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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Preparing for Fall/Winter Respiratory Virus Season**
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Preparing for Fall/Winter Respiratory Virus Season

Summary

Influenza, COVID-19, and respiratory syncytial virus (RSV) are three viral respiratory infections that cause the majority of respiratory-related hospitalizations and deaths in our communities. Influenza and RSV cause seasonal epidemics with timing that varies year to year; COVID-19 burden continues to rise and fall with no seasonality. U.S. CDC's initial respiratory season outlook indicated that, with COVID-19, seasonal influenza, and RSV, even an average respiratory season can place substantial strain on the health care system; U.S. CDC continues to anticipate that the upcoming fall/winter respiratory disease season will likely result in a similar number of hospitalizations as last year's respiratory virus season. It is crucial for Maine clinicians to stay up to date with the latest information about prevention, testing, and treatment for these three respiratory infections to reduce the burden of severe disease on our population.

This season, there are more ways than ever to protect our health:

- We have safe, effective, and updated vaccines for influenza, COVID-19, and RSV.
- We have widely available, effective treatments for influenza and COVID-19 that can reduce the risk of severe illness, hospitalization, and death.
- We have rapid antigen tests for COVID-19.
- And we continue to have everyday actions that can decrease transmission of these and other infections: covering coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home if you're sick.

Influenza

Influenza caused an estimated 19,000–58,000 deaths, 300,000–650,000 hospitalizations, 12,000,000–26,000,000 medical visits, and 27,000,000–54,000,000 illnesses during the 2022–2023 season. The highest burden of disease is among adults aged 65 years and older and children aged <5 years. In adults 65 years and older, influenza is estimated to cause 16,000–43,000 deaths, 128,000–467,000 hospitalizations, and 800,000–2,900,000 medical visits per year in the United States.

Vaccines

- **Everyone aged 6 months and older are recommended to get a seasonal influenza vaccine.** Children 6 months through 8 years of age getting the influenza vaccine for the first time, or who have previously only received a single dose, should get two doses separated by at least 4 weeks.
- Adults 65 years and older should get one of the higher dose or adjuvanted influenza vaccines. If none of these vaccines are available, any other age-appropriate influenza vaccine should be used.
- All 2023–2024 egg-based influenza vaccines and live attenuated influenza vaccines are quadrivalent vaccines that are made to protect against four influenza viruses (two influenza A, two influenza B).
- **Recommendations for people with egg allergies have been updated. There are NO additional safety concerns for persons with egg allergy alone.** All vaccines should be administered in settings with personnel and equipment needed for treatment of acute hypersensitivity reactions.
- Vaccine timing: It is important to continue to offer influenza vaccine throughout influenza season. For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered in September or October. For children who require multiple doses, offer the first dose as soon as possible to allow the second dose to be received by the end of October. For pregnant persons in the third trimester, consider vaccinating in July or August to protect infants in the first months after birth. For most adults (particularly age 65 years and older), avoid vaccination in July and August unless there is concern that vaccination later in the season might not be possible.
- U.S. CDC recommends that health care workers get vaccinated annually against influenza. As of 2021, Maine healthcare workers are required to show proof of seasonal influenza vaccination.

Treatment

- Treatment for influenza is recommended as soon as possible for any patient with suspected or confirmed influenza who is hospitalized; has severe, complicated, or progressive illness; or is at higher risk for complications (age 65 years and older).
- You do not need to wait for laboratory confirmation of influenza prior to starting treatment.
- There are four FDA-approved influenza antiviral drugs recommended by U.S. CDC: oseltamivir (Tamiflu or generic version, available as a pill or liquid), zanamivir (Relenza, an inhaled powder), peramivir (Rapivab, administered intravenously), and baloxavir marboxil (Xofluza, one-dose pill).

