Increased Respiratory Virus Activity

The Centers for Disease Control and Prevention (CDC) issued a Health Advisory about early elevated respiratory disease incidence caused by multiple viruses occurring among children in the United States. Co-circulation of respiratory syncytial virus (RSV), influenza viruses, SARS-CoV-2, and others could stress healthcare systems this fall and winter.¹ This early increase in disease incidence highlights the importance of optimizing respiratory virus prevention and treatment measures, including prompt vaccination and antiviral treatment, as outlined below.

RSV

CDC surveillance has shown an increase in RSV detections and RSV-associated emergency department visits and hospitalizations in all but two U.S. Department of Health and Human Services (HHS) regions (regions 4 and 6), with some regions already near the seasonal peak levels typically observed in December or January.¹

For week 44, October 30 – November 5, 2022, Southern Oregon had a 3.4% test positivity rate for RSV, which is lower than Oregon’s test positivity rate of 9.2%.²

Influenza

In recent weeks, the highest levels of influenza activity have been found in the southeast and south-central parts of the country. The most common viruses identified to date have been influenza A(H3N2) viruses, with most infections occurring in children and young adults. Cumulative influenza-associated hospitalization rates for children (age 0–4 years and 5–17 years) and all ages combined are notably higher compared to the same time periods during previous seasons since 2010–2011.¹ Although the timing, intensity, and severity of the 2022–2023 influenza season are uncertain, CDC anticipates continued high-level circulation of influenza viruses this fall and winter.¹

During week 44, October 30 – November 5, 2022, the weekly percentage of emergency department visits for influenza-like illness (ILI) in Jackson County was 1.3%. The influenza test positivity rate in Jackson and Josephine Counties was 4.3%; influenza A has been the most common virus identified.

COVID-19

CDC data are available to monitor COVID-19 community levels based on hospitalization and case data and can be used to track SARS-CoV-2 activity. SARS-CoV-2 activity is expected to increase in the winter, as observed in previous years. Rates of COVID-19-associated hospitalizations among all age groups, including children, have decreased since August, but rates in infants younger than 6 months remain higher than in other pediatric age groups and higher than in all adult age
groups except those 65 years and older. CDC expects continued high-level circulation of SARS-CoV-2 this fall and winter.

**Recommendations for Healthcare Providers**

1. **Vaccination**
   Offer prompt vaccination against influenza and COVID-19 to all eligible people aged 6 months and older who are not up to date. Vaccination can prevent hospitalization and death associated with influenza and SARS-CoV-2.

2. **Use diagnostic testing to guide treatment and clinical management**
   With multiple co-circulating respiratory viruses, particularly influenza, and SARS-CoV-2, for which antiviral options are recommended for specific groups, diagnostic testing can guide treatment and management to improve a patient’s clinical course and outcomes. Diagnostic testing should be considered for patients with suspected respiratory virus infections, particularly among hospitalized patients, those with factors placing persons at high risk for severe outcomes from flu and COVID-19, and those with severe or progressive illness.

3. **Treat patients with suspected or confirmed influenza who meet clinical criteria with influenza antivirals**
   CDC recommends influenza antiviral treatment as early as possible for any patient with confirmed or suspected influenza who is: a) hospitalized; b) an outpatient at higher risk for influenza complications; or c) an outpatient with severe, complicated, or progressive illness.

4. **Treat outpatients and hospitalized patients with confirmed SARS-CoV-2 infection who are at increased risk for severe illness and meet age and weight eligibility requirements**
   COVID-19 antiviral agents reduce the risk of hospitalization and death when administered soon after diagnosis. The antiviral medications nirmatrelvir and ritonavir (Paxlovid) are the preferred treatment options for COVID-19 in patients with mild to moderate illness who are at increased risk for severe illness, including older adults, unvaccinated persons and those with certain medical conditions.

