



Actions for Healthcare Providers to Prevent Severe Respiratory Disease, Hospitalization and Death

Date: November 9, 2022

Public Health Message Type: ☐ Alert ☒ Advisory ☐ Update ☐ Information

Intended Audience: ☐ All public health partners ☒ Healthcare providers ☒ Infection preventionists
☒ Local health departments ☐ Schools/Childcare centers ☐ ACOs
☐ Animal health professionals ☒ Other: Clinical laboratories

Key Points:

- As has been reported in the many parts of the country, New Jersey is experiencing an unseasonable early increase in circulating respiratory viruses including [Influenza](#), [Rhinovirus/Enterovirus](#) and [RSV](#), in addition to ongoing significant levels of [COVID-19](#).
- Some of these infections are currently leading to severe disease and hospitalization, especially in pediatric populations.
- There is concern that high rates of co-circulating respiratory viruses may lead to rising levels of severe illness and hospitalizations as we progress into the holiday season and the time of year when respiratory illnesses typically peak.
- Clinicians should be aware of these trends and take the following actions to prevent illness and reduce the risks of severe disease and hospitalizations among those who become ill.

Action Items:

1. Clinicians should promote and/or provide immunization for Influenza and COVID-19 for ALL eligible patients over 6 months old, with special effort for those at greatest risk of progression to severe disease and hospitalization.
2. Clinicians should use testing for respiratory viruses to guide treatment and clinical management.
3. Clinicians should recognize that early use of antiviral medications can be helpful to reduce progression to severe disease and hospitalization among high-risk patients with COVID-19 or influenza.
4. Clinicians should remain up to date on [levels of disease in the community](#) and any changes to [treatment recommendations](#).
5. Clinicians should also be advised of recent data demonstrating racial and ethnic disparities in treatment for COVID-19, as well as in influenza outcomes and vaccination coverage, so that they may continue to work to improve awareness and access to available vaccination and treatments for all patients.



Background

1. Vaccination and Prevention

Vaccination is the primary means for prevention of severe disease and hospitalization due to Influenza and COVID-19. Providers should offer vaccination or encourage all eligible patients who are not up to date to get vaccinated now against COVID-19 and influenza. This is especially important for those at highest risk of severe outcomes and/or hospitalization from either of these illnesses. Information on Influenza vaccination can be found at [Department of Health | Communicable Disease Service | Seasonal Influenza \(nj.gov\)](#) and [Prevent Seasonal Flu | CDC](#). Information on COVID-19 vaccination can be found at [Department of Health | Communicable Disease Service | COVID-19 Vaccination \(state.nj.us\)](#) and [Stay Up to Date with COVID-19 Vaccines Including Boosters | CDC](#).

Prophylaxis for RSV with Palivizumab is currently indicated for high-risk infants and children with increased risk for severe outcomes. Details on the American Academy of Pediatrics recommendations can be found here: [Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season \(aap.org\)](#)

Evusheld is currently indicated for pre-exposure prophylaxis of COVID-19 for those who may not have an adequate immune response to vaccination due to moderate or severe immunocompromise, and for those in whom vaccination is contraindicated. However, new viral variants are likely to have [increased resistance](#) to this monoclonal antibody prophylaxis. Therefore, clinicians should monitor for updated guidance [Statement on Omicron Subvariants | COVID-19 Treatment Guidelines \(nih.gov\)](#). They should also counsel immunocompromised patients who have received Evusheld about the potential for reduced effectiveness at preventing COVID-19, and advise them to seek early medical attention for potential treatment if they develop COVID-19 symptoms. Clinicians should also recommend immunocompromised patients to use [non-pharmaceutical prevention measures](#) to reduce risk of contracting COVID-19 (including high- quality well-fitting masks, avoiding high-risk situations, etc) given the potential for diminished protection in the setting of newer variants.

2. Testing and Treatment for Respiratory Illnesses, Influenza and COVID-19

Diagnostic testing for respiratory illness is recommended to guide treatment and management, particularly for those who are hospitalized or at risk for severe disease or hospitalization. More information on these risk factors can be found at [Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals | CDC](#) and [People at Higher Risk of Flu Complications | CDC](#). Antiviral medications, especially when given early, can be helpful to reduce progression to severe disease among those at highest risk who become infected with COVID-19 or influenza.

