Start of the 2024–2025 Respiratory Virus Season

Including Influenza, COVID-19, and RSV

September 25, 2024

Welcome!

The **2024–2025** influenza surveillance season will officially start on Sunday, September 29, 2024.

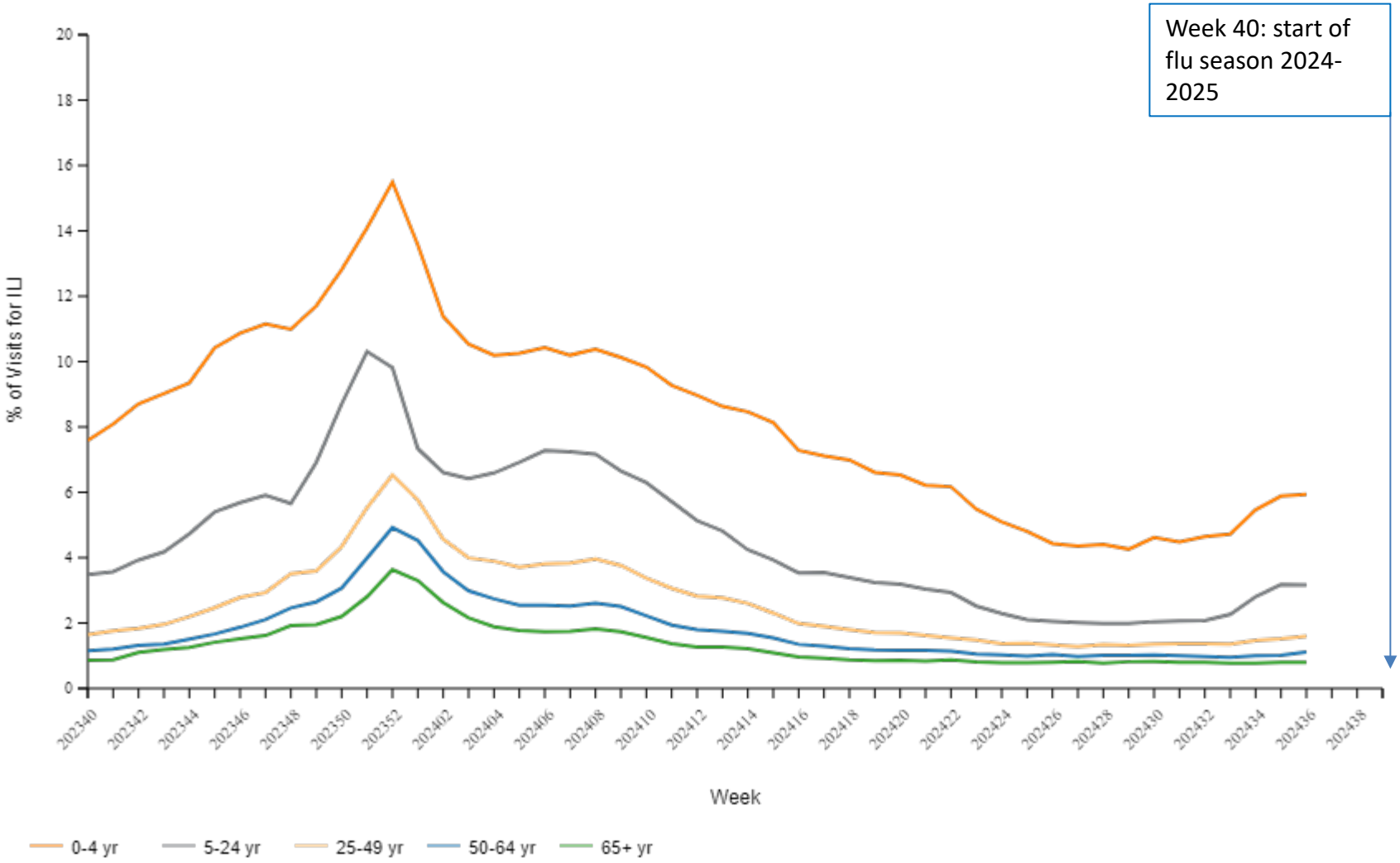
FLUVIEW interactive

