



**Indiana**  
**Department**  
**of**  
**Health**

# RESPIRATORY DISEASE SEASON

**SHIREESHA VUPPALANCHI, M.D.**  
MEDICAL DIRECTOR

09/21/2023

OUR MISSION:

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION:

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



## What's happening near you

Indiana



Marion County




Submit

[Reset](#)

## Low overall respiratory illness activity in Indiana

Based on healthcare visits for [fever and cough or sore throat](#):

 Now is a good time to get your recommended vaccinations before respiratory illness is more widespread to reduce your risk of serious illness.


Find more respiratory illness data, including a national overview


[Weekly Viral Respiratory Illness Snapshot](#)




## Illness trends in Indiana

Based on visits to [emergency departments](#):

 Flu  
INCREASING

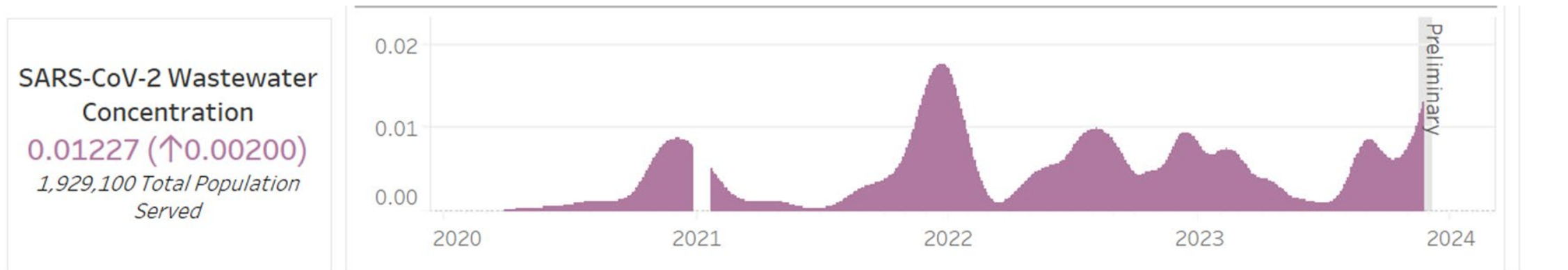
 RSV  
INCREASING

 COVID-19  
INCREASING



# Wastewater monitoring COVID-19 Indiana

Below results are as of 11/28/2023, 11:59 PM. Dashboard updates by 5 p.m. on Wednesdays.



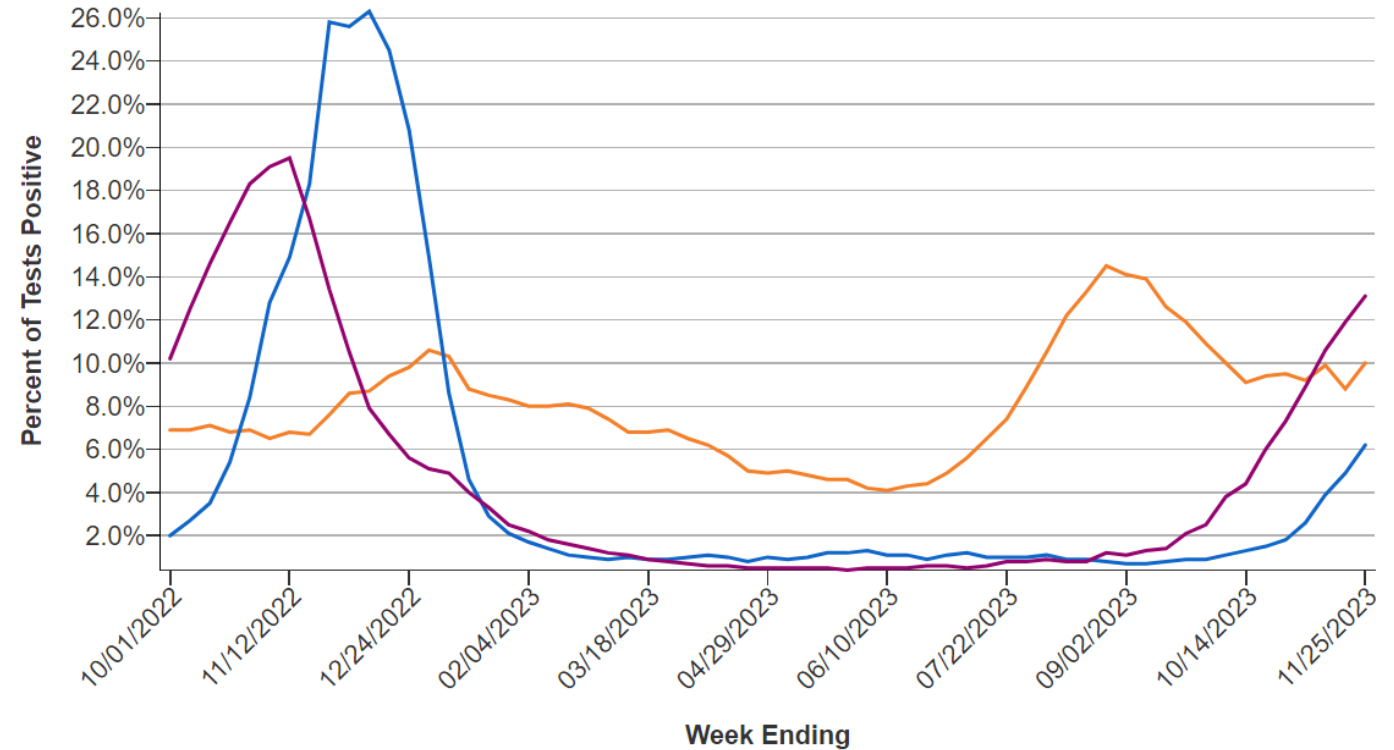
All numbers are provisional and reflect only those reported to IDOH. Numbers should not be characterized as a comprehensive total and may change as more data is reported.

