

Respiratory virus season: What EEC's need to know

Sarimer Sánchez, MD MPH
Infectious Diseases Bureau
Boston Public Health Commission
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**BOSTON
PUBLIC
HEALTH
COMMISSION**



9/22/2023

Building A Healthy Boston

Agenda

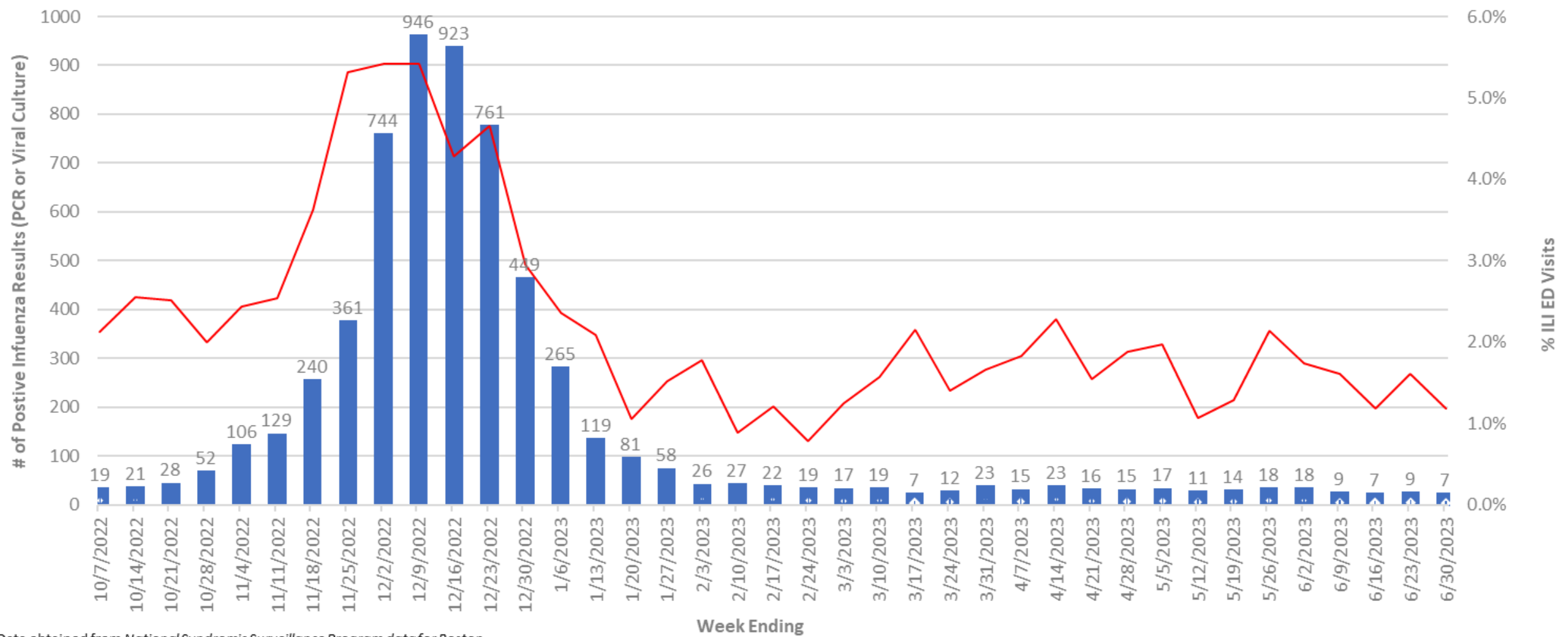
- Respiratory illness updates and guidance
 - RSV, influenza, and COVID-19
 - Isolation and exposures
 - Vaccines, other prevention, and treatment
- BPHC resources
- BPHC COVID-19 and flu maternal and child vaccination campaign

Seasonal influenza

Seasonal influenza: key points

- Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs.
- Flu can cause **mild to severe illness**, and **at times can lead to death**.
- Most common symptoms:
 - fever* or feeling feverish/chills
 - cough
 - sore throat
 - runny or stuffy nose
 - muscle or body aches
 - headaches
 - fatigue (tiredness)
 - +/- vomiting and diarrhea, though this is more common in children than adults.

