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Questions	Answers
<p><b>Do we have to worry about any of these viruses recombining together?</b></p>	<p>People can get co-infections. Flu and COVID, RSV and COVID, etc. - not to mention the other respiratory viruses that. So, yes, you can get co-infected with one or more of these viruses.</p>
<p><b>We are seeing several pediatricians stating "suspected RSV" without actually testing. Is there a current or anticipated shortage on testing supplies?</b></p>	<p>No shortage is expected/known. Testing should be taking place. Please test! This way someone can rule out COVID and flu. Most places have the triple panel test and it should be used.</p>
<p><b>What is being done by hospitals across the state to optimize pediatric hospital beds/capacity?</b></p>	<p>Conversations have started and they need to be multipronged conversations. They are conversations that need to be had and may not solve things for this surge. But, hopefully for the 2023/2024 surge we will be able to address this. We need to have a legislative environment that protects pediatric beds and some of this includes hospitals cross training staff. While we have the COVID emergency declaration, if you can staff the beds, you can open more beds under this declaration. But, it often comes down to staffing. It will take a village - not just one state agency or institution that does thing differently to solve this problem.</p>
<p><b>What is the state doing?</b></p>	<p>Part of what we are doing is webinars like the webinar held 11.7.22. Messaging and asking pediatricians to have those conversations about masking, vaccinating, not delaying vaccines, the time is now. We are talking to our different state agencies, clinical leaders/CMOs, etc. to see if we can come up with solutions that work and get a pulse on what is happening. We also have a dashboard to see where pediatric beds are. But, hospitals need to put in timely data there in order for that tool to work as it should.</p>
<p><b>Is the hospitalization rate higher for unvaccinated children under the age of 5 years old?</b></p>	<p>There was a time not too long ago when the hospitalization rate for under 5 matched that of the 18-49 year olds and that was before the under 5 vaccine came out. The ground reality, whether you believe the science or not is that children who end up in the hospital are largely unvaccinated. We know these vaccine works. Please get your patients to get vaccinated. According to the CDC: 596 children ages 0 to 4 have died of COVID. Helpful link: <a href="https://covid.cdc.gov/covid-data-tracker/#demographics">https://covid.cdc.gov/covid-data-tracker/#demographics</a></p>
<p><b>Are we seeing a new strain of RSV in this current surge? Does RSV mutate like some other viruses.</b></p>	<p>RSV does not mutate like COVID. It can mutate, it is still the same strains A &amp; B viruses that are circulating in any given year.</p>
<p><b>How many PICU beds in the state are semi private or ward spaces?</b></p>	<p>This is not known at this time and highly dependent on the individual institution. We know that boarding spaces in ED has gone up. At Lurie, all the PICU beds are single spaces and if expansion is needed, they are individual spaces - including boarding spaces.</p>

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<p><b>Can masking help limit RSV spread in the community to decrease virus transmission?</b></p>	<p>Yes.</p>
<p><b>Do you have links to the dashboards Dr. Barnes mentioned?</b></p>	<p>The slides are posted and there you can see the sources for the graphs - if there are any dashboards in particular you'd like a link for, please email <a href="mailto:info@illinoissaap.com">info@illinoissaap.com</a>. Thanks!</p>
<p><b>Do you recommend Pre-k Teachers keep masks on in their classrooms? We have had 2 cases of RSV in our Pre-K classroom. These children are 3-4 years of age.</b></p>	<p>If you are in a situation where you know you have infection is going to circulate and the H-VAC system or ventilation isn't updated, it would be good to wear a mask. RSV is extremely transmissible and it's easy for one child who is infected to infect everyone else in that room, including the teacher.</p>
<p><b>What about working with schools to mask up during winter season?</b></p>	<p>Yes, this is a great tool.</p>
<p><b>Is diagnostic swab recommended for tracking?</b></p>	<p>It depends on whether you get the multiplex that tests for flu, RSV and COVID-19, that is very helpful. We know what to look out for when you know your child has RSV. If you're getting/using a single swab test just for RSV, it's true it's not that helpful because there is no treatment, but it can be important knowing and having that data in public health in terms of transmission.</p>
<p><b>Is there any ability to offer synagis on emergency issue use for all infants during this surge?</b></p>	<p>No.</p>