## [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov/respiratory)



# Percent of Tests Positive for Respiratory Viruses

Weekly percent of tests positive for the viruses that cause COVID-19, influenza, and RSV at the national level.



● COVID-19 ● Influenza ● RSV

Data for recent weeks may be incomplete due to delays in reporting. These preliminary may change as more data become available.

Data presented through: 11/25/2023; Data as of: 11/30/2023

[Dataset on data.cdc.gov](https://data.cdc.gov) | [Link to Dataset](#)

## [Respiratory Virus Activity Levels \(cdc.gov\)](https://www.cdc.gov)

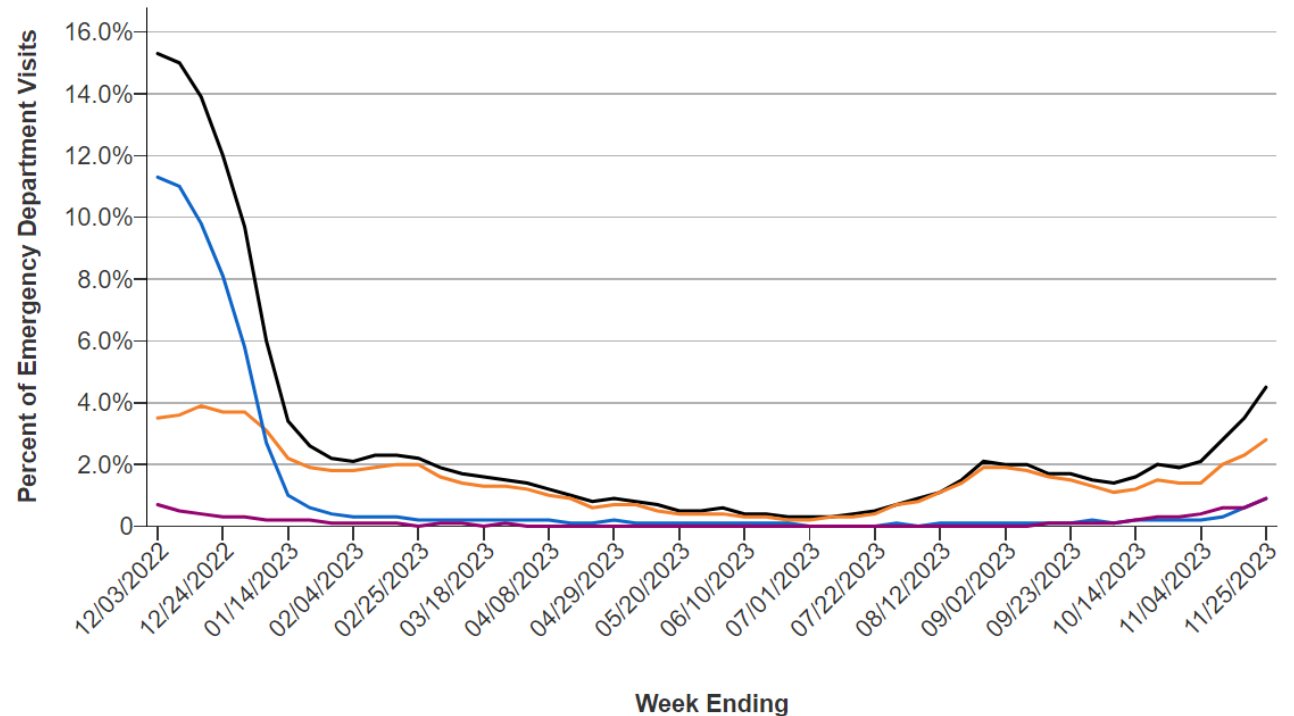


# Emergency Department Visits for Viral Respiratory Illness

Weekly percent of total emergency department visits associated with COVID-19, influenza, and RSV.

