

Dec. 19, 2023

## Urgent Need to Increase Immunization Coverage

Influenza, COVID-19, and RSV

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### SUMMARY

- The number of cases, and hospitalizations related to influenza, RSV and COVID-19 are increasing and vaccination rates remain low. Healthcare providers are encouraged to vaccinate patients for COVID-19, RSV and influenza.

### DETAILS

The Centers for Disease Control and Prevention (CDC) issued a [Health Alert Network \(IHAN\) Health Advisory](#) to alert healthcare providers of the low vaccination rates against Influenza, COVID-19 and RSV (respiratory syncytial virus). National and Indiana respiratory disease activity continues to increase, including influenza viruses, SARS-CoV-2, and RSV. Low vaccination rates could lead to more severe disease and increased strain on healthcare capacity.

In the past four weeks, hospitalizations nationally among all age groups increased by [200% for influenza](#), [51% for COVID-19](#), and [60% for RSV](#). To date, there have been 12 pediatric influenza deaths reported nationally for the 2023-2024 season. Indiana has reported one pediatric influenza death. Influenza, COVID-19, and RSV can result in severe disease, especially among unvaccinated individuals. Vaccination for influenza, COVID-19, and RSV reduces the risk of severe disease, including pneumonia, hospitalization, and death. Vaccination for COVID-19 can also reduce the incidence of MIS-C and [post-COVID conditions](#).

### Recommendations for Healthcare Providers

- Administer influenza, COVID-19, and RSV immunizations **now** to patients as recommended.
- Recommend antiviral medications for influenza and COVID-19 for all eligible patients, especially those at high-risk of progression to severe disease such as infants, older adults, pregnant people, and people with certain underlying medical conditions.
- Counsel patients about testing and other preventive measures
  - Covering coughs/sneezes
  - Staying home when sick
  - Improving ventilation at home or work
  - Washing hands to protect themselves and others against respiratory diseases.

## Additional Resources for Clinicians

- [Influenza Vaccination Coverage](#) – coverage is low in all age groups compared to the 2022-2023 season.
- [COVID-19 Vaccination Coverage](#) – coverage remains low.
- [RSV Vaccination](#) – 15.9% of U.S. adults ≥60 years report receiving an RSV vaccine.
- [Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season](#)
- Healthcare providers should administer influenza, COVID-19, and RSV immunizations now to all patients as recommended.
  - [2023-2023 seasonal influenza vaccine](#)
  - [Updated 2023-2024 COVID-19 vaccine](#)
  - RSV vaccine
    - [60 years and older](#)
    - [RSV vaccine for pregnant people](#)
    - [Nirsevimab for infants](#)
- Antiviral medications are underutilized but are important to treat patients, especially persons at high-risk of progression to severe disease with influenza or COVID-19, including older adults and people with certain underlying medical conditions.
  - [Influenza antiviral medications](#) and [COVID-19 antiviral medications](#) are most effective in reducing the risk of complication when treatment is started as early as possible after symptom onset.
- [Everyday preventive actions](#)
- [MMWR Report of Health Care Provider Recommendations for COVID-19 Vaccination Among Adults](#)

## Respiratory Surveillance Tools

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### CDC – Weekly Viral Respiratory Illness Snapshot

The CDC recently released the the [Weekly Viral Respiratory Illness Snapshot](#) webpage. The amount of respiratory illness (fever plus cough or sore throat) causing people to seek healthcare is elevated or increasing across most of the United States. This new webpage includes dashboards that can be filtered down to Indiana and some metrics include county level data.

- [Respiratory Virus Activity Levels](#) – county level data
- [Illness Severity](#) – hospitalizations
- [Hospital Occupancy](#)

### Indiana SARS-CoV-2 Wastewater Surveillance

Trends associated with the detection of SARS-CoV-2 are increasing across the country and current viral [wastewater levels are very high](#), particularly in [Indiana](#) and the [Midwest](#). In [Indiana](#), hospital admissions, emergency department visits, deaths and cases are also increasing.



The continued increase in both wastewater viral levels and other surveillance metrics indicate that infections are increasing in our communities. [Vaccines are still the most effective protection against COVID-19.](#)

Providers should be aware of the continued rise in SARS-CoV-2 viral levels within wastewater as well as other COVID-19 and Influenza surveillance trends.

- [Indiana COVID-19 Home Dashboard](#)
- [Indiana COVID-19 Wastewater Dashboard](#)
- [Indiana Influenza Dashboard](#)

## **Mpox Caused by Human-to-Human Transmission**

Clade I MPXV Geographic Spread in the Democratic Republic of Congo

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### **SUMMARY**

- Mpox cases have been increasing in the Democratic Republic of the Congo (DRC). Clade II is responsible for the global mpox epidemic that began in 2022, the current outbreak in the DRC is clade I, which is considered to be more virulent. Clade I mpox can be transmitted non-sexually also. No clade I cases have been reported in the United States so far.

### **DETAILS:**

Mpox cases have been increasing in the Democratic Republic of the Congo (DRC). Since [Jan. 1, 2023, there have been a total of 12,569 suspected mpox cases](#), including 581 suspected mpox deaths (case fatality ratio 4.6%), reported in the DRC. Mpox disease is caused by the mpox virus (MPXV). There are two known clades: clade I and clade II. Clade II is responsible for the global mpox epidemic that began in 2022. Clade I MPXV is capable of human-to-human spread but has previously been associated with non-sexual routes of transmission. Clade I has previously been observed to be more transmissible and to cause more severe infections than clade II.

**Guidance [issued by the CDC](#) advises that cases of clade I MPXV have not been reported in the United States at this time.** Clinicians should notify IDOH or their local health department if they have a patient with [Mpox-like symptoms](#) and recent travel to DRC. Clinicians should also submit lesion specimens for clade-specific testing for these patients.

Vaccines (e.g., JYNNEOS, ACAM2000) and other [medical countermeasures](#) (e.g., tecovirimat, brincidofovir, and vaccinia immunoglobulin intravenous) are available and expected to be effective for both clade I and clade II MPXV infections. CDC and IDOH recommend that clinicians encourage vaccination for patients who are eligible. For more information on mpox in Indiana please visit <https://www.in.gov/health/idepd/diseases-and-conditions-resource-page/mpox/>.