COVID-19

COVID-19 continues to cause thousands of hospitalizations and hundreds of deaths nationally each week. These figures are lower than at many times in the past several years: they are also unacceptably high. The risk of severe disease varies by age and underlying condition status, with older adults and people with certain underlying medical conditions continuing to shoulder a disproportionate burden. Additionally, racial and ethnic minority groups have been disproportionately affected by COVID-19. Most of the U.S. population has some immunity to COVID-19 from prior infection, vaccination, or both. However, immunity wanes over time and new variants continue to emerge, so susceptibility remains and increases over time. Vaccination with the updated COVID-19 vaccine helps prevent severe disease.

Vaccines

- Everyone aged 6 months and older should get at least 1 dose of the 2023–2024 COVID-19 vaccine, regardless of prior vaccination, at least 2 months after any prior dose. Persons with recent COVID-19 infection can consider waiting up to 3 months after illness: there is no required waiting period.
- Unvaccinated persons aged 6 months to 5 years should get 2 or 3 doses (depending on manufacturer) from the same manufacturer. Persons who got an incomplete series of an earlier COVID-19 vaccine product should complete the series with 1 or 2 updated doses (depending on manufacturer and prior vaccine doses) from the same manufacturer. Persons who previously got the full initial vaccination series with original or bivalent vaccine should get 1 homologous updated vaccine dose.
- Everyone aged 6 months and older who have moderate or severe immunocompromise should get the initial COVID-19 vaccine series AND at least 1 dose of the 2023–2024 COVID-19 vaccine. They may receive 1 or more additional doses spaced at least 2 months apart.
- There are three different 2023–2024 COVID-19 vaccine products currently available:
    - *Updated (2023–2024 Formula) Moderna COVID-19 Vaccine:* Moderna COVID-19 Vaccine (2023–2024 Formula) (6 mo–11 years) and SPIKEVAX (12+ years)
    - *Updated (2023–2024 Formula) Pfizer-BioNTech COVID-19 Vaccine:* Pfizer-BioNTech COVID-19 Vaccine (2023–2024 Formula) (6 mo–11 years) and COMIRNATY (12+ years)
    - *Novavax COVID-19 Vaccine:* Novavax COVID-19 Vaccine, Adjuvanted (12+ years)
- All current COVID-19 vaccines are monovalent vaccines based on SARS-CoV-2 Omicron XBB.1.5. The original monovalent and bivalent (Omicron BA.4/BA.5) formulations should no longer be used.
- **U.S. CDC and Maine CDC recommend health care workers get vaccinated against COVID-19.**

Treatment

- Early outpatient treatment for COVID-19 is important in persons at elevated risk for severe COVID-19, including those who have been vaccinated and those who have had a prior COVID-19 infection.
- Offer COVID-19 treatment in non-hospitalized patients who:
    - **Test positive for SARS-CoV-2** (with PCR or antigen test, including at-home tests)
    - **Have mild-to-moderate COVID-19** (Mild COVID-19 illness may include fever, sore throat, cough, or headache that do not affect the lungs and breathing. Moderate COVID-19 illness may include shortness of breath or difficulty breathing.)
    - **Are within 5 days of symptom onset** for Paxlovid or 7 days of symptom onset for Veklury
    - **Have one or more risk factors for severe COVID-19**. Risk factors include: ***age over 50 years***, with risk increasing substantially at age 65 years or older; ***being unvaccinated or not up to date*** on COVID-19 vaccination; or 1+ ***specific medical conditions and behaviors***
- Consider other factors when evaluating risk for severe COVID-19 and use of outpatient treatment. Some people from racial and ethnic minority groups are at risk of being disproportionately affected by COVID-19 from many factors, including limited access to vaccines and healthcare.
- Persons with mild-to-moderate COVID-19 who are hospitalized for a non-COVID-19 reason are still eligible for COVID-19 treatment for non-hospitalized patients, and they should be offered treatment.
- Nirmatrelvir/ritonavir (Paxlovid) and molnupiravir (Lagevrio) are oral antivirals that must be started within 5 days of symptom onset. Remdesivir (Veklury) is an IV antiviral that must be started within 7 days of symptom onset. Patient medications must be reviewed to identify and manage drug-drug interactions prior to starting treatment. No outpatient monoclonal antibody therapies are available.
    - Paxlovid prescriptions should specify the numeric dose of each active ingredient in Paxlovid and a dispense-by (i.e., within 5 days after symptom onset), and optionally include a note that renal function has been reviewed and that medications have been reviewed/reconciled.
    - Paxlovid may be prescribed by a state-licensed pharmacist under certain specific conditions.
- For more information on COVID-19 treatment, see Maine CDC: COVID-19: Healthcare Providers, which includes free online COVID-19 treatment training available in YouTube videos and slides.

