



Department of Health and Human Services
Maine Center for Disease Control and Prevention
286 Water Street
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-8016; Fax (207) 287-9058
TTY Users: Dial 711 (Maine Relay)

Maine Health Alert Network (HAN) System

PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: Preparing for Fall/Winter Respiratory Virus Season
Date / Time: Monday, November 4, 2024, at 10:00am
Priority: Normal
Pages: 5
Message ID: 2024PHADV038

Preparing for Fall/ Winter Respiratory Virus Season

Summary

Influenza, COVID-19, and respiratory syncytial virus (RSV) are three viral respiratory infections that cause most 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 anticipates that the upcoming fall and winter respiratory disease season will likely have a **similar or lower number of combined peak hospitalizations due to COVID-19, influenza, and RSV compared to last season.** Nonetheless, with COVID-19, seasonal influenza, and RSV, even an average respiratory season can place substantial strain on the health care system. 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 many ways 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 over-the-counter 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 17,000—100,000 deaths, 380,000—900,000 hospitalizations, 15,000,000—33,000,000 medical visits, and 34,000,000—75,000,000 illnesses in the U.S. during the 2023–2024 season. The highest burden of disease is among adults aged 65 years and older followed by adults 50 to 64.

Vaccines

- **Everyone aged 6 months and older should get a seasonal influenza vaccine**
 - Children 6 months through 8 years of age getting the influenza vaccine for the first time, or who are in this age range and have previously received only a single dose, should get two doses of vaccine this season separated by at least 4 weeks.
 - Adults aged 65 years or older should receive trivalent high-dose inactivated influenza vaccine (HD-IIV3), trivalent recombinant influenza vaccine (RIV3), or trivalent adjuvanted inactivated influenza vaccine [aIIV3]). If these vaccines are not available at the time of administration, then any other age-appropriate influenza vaccine should be administered.
 - Vaccination during pregnancy is protective for the mother as well as her infant during the first months of life. Persons who are pregnant, who might be pregnant, or are postpartum during the influenza season should receive any licensed, recommended, and age-appropriate vaccine. LAIV4 (intranasal) should not be used during pregnancy but can be used postpartum.
- All influenza vaccines for the 2024–2025 respiratory season are [trivalent](https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2024-2025-northern-hemisphere-influenza-season). For more information: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2024-2025-northern-hemisphere-influenza-season>.
- **Recommendations for persons with egg allergies were updated in 2023. 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. For more information: <https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm>.
- **Vaccine timing:** Continue to offer influenza vaccine throughout influenza season.
 - For persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered in September or October. 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.
 - 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 in July or August, consider vaccinating to protect infants in the first months after birth.
- U.S. CDC recommends that health care workers get vaccinated annually against influenza.
- As of 2021, Maine health care 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 (including those 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).
 - [Additional information](https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html) on use of antivirals for treatment and chemoprophylaxis is available at: <https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html>

COVID-19

COVID-19 continues to cause thousands of hospitalizations and hundreds of deaths nationally each week. 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

- On August 22, 2024, the Advisory Committee on Immunization Practices (ACIP) voted to approve the updated mRNA COVID-19 vaccines for the upcoming respiratory season. The Novavax vaccine was approved soon after on August 30. These vaccines protect against the KP.2 strain (Moderna and Pfizer-BioNTech) and the JN.1 strain (Novavax). The 2023-2024 vaccines are no longer authorized for use and any remaining doses should be appropriately discarded.
- Everyone aged 6 months and older should get at least 1 dose of the updated 2024-2025 COVID-19 vaccine, regardless of prior vaccination.
 - **Children ages 6 months–4 years:**

- 2 doses of Moderna or 3 doses of Pfizer-BioNTech (including at least 1 dose of the 2024–2025 COVID-19 vaccine)
- **Children ages 5–11 years:**
 - 1 dose of the 2024–2025 Moderna OR
 - 1 dose of the 2024–2025 Pfizer-BioNTech COVID-19 vaccine.
- **People ages 12 years and older:**
 - 1 dose of the 2024–2025 Moderna **OR**
 - 1 dose of the 2024–2025 Pfizer-BioNTech COVID-19 vaccine **OR**
 - 1 dose of the 2024–2025 Novavax COVID-19 vaccine
- Persons getting the Novavax COVID-19 vaccine who were not previously vaccinated for COVID-19 will need 2 doses of 2024–2025 Novavax COVID-19 vaccine to be up to date.
- Everyone aged 6 months and older with moderate or severe immunocompromise:
 - 2 or 3 doses of the same brand of updated COVID-19 vaccine.
 - For more detailed information, visit: <https://www.cdc.gov/covid/vaccines/immunocompromised-people.html>
 - **People 65 years and older and those who are moderately or severely immunocompromised should receive a second dose of 2024–2025 COVID-19 vaccine 6 months after their first dose.**
- There is no required waiting period between COVID-19 illness and getting a COVID-19 vaccine, however persons with recent COVID-19 infection can consider waiting up to 3 months after illness.
- U.S. CDC and the Maine CDC recommend health care workers get vaccinated against COVID-19.