Weekly Reported Influenza Cases (in Boston Residents) and % ILI ED Visits, 2022-2023 Season[§]



Data obtained from *National Syndromic Surveillance Program data for Boston Emergency Departments* (downloaded Julu 05, 2023) for ILI;
Massachusetts Department of Public Health, Massachusetts Virtual Epidemiologic Network (downloaded July 05, 2023) for influenza cases.
[§] Influenza-like illness (ILI) is defined as fever (temperature of 100 ° F or greater) in addition to cough and/or sore throat

Seasonal influenza: high risk groups within EECs

- Highest risk:
 - Children <2yrs
 - Adults >65 yrs

- Higher risk
 - Children <5 yrs
 - Pregnant people
 - Adults with medical conditions

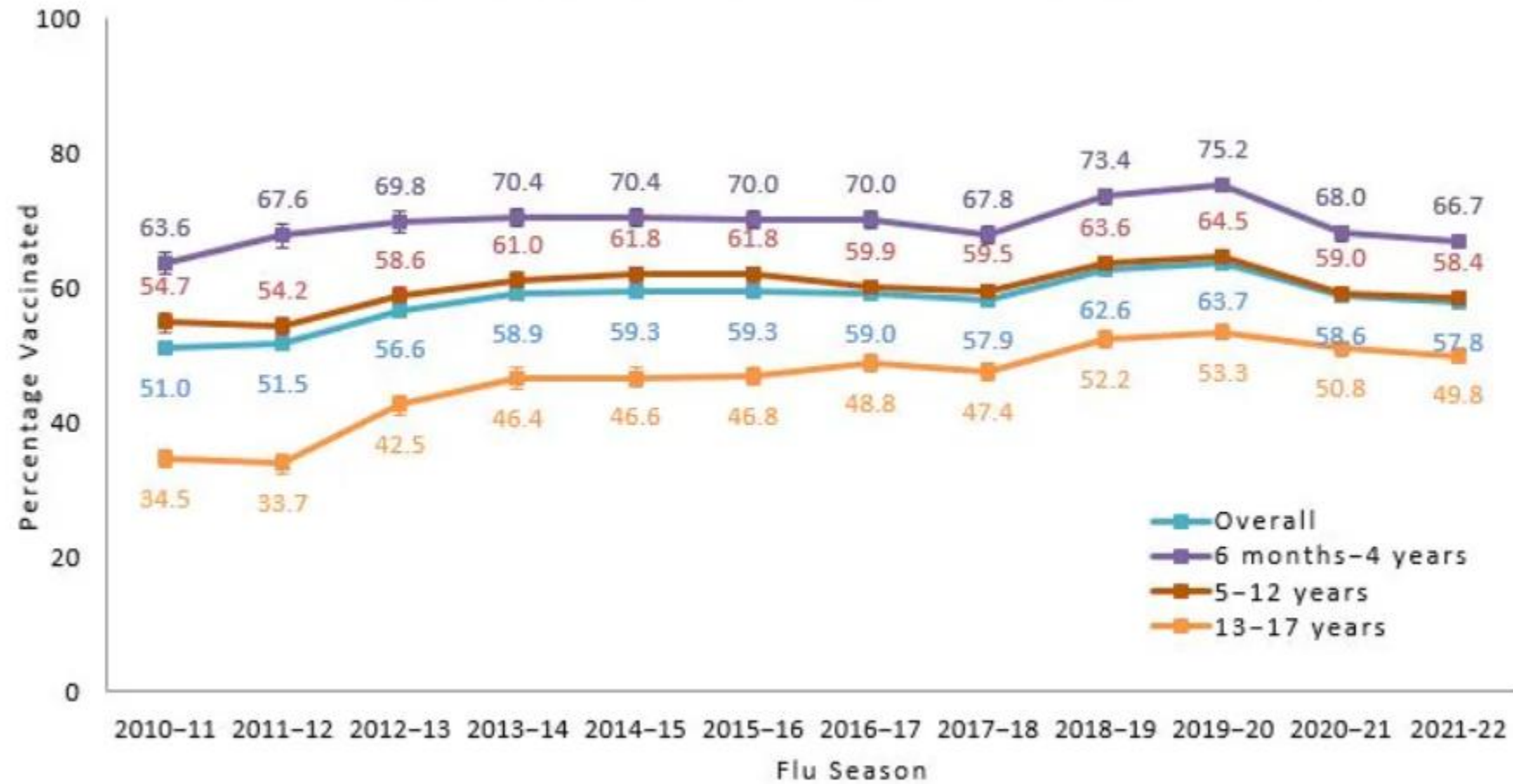
Influenza vaccine: key points

- All adults and children ages 6 months and older should be vaccinated every flu season for the best protection against flu.
- Flu vaccine is **highly effective** at reducing severe flu disease, hospitalizations, and death.
- September and October are the **best** times for most people to get vaccinated.