5. **Resources for patient education**
   In addition to practicing everyday prevention methods, like avoiding close contact with people who are sick, staying home when sick, covering coughs and sneezes, and hand washing, there are additional considerations for patients to help control the spread of and treat influenza, RSV, and COVID-19.

Read the full CDC Health Alert Network Report: Increased Respiratory Virus Activity Among Children, Early in the 2022-2023 Fall and Winter, for further information on specific recommendations and patient education material.

Read the American Academy of Pediatrics guidelines for using palivizumab treatment to prevent RSV-associated hospitalizations for eligible high-risk children.

The Jackson County healthcare provider guide to COVID-19 treatments is still active.

Although the CDC has changed its recommendations about masking in healthcare settings, masks are still required in all healthcare settings in
Oregon. A healthcare setting means any place where health care, including physical, dental, or behavioral healthcare, is delivered.

Hand, Foot, and Mouth Disease

There has been a notable increase in Hand, Foot, and Mouth Disease (HFMD) outbreaks in Oregon this year, particularly during October. HFMD is an infection caused by a virus. Although HFMD is common in children under 5 years of age, several recent outbreaks in Oregon have involved older children, particularly student athletes.

To briefly summarize:
- As of 10/31/22, 28 HFMD outbreaks have been reported in Oregon in 2022.
- Five of the 28 outbreaks involved high school or junior high students, all reported in September and October.
- In comparison, a total of 7 HFMD outbreaks were reported from 2019 to 2021 (6 in daycare settings and 1 in an elementary school).

To date, cases of HFMD have been diagnosed through clinical evaluation; however, there are testing options to confirm the diagnosis. To better understand the increase in HFMD outbreaks in Oregon, the Oregon Health Authority is asking providers to consider enterovirus PCR testing if a patient presents with active HFMD lesions. Several commercial labs offer PCR testing for enterovirus, including ARUP, Mayo, Quest, and Labcorp.

Steps that can be taken to prevent HFMD include:
- Washing hands often with soap and water for at least 20 seconds (or using alcohol-based hand sanitizer if soap and water are not available)
- Avoid touching eyes, nose, and mouth
- Cleaning and disinfecting frequently touched items

Treatment of HFMD is symptom-based: drink enough fluids to prevent dehydration and use over-the-counter medication to relieve fever and pain from mouth sores.

Reporting HFMD Outbreaks to Jackson County Public Health

Although individual cases of HFMD are not reportable, HFMD outbreaks are reportable to Jackson County Public Health. Below are three ways to report HFMD outbreaks to Jackson County Public Health.

1. **Electronic** – This is a web-based confidential reporting system through the Oregon Health Authority. These reports will be automatically routed to Jackson County Public Health. Click on the hyperlink to access the Web-based Confidential Oregon Morbidity Report option.

2. **Call Jackson County Public Health Communicable Disease** – Clinicians can call and make a report 24 hours a day. During business hours, call 541-774-8045, and after hours, call 541-526-9251.

3. **Fax** – Clinicians can fax a report to Jackson County Public Health using the Oregon Confidential Morbidity Form (please click on the hyperlink to access this form). Fax the Oregon Confidentiality Morbidity form to 541-774-7954.
Oregon AIDS Education Training Center Resources

Oregon AIDS Education Training Center (AETC) clinical faculty offer one-on-one education and support to physicians, advanced practitioners, and pharmacists in Oregon. Check-ins are brief, offered at no cost, and free of commercial bias. Popular content focus areas include syphilis and congenital syphilis, extragenital site screening for chlamydia and gonorrhea, HIV PrEP prescribing, and new HIV diagnoses. Schedule your check-in today at oraetc.org/prescriber-support.

Order free hardcopies of clinical tools and resources delivered to your door from the Oregon AETC website at oraetc.org/order-materials. Current options include quick guides on STI screening and treatment and syphilis/congenital syphilis prevention and management.

“The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well-being of county residents.”

REFERENCES