Percent of Outpatient Visits for Respiratory Illness by Age Group

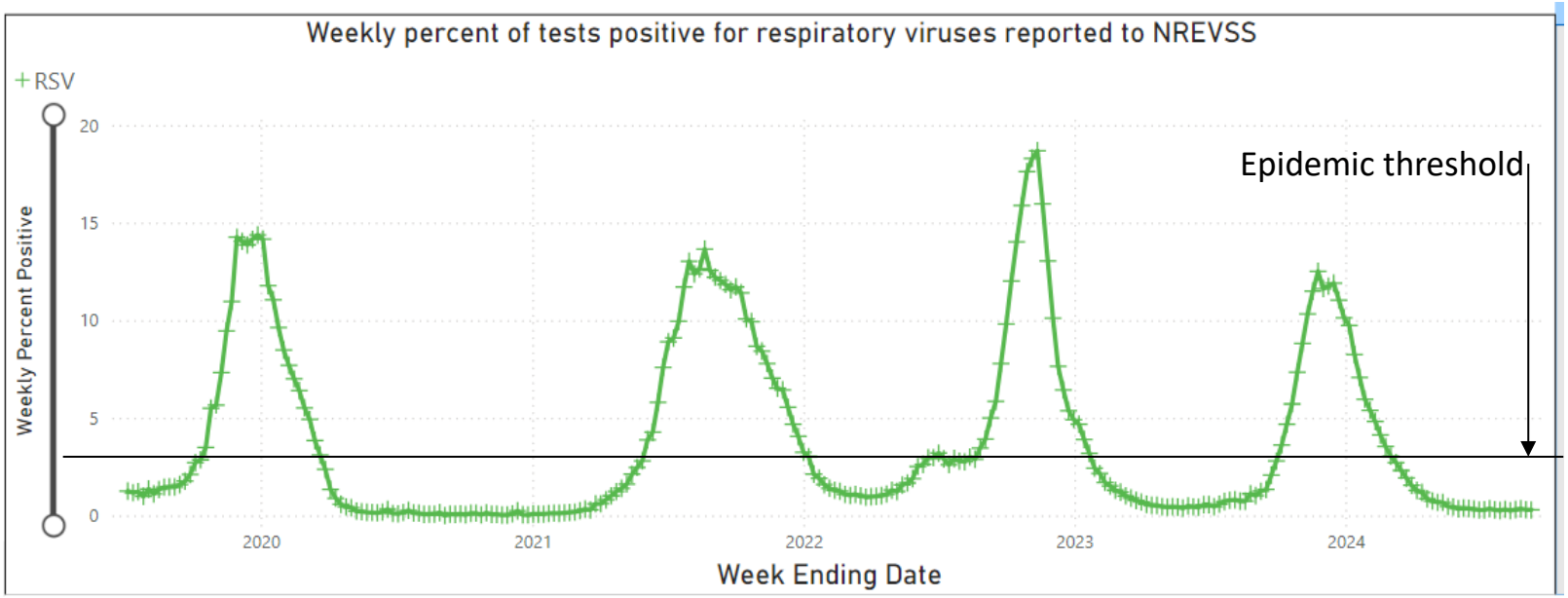
Reported by the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet)

Weekly National Summary, 2023-24 Influenza Season through the Week Ending September 07, 2024

