HEALTH ADVISORY

DATE: November 21, 2022

Early Increase in Respiratory Virus Activity Among Pediatric Population in 2022-2023 Fall and Winter

Background Information:

Across the country, state, and locally, a sharp rise higher than expected incidence of respiratory disease especially among children caused by several viruses has been reported, causing strain on acute-care healthcare systems.

Currently, the U.S. and the state of Texas are experiencing a surge and co-circulation of respiratory viruses such as Respiratory Syncytial Virus (RSV), Influenza viruses, and SARS-CoV-2, resulting in strain on healthcare systems this fall and winter, highlighting the importance of respiratory virus prevention and treatment, including prompt and early vaccination and initiation of appropriate antiviral treatment.

Respiratory Syncytial Virus (RSV):

Data from RSV surveillance in our community has shown an increase in detection and RSV-associated emergency department visits and hospitalizations. Preliminary data from October 2022 show that weekly rates of RSV-associated hospitalizations among children younger than 18 years old are higher than rates observed during similar weeks in recent years.

Influenza (Flu):

Influenza activity has been rapidly increasing across the country and our community in recent weeks, with the highest levels of influenza activity in the southeast and south-central parts of the country. The most common strain of the influenza virus identified to date has been influenza A (H3N2), with most infections occurring in children and young adults.
**Department of Public Health**

**SARS-CoV-2 (COVID-19):**

Rates of COVID-19-associated hospitalizations among all age groups including children have remained low since August 2022, 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. SARS-CoV-2 activity is expected to increase in the winter as has been observed in previous years.

**Recommendations for Clinicians:**

- Become familiar about the indications and contraindications of the influenza virus vaccine. Offer and make available vaccination against influenza to all eligible people aged 6 months and older.

- Strongly recommend all your patients stay up to date with COVID-19 vaccination, including the recently approved SARS-CoV-2 bivalent mRNA booster dose for use in patients 5 years of age and older which confer protection against both the ancestral SARS-CoV-2 virus and the current predominant Omicron BA.4 and BA.5 subvariants responsible for COVID-19.

- Identify and refer all eligible high-risk children for Palivizumab (Synagis®) treatment in accordance with AAP guidelines to prevent RSV-associated hospitalizations.

- For outpatients and inpatients with suspected or confirmed influenza virus infection, strongly consider prescribing any of the approved influenza antivirals (oral oseltamivir, inhaled zanamivir, intravenous peramivir, or oral baloxavir) as early as possible, depending upon approved age groups and contraindications.

- Providers are encouraged to participate/enroll in the Outpatient Influenza-like Illness Surveillance Network (ILINet) [https://www.dshs.state.tx.us/IDCU/disease/influenza/Sentinel-Provider-Surveillance.doc](https://www.dshs.state.tx.us/IDCU/disease/influenza/Sentinel-Provider-Surveillance.doc)
RESOURCES:

COVID-19

Influenza (Flu)
https://www.cdc.gov/flu/about/index.html
https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

Respiratory Syncytial Virus
https://www.cdc.gov/rsv/clinical/index.html
Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season (aap.org)
https://doi.org/10.1542/peds.2014-1665