Testing

- COVID-19 tests are a valuable way to detect infection. For details on over-the-counter COVID-tests, including revised expiration dates, see FDA: At-Home OTC COVID-19 Diagnostic Tests.
- The U.S. government began offering an additional round of free at-home tests on September 25. For more information, and to place an order for free home tests, see https://www.covid.gov/tests.

Respiratory syncytial virus (RSV)

Respiratory syncytial virus (RSV) is a common respiratory virus affecting all age groups. It causes mild, cold-like symptoms, and can cause severe disease and death. The largest burden is in older adults and in infants and young children. It causes seasonal epidemics. It spreads through respiratory droplets, direct contact, and fomites. In adults aged 65 years and older, RSV causes an estimated 6,000–10,000 deaths, 60,000–160,000 hospitalizations, and 900,000–1,400,000 medical visits per year in the United States. This is the first year in which RSV vaccines are available for older adults, pregnant women, and infants and young children: two RSV vaccines for adults were licensed in 2023, which can be used for older adults and can also be given to pregnant women to provide passive immunity to the infant, along with a monoclonal antibody that can be given to infants and certain young children.

Vaccines

- Adults 60 years of age and older may receive a single dose of RSV vaccine, using shared clinical decision-making. Shared clinical decision-making recommendations are individually based and informed by a decision process between the clinician and patient or parent/guardian. The decision may be informed by the best available evidence of who may benefit; the individual's characteristics, values, and preferences; clinical discretion; and the characteristics of the vaccine being considered. There is not a prescribed set of considerations or decision points in the decision-making process.
- Maternal RSV vaccine (ABRYSVO™) is recommended for pregnant people during 32 through 36 weeks gestation, seasonally, to prevent RSV lower respiratory tract infection in infants.
- Infants aged <8 months born during or entering their first RSV season should receive 1 dose of nirsevimab, a long-acting monoclonal antibody. Infants and children aged 8–19 months at increased risk of severe RSV disease entering their second RSV season should receive 1 dose of nirsevimab.
    - If the mother received RSV vaccine during pregnancy, the infant does not need to get antibody therapy in the first year of life.
- The recommendations for nirsevimab apply to infants and children recommended to receive palivizumab by AAP. These recommendations will be updated as new evidence becomes available.
- U.S. CDC distributed the health advisory *Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season* on October 23, 2023, to provide options to protect infants from respiratory syncytial virus (RSV) in the context of a limited supply of nirsevimab this year.
    - U.S. CDC recommends prioritizing available nirsevimab 100mg doses for infants at the highest risk for severe disease: young infants (age <6 months) and infants with underlying conditions that place them at highest risk for severe disease. Recommendations for 50mg doses remain unchanged at this time. Avoid using two 50mg doses for infants weighing ≥5 kilograms (≥11 pounds) to preserve supply of 50mg doses for infants weighing <5 kilograms (<11 pounds). Some insurers may not cover the cost of two 50mg doses for an individual.
    - U.S. CDC further recommends that providers suspend using nirsevimab in palivizumab-eligible children aged 8–19 months for the 2023–2024 RSV season. These children should receive palivizumab per American Academy of Pediatrics (AAP) recommendations. Nirsevimab should continue to be offered to American Indian and Alaska Native children

aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care is more challenging or in communities with known high rates of RSV among older infants and toddlers. Prenatal care providers should discuss potential nirsevimab supply concerns when counseling pregnant people about RSVpreF vaccine (Abrysvo, Pfizer) as maternal vaccination is effective and will reduce the number of infants requiring nirsevimab during the RSV season.