CDC

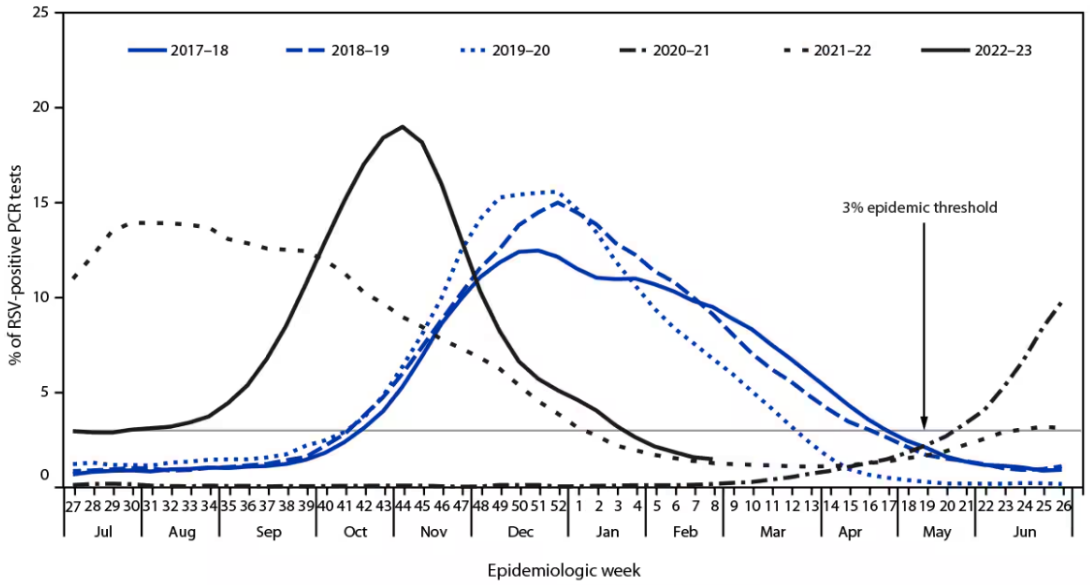


https://www.cdc.gov/fluview/surveillance/2024-week-36.html



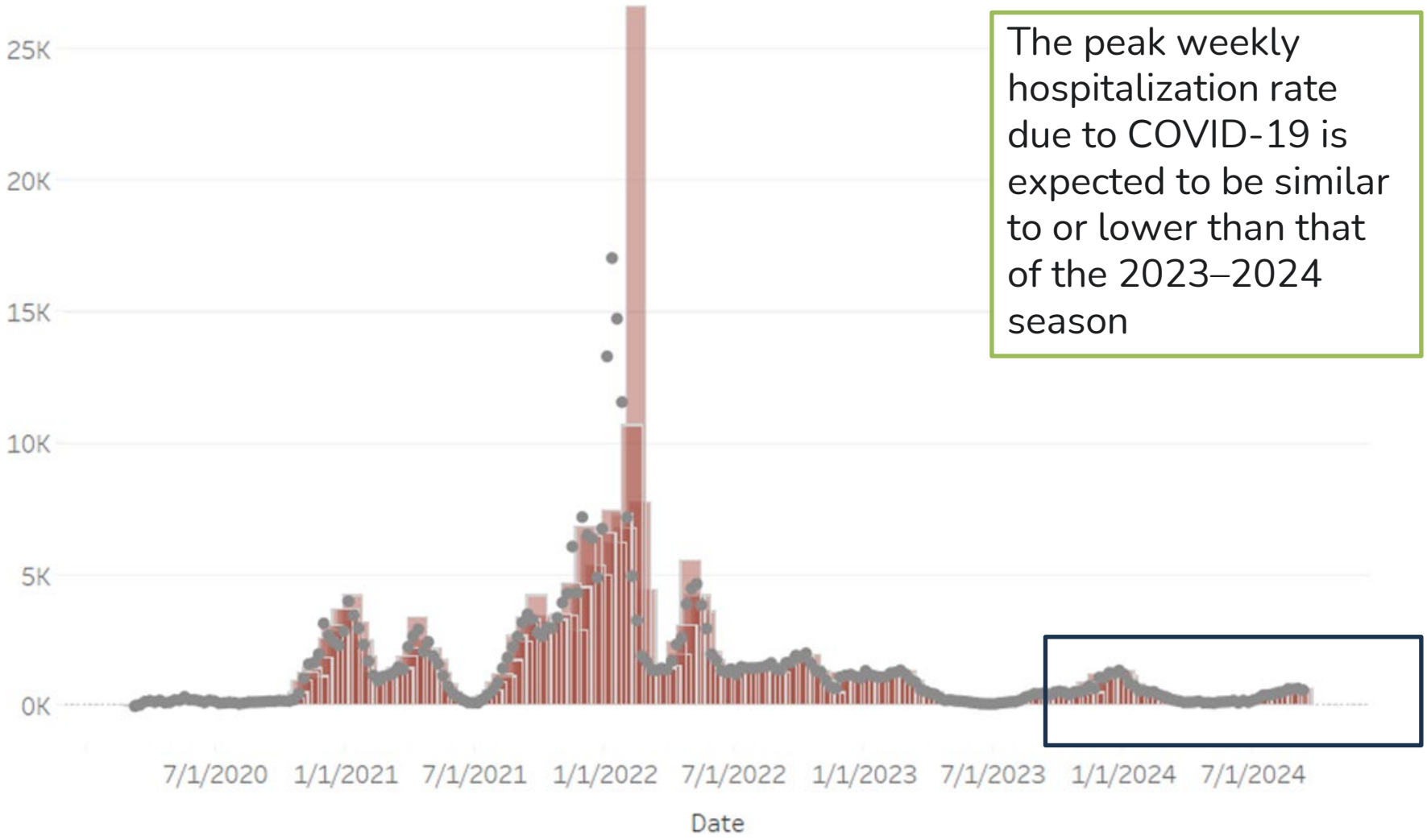
Source: National Respiratory and Enteric Virus Surveillance System (NREVSS)

FIGURE 1. Percentage* of polymerase chain reaction test results positive for respiratory syncytial virus, by epidemiologic week — National Respiratory and Enteric Virus Surveillance System, United States, July 2017–February 2023



We expect the RSV season to fall within normal seasonal patterns.

