

November 9, 2022

Health Notice for District of Columbia Health Care Providers
Respiratory Viral Illness Alert

SUMMARY

DC Health’s syndromic surveillance¹ has indicated the district may experience higher than normal instance of flu and respiratory disease this season. Similar to national trends, DC has also seen a significant increases in Respiratory Syncytial Virus (RSV) in patients with severe respiratory illness. Healthcare providers should plan for an increased instance of flu and respiratory illness in the general population, and review the relevant data and recommendations included in this health notice.

Respiratory Syncytial Virus

Emergency department (ED) visits with diagnosed RSV have increased 7-fold in DC’s syndromic surveillance system since early September and by 55% compared to September 2021. While seasonal increases in RSV cases are expected in the September and October months, an increase of this magnitude warrants enhanced awareness.

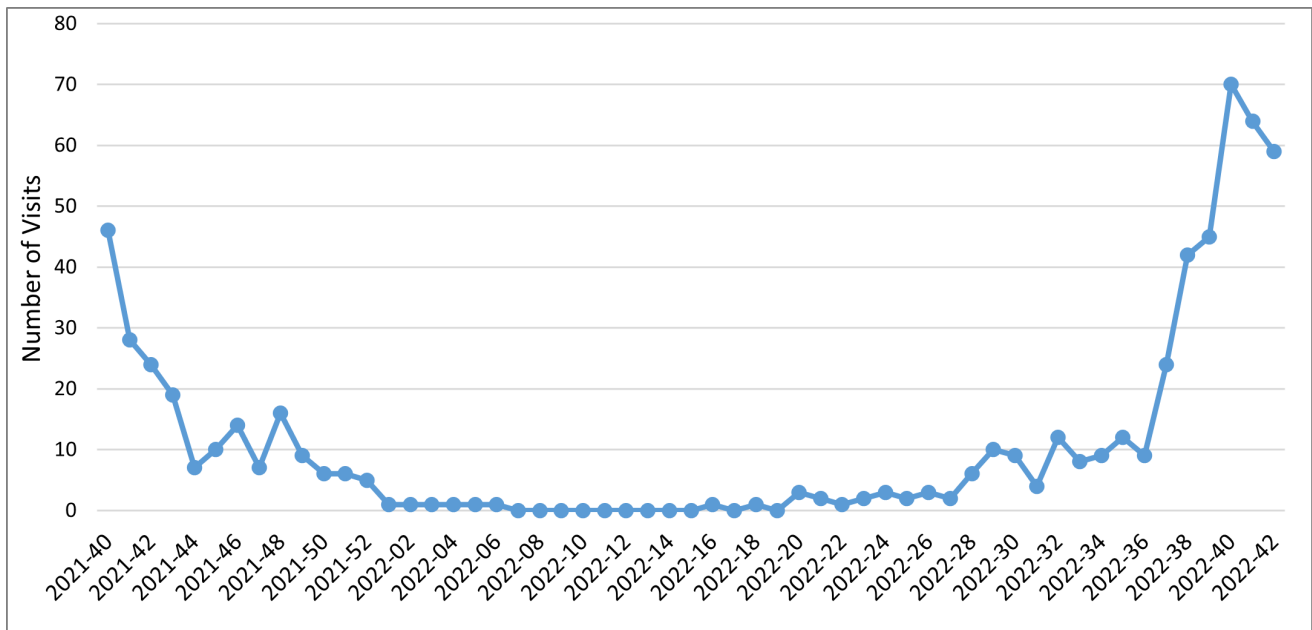


Figure 1: Weekly ED Visits that include ICD-10 and SNOMED codes for RSV in the discharge diagnosis, DC Residents: October 04, 2021 – Oct 23, 2022. The x-axis labels are year and week. Limitations of syndromic surveillance data should be considered when interpreting this data. More information on public health surveillance can be found [here](#).

Influenza

Flu season is usually between October and May, peaking in December and January, In DC, it has arrived about four weeks earlier this year versus prior years with a significant increase in hospital visits. This early increase may indicate DC is in for a challenging flu season this year, especially considering relaxation of nonpharmaceutical interventions (e.g., masking, physical distancing) (1). DC Health will continue to monitor and analyze data as it becomes available.

¹ **Syndromic surveillance** serves as an early warning system that provides public health officials with a timely system for detecting, understanding, and monitoring health events. By tracking symptoms of patients in emergency departments—sometimes even before a diagnosis is confirmed—public health can detect unusual levels of illness to determine whether a response is warranted (2).

Immunization data has shown that the flu vaccination uptake between July 1 and October 16 of this year is higher in the over 65 age range but lower in the age range 6 months to less than 12 years of age when compared to the same period last year.