Seasonal influenza: treatments exists!

- Flu antiviral drugs work best for treatment when they are started within two days of getting sick.
- Who needs treatment?
 - People who are hospitalized with flu
 - People who are very sick with flu but who do not need to be hospitalized
 - **People who are at higher risk of serious flu complications** based on their age or health, if they develop flu symptoms.
- Bottom line: Talk to your trusted healthcare provider if you feel ill to ask about testing and treatment

**Figure 1. Flu Vaccination Coverage by Age Group,
Children 6 months—17 years, United States, 2010–2022**



Data Source: National Immunization Survey-Flu (NIS-Flu)
Error bars represent 95% confidence intervals around the estimates.

COVID-19

COVID-19 updates

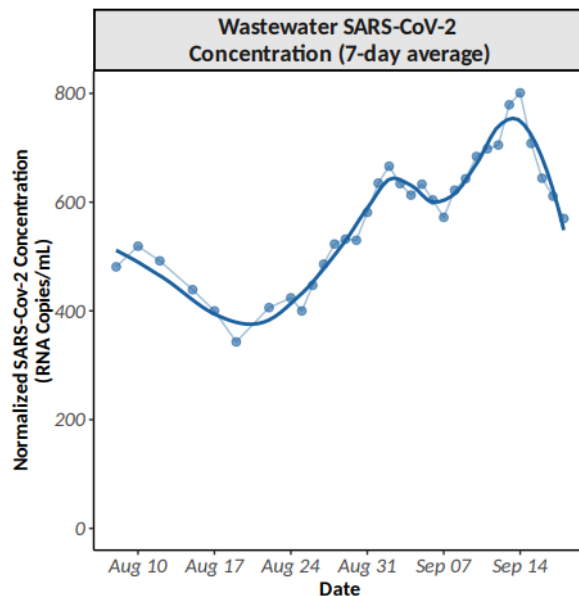
- We can expect and prepare for an increase in COVID-19 illness and spread during winter, along with flu and RSV.
- High levels of population immunity (vaccines, prior infection) and evolving virus: less severe COVID-19 disease
- However, data from 2022-2023 showed that **risk of death among those who were hospitalized for COVID-19 was still higher than flu**
- It is critical **stay up to date with your vaccines** and to consider personal risks:
 - Age
 - Vaccine status
 - Comorbidities

Xie, Y, et al. JAMA. 2023

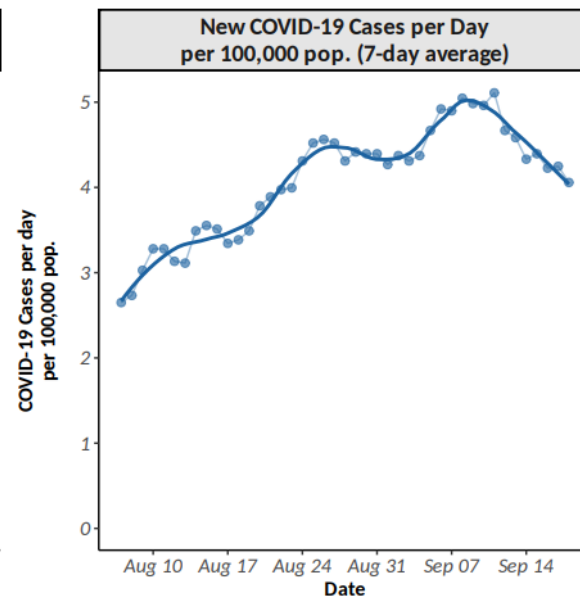


COVID-19 Updates

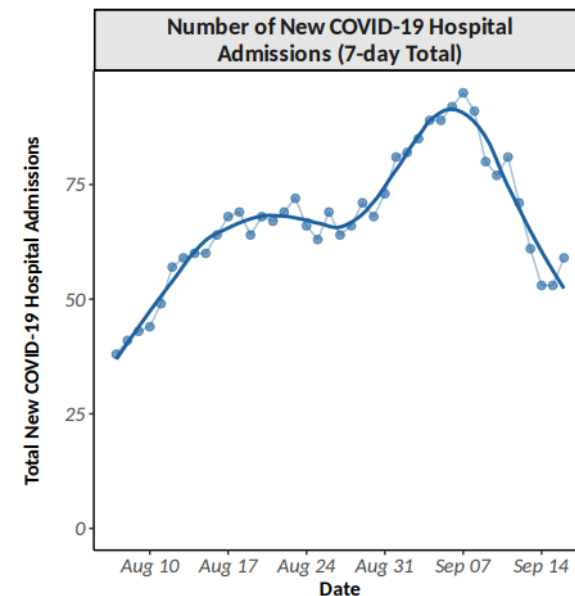
- Wastewater data and hospital metrics can be accessed at boston.gov/COVID19



570 RNA copies/mL	Data through: 18-Sep-2023
7-day trend Decreasing	-21.0% over the past 7 days
14-day trend Stable	+8.5% over the past 14 days



4.1 cases per 100,000	Data through: 18-Sep-2023
7-day trend Decreasing	-17.5% over the past 7 days
14-day trend Decreasing	-13.8% over the past 14 days



59 hospital adm.	Data through: 16-Sep-2023
7-day trend Decreasing	-36.4% over the past 7 days
14-day trend Decreasing	-40.9% over the past 14 days

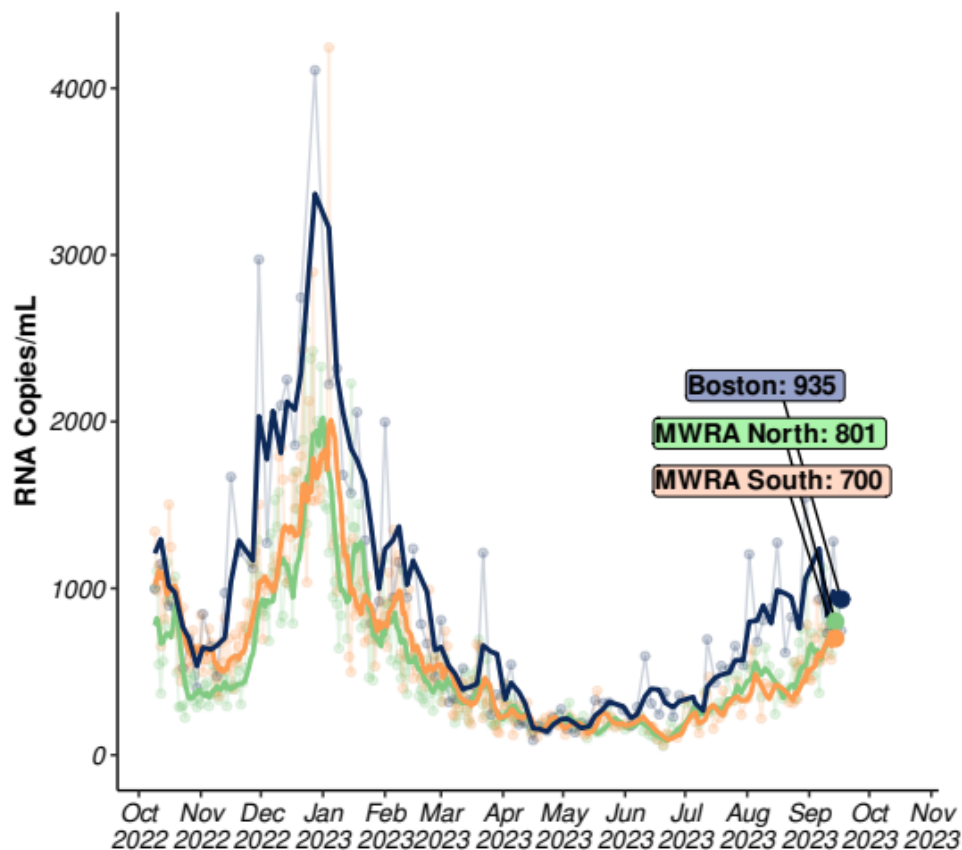
Updated: 21-September-2023 | Wastewater data: MWRA North, source: <https://www.mwra.com/biobot/biobotdata.htm> | Case Data: MDPH MAVEN | Hospitalization Data: MDPH data, self-reported by Boston hospitals

[COVID-19 in Boston](https://boston.gov/COVID-19) | [Boston.gov](https://boston.gov)