State/Territory

Indiana



● Combined ● COVID-19 ● Influenza ● RSV

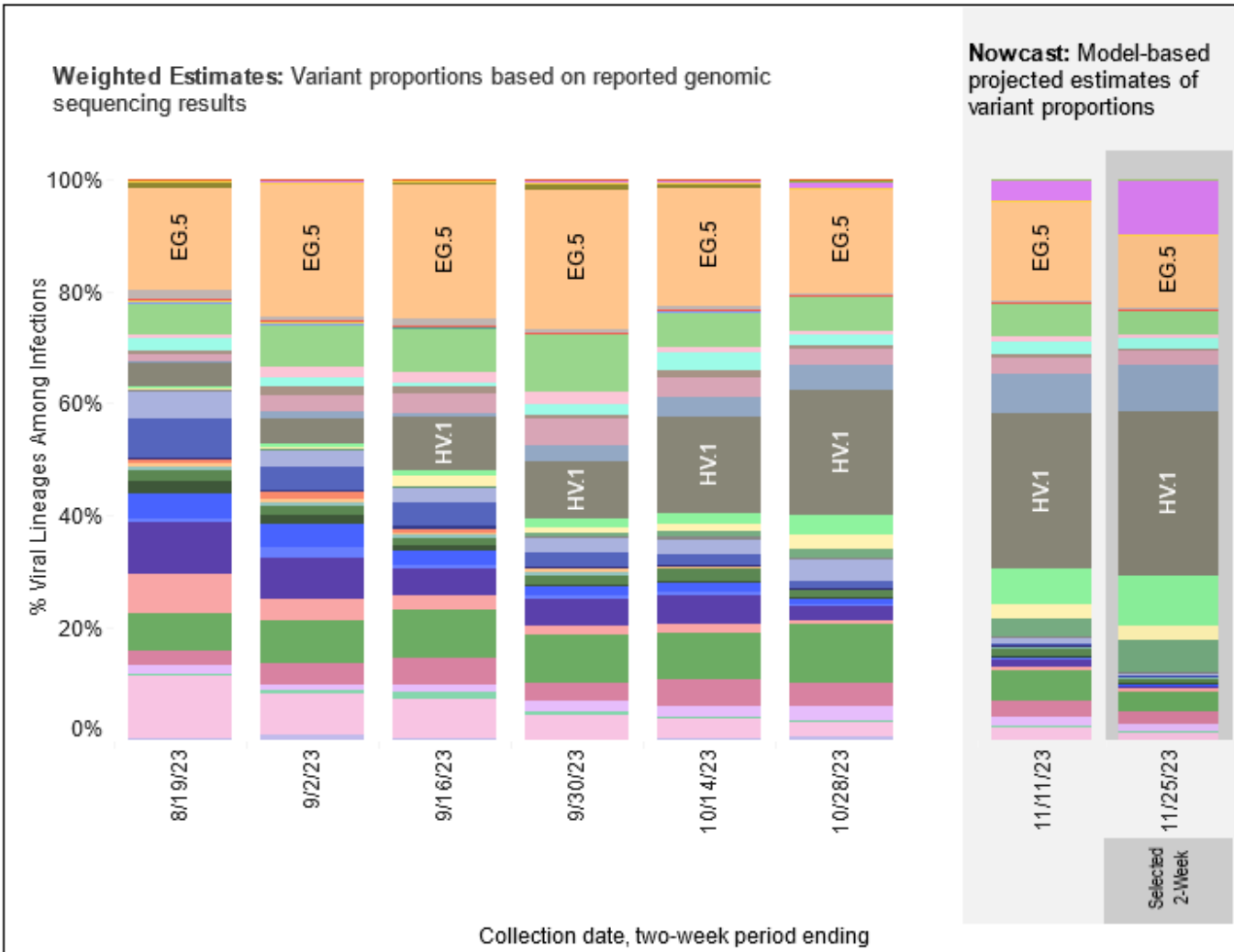
Data presented through: 11/25/2023; Data as of: 11/29/2023

[Dataset on data.cdc.gov](#) | [Link to Dataset](#)

# Weighted Estimates in HHS Region 5 for 2-Week Periods in 8/6/2023 – 11/25/2023

# Nowcast Estimates in HHS Region 5 for 11/12/2023 – 11/25/2023

Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



## Region 5 - Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

WHO label	Lineage #	%Total	95%PI
Omicron	HV.1	29.2%	25.0-33.9%
	EG.5	13.0%	11.3-15.0%
	BA.2.86	9.8%	4.3-20.0%
	JD.1.1	9.0%	6.5-12.2%
	HK.3	8.3%	6.1-11.2%
	JG.3	5.7%	3.3-9.6%
	FL.1.5.1	4.5%	3.8-5.3%
	XBB.1.16.6	3.7%	2.7-5.0%
	JF.1	2.6%	1.8-3.8%
	HF.1	2.2%	1.2-4.1%
	XBB.1.16.11	2.2%	1.6-2.9%
	GK.1.1	2.0%	1.2-3.2%
	XBB.2.3	1.5%	1.1-2.0%
	XBB.1.16.15	1.2%	0.7-2.0%
	XBB.1.5.70	1.1%	0.6-2.0%
	XBB.1.16	0.6%	0.4-0.9%
	GE.1	0.6%	0.4-0.8%
	XBB	0.6%	0.4-0.8%
	GK.2	0.4%	0.3-0.6%
	XBB.1.16.1	0.4%	0.3-0.5%
	XBB.1.9.1	0.2%	0.1-0.3%
	EG.6.1	0.2%	0.1-0.3%
	CH.1.1	0.2%	0.1-0.3%
	XBB.1.5	0.2%	0.1-0.2%
	XBB.1.5.68	0.1%	0.1-0.2%
	XBB.2.3.8	0.1%	0.0-0.4%
	XBB.1.9.2	0.1%	0.0-0.1%
	XBB.1.5.72	0.1%	0.0-0.1%
	XBB.1.42.2	0.1%	0.0-0.1%
	XBB.1.5.59	0.0%	0.0-0.1%
	XBB.1.5.10	0.0%	0.0-0.0%
	XBB.1.5.1	0.0%	0.0-0.1%
	FD.1.1	0.0%	0.0-0.0%
FE.1.1	0.0%	0.0-0.0%	
EU.1.1	0.0%	0.0-0.0%	
Other	Other*	0.1%	0.0-0.2%



# BA.2.86

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- Since the CDC's first post on BA.2.86 in August 2023, the proportion of infections caused by BA.2.86 has slowly increased. In the CDC Nowcast posted Nov. 27, 2023, BA.2.86 is projected to account for 5-15% of currently circulating variants.
- CDC projects BA.2.86 and its offshoots like JN.1 will continue to increase as a proportion of SARS-CoV-2 genomic sequences.
- It is not possible at this time to know whether BA.2.86 infection produces different symptoms from other variants. In general, symptoms of COVID-19 tend to be similar across variants. The types of symptoms and how severe they are usually depend more on a person's immunity than which variant causes the infection.
- Regardless of what variants happen, CDC will continue to track them, working closely with partners around the world to understand how they are spreading and how they respond to vaccines and treatments.