<p><b>Can adults carry/transmit RSV to others without having symptoms?</b></p>	<p>Adults can get RSV. According to the CDC: People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness. Adult hospitalizations for RSV are going up too. Adults 65+ and those immunosuppressed/with certain risk factors are also at risk. Older individuals might think they have a mild cold and it's RSV and can be transmitted. Most of the time folks are symptomatic in some way. Helpful links:  <a href="https://www.cdc.gov/rsv/about/transmission.html#:~:text=RSV%20Transmis%20ion&amp;text=People%20infected%20with%20RSV%20are.start%20showing%20signs%20of%20illness">https://www.cdc.gov/rsv/about/transmission.html#:~:text=RSV%20Transmis%20ion&amp;text=People%20infected%20with%20RSV%20are.start%20showing%20signs%20of%20illness</a>   <a href="https://www.cdc.gov/rsv/about/prevention.html">https://www.cdc.gov/rsv/about/prevention.html</a> and  <a href="https://www.cdc.gov/rsv/about/symptoms.html">https://www.cdc.gov/rsv/about/symptoms.html</a></p>
<p><b>Are you seeing more ear infections with RSV?</b></p>	<p>Viral ear infections, <b>not bacterial ear infections</b>, can occur with any one of the respiratory viruses we have discussed today.</p>
<p><b>How often is the EMR resource site is updated?</b></p>	<p>It is updated based on the feed IDPH gets from the hospitals. If a feed come it's updated.</p>

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<p><b>Could strep be combined with any of these viruses and shows false positive test?</b></p>	<p>No information on false positives, but there are a lot of people that are strep carriers and if a carrier is tested they will test positive. You <i>can</i> have strep and RSV or strep and flu, but if it is a true strep throat, you will likely not have the respiratory symptoms associated with it.</p>
<p><b>Is it a common practice to test adults for RSV?</b></p>	<p>No. Read more on testing from the CDC:  <a href="https://www.cdc.gov/rsv/clinical/index.html">https://www.cdc.gov/rsv/clinical/index.html</a></p>
<p><b>Could COVID-19 be "disappearing" because we've stopped testing and reporting? I'm afraid we are going to get nailed because most people have become complacent?</b></p>	<p>Yes. We are done with COVID, but it is not done with us. We can take the stress out of worrying about COVID as we now have two power tools - vaccination and treatment. And treatments work. So, please don't not do the things that can keep you out of the hospital. There are subvariants that are emerging - that are more transmissible (easily spread) and vaccinations do protect against these new sub-variants of Omicron we are seeing. Please get vaccinated.</p>
<p><b>What is the age range for bivalent COVID-19 booster vaccine?</b></p>	<p>CDC recommends that people ages 5 years and older receive one updated (bivalent) booster if it has been at least 2 months since their last COVID-19 vaccine dose. Note: A person can only get a bivalent booster after they have completed their primary series. Bivalent vaccines are approved as a booster dose ONLY. Helpful link: <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#:~:text=CDC%20recommends%20that%20people%20ages,An%20original%20(monovalent)%20booster">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#:~:text=CDC%20recommends%20that%20people%20ages,An%20original%20(monovalent)%20booster</a></p>
<p><b>Would you administer COVID-19 vaccine to children with a mild illness?</b></p>	<p>Absolutely, yes.</p>
<p><b>Any word on bivalent boosters for under 5?</b></p>	<p>Not at this time. The CDC's fall planning guide from 9/20/22 states: It is anticipated that at least one bivalent vaccine for children aged 6 months to 4 years may be authorized later in the fall. Sites should plan to manage necessary freezer and refrigerator space when developing their overall fall vaccine plans. Helpful link: <a href="https://www.cdc.gov/vaccines/covid-19/downloads/cdc-fall-vaccination-operational-planning-guide.pdf">https://www.cdc.gov/vaccines/covid-19/downloads/cdc-fall-vaccination-operational-planning-guide.pdf</a></p>
<p><b>When Dr. Barnes reported out on percentages of children with booster doses-is this data on the bivalent booster or prior to the bivalent booster becoming available?</b></p>	<p>Prior.</p>

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<p><b>Are COVID-19 variants out there all detectible by PCR or antigen test?</b></p>	<p>Yes. They are all detectable at this time yes. According to the FDA: They are typically not able to identify the specific type of SARS-CoV-2 variant (such as delta or omicron) present in a patient sample. Helpful link: <a href="https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests#:~:text=Clinical%20laboratory%20staff%20and%20health%20care%20providers%20should%20be%20aware,to%20detect%20all%20known%20variants">https://www.fda.gov/medical-devices/coronavirus-covid-19-and-medical-devices/sars-cov-2-viral-mutations-impact-covid-19-tests#:~:text=Clinical%20laboratory%20staff%20and%20health%20care%20providers%20should%20be%20aware,to%20detect%20all%20known%20variants</a></p>