COVID-19 positive daily laboratory results—Maine, 2020–2024

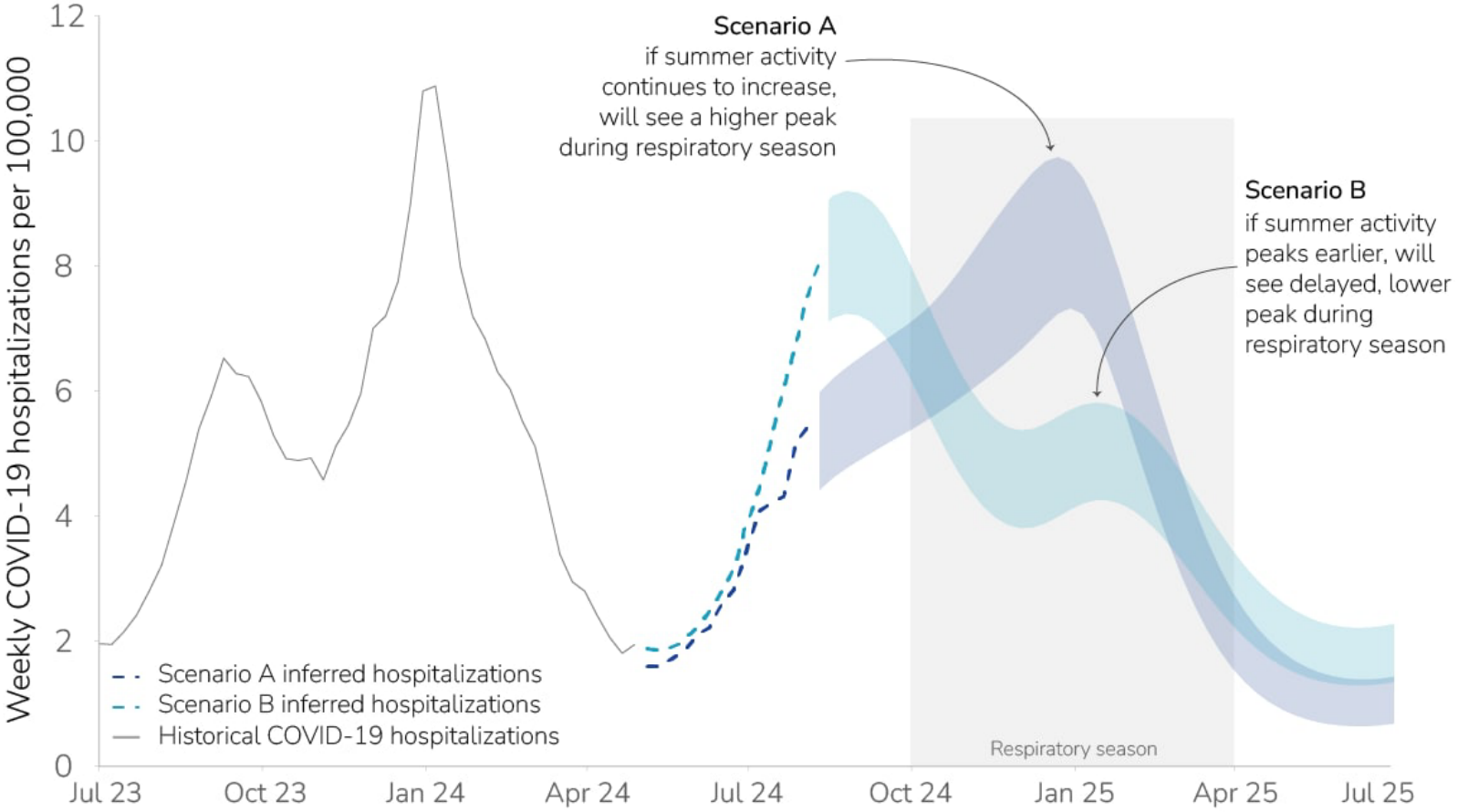


The peak weekly hospitalization rate due to COVID-19 is expected to be similar to or lower than that of the 2023–2024 season

Maine Center for Disease Control and Prevention

https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml

Possible scenarios for weekly COVID-19 hospitalizations for 2024-2025 respiratory season