Early influenza treatment is recommended for patients with suspected (including while awaiting test results) or confirmed influenza who are either hospitalized or at high risk of complications (including those with progressive disease), as prompt treatment may reduce risk of severe outcomes. Antiviral treatment for influenza is most effective when initiated within 48 hours of onset of illness. Further information on treatment for Influenza can be found here [Influenza Antiviral Medications: Summary for Clinicians | CDC](#).



There is strong evidence that treatment of eligible outpatients with COVID-19 antiviral medications Paxlovid (ritonavir-boosted nirmatrelvir) and Veklury (remdesivir) can reduce hospitalizations and deaths among those with risk factors for severe disease. They are currently the preferred treatments for such patients with mild to moderate COVID-19 illness. Clinicians should be aware of the eligibility and potential [medication interactions](#) and [contraindications to Paxlovid use](#) (including severe renal and hepatic insufficiency); Veklury is an alternative for those with contraindications to Paxlovid. Further information on treatments is available at [Clinical Management of Adults | COVID-19 Treatment Guidelines \(nih.gov\)](#).

Alternative treatments include Lagevrio (molnupiravir) and the monoclonal antibody bebtelovimab. These are indicated for cases in which the preferred treatments are unavailable or clinically inappropriate. Additionally, as with Evusheld, bebtelovimab may have significantly reduced effectiveness as the prevalence of resistant SARS-CoV2 variants increases.

3. Treatment and Vaccination Disparities

Recent publications have highlighted [racial, ethnic](#) and [socioeconomic](#) disparities in COVID-19 treatment, with Black and Hispanic patients found to be less likely to receive treatment than White patients. Higher racial and ethnic disparities in COVID-19 treatment were noted even among those with greater risk for severe disease. Similar [racial and ethnic disparities](#) exist in influenza disease severity and vaccination coverage. Clinicians and healthcare systems should continue to help raise awareness of and access to vaccination and available treatments for all of their patients and members of the communities they serve.

Upcoming Webinars for Healthcare Providers:

COCA CALL: [Webinar Tuesday, November 15, 2022 - "2022-2023 Seasonal Influenza Testing and Treatment During the COVID-19 Pandemic \(cdc.gov\)"](#)

Further Resources:

- NJ Influenza and Respiratory Illness Surveillance Data - <https://www.nj.gov/health/cd/statistics/flu-stats/>
- RSV Surveillance data: <https://www.cdc.gov/surveillance/nrevss/rsv/state.html>
- NJ COVID-19 Surveillance Data - <https://www.nj.gov/health/cd/statistics/covid/>
- CDC Clinician Resources on RSV - <https://www.cdc.gov/rsv/clinical/index.html>
- CDC Resources on Influenza Testing - <https://www.cdc.gov/flu/professionals/diagnosis/index.htm>
- NIH COVID-19 Treatment Guidelines- <https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/>



- PAXLOVID EUA Factsheet for Healthcare Providers-
<https://www.fda.gov/media/155050/download>
- CDC Information on Influenza Treatment-
<https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm>
- NJDOH COVID-19 Vaccination Information -
https://www.state.nj.us/health/cd/topics/covid2019_vaccination.shtml
- NJDOH Influenza Topics - <http://www.nj.gov/health/cd/topics/flu.shtml>
- CDC Influenza Infection Control in Health Care Facilities -
<https://www.cdc.gov/flu/professionals/infectioncontrol/index.htm>
- CDC HAN Increased Respiratory Virus Activity, Especially Among Children, Early in the 2022-2023 Fall and Winter <https://emergency.cdc.gov/han/2022/han00479.asp>
- CDC HAN Severe Respiratory Illnesses Associated with Rhinoviruses and/or Enteroviruses Including EV-D68 – Multistate, 2022
<https://emergency.cdc.gov/han/2022/han00474.asp?ftag=MSF0951a18>