<p><b>Any further boosters in sight for older adults?</b></p>	<p>A recent MMWR came out on: Safety Monitoring of Bivalent COVID-19 mRNA Vaccine Booster Doses Among Persons Aged <math>\geq 12</math> Years – United States, August 31–October 23, 2022. Also, Your Local Epidemiologist writes wonderful updates about boosters: Fall bivalent boosters: Science update round 2, read here: <a href="https://yourlocalepidemiologist.substack.com/p/fall-bivalent-boosters-science-update-732">https://yourlocalepidemiologist.substack.com/p/fall-bivalent-boosters-science-update-732</a></p> <p>MMWR: <a href="https://www.cdc.gov/mmwr/volumes/71/wr/mm7144a3.htm">https://www.cdc.gov/mmwr/volumes/71/wr/mm7144a3.htm</a></p>
<p><b>How long should someone who had COVID wait to get a booster?</b></p>	<p>According to the CDC: If you recently had COVID-19, you may consider delaying your next vaccine dose (primary dose or booster) by 3 months from when your symptoms started or, if you had no symptoms, when you first received a positive test. Helpful link: <a href="https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#:~:text=If%20you%20recently%20had%20COVID,first%20received%20a%20positive%20test.">https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html#:~:text=If%20you%20recently%20had%20COVID,first%20received%20a%20positive%20test.</a></p>
<p><b>How soon after the monovalent Covid vaccine can children get the newly released bivalent vaccine?</b></p>	<p>Children 5 years and older can get the bivalent booster two months after completing the monovalent primary series.</p>
<p><b>Thoughts on getting flu + Covid vaccines at same time or separate?</b></p>	<p>Get them at the same time! Co-administration is approved for the flu and COVID-19 vaccines.</p>
<p><b>Is there any data on those who have had COVID once and survived but were hospitalized or died from a second or third round of COVID?</b></p>	<p>According to the CDC: Studies suggest that reinfection with SARS-CoV-2 with the same virus variant as the initial infection or reinfection with a different variant are both possible; early reinfection within 90 days of the initial infection can occur.<sup>99-101</sup> Symptoms during reinfection are likely to be less severe than during the initial infection, but some people can experience more severe COVID-19 during reinfection.<sup>99,100,102,103</sup> Both previous infection and vaccination have been shown to provide some protection against infection, although risk of reinfection varies by circulating variant.<sup>104-107</sup> Although rates of reinfection might change as new variants emerge, vaccination remains the safest strategy for preventing future SARS-CoV-2 infections, hospitalizations, long-term sequelae, and death. Staying up to date on primary vaccination, which may include <math>&gt;2</math> doses, and booster doses, is recommended for all eligible persons. Strategies to diagnose and treat reinfection are no different than those used to diagnose and treat initial COVID-19 infection; early testing, isolation, and treatment as indicated are recommended for all people who experience symptoms of COVID-19. <b>But: COVID-19 continues to surprise.</b> There is one article on the outcomes of re-infection here: <a href="https://www.researchsquare.com/article/rs-1749502/v1">https://www.researchsquare.com/article/rs-1749502/v1</a></p>

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<p><b>Is the vaccination rate in the southern states extremely low?</b></p>	<p>For COVID-19, vaccination rate varies. See more here: <a href="https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-booster-percent-pop5">https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-booster-percent-pop5</a></p>
<p><b>How long are children with RSV contagious? How long before children should return to school?</b></p>	<p>According to the CDC a person is typically contagious for three and eight days, though some with weakened immune systems can spread the virus for longer.</p>
<p><b>We had eliminated routine albuterol trials from our toolbox after the CPG release. However, we are seeing significant albuterol response and less need for flow support and oxygen in this high-volume surge. Can you comment on beta agonist trials and use when it allows for less support in a time when beds are tight?</b></p>	<p>If it works, use it in those patients that you see where it works. But, in general for all children/infants with RSV, beta agonists do not work.</p>
<p><b>Can you explain why use of albuterol is not recommended?</b></p>	<p>See the AMERICAN ACADEMY OF PEDIATRICS, CLINICAL PRACTICE GUIDELINE <a href="https://publications.aap.org/pediatrics/article/134/5/e1474/75848/Clinical-Practice-Guideline-The-Diagnosis">https://publications.aap.org/pediatrics/article/134/5/e1474/75848/Clinical-Practice-Guideline-The-Diagnosis</a></p>