



FLASH REPORT

December 2021

A Brief Report of Public Health Activity Within Jackson County

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Health Advisory: Increased RSV Activity

Jackson County Public Health is seeing an increase in respiratory infections, such as respiratory syncytial virus infection (RSV), among younger children and children in daycare and preschool settings. Jackson County Public Health is issuing a Health Advisory to notify clinicians, caregivers, and the public about the increased RSV activity in Jackson County.

There is a sharp increase of RSV cases being detected in Southern Oregon. During week 48 (November 28 –December 4), the Southern Oregon region had a 21.3% test positivity rate for RSV. This is significantly higher than the statewide rate of 10.7%. Jackson County Public Health has also identified a higher than expected number of children, ages 0 to 4, being seen in the emergency departments for fever, cough, and/or sore throat.

Jackson County Public Health encourages broader testing for other respiratory infections such as RSV and flu among patients presenting with acute respiratory illness who test negative for COVID-19.

This advisory serves to remind parents/guardians to avoid sending children to daycare or school if they are acutely ill –even if they test negative for COVID-19. Children should not be in contact with others while they are symptomatic. Healthcare personnel, childcare providers, and staff of long-term care facilities should avoid reporting to work while acutely ill –even if they test negative for COVID-19.

RSV primarily spreads through respiratory droplets when a person coughs or sneezes, and through direct contact with a contaminated surface. This is a highly contagious virus and people infected with RSV are usually contagious for 3 to 8 days. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms, for as long as 4 weeks. Children are often exposed to and infected with RSV outside the home, such as in school or childcare centers. They can then transmit the virus to other members of the family. RSV can survive for many hours on hard surfaces such as tables and crib rails. It typically lives on soft surfaces such as tissues and hands for shorter amounts of time.

Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. People at highest risk for severe disease include premature infants, young children with congenital (from birth) heart or chronic lung disease, young children with compromised immune systems, adults with compromised immune systems, and older adults with underlying heart or lung disease.

RSV decreased during the winter months of 2020–2021 due to public health measures to reduce the spread of COVID-19.¹ Therefore, older infants and toddlers might now

Please print the
Reporting
Guidelines



Look for the January
edition in the first
week of the month!

be at increased risk of severe RSV-associated illness since they have likely not had typical levels of exposure to RSV during the past 15 months. In infants younger than six months, RSV infection may result in symptoms of irritability, poor feeding, lethargy, and/or apnea with or without fever. In older infants and young children, a runny nose and decreased appetite may appear one to three days before cough, often followed by sneezing, fever, and sometimes wheezing. Symptoms in adults are typically consistent with upper respiratory tract infections, including runny nose, pharyngitis, cough, headache, fatigue, and fever.

Recommendations

- Clinicians and caregivers should be aware of the typical clinical presentation of RSV for different age groups.
- Clinicians should consider testing patients with a negative SARS-CoV-2 test and acute respiratory illness or the age-specific symptoms presented above for non-SARS-CoV-2 respiratory pathogens, such as RSV. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.
- Healthcare personnel, childcare providers, and staff of long-term care facilities should avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.

Omicron Variant

On November 24, 2021, a new variant of SARS-CoV-2, B.1.1.529, was reported to the World Health Organization (WHO). This new variant was first detected in specimens collected on November 11, 2021, in Botswana and on November 14, 2021, in South Africa.^{2,3}

There are two variants classified as Variants of Concern (VOC) by the United States: Omicron and Delta. As of December 8, 2021, the Centers for Disease Control and Prevention (CDC) reported that there are more than 40 confirmed cases attributed to the Omicron variant have been detected in the United States in 20 states.^{3,4} Omicron has not been detected in Oregon. **Delta continues to be the predominant circulating variant.**

Transmissibility:² Analysis of the changes in the spike protein indicate that the Omicron variant is likely to have increased transmission compared to the original SARS-CoV-2 virus, but it is difficult to infer if it is more transmissible than Delta. CDC expects that anyone with Omicron infection can spread the virus to others, even if they are vaccinated or don't have symptoms. To read more about the spike proteins, read the CDC's Science Brief: Omicron (B.1.1.529).

Disease Severity:² **Currently**, it is unclear if infection with the Omicron variant is associated with more severe disease. Due to the small number of cases attributed to the Omicron variant, assessment of disease severity is difficult. Preliminary information from South Africa indicates that there are no unusual symptoms associated with Omicron variant infection, and as with other variants, some patients are asymptomatic.⁵ According to the CDC, majority of the cases in the United States, thus far, have experienced mild illness.



<http://jacksoncounty.org/hhs/Public-Health>

Impact on Vaccine-Induced Immunity or Immunity from Previous Infection:² **Currently**, there are no data available to assess the ability of sera from vaccinated persons or those with previous SARS-CoV-2 infection to neutralize the Omicron variant. However, the U.S. Government SIG and global public health partners are working to generate these data in laboratory settings and will also continue to monitor epidemiological and clinical indicators.

The spike protein is the primary target of vaccine-induced immunity. The Omicron variant contains more changes in the spike protein than have been observed in other variants, including 15 in the RBD. Based on the number of substitutions, the location of these substitutions, and data from other variants with similar spike protein substitutions, significant reductions in neutralizing activity of sera from vaccinated or previously infected individuals, which may indicate reduced protection from infection, are anticipated.

Laboratory and epidemiological studies are needed to assess the impact of the Omicron variant on vaccine effectiveness and breakthrough infections, including in individuals who have received booster doses. However, vaccination is anticipated to continue to offer protection against hospitalization and death, and vaccines continue to play a critical role in controlling the COVID-19 pandemic.

