a person's age as of January 1, 2022.

Medical countermeasures

Clinicians should be aware of medications to prevent or treat respiratory viral illnesses.

- Patients with suspected or confirmed influenza who meet clinical criteria should be treated with influenza antivirals. Benefit is greatest when antiviral treatment is started as early as possible after illness onset (ideally <48 hours), but treatment can still be beneficial if started afterwards. See CDC influenza treatment guidelines here.
- Patients with confirmed SARS-CoV-2 infections who are at increased risk for severe illness and meet age- and weight-eligibility requirements, including high-risk children age 12 and older, are eligible for treatment with COVID-19 antivirals. See NIH COVID-19 treatment guidelines here.
- Although there is no specific treatment for RSV beyond supportive care, eligible high-risk infants and children should receive immunoprophylaxis therapy with Palivizumab, a monoclonal antibody, to prevent RSV-associated hospitalizations. See American Academy of Pediatric guidelines here.

Testing

Outpatient diagnostic testing is recommended if result(s) will influence clinical management and treatment.

- Outpatient diagnostic testing for influenza virus and SARS-CoV-2 should be considered for patients with suspected respiratory viral infections, particularly among those with factors placing them at high risk for severe outcomes and those with severe or progressive illness.

- **Outpatient testing for RSV is not recommended unless the result will change clinical management.**

Non-Pharmaceutical Interventions

Staying home while sick, masking and other measures can help keep others safe.

- All persons with acute respiratory symptoms should stay home while ill, especially students and those who work in health care, child care or long-term care, even if they have tested negative for SARS-CoV-2 and other etiologies.
- All persons with respiratory symptoms should wear a mask and practice social distancing when around others.
- People may consider masking and social distancing when around young children or medically-vulnerable people.
- All persons should cover their mouth using a tissue or bent arm—not their hand—when they cough or sneeze and should wash their hands frequently throughout the day.
- Infants under the age of 6 months are most at risk for severe RSV disease. Families of young infants should be counseled to practice good hand hygiene. Types of contact that increase the risk of RSV transmission to infants include holding, kissing or touching the hands or face of an infant. These types of contact should be limited to essential caregivers as much as possible during RSV season.

If you have any questions, please contact the Brian Borah at
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