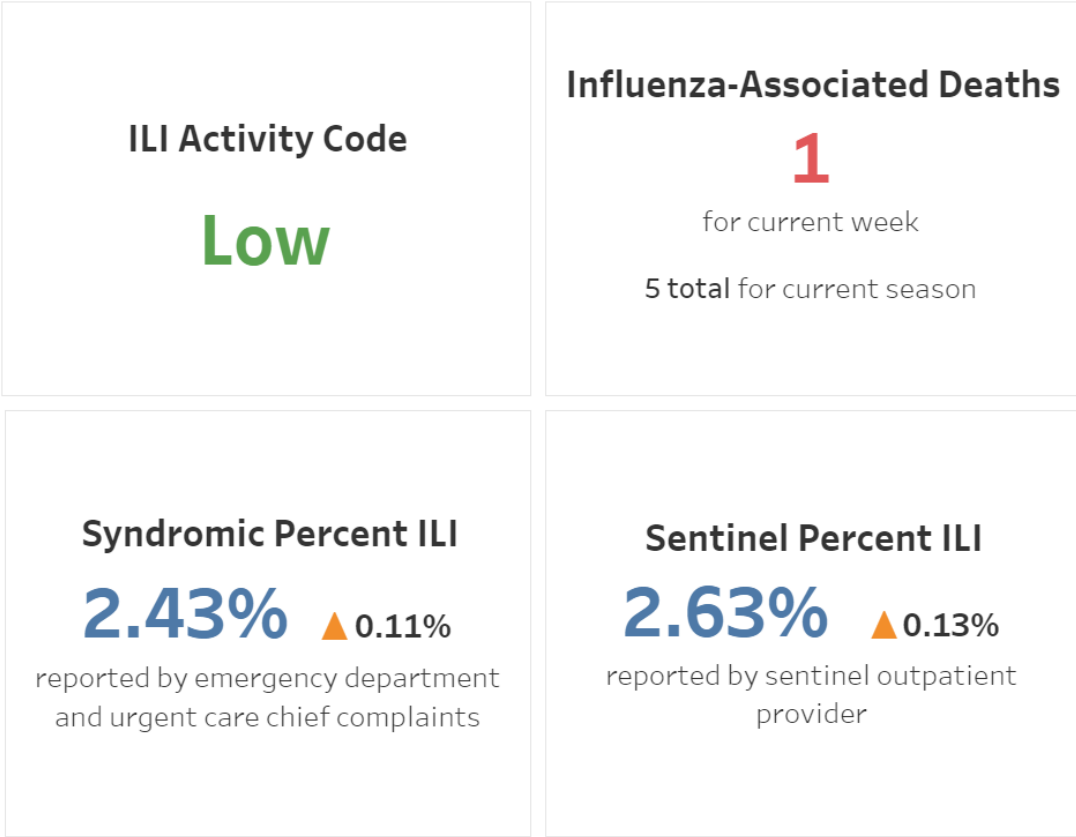


# BA.2.86

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- At this time, BA.2.86 does not appear to be driving increases in infections or hospitalizations in the United States.
- CDC contributed to and agrees with the World Health Organization's recent risk assessment about BA.2.86 suggesting that the public health risk posed by this variant is low compared with other circulating variants, based on available limited evidence.
- Updated COVID-19 vaccines are expected to increase protection against BA.2.86, as they do for other variants.
- As mentioned in previous updates, COVID-19 tests and treatments are expected to be effective against this variant, including its offshoot JN.1.

# Influenza Deaths in Indiana this season



*\*Data is from several surveillance programs (such as Syndromic Surveillance, Sentinel Surveillance, Virology Surveillance, and Mortality records) are analyzed to produce this dashboard.*



# Morbidity from RSV

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- Respiratory syncytial virus (RSV) causes substantial morbidity and mortality in older adults. Among 1,634 patients aged  $\geq 60$  years hospitalized with RSV, 54% were aged  $\geq 75$  years, and 17% resided in long-term care facilities (LTCFs). Obesity, chronic obstructive pulmonary disease (COPD), and congestive heart failure (CHF) were common underlying conditions.
- During February 2022–May 2023, hospitalizations for RSV were less frequent but were associated with more severe disease than were hospitalizations for COVID-19 or influenza, including receipt of standard flow oxygen therapy, high-flow nasal cannula or noninvasive ventilation, and intensive care unit admission.

[hospitalizations-by-vaccination-status-report.pdf \(cdc.gov\)](https://www.cdc.gov/hospitalizations-by-vaccination-status-report.pdf)

In January 2023, compared to adults ages 18 years and older who received an updated COVID-19 bivalent booster dose, monthly rates of COVID-19-associated hospitalizations were 10.9x Higher in Unvaccinated and 1.5x Higher in Vaccinated Adults without an updated booster.