COVID-19 Updates

Overview and Trends



CITYWIDE AVERAGE	RANGE ACROSS 11 NEIGHBORHOOD SITES
935 <i>RNA copies/mL</i>	238-1,533 <i>RNA copies/mL</i>
Data through: 17-Sep-2023	

2-WEEK TRENDS	
<i>Boston</i> Stable	-26% over the past 14 days
<i>MWRA North</i> Increasing	+25% over the past 14 days
<i>MWRA South</i> Increasing	+44% over the past 14 days

Updated: 20-Sep-2023 | Samples through: 17-Sep-2023 (BPHC); 14-Sep-2023 (MWRA) | MWRA Data: <https://www.mwra.com/biobot/biobotdata.htm>



COVID-19 vaccine: *new, updated vaccines*

- Need to stay protected against newer COVID-19 variants and to restore immunity that can wane with time
- Last week, the CDC recommended the 2023–2024 updated COVID-19 vaccines.
- Everyone aged 5 years and older should get 1 dose of the updated Pfizer-BioNTech or Moderna COVID-19 vaccine to protect against serious illness from COVID-19.
- People who are moderately or severely immunocompromised may get additional doses of updated COVID-19 vaccine.
- Children aged 6 months–4 years need multiple doses of COVID-19 vaccines to be up to date, including at least 1 dose of updated COVID-19 vaccine.

RSV brief update

Respiratory syncytial virus (RSV)

- RSV is a common respiratory virus that usually causes **mild, cold-like symptoms**.
 - Cause of **annual outbreaks of respiratory illnesses** in all age groups.
 - Symptoms: runny nose, decreased appetite, coughing, sneezing, fever, and wheezing
 - Most people recover in 1-2 weeks, but RSV can be serious, especially for **infants** and **older adults**.
 - RSV is the **most common cause of** pneumonia in **children younger than 1 year** of age in the United States.

Sources:

<https://www.cdc.gov/rsv/index.html>



Respiratory syncytial virus (RSV): Vaccination

- RSV vaccines developed by GSK and Pfizer and approved by FDA in May 2023
- Vaccination with a single dose of the GSK or Pfizer RSV vaccines demonstrated moderate to high efficacy in preventing symptomatic RSV-associated lower respiratory tract disease (LRTD) over two consecutive RSV seasons among adults aged ≥ 60 years.
- On June 21, 2023, ACIP recommended that adults aged ≥ 60 years may receive a single dose of RSV vaccine, using **shared clinical decision-making**
- **Adults 60 years and older should talk with their health care provider about whether RSV vaccination is right for them.**

Respiratory syncytial virus (RSV): Other prevention

- Parents of children at high risk for developing severe RSV disease should help their child, when possible, do the following:
 - Avoid close contact with sick people
 - Wash their hands often with soap and water for at least 20 seconds
 - Avoid touching their face with unwashed hands
 - Limit the time they spend in childcare centers or other potentially contagious settings during periods of high RSV activity. This may help prevent infection and spread of the virus during the RSV season

Isolation and exclusion guidance

What to do when a child in your early care and education (ECE) program might have COVID-19.

DAY 0

Child is sick with symptoms consistent with COVID-19 or has a positive COVID-19 test.

Isolation

DAY 1-5

Child stays home and **isolates** away from other people to the extent possible.

DAY 6

Is the child **fever-free** for 24 hours without the use of fever-reducing medication?

AND

Is the child **free of symptoms** or **have symptoms improved**?

AND

Is the child 2 years of age or older and **able to consistently wear a mask** in the ECE program? **OR:** Did the child have two negative antigen tests 48 hours apart?

YES

NO

DAY 6-10

It is **safest** to continue isolation until the end of day 10¹.

For children who have symptoms, continue isolation until the child is **fever-free** for 24 hours without the use of fever-reducing medication and other symptoms have improved.

If ECE is using a test-based strategy, a child who has two negative antigen tests 48 hours apart can return to the ECE program without needing to wear a mask.

YES

(After day 10)

After Day 10

Return to the ECE program. For children who were severely ill, or whose fever persists past day 10, or who continue to test positive using an antigen test, consult a healthcare professional before returning to the ECE program.



Return to the ECE program

Children returning from isolation should wear a high-quality mask around others through day 10. If the ECE program is using a test-based strategy, children who have two negative antigen tests 48 hours apart after ending isolation may remove their mask sooner than day 10. Whenever possible, keep distance between children who are returning from isolation before day 11 and others, especially people who are more likely to get very sick from COVID-19.