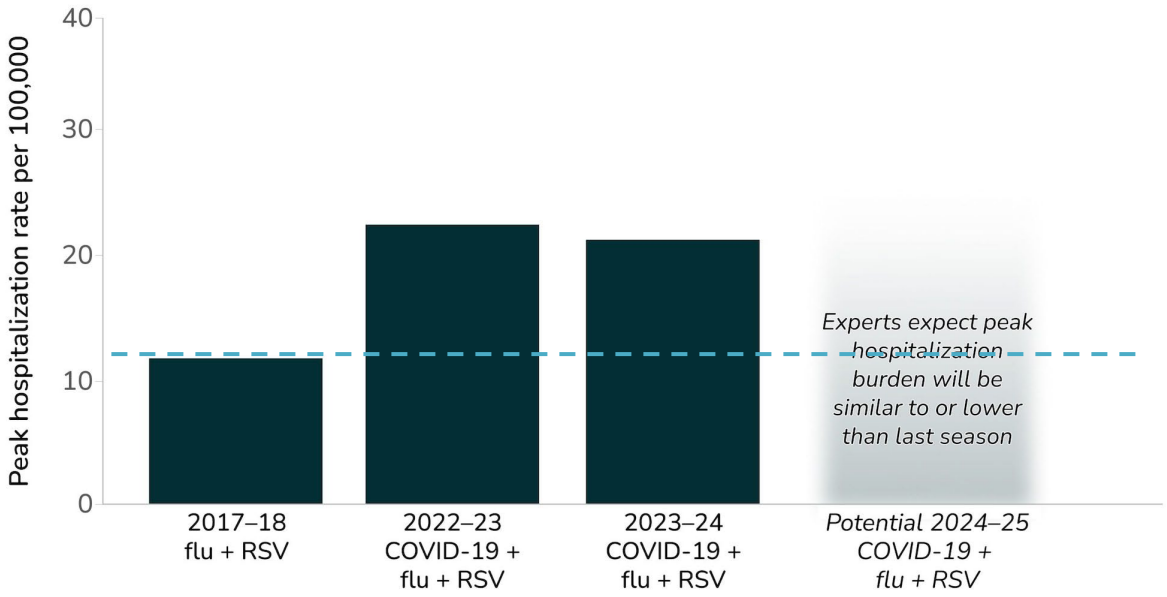


Respiratory Season Outlook

U.S. CDC is forecasting that the combined peak hospitalization burden for the **2024–2025 respiratory season** will be similar to the combined peak burden for the 2023–2024 respiratory season.

Upcoming 2024–25 respiratory season peak hospitalization burden likely similar to or lower than last year

Combined peak hospitalization burden of COVID-19, influenza, and RSV



[2024-2025 Respiratory Disease Season Outlook]

Novel influenza

- Currently 2 different types in the U.S.
- Avian influenza A(H5N1) (“bird flu”)
  - Affecting poultry and livestock
  - First confirmed HPAI in a commercial flock in the US on February 8, 2022
- Variant influenza (H1 or H3)
  - Associated with swine exposure

H5N1 National Updates

- Since March 24, 2024:
  - Over 4,900 people monitored after exposure to infected animals
  - Over 230 people tested after exposure to infected animals
  - 14 total human cases in the U.S.
- 207 dairy herds affected
- 14 states with outbreaks in dairy cows (not Maine)
- Multiagency prevention and response efforts both on state and national levels include but are not limited to:
  - U.S. CDC
  - USDA
  - FDA
  - State agencies

All data above as of 9/20/24

Source: U.S. CDC

Key messages for clinicians

- Consider influenza year-round
- Ask about animal exposures, particularly outside of respiratory season
- Send positive influenza A samples to HETL for typing
  - All positives outside of traditional respiratory season
  - Subset of positives during respiratory season (with guidance from Maine CDC)

Recommendations for the Public

- People should avoid being near sick or dead animals or surfaces contaminated with the animal's feces, litter, raw milk, or other byproducts when not wearing respiratory or eye protection.
  - Animals in which HPAI A(H5N1) virus infection has been identified include wild birds, poultry, other domesticated birds, and other wild or domesticated animals (including livestock such as cattle and goats).

- As always, people should not prepare or eat uncooked or undercooked food or related uncooked food products, such as unpasteurized (raw) milk or raw cheeses, from animals with suspected or confirmed HPAI A(H5N1) virus infection.

U.S. CDC: Highly Pathogenic Avian Influenza A(H5N1) Virus - *April 23, 2024*

Influenza Vaccine Recommendations for 2024–2025

- Everyone six months of age and older should get a yearly flu vaccine.

- Children 6 months through 8 years of age receiving the flu shot for the first time, or those in this age range who have only previously gotten one dose of influenza vaccine, should get two doses of vaccine this season, spaced at least 4 weeks apart.

- Adults aged ≥65 years should receive one of :
  - Fluzone High-Dose inactivated influenza vaccine
  - FluBlok recombinant influenza vaccine
  - Fluad adjuvanted inactivated influenza vaccine
  - If these vaccines are not available at time of administration, then any other age-appropriate influenza vaccine should be administered.

