



To: CAHAN San Diego Participants

Date: October 4, 2021

From: Public Health Services

Health Advisory: Influenza and Respiratory Syncytial Virus Activity and Guidance for Clinicians

Key Messages

- The California Department of Public Health (CDPH) issued a health alert with guidance regarding expected continued increases in influenza and respiratory syncytial virus activity (RSV), in addition to SARS-CoV-2.
- Testing for influenza and RSV is recommended, and testing for other respiratory pathogens should be considered, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.
- Vaccination of individuals six months and older against influenza is recommended by CDPH: Influenza and COVID-19 vaccines can be co-administered.
- Clinicians may consider off-season immunoprophylaxis with anti-RSV monoclonal antibody Palivizumab (Synagis®) in high-risk infants and young children.
- Patients should be reminded of the importance of not reporting to work/school while acutely ill, even if they test negative for SARS-CoV-2.

Situation

Routine respiratory virus incidence and seasonality have been disrupted during the COVID-19 pandemic, as shown by the [interseason transmission of respiratory syncytial virus \(RSV\)](#). Rhinoviruses, enteroviruses, parainfluenza viruses, adenoviruses, and non-SARS-CoV-2 coronaviruses have also been circulating in California during the summer of 2021. Transmission of influenza and other respiratory viruses are expected to increase this fall and winter. Routine testing for influenza is important for tracking influenza activity but is currently low.

RSV is the most common cause of bronchiolitis and pneumonia in infants and causes severe disease in adults older than age 65 years. In the week ending September 18, 2021, 8.8% of respiratory illness specimens in California tested positive for RSV, versus <1% in previous years. This level of positivity is usually not seen before early-December. Influenza activity remains low in California, with <1% of specimens testing positive during the week ending September 18, 2021, but it is difficult to predict the level of activity this fall and winter.

California Department of Public Health (CDPH) recommends annual influenza vaccination for everyone six months of age and older. Influenza vaccine can be co-administered with COVID-19 vaccine without regard to timing. Antiviral treatment is available for the treatment of influenza infections.

Treatment

Palivizumab prevents severe RSV illness in infants and young children who are at high risk. The American Academy of Pediatrics (AAP) issued [interim guidance for using palivizumab \(Synagis®\)](#) during the current increase in RSV infections to supplement its standard recommendations for prophylaxis. Persons with acute respiratory

symptoms should stay home while ill, especially those who work in health care or long-term care, and those who attend or work in childcare/schools. Additional information and recommendations are available in the attached [CDPH Health Advisory](#).

Actions Requested

1. Consider testing for respiratory pathogens, such as RSV and influenza in individuals who present with acute respiratory illness or age-specific symptoms and test negative for SARS-CoV-2.
2. Vaccinate individuals six months and older against influenza: Influenza and COVID-19 vaccines can be co-administered.
3. Consider immunoprophylaxis with anti-RSV monoclonal antibody Palivizumab (Synagis®) in high-risk infants and young children likely to benefit based on gestational age and underlying conditions.
4. Instruct patients to not report to work or school while sick, even if they test negative for SARS-CoV-2.
5. Report RSV-associated deaths in children under five and influenza-associated deaths in individuals less than 18 years of age, to the County Epidemiology Unit within one working day using a [Confidential Morbidity Report](#) faxed to 858-715-6458 or sent by secure email to epi-cdreporting.hhsa@sdcounty.ca.gov.
6. Report vaccine-related adverse events and vaccine administration errors to the [Vaccine Adverse Event Reporting System \(VAERS\)](#), and to the County Epidemiology and Immunization Services Branch at IZINFO.HHSA@sdcounty.ca.gov or Fax: (619) 692-5677.

Resources

AAP: [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection](#)

AAP: [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization from Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread](#)

CDC: [Influenza \(Flu\)](#)

CDC: [Who Needs a Flu Vaccine and When](#)

CDC: [People at Higher Risk of Flu Complications](#)

CDC: [What You Should Know About Flu Antiviral Drugs](#)

CDC: [RSV \(Respiratory Syncytial Virus\)](#)

CDC: [Changes in Influenza and Other Respiratory Virus Activity During the COVID-19 Pandemic | MMWR](#)

CDPH Health Advisory: [Off-Season Respiratory Syncytial Virus Infections and Use of Palivizumab](#)

Thank you for your participation.

CAHAN San Diego

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Health Advisory: Influenza and Respiratory Syncytial Virus Activity and Guidance for Clinicians
September 27, 2021

Key messages

- Respiratory syncytial virus (RSV) and other respiratory viruses besides SARS-CoV-2 are circulating in California and causing potentially serious illnesses in infants and older adults.
- Test for influenza and RSV, and consider testing for other respiratory pathogens, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.
- Routine testing for influenza is important for tracking influenza activity, which is currently low.
- Vaccinate Californians 6 months and older against influenza. Influenza vaccine and COVID-19 can be coadministered.
- Encourage parents and caregivers to keep young children with acute respiratory illnesses out of childcare, even if they have tested negative for SARS-CoV-2.
- Discourage health care personnel, childcare providers, and staff of long-term care facilities from working while acutely ill, even if they have tested negative for SARS-CoV-2.

Summary

Routine respiratory virus incidence and seasonality have been disrupted during the COVID-19 pandemic. Transmission of influenza and other respiratory viruses could increase this fall and winter. Testing for influenza and RSV is recommended, and testing for other respiratory pathogens should be considered, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia in infants and causes severe disease in adults older than age 65 years. Although RSV typically circulates during the winter, [RSV infections have increased](#) in recent months [throughout the United States](#). In the week ending September 18, 2021, 8.8% of respiratory illness specimens in California tested positive for RSV, versus <1% in previous years. This level of positivity is usually not seen before early-December (Figure).