Reset Filters

View

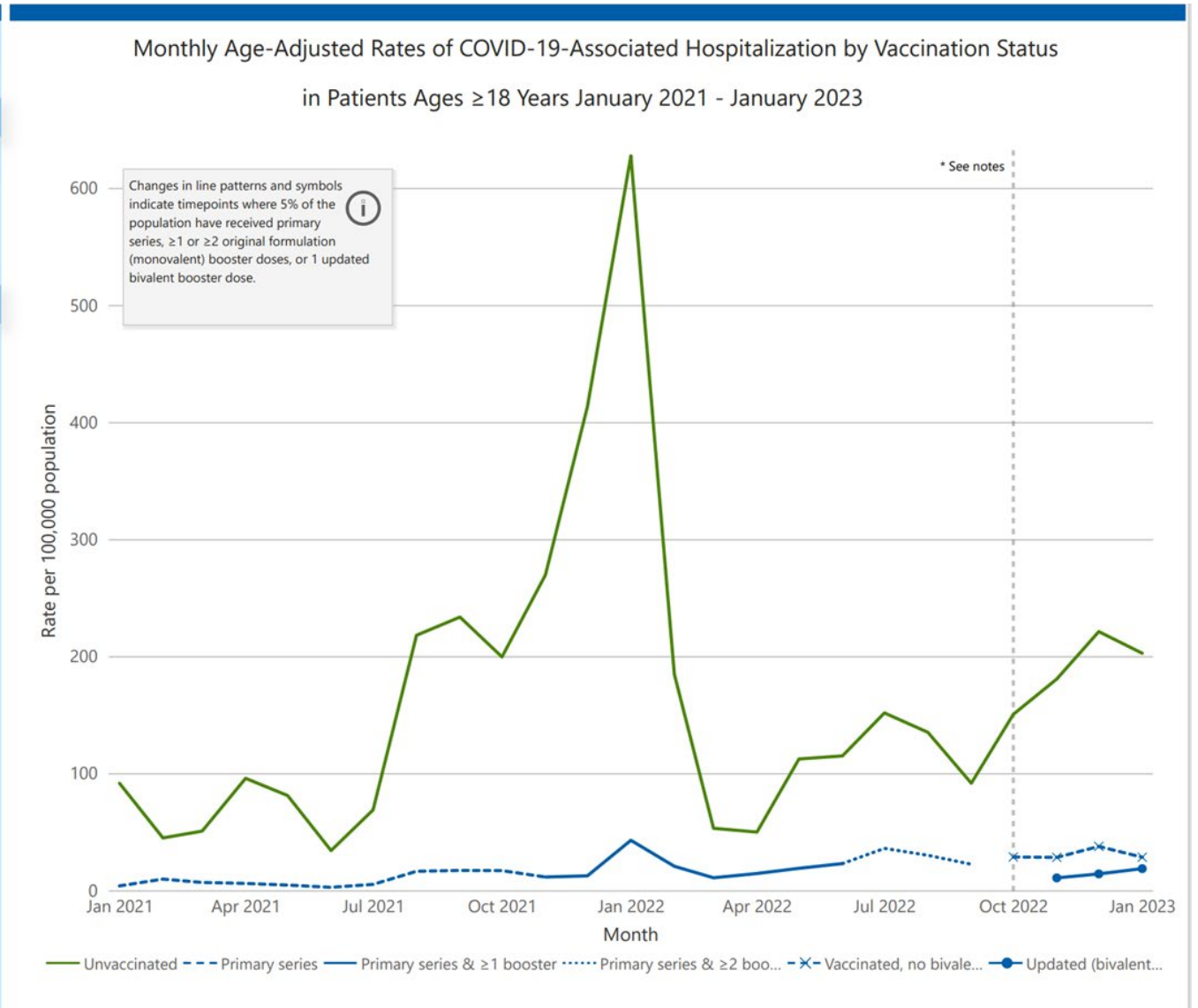
Age-Adjusted Rates

Filters

Season  
All

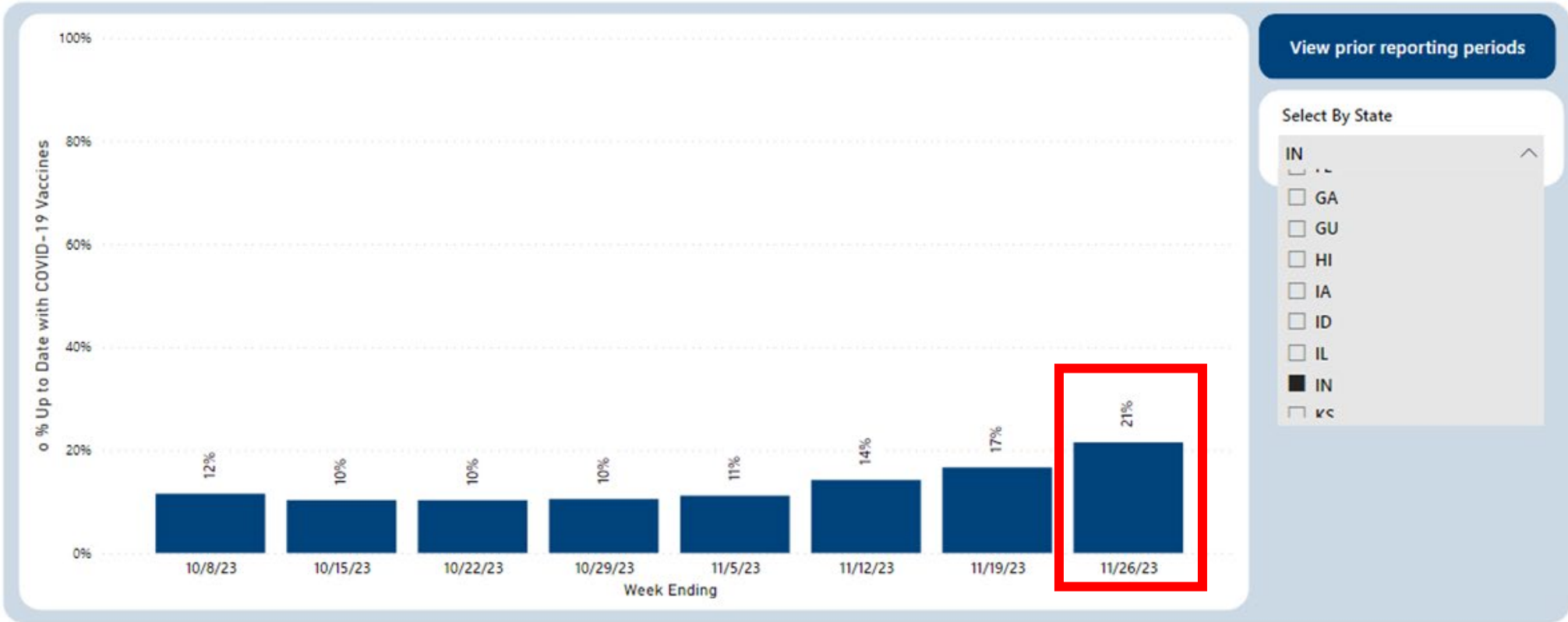
Vaccine Status  
All

Age Group  
≥18 Years





# Percentage of Nursing Home Residents Who Are Up to Date with COVID-19 Vaccines, by Week – IN



View prior reporting periods

Select By State

- AL
- GA