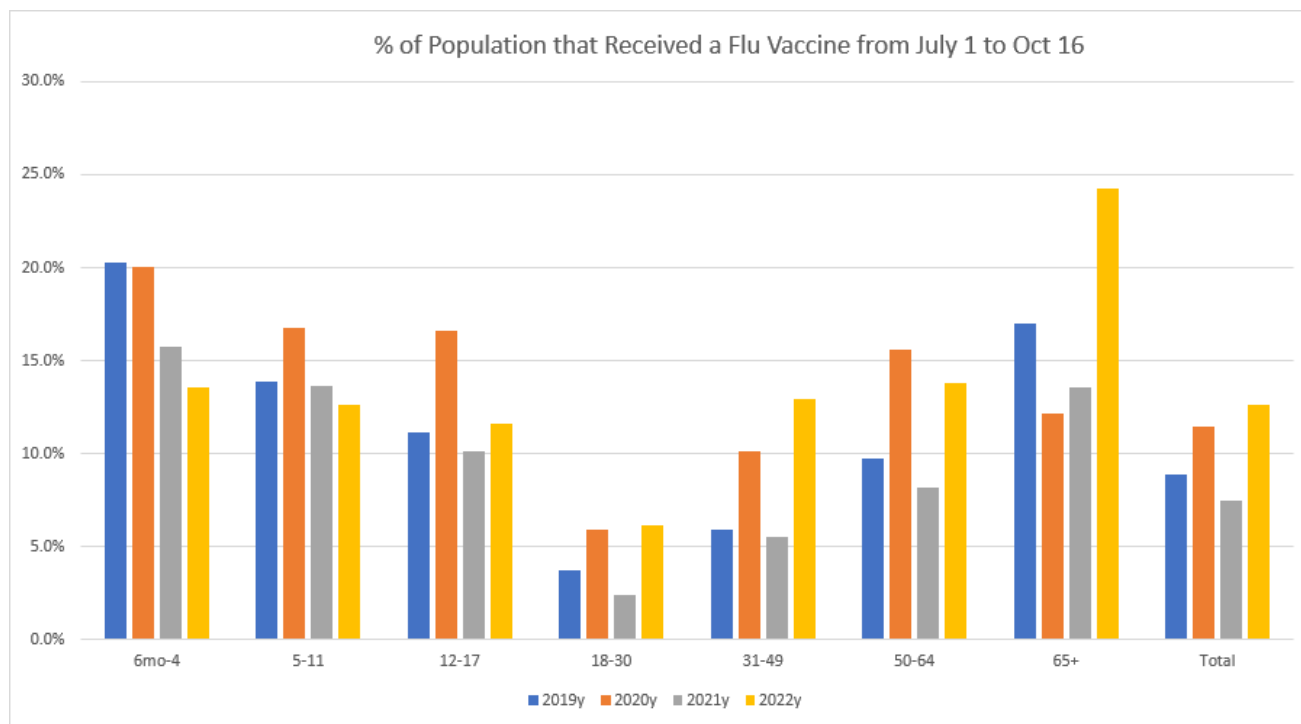


Figure 2: Percent of the population that have received a Flu Vaccine from July 1st to October 16th for years 2019, 2020, 2021, and 2022 for DC Residents. Possible limitations for vaccine data include all providers not reporting flu vaccine administrations and possible lags in data reporting.

According to the CDC, racial and ethnic disparities in influenza-associated hospitalizations were consistently observed among Black, AI/AN, and Hispanic adults compared with White adults in the U.S., with hospitalization rates an average of 1.2 to 1.8 times those in White adults during the past 13 seasons. The reasons for these disparities are likely multifactorial, including lower influenza vaccination coverage (3).

RECOMMENDATIONS

It is recommended that providers:

- Stay up to date with:
 - Prophylaxis recommendations for [RSV](#).
 - Palivizumab is a monoclonal antibody recommended by the American Academy of Pediatrics (AAP) for certain high-risk infants and young children likely to benefit from immunoprophylaxis based on gestational age and certain underlying medical conditions. It is given in monthly intramuscular injections during the RSV season, which generally occurs during fall, winter, and spring in most locations in the United States.
 - Review AAP’s [RSV prophylaxis](#) guidance.
 - [Antiviral treatment recommendations](#) for patients with suspected or confirmed influenza who meet clinical criteria.
 - [COVID-19 treatment guidelines](#) for [patients at increased risk for severe illness](#) as antiviral recommendations may change based on susceptibility of circulating variants.
- Strongly encourage patients 6 months or older to receive the flu vaccine.
 - Stay up to date with which flu vaccine is preferred for different age groups.

- For more information, see the latest [ACIP recommendations](#) published August 6, 2022.
- Offer both flu and COVID-19 vaccinations in the same visit.
- Remind patients to:
 - Stay home when they are sick.
 - Follow proper respiratory etiquette and wear a mask if necessary.
 - Practice good hand hygiene.

REFERENCES

1. Grohskopf LA, Blanton LH, Ferdinands JM, et al. Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2022–23 Influenza Season. *MMWR Recomm Rep* 2022;71(No. RR-1):1–28. dx.doi.org/10.15585/mmwr.rr7101a1
2. Centers for Disease Control and Prevention [CDC]. What is Syndromic Surveillance? National Syndromic Surveillance Program (NSSP). Published 2022. Accessed November 1, 2022. cdc.gov/nssp/overview.html
3. Black CL, O’Halloran A, Hung M-C, et al. Vital Signs: Influenza Hospitalizations and Vaccination Coverage by Race and Ethnicity—United States, 2009–10 Through 2021–22 Influenza Seasons. *MMWR Morb Mortal Wkly Rep*. 2022;71(43):1366-1373. dx.doi.org/10.15585/mmwr.mm7143e1

**For more information, please contact the
Division of Epidemiology – Disease Surveillance and Investigation:
Phone: 1-844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov**