

**TO:** Vermont Health Care Providers and Health Care Facilities  
**FROM:** Mark Levine, MD, Commissioner

## **Respiratory Virus Infections During the 2020-2021 Influenza Season**

This season, while influenza and respiratory syncytial virus (RSV) infections continue to be important clinical concerns, detection and containment of SARS-CoV-2, the etiologic agent of COVID-19, is a new and greater public health priority. Because testing for influenza, RSV, and SARS-CoV-2 infections often requires the same specimen collection materials, transport media, reagents, and laboratory equipment, the typical use of influenza and RSV testing during this upcoming season has the potential to significantly impair testing capacity for SARS-CoV-2.

While point-of-care, rapid antigen kits for influenza and RSV testing typically contain pre-packaged materials designed solely for use with each individual kit, they require incorporation of components whose “upstream” supply might be limited this season, particularly nasopharyngeal and nasal swabs. Existing supplies of such kits, where available, should be used judiciously.

### **Testing for Influenza, SARS-CoV-2, and RSV:**

**Testing for influenza infection in 2020-2021 should be limited to the following groups for whom treatment or chemoprophylaxis are prioritized according to the [U.S. Centers for Disease Control and Prevention](#):**

1. People at higher risk of serious complications from influenza:
  - People in certain age groups:
    - Adults 65 years and older
    - Children under the age of 5 years, with greater risk among those less than 2 years old and the greatest risk among infants under 6 months of age
  - Native Americans and Alaska Natives
  - People who are pregnant (and up to 2 weeks postpartum)
  - People with underlying medical conditions, including:
    - Chronic lung disease (including asthma, COPD, and cystic fibrosis)
    - Heart disease (including congenital heart disease, congestive heart failure, and coronary artery disease)
    - Renal disease
    - Liver disease
    - Neurologic and neurodevelopmental conditions (including history of stroke)

- Hematologic disorders (including sickle cell disease)
  - Endocrine disorders (including diabetes mellitus)
  - Metabolic disorders (including inherited metabolic disorder and mitochondrial disorders)
  - Obesity (e.g., body mass index (BMI)  $\geq$  40 in adults)
  - Immunosuppression (including HIV infection, receiving chemotherapy for cancer, or receiving chronic corticosteroids or other immunosuppressive drugs)
  - Under the age of 19 years receiving chronic aspirin or salicylate therapy
2. Household contacts of people who are at higher risk of complications from influenza, in order to reduce potential transmission to their high-risk contact(s)
  3. People who require hospital admission for respiratory illness or other potential manifestations of influenza infection, in order to inform proper treatment and infection prevention measures
  4. Residents of long-term care facilities, who are typically at higher risk and where institutional outbreaks can be a major concern

**Testing for influenza infection in otherwise healthy outpatients with influenza-like illness (ILI) is strongly discouraged.**

Infections with influenza and with SARS-CoV-2 have overlapping signs and symptoms. **All patients for whom influenza testing is indicated should be tested for both influenza and SARS-CoV-2 infection.** Types of SARS-CoV-2 tests were addressed in the [September 2, 2020 HAN](#). People with even mild COVID-19-compatible symptoms should be tested for SARS-CoV-2 infection. Some facilities can perform influenza and SARS-CoV-2 testing on the same sample, but others require separate sample collection. Therefore, clinicians should be familiar with the approach recommended for each facility where they work.

In infants and young children, infection with RSV typically causes bronchiolitis, a clinical syndrome routinely diagnosed with physical examination with or without radiographic studies, for which supportive care alone is usually implemented. Therefore, **testing for RSV infection in infants and young children with clinical bronchiolitis is strongly discouraged**, even if the patient requires hospital admission. In other situations, for example older children and adults with a febrile respiratory illness, clinical judgement should be used regarding RSV testing, with priority being given to such patients who require hospitalization.

Of note, several clinical laboratories in Vermont either already have, or now have the opportunity to obtain, the necessary machines and testing supplies to test for all three viruses (influenza, SARS-CoV-2, and RSV) simultaneously. Ideally, if available and if indicated, such testing platforms should be utilized.

