

Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

October 4, 2022

SUBJECT

Influenza Season Preparation and RSV Updates in Montana

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<https://dphhs.mt.gov/publichealth/phep/han>

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

Information Service: provides general public health information; unlikely to require immediate action.

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Information Sheet



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BACKGROUND

October announces the start of the 2022-2023 influenza season, and Montana Public Health Laboratory has already confirmed three cases of influenza; two cases of influenza A (H1N1)pdm09 in Flathead County, and one case of influenza A/H3N2 in Yellowstone county. One case was hospitalized. Influenza seasons are extremely variable and difficult to forecast, however Montana DPHHS advises healthcare personnel to prepare for the potential of a severe 2022-2023 flu season.

Respiratory syncytial virus (RSV) and influenza infections were both largely absent in Montana for the 2020-2021 fall and winter season. In the 2021-2022 season, RSV circulation started and ended months ahead of its seasonal standard and percent positivity reached a 5-season high, with 30% of RSV tests returning a positive result in November 2021. In contrast, influenza circulation started and ended late in the 2021-2022 season, with cases and hospitalizations continuing past May 2022, but totaling a 4-season low overall (excluding the 2020-2021 flu season with no confirmed influenza cases in Montana).

Pre-existing immunity to influenza viruses may not be as strong this season following two mild influenza seasons and may even be absent in children under 3 years old or diminished in individuals over 65 years old. Influenza vaccination is highly recommended for susceptible populations, especially age groups that could be at higher risk of complications from influenza infection, including young children, the immunocompromised, and the elderly. The reduction in COVID-19 community prevention efforts such as public masking and remote working, presumed drivers of the decrease in influenza circulation previously, could also prompt increased influenza circulation as seen prior the COVID-19 pandemic.

Currently, there is no available RSV vaccine, but RSV is the most common cause of bronchiolitis and pneumonia in children less than 1 year old. RSV prophylaxis using a monoclonal antibody medication (Palivizumab) is available and recommended for high-risk infants and young children, including premature infants, infants less than 6 months, children under 2 years with chronic lung or congenital heart disease, children with suppressed immune systems, and children with neuromuscular disorders.

There is now updated guidance on RSV seasonality. The 10% positivity rate threshold previously used to determine the onset of RSV season has been lowered to a 3% positivity threshold (over two consecutive weeks). This update reflects new CDC guidance based on the transition to PCR testing for RSV by Montana surveillance partners. The previous 10% baseline was developed based on data from antigen testing; the updated 3% threshold accounts for the increased sensitivity of PCR testing and has been found to better capture RSV seasonality, with a 3% positivity threshold marking a take-off point for RSV circulation.¹ The results of this study match historical trends in Montana.

RSV seasonality is actively monitored by the Montana DPHHS starting in October and local health officials will be notified once the RSV season is declared, after two consecutive weeks of 3% PCR test positivity.

Montana DPHHS will begin its weekly flu surveillance report on October 14th. To learn more about flu activity in Montana please visit our website: <https://dphhs.mt.gov/publichealth/cdepi/diseases/influenza/index>

INFORMATION

See Recommendations

RECOMMENDATIONS

- **All people six months and older who have not yet received an influenza vaccine this season should be vaccinated against influenza.** Healthcare providers are encouraged to strongly promote influenza vaccination this season for individuals under the age of 3 years and other individuals with suppressed or weakened immune systems, with special consideration to individuals residing in congregate care settings.
- **Antiviral treatment should be initiated in all hospitalized, severely ill, and high-risk patients with suspected or confirmed influenza, regardless of influenza vaccination status.** Individuals at high-risk for influenza complications include children under two years, adults 65 years and older, people with immunosuppression, people with underlying health conditions such as chronic pulmonary, cardiovascular, and metabolic disorders, residents of assisted living facilities, and people who are pregnant.
- **Montana healthcare providers should take note of the change in RSV seasonal threshold from 10% to 3% positivity.** As in previous seasons, local health officials will be notified when RSV percent positivity hits the 3% threshold for seasonal circulation in Montana. RSV season declaration may influence the availability of Palivizumab.
- **Early in the flu season it is recommended that providers use PCR flu tests or confirm positive flu antigen tests using PCR tests, as false positive antigen results are more likely to occur during times when influenza activity is low.** Once influenza is determined to be circulating more widely in Montana, antigen flu tests are more reliable.

Additional Information:

- [CDC – Influenza Information for Healthcare Providers](#)
- [CDC – FluView](#)
- [ACIP – Influenza Vaccination Summary 2022-23](#)
- [CDC – RSV Information for Healthcare Providers](#)
- [CDC – NREVSS](#)

References:

¹ Claire M Midgley, Amber K Haynes, Jason L Baumgardner, Christina Chommanard, Sara W Demas, Mila M Prill, Glen R Abedi, Aaron T Curns, John T Watson, Susan I Gerber, Determining the Seasonality of Respiratory Syncytial Virus in the United States: The Impact of Increased Molecular Testing, *The Journal of Infectious Diseases*, Volume 216, Issue 3, 1 August 2017, Pages 345–355, <https://doi.org/10.1093/infdis/jix275>