- GU
- HI
- IA
- ID
- IL
- IN
- KS

1. The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.

2. Up to date calculation excludes individuals with medical contraindication from denominator.

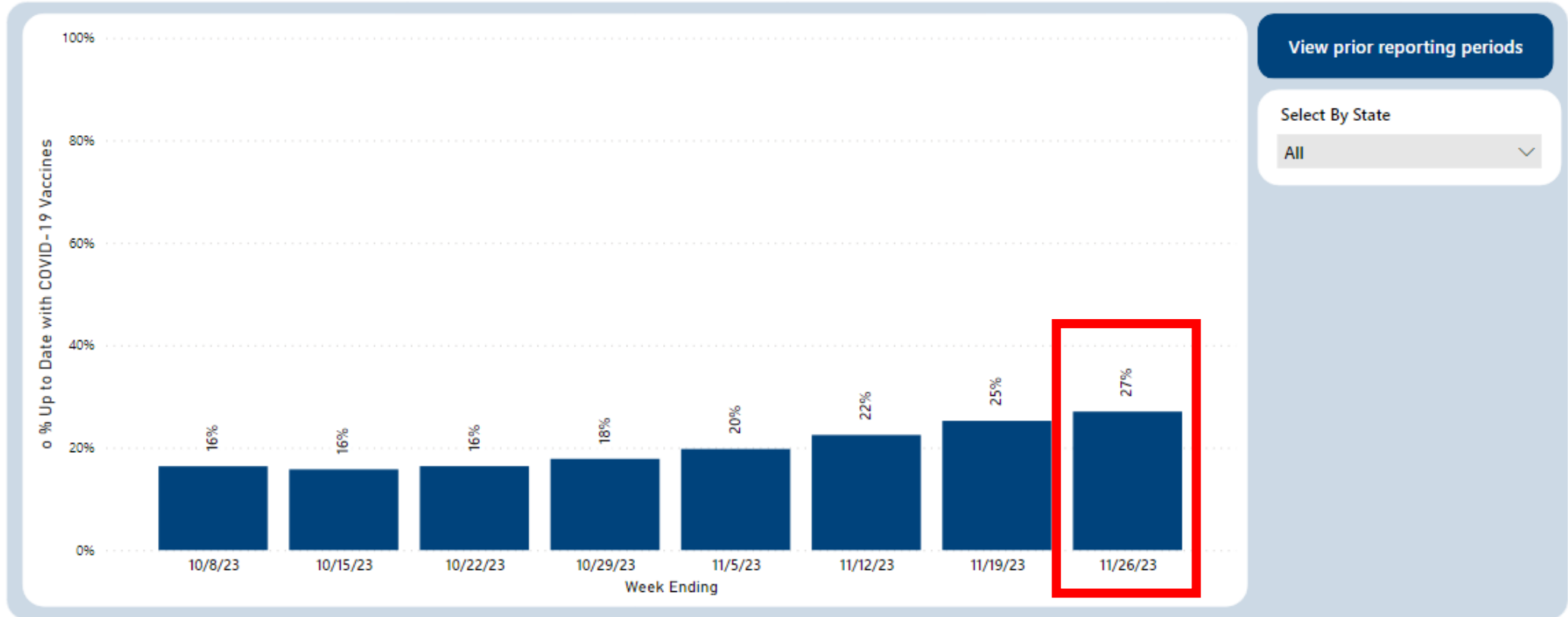
3. Data that fail certain quality checks or appear inconsistent with NHSN surveillance protocols are excluded.