¹ For program administrators: When you determine isolation policies, you should consider multiple factors: The impact of the loss of access to education and care on the well-being of children and families, [COVID-19 Community Levels](#), presence of other people who are at high risk for severe illness, and the ability to use additional prevention strategies.

Version accessible: <https://www.cdc.gov/coronavirus/2019-ncov/downloads/communication/print-resources/COVID-ChildCareProgram-Flowchart-H.pdf>

GUÍA RÁPIDA: AISLAMIENTO | COVID-19 |

Qué hacer si un niño de su programa de atención y educación de la primera infancia (ECE, por sus siglas en inglés) podría tener COVID-19.

DÍA 0

El niño está enfermo con síntomas indicativos de COVID-19 o dio positivo en la prueba de COVID-19.

Aislamiento

DÍA 1-5

El niño se queda en casa, **aislado** de otras personas en la medida de lo posible.

DÍA 6

¿El niño **no tiene fiebre** por 24 horas sin el uso de medicamentos que reducen la fiebre?

Y

¿el niño **no tiene síntomas** o sus síntomas mejoraron?

Y

¿el niño tiene 2 años o más y **puede usar una mascarilla de manera constante** en el programa ECE? **O:** ¿El niño tuvo **dos pruebas de antígenos negativas realizadas con un intervalo de 48 horas**?

SÍ

NO

DÍA 6-10

Lo más seguro es continuar con el aislamiento hasta el final del día 10¹.

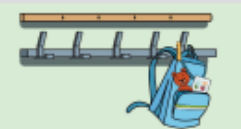
En el caso de los niños que tienen síntomas, continuar el aislamiento hasta que el niño **no tenga fiebre** por 24 horas sin el uso de medicamentos que reducen la fiebre.

Si el ECE está usando una estrategia basada en la realización de pruebas, un niño que tenga **dos pruebas de antígenos negativas realizadas con un intervalo de 48 horas** puede regresar al programa ECE sin necesidad de usar mascarilla.

Después del día 10, regresar al programa ECE. En el caso de los niños que tuvieron COVID-19 grave o que siguen con fiebre después del día 10 o que continúan teniendo resultados positivos en la prueba de antígenos, consultar a un profesional de atención médica antes de que regrese al programa ECE.

SÍ

(Después del día 10)



Regreso al programa ECE

Los niños que regresen del aislamiento deberían usar una mascarilla de alta calidad cuando estén alrededor de otras personas hasta el día 10, inclusive. Si el programa ECE está usando una estrategia basada en la realización de pruebas, los niños que tengan dos pruebas de antígenos negativas realizadas con un intervalo de 48 horas después de terminar el aislamiento pueden dejar de usar la mascarilla antes del día 10. Siempre que sea posible, mantenga a los niños que regresen del aislamiento antes del día 11 alejados de los demás, especialmente de las personas que tengan más probabilidad de enfermarse gravemente de COVID-19.

¹Para los administradores de los programas: al determinar las políticas de aislamiento se deben considerar diversos factores como el impacto de la pérdida de acceso a la educación y a cuidados en el bienestar de los niños y las familias, el nivel de transmisión del COVID-19 en la comunidad, la presencia de otras personas con alto riesgo de enfermarse gravemente y la capacidad de adoptar otras estrategias de prevención.

RSV, flu, other respiratory illness: returning to EEC

- EEC staff and children who are diagnosed and/or experiencing any cold-like or respiratory illness except COVID-19 (including influenza, RSV, and other viruses) can return to EECs when they:
 - Have been afebrile without use of fever-reducing medicines for 24 hours

AND

- Are feeling well and able to fully participate in EEC activities

RSV, flu, other respiratory illness: clusters and exclusion

- Nevertheless, if the EEC is experiencing a cluster of cold-like or respiratory illness (defined as ≥ 3 cases in the past 7 days):
 - EECs should consider excluding sick staff and children for 5 days after illness onset to help contain disease spread.
- Please notify BPHC's Infectious Diseases Bureau (617-534-5611) of any illness clusters for additional guidance: **We are here to help!**

Respiratory virus season: BPHC general guidance and resources

COVID-19 and other illnesses in EECs: Best practices and updates

- The importance of embedding infectious diseases prevention into everyday operations:
 - **Staying up to date with routine vaccines**
 - Performing daily routine cleaning, as well as sanitizing and disinfection as needed
 - Ventilation
 - Washing hands regularly and well
 - Staying home when sick