Impact on Monoclonal Antibody Treatments:² **Currently**, there are no virus-specific data available to assess whether monoclonal antibody treatments will retain efficacy against the Omicron variant. Based on data from other variants with significantly fewer changes in the RBD, the expectation is that the Omicron variant will remain susceptible to some monoclonal antibody treatments, while others may have less potency.

OHA HAN Alert: Omicron Variant

On November 30, 2021, the Centers for Disease Control and Prevention (CDC) designated the emerging variant B.1.1.529 (Omicron) a variant of concern. The Omicron variant causes an S-gene target failure (SGTF) on the Thermo Fisher TaqPath and Applied DNA Sciences Linea assays. Any positive specimens displaying an SGTF is suspect for the Omicron variant. **OSPHL requests that all laboratories using these assays submit all SGTFs for sequencing.** An updated version of the OSPHL sequencing request document is located here: <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le3654.pdf>.

CDC will notify OHA if any Oregon residents return from any of the countries currently included in the Federal travel restriction. OHA will share this information with LPHAs by secure e-mail; active monitoring is not required.

Layered mitigation strategies effective against Delta and other previous variants remain the best strategies to prevent the spread of Omicron. These strategies include vaccination, masking, improving ventilation, distancing, handwashing, and testing to slow SARS-CoV-2 transmission.

Read the CDC [HAN Alert](#) on the Omicron variant.

Clinical Practice Guidelines for Pre-exposure Prophylaxis for HIV Prevention and Clinical Providers Supplement

Today, the Centers for Disease Control and Prevention (CDC) published its updated [Clinical Practice Guideline for Pre-exposure Prophylaxis for HIV Prevention and Clinical Providers Supplement](#). The updated guideline and supplement reflect the latest science and are intended to help physicians effectively prescribe all FDA-approved pre-exposure prophylaxis (PrEP) medications to patients and increase PrEP use among all people who could benefit.

The overall goals of the revisions are to update existing guidance using the current evidence base, incorporate recent and potential FDA actions on PrEP medications, clarify specific aspects of clinical care, and improve usability and increase implementation of the guideline.

Key revisions to the guideline include:

- A new recommendation for providers to inform all sexually active adults and adolescents about PrEP. This is intended to increase awareness of PrEP more broadly.
- A recommendation that, in addition to taking a very brief history to identify persons with indications for PrEP, providers prescribe PrEP to anyone who requests it, even if they do not report specific HIV risk behaviors. This recommendation is intended to make PrEP available to people who may be apprehensive about sharing potentially stigmatized HIV risk behaviors with their provider.
- A recommendation for F/TAF (Descovy) as an FDA-approved PrEP option for sexually active men and transgender women at risk of getting HIV, based on recent data showing its effectiveness for these populations.
- A new section on prescribing bimonthly intramuscular injections of cabotegravir (CAB) for sexually active men and women who could benefit from PrEP, pending FDA data review and potential regulatory action.
- Updated HIV testing recommendations that incorporate the latest and most effective methods for quickly detecting HIV infection among people using any PrEP medication.

Specifically, it includes a recommendation that providers now require the following for people who have taken oral PrEP in the last three months or who have received a CAB injection in the last 12 months:

- a positive antigen/antibody test and a detectable HIV-1 RNA test to confirm an HIV infection before transitioning the patient to an HIV treatment regimen; or
- a negative antigen/antibody test and an undetectable HIV-1 RNA test before confirming the absence of an HIV infection to continue prescribing PrEP.

Please note there are no changes to the guideline regarding populations for whom PrEP is recommended nor to the section of the guideline pertaining to recommended daily dosing regimens for oral PrEP. There are also no changes to the sections of the guideline regarding frequency of HIV and sexually transmitted infection (STI) testing for daily oral PrEP.

PrEP is one of the most powerful tools we have to prevent HIV transmission. Expanding access to PrEP will be critical to ending the HIV epidemic in the United States. CDC is committed to increasing the use of PrEP by funding high-impact HIV prevention programs for health departments and non-clinical and clinical community-based organizations around the country, including through the federal Ending the HIV Epidemic (EHE) in the U.S. initiative.

CDC programs are designed to increase PrEP awareness and demand by funding: local organizations to conduct community-based outreach to people who could benefit most including gay and bisexual men of color, people in the South, Black women, transgender women, and persons who inject drugs; education campaigns that increase awareness and combat stigma associated with PrEP use; and tools such as CDC's PrEP Locator, which has information on public and private providers who offer PrEP.

CDC also aims to increase accessibility of PrEP through healthcare provider training, provider education campaigns, clinical guideline development, and by working with partners to offer PrEP and related services through primary care clinics, sexually transmitted disease (STD) clinics, TelePrEP services, pharmacies, and school-based health centers.

We have a once-in-a-generation opportunity to end the HIV epidemic in the United States, but to do so, we must maximize the use of effective prevention tools, such as PrEP. As the nation's leading HIV prevention agency, CDC is committed to working with providers, partners, and communities across the country to increase the implementation of this updated guideline and increase the uptake of PrEP to reach our shared goal of reducing new HIV infections by 90% by 2030.

Trainings & Conferences

1. Clinical STD Update Mini-Series: learn how to describe the latest clinical and lab diagnostic and testing procedures and list current recommended treatments, follow-up, and prevention messages. Topics include

- CDC STD Treatment Guidelines
- Syphilis: epidemiology, clinical presentation, and treatment
- Updates on chlamydia, gonorrhea and PrEP

Dates & Time: January 12 & 13, 2022. 9:00 am –1:00 pm

Fee: \$75

Platform: Live Online via ZOOM

Registration: courses.nnptc.org

“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

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2. Science Brief: Omicron (B.1.1.529) Variant. CDC.gov. Updated December 2, 2021. Accessed December 8, 2021. <https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/scientific-brief-omicron-variant.html>.
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