Influenza Vaccination

- **All 2024–2025 influenza vaccines are trivalent.**
- The B/Yamagata strain was removed from the previous influenza vaccine as the B/Yamagata lineage influenza viruses have not been detected since before March 2020.
- While it is unknow if the B/Yamagata virus is extinct, it is not actively circulating in people, and therefore the risk of infection with B/Yamagata is considered low.
- Public Health experts will continue to conduct targeted surveillance for influenza B/Yamagata lineage viruses.
- For more information: https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2024-2025-northern-hemisphere-influenza-season.

Influenza Vaccine Compositions

- All 2024–2025 egg-based influenza vaccine and live attenuated influenza vaccine (LAIV) are made to protect against the following three viruses:
  - A/Victoria/4897/2022 (H1N1)pdm09-like virus
  - A/Thailand/8/2022 (H3N2)-like virus; and (Updated)
  - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

- For 2024–2025, cell-based or recombinant-based vaccines protect against:
  - A/Wisconsin/67/2022 (H1N1)pdm09-like virus
  - A/Massachusetts/18/2022 (H3N2)-like virus; and (Updated)
  - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

- LAIV—the nasal spray vaccine—is available for use during the 2024
  - The LAIV nasal spray can be administered to people between 2-49 years of age without contraindications to the nasal spray vaccine.
  - On September 20, FDA approved an at-home FluMist for individuals 18+ years old with a prescription. This is expected to become available for the 2025–2026 flu season, and it is not available yet.

Influenza Vaccination

- Recommendations for people with egg allergies updated in 2023:

  - Egg allergy alone necessitates no additional safety measures.
  - All vaccines should be administered in settings in with personnel and equipment needed for treatment of acute hypersensitivity reactions.
  - For more information on changes regarding egg allergies: https://www.cdc.gov/mmwr/volumes/72/rr/rr7202a1.htm

Influenza Vaccination

Timing:

- For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October.

  - children aged 6 months through 8 years require 2 doses of influenza vaccine for their first flu season, these children should receive their first dose as soon as possible to allow the second dose (which must be administered ≥4 weeks later) to be received, ideally, by the end of October.

  - Pregnant persons in the third trimester may consider vaccinating in July and August because vaccination at this time may protect their infants during the first months after birth.

  - For most adults (particularly adults aged ≥65 years): Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

Immunization

Healthcare Workers

- The U.S. Centers for Disease Control and Prevention (U.S. CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers (HCW) get vaccinated annually against influenza.

- Since 2002, Maine state law has required that healthcare facilities report data on seasonal influenza vaccine coverage among healthcare workers in their facilities annually to the Maine Center for Disease Control and Prevention (Maine CDC).

- As of 2021, healthcare workers employed by a licensed nursing facility, residential care facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), multi-level healthcare facility, hospital, or home health agency licensed by the State of Maine are required to show proof of seasonal influenza vaccination.

https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/providers/documents/Immunization-Requirements-for-Health-Care-Workers.pdf

Influenza Vaccination

https://www.cdc.gov/flu-resources/

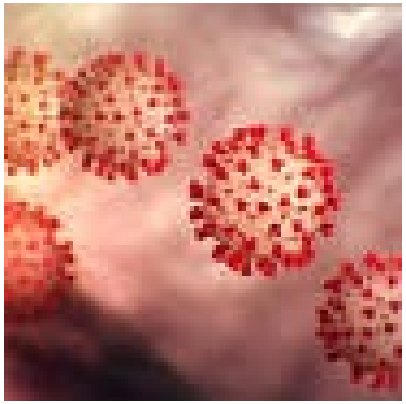
GetMyFluShot.org

https://getmyflushot.adcouncilkit.org/social-assets/

COVID-19 Vaccination

Fall 2024–2025 COVID-19 Vaccine

- ACIP voted to approve the updated 2024–2025 COVID vaccine on August 22.
- Novavax was approved soon after on August 30.
- The Monovalent vaccine protects against:
    - KP.2 strain of the JN.1 (mRNA)
    - JN.1 strain (Novavax)



COVID-19 Vaccination

To minimize the risk of vaccine administration errors, providers should:

- Remove all 2023–2024 COVID-19 vaccines from storage units

- For MIP enrolled providers:
  - Return all 2023–2024 COVID-19 vaccines to U.S. CDC's centralized distributor using the normal process for returning spoiled/expired vaccines.

2024–2025 COVID-19 Vaccine Recommendations

- Everyone ages 6 months and older should get a 2024–2025 COVID-19 vaccine.