Data as of 11/27/2023 5:30 AM





# Percentage of Nursing Home Residents Who Are Up to Date with COVID-19 Vaccines, by Week – United States



View prior reporting periods

Select By State  
All

1. The NHSN surveillance definition of Up to Date is updated quarterly to incorporate CDC guidance changes. See [here](#) for NHSN surveillance definitions, including up to date, by reporting quarter. Data for the most recent week are still accruing.
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Data as of 11/27/2023 5:30 AM



### Week Ending Date

Week_ending	National, 18+ years	National, 18-29 years	National, 18-49 years	National, 30-39 years	National, 40-49 years	National, 50-64 years	National, 60+ years	National,
9/30/2023	3.0%	0.8%	1.4%	0.9%	2.0%	3.9%	6.0%	
10/7/2023	4.3%	1.3%	2.1%	2.6%	2.0%	4.1%	9.0%	
10/14/2023	6.4%	1.8%	2.8%	3.3%	2.9%	6.2%	13.5%	
10/21/2023	8.5%	2.3%	3.7%	4.2%	4.2%	9.4%	17.4%	
10/28/2023	9.7%	2.8%	4.4%	5.0%	5.0%	10.8%	19.6%	
11/4/2023	13.3%	3.9%	7.0%	7.7%	9.9%	14.5%	25.0%	
11/11/2023	14.6%	4.2%	7.8%	8.7%	10.6%	16.4%	27.5%	
11/18/2023	15.7%	4.5%	8.6%	10.8%	10.9%	17.0%	29.6%	

# Flu Vaccine Effectiveness

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- While vaccine effectiveness (VE) can vary, recent studies show that flu vaccination reduces the risk of flu illness by between 40% and 60% among the overall population during seasons when most circulating flu viruses are well-matched to those used to make flu vaccines.
- Flu vaccination has been shown in several studies to reduce the severity of illness in people who get vaccinated but still get sick.
- Flu vaccination is an important preventive tool for people with certain chronic health conditions.
- Flu vaccination can reduce the risk of flu-associated hospitalization.



# This Season's Flu Vaccine

## Summary

### What is already known about this topic?

Effectiveness of seasonal influenza vaccine varies by season and circulating virus type.

### What is added by this report?

The 2023 Southern Hemisphere seasonal influenza vaccine reduced the risk for influenza-associated hospitalizations by 52%. Circulating influenza viruses were genetically similar to those targeted by the 2023–24 Northern Hemisphere influenza vaccine formulation. This vaccine might offer similar protection if these viruses predominate during the coming Northern Hemisphere influenza season.

### What are the implications for public health practice?

Vaccination remains one of the most effective ways to protect against influenza-associated complications. In anticipation of Northern Hemisphere influenza virus circulation, CDC recommends that health authorities encourage U.S. health care providers to administer seasonal influenza vaccine to all eligible persons aged  $\geq 6$  months.



[Interim Effectiveness Estimates of 2023 Southern Hemisphere Influenza Vaccines in Preventing Influenza-Associated Hospitalizations — REVELAC-i Network, March–July 2023 | MMWR \(cdc.gov\)](#)

# Recent COVID-19 infection

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- If you were just diagnosed with COVID-19, wait until you are out of isolation if you would like to get the vaccine.
- You should get a COVID-19 vaccine even if you already had COVID-19.
- Getting a COVID-19 vaccine after you recover from COVID-19 infection provides added protection against COVID-19. You may consider delaying your vaccine by 3 months. However, certain factors could be reasons to get a vaccine sooner rather than later, such as
  - personal risk of severe disease
  - risk of disease in a loved one or close contact
  - local COVID-19 hospital admission level
  - and the most common COVID-19 variant currently causing illness
- People who already had COVID-19 and do not get vaccinated after their recovery are more likely to get COVID-19 again than those who get vaccinated after their recovery.

# Getting multiple vaccines at the same time is safe

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- Scientific studies during the last three years indicate that it is safe to get both a flu vaccine and a COVID-19 vaccine at the same visit. There is no recommended waiting period between getting a COVID-19 vaccine and other vaccines.
- Coadministration of flu vaccines and the new RSV vaccines was also found to be safe in clinical trials.
- While there is no clinical trial data on getting all three vaccines at the same time, the CDC is continuing to monitor the safety of RSV vaccines, as it does for all vaccines.



[Frequently Asked Questions about COVID-19 Vaccination | CDC](#)

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[Getting Flu, COVID-19, and RSV Vaccines at the Same Time | CDC](#)

# Getting multiple vaccines at the same time is safe

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- For some people, getting all of your recommended vaccines at a single appointment (often called coadministration) is the easiest way to stay up to date. The good news is that you may be able to get the flu, COVID-19, and RSV vaccines at the same time.
- Getting multiple vaccines at the same visit may increase the risk of some side effects from vaccination.
  - In one study, people were slightly more likely to have side effects when an mRNA COVID-19 vaccine was given along with a flu vaccine compared to people who got a COVID-19 vaccine alone.
  - In clinical trials, people were slightly more likely to have side effects when flu and RSV vaccines were coadministered.
  - When side effects do occur, they are typically mild to moderate, like arm pain, swelling, headache, and fatigue.
  - These side effects are usually short-lived.
- For people at higher risk of becoming seriously sick from flu, COVID-19, or RSV, the benefits of timely protection likely outweigh the possible risks of increased side effects.



# RSV Vaccine






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- On June 21, 2023, ACIP recommended that adults aged  $\geq 60$  years may receive a single dose of RSV vaccine, using shared clinical decision-making
- The efficacy of 1 dose of the RSV vaccine in preventing symptomatic, laboratory-confirmed RSV-associated LRTD was over 80%

# Fall respiratory season

## WHAT YOU NEED TO KNOW ABOUT FALL VACCINES 2023

Immunizations have been shown to lower risk of severe disease. Speak to your health care provider about the best timing for you.