Adding other measures depending on personal risk or when high community spread:

- Masks
- COVID-19 testing
- Cluster/outbreak control

BPHC Resources: Testing and vaccines

- BPHC operates **two standing clinics at the Bruce C. Bolling Building in Roxbury and City Hall** – plan to offer flu **and** COVID-19 vaccines and rapid at-home testing kits
 - Already offering flu vaccines and free COVID-19 at home rapid testing kits
 - Encouraging staff and families to stay up to date with their vaccines
 - Encouraging staff to test and families to consider testing children when:
 - They are feeling ill with symptoms of COVID-19
 - Someone else in the household is feeling ill or tests positive
 - Someone else in the EEC is ill or tests positive with COVID-19

BPHC's Flu and COVID-19 maternal and child campaign

- Focused on pregnancy, vaccinating children, families, etc.
- Multilingual brochures, videos, and materials
 - English, Spanish, Portuguese, Haitian Creole, Cape Verdean Creole
- Parents, healthcare providers
- For brochures and other materials, please call the Infectious Diseases Bureau (617-534-5611) or email Luke Manley lmanley@bphc.org



Vaccinate my child

Find information

Talk with your healthcare provider

Continue the conversation
with your trusted
healthcare provider.

9/22/2023

Brought to you by the:



BPHC Flu and COVID-19 Multilingual Vax Campaign

- Radio ads
- Social media campaign
- Brochures
- MBTA ads

Languages:

- English
- Spanish
- Haitian Creole
- Cape Verdean Creole
- Portuguese



[Dr Ojikutu - Video Spot - English - YouTube](#)



[Dr Joseph - Video Spot - Haitian v2 - YouTube](#)

Continúe la conversación

con su proveedor de atención
médica de confianza.

Aprende más:
boston.gov/CovidFacts



Las vacunas y su familia

No importa en qué etapa del embarazo esté, las vacunas son seguras y eficaces para protegerse y proteger a su hijo(a). Esto es lo que necesita saber:

Las vacunas protegen de varias maneras: le enseñan al sistema inmunitario a defenderse contra gérmenes, ayudan al cuerpo a crear anticuerpos que combaten infecciones y protegen contra enfermedades graves.

Son muy importantes para su bebé, ya que su sistema inmunitario no está totalmente desarrollado al nacer y vacunarse durante el embarazo puede evitar que se enferme gravemente.

Las vacunas protegen a su bebé porque ayudan a desarrollar sus defensas naturales. Cuando se vacuna durante el embarazo, le da a su bebé inmunidad a corto plazo después de nacer. Esa inmunidad puede durar hasta que tenga seis meses, cuando puede recibir las vacunas contra la gripe y el COVID-19.

¿La mejor manera de proteger a su familia?
Manténgase al día con sus vacunas.

¿Qué pasa con los efectos secundarios?

Es normal preocuparse por los efectos secundarios: desea lo mejor para su bebé. Afortunadamente, los efectos secundarios graves que podrían causar un problema de salud a largo plazo son sumamente raros después de una vacuna, incluida la vacuna contra el COVID-19.

Vacuna contra el COVID-19

La vacuna contra el COVID-19 es muy parecida a otras vacunas. Previene una enfermedad grave y puede ayudar a mantenerlos a usted y a su bebé fuera del hospital.

Es segura y efectiva. Se han administrado más de 676 millones de dosis de la vacuna contra el COVID-19 en EE. UU. de diciembre de 2020 a mayo de 2023.

COVID-19 y mi hijo

Las vacunas contra la gripe y el COVID-19 están disponibles para adultos y niños desde los seis meses de edad. Vacunarse puede ayudar a su bebé a:

- Mantenerse sano, para que los padres puedan trabajar;
- Dormir mejor y evitar enfermedades;
- Mantener a su bebé fuera del hospital;
- Pasar menos tiempo en el consultorio del médico.

Algunos efectos secundarios pueden ocurrir después de cualquier tipo de vacuna, pero suelen ser leves y a corto plazo.

El riesgo de efectos secundarios graves es muy bajo, pero son muchos los beneficios para la salud de su bebé.



Conozca los datos.
Encuentre la **verdad.**

Datos sobre las vacunas para usted y su hijo

Kontinye konvèsasyon an

avèk founisè swen sante
w la ke ou fè konfyans.

