

Health Advisory - Urgent need to increase immunization coverage for influenza, COVID-19, and RSV and use of authorized/approved therapeutics in the setting of increased respiratory disease activity during the 2023 – 2024 winter season — December 19, 2023

Action Requested:

- **Administer influenza, COVID-19, and RSV immunizations now to all eligible patients, if recommended. In King County, [several local vaccine resources](#) are available** including the Public Health COVID-19 Vaccine Clinic in Kent where updated COVID-19 and flu vaccines are offered to anyone aged ≥ 6 months regardless of insurance status.
 - **Everyone aged ≥ 6 months should receive a [2023–2024 seasonal influenza vaccine](#).**
 - Most people need only one dose for the season. Some children ages 6 months–8 years need two doses spaced 4 weeks apart.
 - Adults aged ≥ 65 years should receive high-dose, adjuvanted, or recombinant influenza vaccine, if available.
 - Everyone aged ≥ 6 months with [egg allergy](#) should receive an annual flu vaccine. Any flu vaccine (egg based or non-egg based) that is otherwise appropriate for the recipient’s age and health status can be used. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
 - **Everyone aged ≥ 6 months should receive at least one dose of an [updated 2023-2024 COVID-19 vaccine](#).**
 - More than one dose may be needed for children 6 months-4 years, immunocompromised patients, and unvaccinated persons aged ≥ 12 years who choose to receive the Novavax vaccine.
 - **Adults aged ≥ 60 years may receive one dose of [RSV vaccine](#) using shared clinical decision-making.**
 - Individuals and their providers should consider the patient’s [risk for severe RSV disease](#).
 - Older adults at highest risk of severe disease due to RSV include those with cardiopulmonary disease and those living in long-term care facilities.
 - **Infants have two options to protect against RSV-associated lower respiratory tract disease: [RSV vaccine for pregnant people](#) and [nirsevimab for infants](#).** Administration of both products is not needed for most infants.
 - Pregnant people 32-36 weeks gestation should receive [RSV vaccination](#). GSK Arexvy **is not** approved or recommended for use in pregnant people.
 - Nirsevimab is recommended for infants < 8 months, and some infants aged 8-19 months at [increased risk](#).
 - Providers should use available nirsevimab doses expeditiously rather than reserving nirsevimab doses for infants born later in the season.
 - In settings with limited nirsevimab availability during 2023–2024, please see the recent [CDC HAN Health Advisory about limited availability of nirsevimab in the United States](#) and [American Academy of Pediatrics resources](#) for further guidance.
 - Neither Pfizer Abrysvo nor GSK Arexvy is approved for infants or children.
- **Leverage all available tools to increase immunizations against influenza, COVID-19, and RSV including [CDC developed communication resources](#).**
- **Recommend antiviral medications to eligible 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.** These medications are most effective when treatment is started as early as possible after symptom onset.
 - [Antiviral treatment of influenza](#) is recommended as soon as possible for persons who are at [higher risk for influenza complications](#). Persons with influenza who are not at higher risk and within 2 days of symptom onset can be prescribed antiviral treatment based upon clinical judgement to shorten their illness duration.

- COVID-19 antivirals are [recommended for treatment of mild to moderate COVID-19 in individuals at increased risk of severe illness](#) and can reduce the risk of hospitalization for [a wide range of patients](#), including those who are aged ≥ 50 years and people with various medical conditions.
- COVID-19 antivirals can be taken safely even with many other medications. Clinicians should [evaluate drug-drug interactions](#) as some medications may need to be stopped or changed.
- COVID-19 antivirals can be accessed from providers, telehealth such as the [free Home Test to Treat program](#) (COVID-19 and influenza testing and antivirals available), [test-to-treat sites](#), pharmacies with clinics, and [U.S. Government Patient Assistance Program](#) and manufacturer access programs.
- **Counsel patients about the importance of layered approaches combining vaccinations with [everyday preventive actions](#)** to protect themselves against respiratory diseases including the use of a well-fitting, high-quality mask in crowded spaces and indoor crowded areas, covering coughs and sneezes, improving ventilation in home and work environments, washing hands, testing and seeking treatment early, if eligible.

Background

CDC is tracking increased [respiratory disease activity](#) in the United States for several respiratory pathogens. Influenza, COVID-19, and RSV can result in severe disease, especially among unvaccinated persons. Infants, older adults, pregnant people, and people with certain underlying medical conditions remain at increased risk of severe COVID-19 and influenza disease. Infants and older adults also remain at highest risk of severe RSV disease; it is the leading cause of infant hospitalization in the United States. In the past 4 weeks, hospitalizations among all age groups nationally increased by [200% for influenza](#), [51% for COVID-19](#), and [60% for RSV](#). To date, 12 pediatric influenza deaths have been reported nationally during the 2023–2024 season. High RSV activity is also occurring across much of the United States. [Locally in King County](#), COVID-19 continues to circulate and infections due to influenza and RSV are elevated. As of December 14, 2023, only 22% of King County residents have received a dose of the updated 2023-24 COVID-19 vaccine including 54% of residents aged ≥ 65 years. About 33% of King County residents have received a dose of the influenza vaccine. Among King County residents aged ≥ 60 years, 18% received a dose of the RSV vaccine. Nationally, it is estimated that 5.8% of pregnant persons have received a dose of the RSV vaccine. 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 risk of [MIS-C](#) and [post-COVID conditions](#).

Resources

Respiratory Diseases

- [Respiratory virus data dashboards: COVID-19, Influenza, and RSV - King County, Washington](#)
- [Respiratory Illness Data Dashboard | Washington State Department of Health](#)
- [Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season| CDC](#)
- [Urgent Need to Increase Immunization Coverage for Influenza, COVID-19, and RSV and Use of Authorized/Approved Therapeutics in the Setting of Increased Respiratory Disease Activity During the 2023 – 2024 Winter Season | CDC](#)

Influenza

- [Find a flu vaccine in King County](#)
- [Flu resources for health care professionals - King County, Washington](#)
- [Influenza vaccination dashboard | Washington State Department of Health](#)

COVID-19

- [COVID-19 Vaccination Clinics in King County](#)
- [COVID-19 Resources for healthcare and homeless service providers](#)
- [COVID-19 Data – King County, Washington](#)

RSV

- [RSVVaxView: Weekly Respiratory Syncytial Virus \(RSV\) Vaccination Dashboard | CDC](#)
- [RSV Information for Healthcare Providers | CDC](#)
- [RSV Trends and Surveillance | CDC](#)
- [Nirsevimab Administration Visual Guide | American Academy of Pediatrics](#)

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