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Flu, COVID, and RSV: A triple threat to respiratory health this season

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<https://www.chartis.com/insights/flu-covid-and-rsv-triple-threat-respiratory-health-season>

The Buzz This Week

As the third winter of the COVID-19 pandemic begins, there are 2 other respiratory infections fighting for center stage in what some are calling a “triple-demic.” Respiratory syncytial virus (RSV) and influenza, after being almost eliminated the last 2 years, have resurfaced with record-breaking numbers and are overwhelming already over-extended hospital systems.

Historically, virtually all children were exposed to RSV before age 2. The pandemic greatly reduced social interaction and led to very low case numbers of RSV the last 2 years. Now, severe RSV cases are being seen in children as old as 5 years. 36 states are seeing elevated levels of RSV compared to this time last year, though levels are finally trending down in some areas. The surge is 2 to 4 times worse than what would have been considered a super severe season pre-pandemic in some states, and nationally, many are calling this the March of 2020 for the pediatric healthcare community. The American Academy of Pediatrics and the Children’s Hospital Association sent a letter asking the government for a dual declaration of a national emergency and a public health emergency. The Biden Administration denied the request and instead, the U.S. Department of Health and Human Services said they would be considering additional supports on a case-by-case basis.

Hospitalizations for the flu are the highest in 10 years, and cases so far are most severe for adults ages 65 and older. The hospitalization numbers nearly doubled during Thanksgiving week, according to the Centers for Disease Control and Prevention (CDC), and 45 states are reporting high or very high flu activity. There have already been an estimated 4,500 deaths, including 14 children. These numbers are exacerbated by low vaccination rates. Flu vaccinations are down by about 10% to 15% from previous years, with 40% of Americans saying they don’t plan to get the flu shot.

While COVID-19 deaths have declined 90% since February 2021, cases have continued to rise, in part due to the highly contagious Omicron subvariants. The difference in case numbers is still stark compared to last year. Average daily cases for November were about 42,000—less than half the number of November 2021. These lower transmission, hospitalization, and death rates are believed to be contributing to the low booster rates as people perceive a lower risk associated with the virus. Only about 11% of those eligible for the new bivalent omicron boosters have been boosted, including 31% of seniors 65 and older. There is concern, however, that the overwhelming drop in COVID-19 alertness could lead to new strains with unanticipated impact. The U.S. Food and Drug Administration also ended its emergency authorization for the only remaining COVID-19 antibody therapy cleared for use, due to the lack of efficacy on the dominant variants in the United States, raising additional concern heading into this winter for patients at risk for more severe health outcomes.

Why It Matters

The early spike in flu and RSV cases has put tremendous strain on the pediatric health system. During the first years of the pandemic, pediatricians and pediatric ICUs went relatively unphased, so much so that pediatric care capacity shrunk in some places and departments downsized. As a result, they are struggling to keep up with the current demand. The rejection of the public health emergency declaration request means Medicare, Medicaid, and Children's Health Insurance Program (CHIP) requirements will not be waived, and hospital physicians and other healthcare providers will not have access to emergency funding to keep up with the growing demands and workforce-related support. This surge of viruses has also put a strain on local pharmacies and drug manufacturers, creating the worst medication shortage in 15 years for things like liquid acetaminophen and ibuprofen.

The pediatric community is not the only one in crisis as infection rates are expected to continue increasing over the winter season, with some experts even saying we're not at peak yet. The H3N2 flu strain dominating this season is known to be especially tough on young children and seniors, and the concern for this winter is that the combination of COVID, RSV, and influenza mixed with staffing shortages and nursing home closures could create a perfect storm for health systems. Flashing back to March 2020, hospitals are working out of tents in the parking lots and in the hallways of the Emergency Departments, encroaching on capacity risks, activating transfer protocols, and acknowledging it is nearly impossible to provide the best care for their patients under these conditions. Overcrowding in hospitals has been linked to worse health outcomes, and there is even research that indicates patients hospital-wide are more likely to die when the Emergency Department is overcrowded.

For most people, RSV is as unimpactful as a common cold. Similarly, COVID-19 and influenza do not necessarily warrant a trip to the Emergency Department and can be managed at home or through a primary care provider or urgent care. But for others, it can be devastating. December 6-12 is National Flu Vaccine week. With this triple threat of respiratory viruses inundating hospitals, it is an important reminder to take necessary precautions against these viruses to keep hospital overcrowding down.

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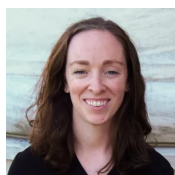
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