Vaccine	Who	What	When
 <b>FLU</b>	People 6 months and older, adults over 65 may choose to get higher dose	One dose that targets multiple flu strains	During fall and winter respiratory disease season
 <b>COVID</b>	Everyone aged 6 years and older should get 1 updated Pfizer-BioNTech or Moderna COVID-19 vaccine to be up to date.	2023–2024 updated COVID-19 vaccines	During fall and winter respiratory disease season
 <b>RSV</b>	Adults over 60	One dose vaccine	During fall and winter respiratory disease season
 <b>RSV</b>	Pregnant women at 32-36 weeks	One dose vaccine	September to January
 <b>RSV</b>	Infants 19 months and younger	Monoclonal antibody shot	During fall and winter respiratory disease season

[23\\_FALL-immunizations\\_11-30 \(in.gov\)](https://www.in.gov/23_FALL-immunizations_11-30)

# Influenza treatment

Most beneficial when started within two days of getting symptoms.

- Antiviral drugs can lessen fever and other symptoms and shorten the time you are sick by about one day.
- They also can prevent serious flu complications, like pneumonia when treatment is started early.
- For people at high risk of serious flu complications, early treatment with an antiviral drug can decrease the severity of illness, reduce the chance of hospitalizations, risk of death.

There are four FDA-approved influenza antiviral drugs recommended by CDC:

- Oseltamivir (available as a generic version or under the trade name Tamiflu®), pill or liquid
- Zanamivir (trade name Relenza®): inhaled powder
- Peramivir (trade name Rapivab®): given IV by a healthcare provider
- Baloxavir marboxil (trade name Xofluza®): single oral pill

# COVID-19 Treatment

- Treatment must be started within 5–7 days of when you first develop symptoms.
- Now distributed under commercial market.
- Individuals on Medicare, Medicaid, and those who are uninsured will continue to be able to access HHS-procured Paxlovid for free through the end of 2024 via a patient assistance program.

Treatment	Who (Among persons who are at high risk of getting sick)	When	How
<a href="#">Nirmatrelvir with Ritonavir (Paxlovid)</a> ☑️ <i>Antiviral</i>	Adults; children ages 12 years and older	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)
<a href="#">Remdesivir (Veklury)</a> ☑️ <i>Antiviral</i>	Adults and children	Start as soon as possible; must begin within 7 days of when symptoms start	Intravenous (IV) infusions at a healthcare facility for 3 consecutive days
<a href="#">Molnupiravir (Lagevrio)</a> ☑️ <i>Antiviral</i>	Adults	Start as soon as possible; must begin within 5 days of when symptoms start	Taken at home by mouth (orally)





# COVID-19 guidance

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[COVID-19 LTC guidance refresher](#) was presented on the IHCA webinar on 8-24-23. The guidance starts on slide 30 on the link

# Barriers to Vaccine uptake

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- Hesitancy/ fatigue/ knowledge gaps
- Availability of vaccines:
  - They are now distributed via the commercial market.
  - CDC's Bridge Access Program provides free COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs
- Any others?

# OTC eye drops recall due to risk of eye infections

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Nov 3, 2023

- The U.S. Food and Drug Administration (FDA) issued a warning to not purchase and to immediately stop using [26 over-the-counter eye drop products](#) due to potential for risk of eye infections that could result in vision loss
- The agency investigators found positive bacterial test results from environmental sampling of critical drug production areas in the manufacturing facility
- FDA recommended the manufacturer recall all lots and the manufacturers have been compliant (see link below for full information)



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[FDA warns consumers not to purchase or use certain eye drops from several major brands due to risk of eye infection | FDA](#)

# FDA Safety Communication

- The U.S. Food and Drug Administration (FDA) is warning consumers, healthcare providers, and healthcare facilities not to use recalled saline (0.9% sodium chloride) and sterile water medical products manufactured by Nurse Assist, LLC, and sold under various brands.
- To date, Nurse Assist, LLC has not received any reports of adverse events for these products. The product was distributed in the United States and Canada. Recalled product was distributed from November 1, 2021 to September 18, 2023.
- Reports of HAIs associated with use of these recalled products can be transmitted via [MedWatch](#).
- On November 6, 2023, Nurse Assist, LLC announced a voluntary recall of the following water-based medical products because the products **may not be sterile**:
  - 0.9% Sodium Chloride Irrigation USP (100 mL bottles, 250 mL bottles, 500 mL bottles, 1000 mL bottles, 3.1oz spray can, 7.1oz spray can, 3mL syringes, 5mL syringes, and 10mL syringes);
  - Sterile Water for Irrigation USP (100 mL bottles, 250 mL bottles, 500 mL bottles, 1000 mL bottles, 120 mL cups, 10mL syringes, and 30mL syringes).
  - These products were sold under the following brands: Nurse Assist, Cardinal, Covidien, Halyard Owens Minor, Idexx, Mac Medical, McKesson, Medichoice Owens Minor, Medline, Sol, SteriCare, Trudell, and Vyaire. The recalled products may be available as individual units or may be included as part of a kit.



[Do Not Use Certain Brands of Saline and Sterile Water Medical Products by Nurse Assist Because They May Not Be Sterile: FDA Safety Communication | FDA](#)

[Nurse Assist, LLC Issues Recall of 0.9% Sodium Chloride Irrigation USP and Sterile Water for Irrigation USP Nationwide and to Canada | FDA](#)

# Questions?

## CONTACT:

**Shireesha Vuppalanchi, MD**

Medical Director

[svuppalanchi@health.in.gov](mailto:svuppalanchi@health.in.gov)

