



**COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT**

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## **PROVIDER HEALTH ADVISORY**

**Date:** October 5, 2021

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### **Influenza and Respiratory Syncytial Virus (RSV) Update and Guidance**

The California Department of Public Health has issued an update on influenza and Respiratory Syncytial Virus (RSV) activity in California and provided guidance for clinicians regarding testing, vaccination, and opportunities to prevent the spread of disease.

Key messages:

- Respiratory syncytial virus (RSV) and other respiratory viruses besides SARS-CoV-2 are circulating in California and causing potentially serious illnesses in infants and older adults.
- Test for influenza and RSV, and consider testing for other respiratory pathogens, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.
- Routine testing for influenza is important for tracking influenza activity, which is currently low.
- Vaccinate Californians 6 months and older against influenza. Influenza vaccine and COVID-19 can be co-administered.
- Encourage parents and caregivers to keep young children with acute respiratory illnesses out of childcare, even if they have tested negative for SARS-CoV-2.
- Discourage health care personnel, childcare providers, and staff of long-term care facilities from working while acutely ill, even if they have tested negative for SARS-CoV-2.

For details and related resources, please see the attached three-page advisory.

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GAVIN NEWSOM  
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**Health Advisory: Influenza and Respiratory Syncytial Virus Activity and Guidance for Clinicians**  
**September 27, 2021**

**Key messages**

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- Test for influenza and RSV, and consider testing for other respiratory pathogens, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.
- Routine testing for influenza is important for tracking influenza activity, which is currently low.
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- Encourage parents and caregivers to keep young children with acute respiratory illnesses out of childcare, even if they have tested negative for SARS-CoV-2.
- Discourage health care personnel, childcare providers, and staff of long-term care facilities from working while acutely ill, even if they have tested negative for SARS-CoV-2.

**Summary**

Routine respiratory virus incidence and seasonality have been disrupted during the COVID-19 pandemic. Transmission of influenza and other respiratory viruses could increase this fall and winter. Testing for influenza and RSV is recommended, and testing for other respiratory pathogens should be considered, especially in patients with respiratory illnesses who test negative for SARS-CoV-2.

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia in infants and causes severe disease in adults older than age 65 years. Although RSV typically circulates during the winter, [RSV infections have increased](#) in recent months [throughout the United States](#). In the week ending September 18, 2021, 8.8% of respiratory illness specimens in California tested positive for RSV, versus <1% in previous years. This level of positivity is usually not seen before early-December (Figure).