Treatment

There is strong scientific evidence that antiviral treatment of outpatients at risk for severe COVID-19 reduces their risk of hospitalization and death.

- Offer COVID-19 treatment in non-hospitalized patients who:
 - Have symptoms consistent with mild-to-moderate COVID-19.
 - People with mild COVID-19 experience symptoms such as fever, sore throat, cough, or headache that do not affect the lungs and breathing. People with moderate illness have symptoms that affect the lungs like shortness of breath or difficulty breathing.
 - Test positive for SARS-CoV-2 (with PCR or antigen test, including at-home tests)
 - 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;
 - 1+ [specific medical conditions and behaviors](#)
- 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.
- 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. Patient medications must be reviewed to identify and manage drug-drug interactions prior to starting treatment.
- No outpatient monoclonal antibody therapies are available.
- For more information on COVID-19 treatment, see [Maine CDC: COVID-19: Healthcare Providers](#).

Testing

- For details on over-the-counter COVID-tests, including revised expiration dates, see [FDA: At-Home OTC COVID-19 Diagnostic Tests](#).
- As of September 2024, the U.S. government is once again offering free COVID-19 at-home rapid tests. For more information, and to place an order for free home tests, see <https://www.covid.gov/tests>

Respiratory syncytial virus (RSV)

RSV is a common respiratory virus affecting all age groups. It usually causes mild, cold-like symptoms, but 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 the United States, an estimated 60,000–160,000 RSV-associated hospitalizations and 6,000–10,000 RSV-associated deaths occur each year among adults aged ≥65 years. RSV vaccines are available for older adults, pregnant women, and infants and young children.

Vaccines

On June 26, 2024, ACIP recommended a single dose of any FDA-approved RSV vaccine for all adults aged 75 years and older and for adults aged 60–74 years who are at increased risk for severe RSV disease.

- ACIP and U.S. CDC recommend that adults ages 75 and older, and adults ages 60–74 at increased risk of severe RSV, receive a single lifetime dose of RSV vaccine. This replaces the 2023 ACIP recommendation that adults aged ≥60 years receive a single dose of an RSV vaccine, using shared clinical decision-making. There is no preferential recommendation; give whichever vaccine is available. Adults who have previously received RSV vaccine should not receive another dose.
- Maternal RSV vaccine (ABRYSSVO™) is recommended for pregnant people during 32 through 36 weeks gestation, seasonally, to prevent RSV lower respiratory tract infection in infants.
- Infants born during or entering their first RSV season, and children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season, should be vaccinated with Nirsevimab (Beyfortus) to protect from severe RSV disease.
- Children at greatest risk for severe illness from RSV include infants up to 12 months, especially those 6 months and younger, children younger than 2 years with chronic lung disease or congenital heart disease, children with weakened immune systems, children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions.

Treatment

There are no outpatient treatments currently available for RSV. 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 pregnant woman, or a young child (age under 12 months, or age under 24 months and at higher risk).
- 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, and stay home if you're sick.

Key Messages for Health Care Providers

- 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, 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.

Laboratory: Diagnostic labs and willing facilities should forward the first 10 positive influenza test specimens to HETL for confirmatory PCR and subtyping. Influenza testing through HETL is always free of charge. Instructions on submitting specimens for flu testing can be found at: <https://www.maine.gov/dhhs/mecdc/public-health-systems/health-and-environmental-testing/micro/submitting-samples.shtml>.

Notifiable Disease and Conditions

Please report the following by electronic laboratory reporting ([REDCap](#) for COVID-19; U.S. CDC’s [ReportStream](#) for COVID-19 and influenza), by **phone at 1-800-821-5821**, by **fax to 207-287-6865**, or by email to disease.reporting@maine.gov (do not send confidential information by email):

- **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: 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](#)