Jwenn plis enfòmasyon:
boston.gov/CovidFacts



Vaksen ak Fanmi ou

Kèlkeswa kote w ye nan vwayaj pou gwosès ou a, vaksinasyon se yon mwayen san danje epi efikas pou pwoteje tèt ou ak pitit ou. Men sa ou dwe konnen:

Vaksen pwoteje moun nan anseye sistèm iminitè a kijan pou l defann tèt li kont mikwòb yo, nan ede kò yo kreye antikò ki pral goumen kont enfeksyon epi pwoteje yo kont maladi grav.

Vaksen enpòtan anpil pou tibebe w la, Paske sistèm iminitè yo pa fin devlope nèt lè li fenk fèt, lè w ale vaksinen pandan w ansent lan sa ap anpeche li vin malad grav.

Vaksen yo pwoteje tibebe w la nan ede l devlope defans natirèl li yo. Lè ou pran vaksen an pandan ou ansent, ou bay tibebe w la yon iminite akoutèm apre l fin fèt. Iminite sa a ka dire jiskaske timoun yo gen sis mwa, ki se lè yo vin kalifye pou resevwa vaksen grip ak COVID-19 yo.

Ki pi bon fason pou w pwoteje fanmi w? Toujou pran vaksen w yo atan.

Ki sa n ka di konsènan efè segondè yo?

Se nòmal pou w enkyete w pa rapò ak efè segondè yo-ou vle pou tibebe w la rete anfòm. Erezman, efè segondè grav ki ta ka lakòz yon pwoblèm sante alontèm yo ra anpil apre yon moun fin pran nenpòt vaksen, tankou vaksen COVID-19 la.

Vaksen COVID-19 la

Vaksen COVID-19 la menm jan ak tout lòt vaksen. Li anpeche moun pran maladi grav epi li kapab fè ou menm ak timoun ou an pa ale lopital.

Li sekirite epi l efikas. Yo bay plis pase 676 milyon dòz vaksen COVID-19 Ozetazini depi desanm 2020 rive me 2023.

COVID-19 ak Pitit mwen an

Vaksen Grip ak vaksen COVID-19 yo disponib pou tout moun ki gen pou pi piti sis mwa. Lè w pran vaksen, sa kapab ede tibebe w la:

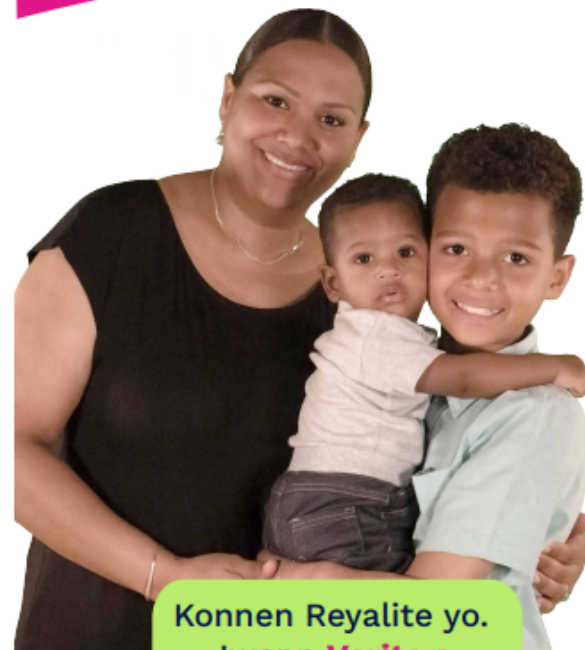
- Rete an sante, pou paran yo ka rete nan travay yo
- Dòmi pi byen lè w evite maladi
- Pa kite maladi fè w ap mennen timoun ou lopital
- Evite pase twòp tan nan klinik doktè

Gen kèk efè segondè ki kapab parèt apre nenpòt ki kalite vaksen, men yo anjeneral pa twò grav epi yo pa dire anpil tan.

Risk pou efè segondè grav ta parèt la ba anpil-men gen anpil avantaj pou sante tibebe w la.

Konnen Reyalite yo.
Jwenn **Verite a.**

**Enfòmasyon
sou Vaksen pou
Oumenm ak
Pitit ou a**



Q&A and THANK YOU!

For brochure, video or other requests please email Imanley@bphc.org or call the Infectious Diseases Bureau at 617-534-5611.