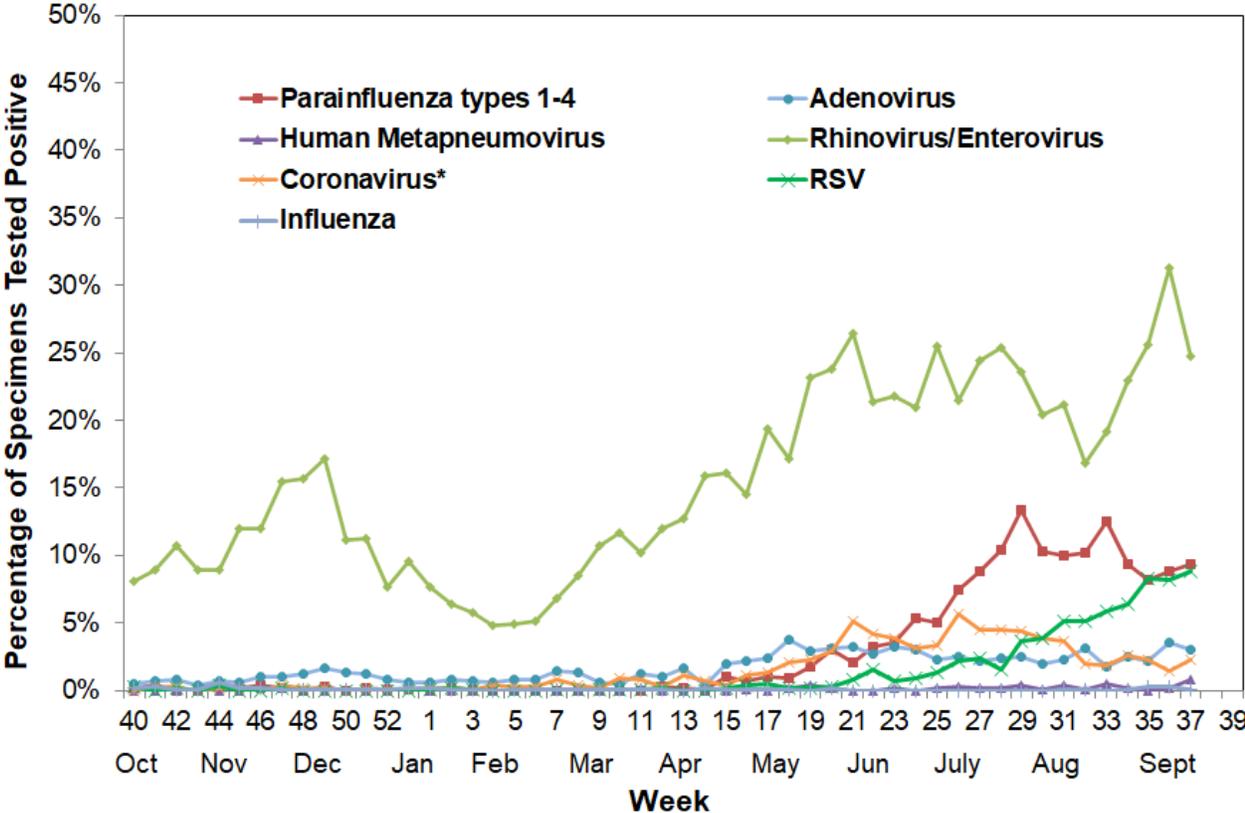
CDC estimates that annually from 2010 to 2020, seasonal influenza resulted in up to 45 million illnesses, 810,000 hospitalizations and 61,000 deaths in the United States, especially in adults 65 years and older, children less than 5 years, pregnant people, and persons with certain chronic medical conditions. Influenza activity remains low in California, with <1% of specimens testing positive during the week ending September 18, 2021 (Figure), but it is difficult to predict the level of activity this fall and winter.

Additional respiratory viruses have been circulating in California during the summer of 2021, including rhinoviruses and enteroviruses, parainfluenza viruses, adenoviruses, and non-SARS-CoV-2 coronaviruses.



CDPH recommends annual influenza vaccination for everyone six months of age and older. Influenza vaccine [can be coadministered](#) with COVID-19 vaccine without regard to timing. Antiviral treatment is available for the treatment of influenza infections. Palivizumab prevents severe RSV illness in infants and young children who are at high risk. The American Academy of Pediatrics (AAP) has published [interim guidance for using palivizumab during the current increase in RSV infections](#) to supplement its [standard recommendations for prophylaxis](#), and CDPH has released a [Health Advisory](#) highlighting these recommendations. Persons with acute respiratory symptoms should stay home while ill, especially those who work in health care or long-term care, and those who attend or work in childcare.

**Figure: Percentage of Respiratory Pathogen Detections at Clinical Sentinel Laboratories, 2020–2021**



\*Coronaviruses identified include common human coronaviruses 229E, NL63, OC43, and HKU1 and do NOT include SARS-CoV-2

**For more information**

- [Influenza \(Flu\) | CDC](#)
- [Who Needs a Flu Vaccine and When | CDC](#)
- [People at Higher Risk of Flu Complications | CDC](#)
- [What You Should Know About Flu Antiviral Drugs | CDC](#)
- [RSV \(Respiratory Syncytial Virus\) | CDC](#)

- [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization from Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread \(aap.org\)](#)
- [CDPH Health Advisory: Off-Season Respiratory Syncytial Virus Infections and Use of Palivizumab](#)
- [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection | American Academy of Pediatrics \(aappublications.org\)](#)
- [Changes in Influenza and Other Respiratory Virus Activity During the COVID-19 Pandemic — United States, 2020–2021 | MMWR \(cdc.gov\)](#)