Treatment

- There are no outpatient treatments currently available for RSV at this time. The lack of outpatient treatment options heightens the importance of vaccination of populations at risk for severe disease.

Key Messages for Patients

- Get a seasonal influenza vaccine **and** an updated COVID-19 vaccine if you are 6 months and older
- Get an RSV vaccine if you are an older adult (60 years and older), a young child (age ≤ 12 months, or age ≤ 24 months and at higher risk), or a pregnant woman
- You can receive the COVID-19, influenza, and RSV vaccines at the same time.
- If you have respiratory symptoms and are eligible for influenza or COVID-19 treatment, get tested and treated early, even if you're vaccinated: treatment prevents severe disease, and must be started early to be most effective
- Cover coughs/sneezes, wash hands often, wear masks, improve air quality, stay home if you're sick

Key Messages for Health Care Providers

- This is the first fall/winter virus season where vaccines are available for the viruses leading to most hospitalizations: influenza, COVID-19, and RSV. Provide these vaccines in your office or direct patients to a pharmacy or other location offering these vaccines.
- YOU are your patients' most trusted source of information on vaccines.
  The respiratory virus season is here. Talk to your patients NOW about how to protect themselves and their loved ones from severe respiratory illness.
- Ensure all office staff, including front office staff and those with patient contact, are aware of the latest in-office availability of vaccines and eligibility requirements for vaccination and treatment.
- Encourage everyone 6 months and older to get the seasonal influenza vaccine **and** updated COVID-19 vaccine. Encourage older adults, young children, and pregnant women to get an RSV vaccine.
- Co-administration of influenza, COVID-19, and RSV vaccine on the same day is acceptable. There is no required interval between these vaccines.
- Test patients for influenza **and** COVID-19 if they're eligible for treatment. Treat early to prevent severe illness and death, including in patients who are vaccinated and/or have had a prior infection.
- Reinforce basic information on respiratory hygiene and cough etiquette.
- Educate patients about disease risks, prevention, testing, and treatment.

Key Messages for Health Care Facilities

- Prepare for health care strain in hospitals, long-term care facilities, other health care settings, due to high burden of respiratory disease in the community and low staff capacity due to staffing shortages
- Offer influenza and COVID-19 vaccines to staff, patients and residents, and the general public
- Ensure availability of rapid testing and treatment for influenza and COVID-19 in outpatient settings
- Strengthen sick leave policies to allow staff to be out of work while sick (reduce "presenteeism")
- Consider vaccination policies that encourage staff to get the COVID-19 and influenza vaccines
- Consider infection control policies that require masking based on community viral disease activity

Notifiable Disease and Conditions

- ***Influenza:*** outbreaks, novel influenza infections, pediatric influenza-associated deaths, influenza-related hospitalizations
- ***COVID-19:*** outbreaks, positive SARS-CoV-2 laboratory results
- ***RSV:*** outbreaks
- ***Influenza-like illness:*** outbreaks

Resources

- Maine CDC: Influenza
- Maine CDC: COVID-19
- Maine CDC: COVID-19: Healthcare Providers
- Maine CDC: RSV
- U.S. CDC: Influenza Vaccination: Information for Healthcare Professionals
- U.S. CDC: Stay Up to Date with COVID-19 Vaccines
- U.S. CDC: Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States
- U.S. CDC: Interim Clinical Considerations for COVID-19 Treatment in Outpatients
- U.S. CDC: Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over
- U.S. FDA: At-Home OTC COVID-19 Diagnostic Tests