- **Children ages 6 months–4 years are up-to-date with:**
  - 2 doses of Moderna or 3 doses of Pfizer-BioNTech (including at least 1 dose of the 2024–2025 COVID-19 vaccine)

- **Children ages 5–11 years are up-to-date with:**
  - 1 dose of the 2024–2025 Moderna **OR**
  - 1 dose of the 2024–2025 Pfizer-BioNTech COVID-19 vaccine.
- **People ages 12 years and older are up-to- date with:**
  - 1 dose of the 2024–2025 Moderna **OR**
  - 1 dose of the 2024–2025 Pfizer-BioNTech COVID-19 vaccine **OR**
  - 1 dose of the 2024-2025 Novavax COVID-19 vaccine
    - 1st time getting a COVID-19 vaccine and receiving Novavax, you will need 2 doses of 2024–2025 Novavax COVID-19 vaccine to be up-to-date.

- **People aged 6 months and older who are moderately or severely immunocompromised and not vaccinated are up-to-date with:**
  - 2 or 3 doses of the same brand of updated COVID-19 vaccine.
  - For more detailed information, visit: https://www.cdc.gov/covid/vaccines/immunocompromised-people.html

COVID-19 Vaccination

Children:

- Maine's Childhood Universal Vaccine Program covers all ACIP recommended vaccines, including COVID-19 for all children through age 18 years

Adults:

- The Bridge Access Program for under and uninsured adults was discontinued as of August 2024.
- Maine CDC received 2,500 "supplemental COVID-19 bridge doses" that are available to any MIP enrolled provider.
- Providers enrolled with the Maine Immunization Program can access 317 COVID-19 vaccine

RSV Vaccination

RSV Vaccine for Infants

- Nirsevimab (Beyfortus) is a monoclonal antibody-based vaccine approved for infants up to 24 months to protect infants from severe RSV disease.
  - This is the first RSV vaccine approved broadly for this population

- Who should get the vaccine:
  - Infants born during or entering their first RSV season
  - Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.

RSV Infant Vaccine Dosing

- Administered by intramuscular injection

- Single dose vial/pre-filled syringe (50mg and 100mg)
  - 50mg for those weighing less than 5kg
  - 100mg for those weighing over 5kg
  - For older infants, up to 24 months, who remain at increased risk for RSV in their second RSV season, a single 200mg does is recommended
- One dose per RSV season
  - October 1 through March 31
- Provides protection for at least 5 months (average length of one season)

RSV Vaccine for Older Adults

- CDC recommends a single dose of any FDA-licensed RSV vaccine for:
  - all adults ages 75 years and older
  - adults ages 60–74 years who are at increased risk of severe RSV

- These recommendations replace the June 2023 shared clinical decision-making recommendation for RSV vaccination for adults aged ≥60 years
- These recommendations apply to all RSV vaccines licensed for adults ages ≥60 years: Arexvy (GSK), Abrysvo (Pfizer), and mResvia (Moderna).

RSV Vaccine for Pregnant People

- ACIP approved administration of Abrysvo to pregnant people in the third trimester to provide protection to infants for the first five months after birth.

RSV Vaccination

Contraindications

- Those with a history of serious hypersensitivity reactions, including anaphylaxis
- Those with history of serious reaction to any of the vaccine's ingredients

Precautions

- Hypersensitivity Including Anaphylaxis: Serious hypersensitivity reactions, including anaphylaxis, have been observed with other human IgG1 monoclonal antibodies.
  Initiate appropriate medications and/or supportive therapy.

Adverse Reactions

- Rash (0.9%)
- Injection site reactions (0.3%)

Immunization: Coadministration

Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.

Immunization Resources

- Information on Influenza vaccine: https://www.cdc.gov/flu/prevent/flushot.htm
- Shareable Influenza Resources: https://www.cdc.gov/flu/resource-center/shareable-resources.htm
- Information on RSV vaccine: https://www.cdc.gov/vaccines/vpd/rsv/index.html
- AAP Guidance on Palivizumab: https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/
- Information on COVID-19 vaccine: https://www.cdc.gov/covid/vaccines/
- MIP Website: https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/
- To find vaccination locations: https://www.vaccines.gov/

Influenza Antiviral Medications

- Treatment is recommended as soon as possible for any patient with suspected or confirmed influenza who:
  - Is hospitalized;
  - Has severe, complicated, or progressive illness; or
  - Is at higher risk for influenza complications (including those ≥65 years).