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## Treatment and Chemoprophylaxis for Influenza:

CDC guidance regarding influenza antiviral medications can be found [here](#). Specifically:

1. Antiviral treatment is recommended as soon as possible for patients with suspected or confirmed influenza who are in the following priority groups:
  - People who are hospitalized;
  - People with severe, complicated, or progressive illness; or
  - People who are at higher risk for influenza complications.
2. Initiation of antiviral therapy for such patients with suspected influenza **should not wait** for laboratory confirmation of influenza infection.
3. Clinicians can consider early empiric antiviral treatment of other patients with suspected influenza (e.g., ILI (fever with either cough or sore throat)) based on clinical judgment, if treatment can be initiated within 48 hours of illness onset.
4. Treatment:
  - For hospitalized patients with suspected or confirmed influenza, antiviral treatment with oseltamivir is recommended as soon as possible.
  - For outpatients with complications or progressive disease (e.g., pneumonia or exacerbation of underlying chronic medical conditions) and suspected or confirmed influenza, antiviral treatment with oseltamivir is recommended as soon as possible.
  - For outpatients with suspected or confirmed uncomplicated influenza, various antivirals may be used for treatment (depending upon approved age groups and contraindications).
5. Prophylaxis:

Annual influenza vaccination is the best way to prevent influenza.

In general, seasonal or pre-exposure antiviral chemoprophylaxis is not recommended.

Antiviral medications can be considered for chemoprophylaxis to prevent influenza in certain situations, for example, prevention of influenza among high risk groups (those at high risk of influenza complications during the first 2 weeks following influenza immunization or who cannot receive influenza vaccine due to a contraindication, or those with severe immunodeficiency or others who might not respond to influenza immunization, e.g., people receiving immunosuppressive medications) after exposure to an influenza-infected person.

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**Requested Actions:**

- **Testing:**
  - **Influenza testing:**
    - Do not routinely test for influenza infection in otherwise healthy outpatients with ILI.
    - Reserve influenza testing only for:
      - Persons at higher risk of serious complications from influenza
      - Household contacts of persons at higher risk of complications from influenza
      - Persons who require hospital admission for respiratory illness or other potential manifestations of influenza infection
      - Residents of long-term care facilities
  - **SARS-CoV-2 testing:** All patients for whom influenza testing is indicated should be tested for both influenza and SARS-CoV-2 infection.
    - Nasal swabs for SARS-CoV-2 specimen collection are now more available. Nasopharyngeal and nares swabs can be ordered as follows.
      - UVMC Primary Care Providers: Order through UVMC. If you do not already have that process in place, contact UVMC Laboratory Customer Service at (802) 847-5121 or (800) 991-2799.
      - FQHCs, Long-term Care Facilities, Skilled Nursing Facilities, Pediatric Practices, and all Primary Care Providers not already working with UVMC: Order through the [Health Department Laboratory](#).
      - Other types of providers should order test kits through commercial channels.
  - **RSV testing:** Testing for RSV infection in infants and young children with clinical bronchiolitis is strongly discouraged, even if the patient requires hospital admission.
- **Influenza treatment and prophylaxis:**
  - Antiviral treatment is recommended for hospitalized patients with suspected or confirmed influenza, for outpatients with complications or progressive disease

and suspected or confirmed influenza, and outpatients with suspected or confirmed uncomplicated influenza.

- Annual influenza vaccination remains the best way to prevent influenza.
- Chemoprophylaxis can be considered in certain situations.

If you have any questions, please contact the HAN Coordinator at 802-859-5900 or [vthan@vermont.gov](mailto:vthan@vermont.gov).

#### **HAN Message Type Definitions**

*Health Alert:* Conveys the highest level of importance; warrants immediate action or attention.

*Health Advisory:* Provides important information for a specific incident or situation may not require immediate action.

*Health Update:* Provides updated information regarding an incident or situation; unlikely to require immediate action.

*Info Service Message:* Provides general correspondence from VDH, which is not necessarily considered to be of an emergent nature.