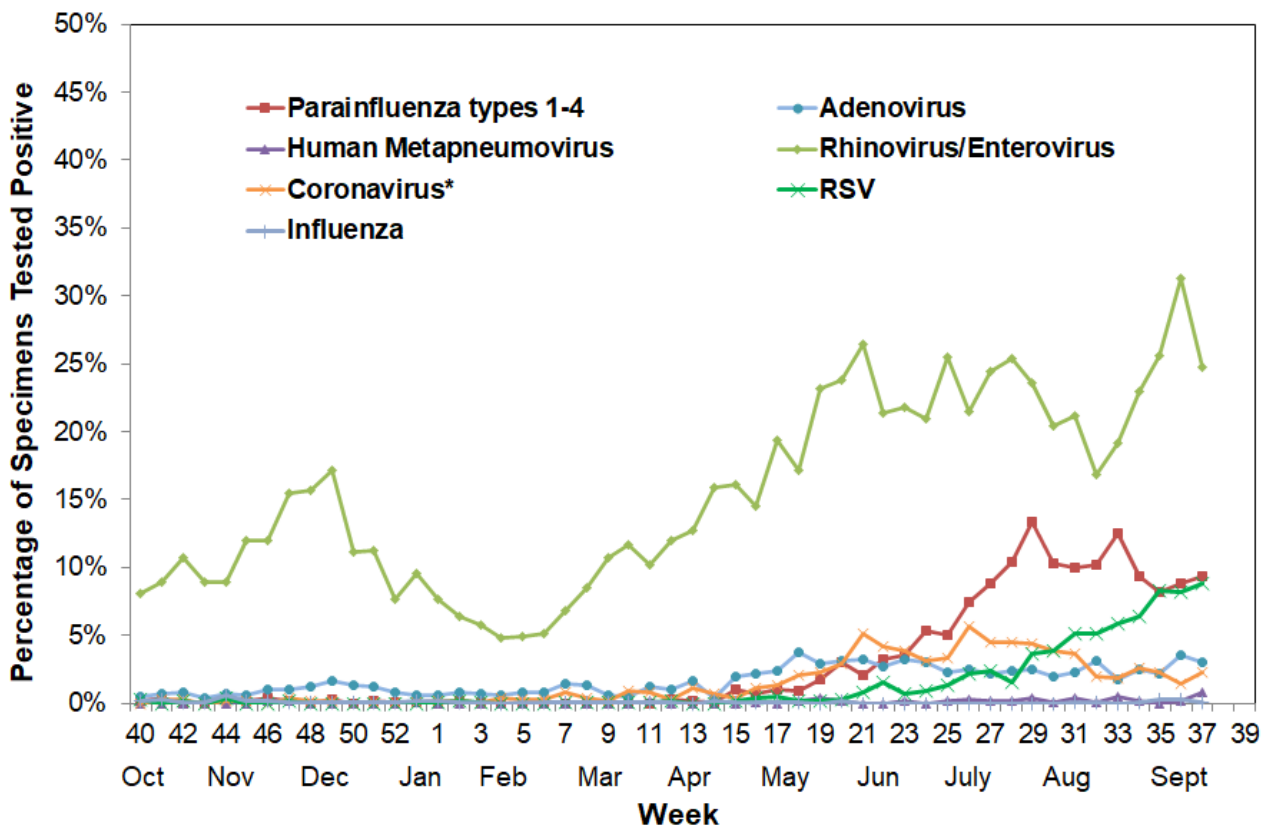
CDC estimates that annually from 2010 to 2020, seasonal influenza resulted in up to 45 million illnesses, 810,000 hospitalizations and 61,000 deaths in the United States, especially in adults 65 years and older, children less than 5 years, pregnant people, and persons with certain chronic medical conditions. Influenza activity remains low in California, with <1% of specimens testing positive during the week ending September 18, 2021 (Figure), but it is difficult to predict the level of activity this fall and winter.

Additional respiratory viruses have been circulating in California during the summer of 2021, including rhinoviruses and enteroviruses, parainfluenza viruses, adenoviruses, and non-SARS-CoV-2 coronaviruses.



CDPH recommends annual influenza vaccination for everyone six months of age and older. Influenza vaccine [can be coadministered](#) with COVID-19 vaccine without regard to timing. Antiviral treatment is available for the treatment of influenza infections. Palivizumab prevents severe RSV illness in infants and young children who are at high risk. The American Academy of Pediatrics (AAP) has published [interim guidance for using palivizumab during the current increase in RSV infections](#) to supplement its [standard recommendations for prophylaxis](#), and CDPH has released a [Health Advisory](#) highlighting these recommendations. Persons with acute respiratory symptoms should stay home while ill, especially those who work in health care or long-term care, and those who attend or work in childcare.

Figure: Percentage of Respiratory Pathogen Detections at Clinical Sentinel Laboratories, 2020–2021



*Coronaviruses identified include common human coronaviruses 229E, NL63, OC43, and HKU1 and do NOT include SARS-CoV-2

For more information

- [Influenza \(Flu\) | CDC](#)
- [Who Needs a Flu Vaccine and When | CDC](#)
- [People at Higher Risk of Flu Complications | CDC](#)
- [What You Should Know About Flu Antiviral Drugs | CDC](#)
- [RSV \(Respiratory Syncytial Virus\) | CDC](#)

- [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization from Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread \(aap.org\)](#)
- [CDPH Health Advisory: Off-Season Respiratory Syncytial Virus Infections and Use of Palivizumab](#)
- [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection | American Academy of Pediatrics \(aappublications.org\)](#)
- [Changes in Influenza and Other Respiratory Virus Activity During the COVID-19 Pandemic — United States, 2020–2021 | MMWR \(cdc.gov\)](#)