



Health Advisory: Respiratory and Influenza-Like Illnesses Guide

November 21, 2022

Purpose

ACPHD is informing local healthcare providers about the early rise of respiratory diseases seen in all age groups, especially influenza and Respiratory Syncytial Virus (RSV) in addition to COVID-19 infection. Influenza and RSV have increased in incidence this fall, earlier by several weeks compared to recent years in the US¹ and California² which is significantly impacting healthcare; hospital censuses are increased by ~10% across California and pediatric healthcare delivery systems in California are stressed.

1/ Influenza – Most of California² has low influenza activity levels, but much of Southern California has moderate activity; influenza A (H3N2) accounts for over 99% of laboratory specimens. Influenza hospitalizations are now above the 2021 – 2022 peak in both Northern and Southern California. This season's US influenza vaccine matches well with currently circulating strains of influenza. Importantly, hospitalized patients suspected of having influenza should be prescribed oseltamivir³ without waiting for influenza test results.

2/ Respiratory Syncytial Virus (RSV) affects young children including infants but can also affect older adults. CDC^{2,4} estimates 1 in 4 adults will be infected each year from RSV. In children, Emergency Department visits for 0-4 year olds are already the highest they have been throughout the pandemic, impacting both pediatric hospital and PICU bed availability.

There is no antiviral treatment nor vaccine for RSV infection. Currently, palivizumab (Synagis) immunoprophylaxis is recommended monthly to high-risk infants during RSV season.

3/ SARS-CoV-2 and COVID-19 – Currently, 30,000 to 40,000 COVID-19 cases are reported daily in the U.S.⁵, and this does not include cases diagnosed with at-home antigen tests nor undiagnosed infections. Furthermore, US daily reported deaths continue to exceed 300, and the daily average of new hospital admissions remain level at ~3400. The daily reported case rate in Alameda County is 11 per 100,000 residents per day, and rates are rising along with COVID-19 levels in wastewater⁶. COVID-19 hospitalizations have increased 50% from their recent low in early October.

To prevent severe COVID-19 illness, lower the risk of long-term COVID-19 sequelae and help limit impacts on the health care system, it is imperative to vaccinate⁷ everyone 6 months and older with age-appropriate vaccines and offer an updated bivalent booster vaccine for everyone 5 years of age and older.

Paxlovid (ritonavir-boosted nirmatrelvir) and remdesivir are the preferred treatments for COVID-19. Antiviral treatment with Paxlovid⁸ is indicated for those at high risk for severe disease or hospitalization and should be started within 5 days of symptom onset. Usage has been low with less than 30% of eligible high-risk candidates over 80 years of age receiving Paxlovid. More evidence is accumulating showing Paxlovid not only reduces disease severity, hospitalization and death, but also decreases the risk of long COVID-19 conditions despite whether the recipients were vaccinated or unvaccinated.

4/ Avian Influenza – Avian influenza Type A (H5N1), a type of novel influenza virus, spreads through infected birds via mucus, saliva, and feces. The risk to humans is very low, however sporadic human infections have been identified due to unprotected contact with infected birds. If an individual is exposed to mucus, saliva, or feces from sick birds or handled any carcasses of dead birds without the use of appropriate personal protective equipment (PPE) and have developed illness, they are advised to seek medical attention.

As of [11/21/2022](#), there has been 1 human case of Avian influenza identified in the US. The infected individual experienced mild symptoms and has since recovered. [In Alameda County](#), 3 species of wild birds have tested positive for Avian influenza since September 2022.⁹

Of note, the seasonal influenza vaccine does not confer protection against Avian influenza.

Actions Requested of Healthcare Providers:

- A) Encourage vaccination for influenza, COVID-19 with the bivalent booster and pneumococcal pneumonia if age appropriate;
- B) Test for influenza, RSV and SARS-CoV-2 via multiplex assays if available and feasible;
- C) Prescribe antivirals for influenza and SARS-CoV-2 timely and early;
- D) Recommend non-pharmaceutical interventions including respiratory hygiene, high-quality masking, physical distancing, and disinfecting surfaces;
- E) Advise patients to stay home if they are sick, particularly those with fever and cough;
- F) Consider Avian influenza in the differential diagnoses of viral syndromes, especially if contact with an ill or dead bird.

Actions Requested of Healthcare Facilities:

- A) All facilities, including those without existing pediatric services, should consider expanding capacity to evaluate pediatric patients with this increased patient volume.
- B) Healthcare providers should review and implement pediatric surge measures where appropriate.

Additional Resources

1. [RSV-NET Interactive Dashboard | CDC](#)
2. [California Weekly Report for Influenza \(Flu\) and Respiratory Disease Surveillance](#) October 29, 2022
3. [Influenza Antiviral Medications: Summary for Clinicians | CDC](#) September 9, 2022
5. [CDC COVID Data Tracker: Home](#)
6. Data | COVID-19 | Alameda County Public Health (acgov.org)
7. [Clinical Guidance for COVID-19 Vaccination | CDC](#) last reviewed November 15, 2022
8. [Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines \(nih.gov\)](#) November 10, 2022
9. [ACPHD website](#) - Avian Flu
10. [Health Advisory: Early Respiratory Syncytial Virus and Seasonal Influenza Activity \(ca.gov\)](#)
11. [AFL-22-23 \(ca.gov\)](#)



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