- You do NOT need to wait for laboratory confirmation of influenza

- Oral oseltamivir, oral baloxavir, inhaled zanamivir, and intravenous peramivir can be used for older adults.
  - Zanamivir not recommended for people with underlying respiratory disease (e.g., asthma, chronic obstructive pulmonary disease).

- Additional information on use of antivirals for treatment and chemoprophylaxis is available at:
  - Influenza Antiviral Medications: Summary for Clinicians

CDC Interim Clinical Considerations for COVID-19 Treatment in Outpatients

- There is strong scientific evidence that antiviral treatment of outpatients at risk for severe COVID-19 reduces their risk of hospitalization and death.

- The antivirals **Paxlovid** (ritonavir-boosted nirmatrelvir) and **Veklury** (remdesivir) are the preferred treatments for eligible adult and pediatric patients with positive results of a COVID-19 test who are at high risk for progression to severe COVID-19.
  - **Lagevrio** (molnupiravir) is an alternative therapy for patients who cannot get a preferred treatment due to eligibility, interaction, or availability.

- Consider COVID-19 treatment in non-hospitalized patients who meet all 4 criteria:
  - Test positive for SARS-CoV-2 (with PCR or antigen test, including at-home tests)
  - Have symptoms consistent with mild-to-moderate COVID-19.
    (People with mild COVID-19 experience symptoms such as fever, sore throat, cough, or headache that do not affect the lungs and breathing. People with moderate illness have symptoms that affect the lungs like shortness of breath or difficulty breathing.)
  - Are within 5 days of symptom onset for Paxlovid or 7 days of symptom onset for Veklury
  - Have one or more risk factors for severe COVID-19

U.S. CDC: COVID-19 Treatment Clinical Care for Outpatients
https://www.cdc.gov/covid/hcp/clinical-care/outpatient-treatment.html

CDC Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19

- Risk factors for severe COVID-19 include:
  - Age over 50 years, with risk increasing substantially at age 65+ years
  - Being unvaccinated or not up to date on COVID-19 vaccinations
  - Specific medical conditions and behaviors
  - Immunocompromising conditions or use of immunosuppressive medications, such as chemotherapy

- Other factors may also be associated with severe COVID-19, such as a patient being a resident of a long-term care facility. Clinical judgment is needed to accurately assess a person's risk on a case-by-case basis and determine whether treatment is indicated.

- Some racial and ethnic minority groups are disproportionately affected by COVID-19 because of many factors, including limited access to vaccines and healthcare.

U.S. CDC: Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals
https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

Key Messages for Patients

- Get a seasonal influenza vaccine **and** an updated COVID-19 vaccine if you are 6 months and older
- Get an RSV vaccine if you are an older adult (60 years and older), a young child (≤ 12 months, or ≤ 24 months and at higher risk), or a pregnant woman
- If you have respiratory symptoms, seek testing and treatment for influenza **and** COVID-19: treatment prevents severe disease, even if you're vaccinated
- Cover coughs/sneezes, frequent handwashing, wear masks, improve air quality, stay home if you are sick

Key Messages for Clinicians

- Vaccines are available for the three viruses leading to large numbers of hospitalizations in the United States: influenza, COVID-19, and RSV.
- You are your patients' most trusted source of information on vaccines. The respiratory virus season is here. Talk to your patients NOW about how to protect themselves and their loved ones from severe respiratory illness.
- Encourage everyone 6 months and older to get the seasonal influenza vaccine **and** the updated COVID-19 vaccine, and encourage older adults, young children, and pregnant women to get an RSV vaccine.
- Co-administration of influenza, COVID-19, and RSV vaccine on the same day is acceptable. There is no required interval between these vaccines.
- Test patients for influenza **and** COVID-19. Treat to prevent severe illness.
- Reinforce basic information on respiratory hygiene and cough etiquette.
- Educate patients about disease risks, prevention, testing, and treatment.

Key Information for Clinicians for Fall/Winter Viral Respiratory Season

Influenza	• Vaccination of all persons aged ≥6 months who do not have contraindications is recommended. • Changes: Updated U.S. influenza vaccine composition for 2024–2025 (All presentations are now trivalent vs. the previous quadrivalent presentations.
COVID-19	• Updated COVID-19 vaccines recommended for everyone aged ≥6 months • The mRNA-based vaccines from Pfizer and BioNTech are the preferred option • The updated Novovax COVID-19 vaccine is considered a second-line option for people 12 years and older who are unable or choose not to get an updated Pfizer or Moderna COVID-19 vaccine • Everyone ages **5 years** and older recommended for a single 2024–2025 dose • No additional dose for age 65+ recommended **at this time**
RSV	• Adults 60–74 years and older who are at increased risk of severe RSV, and all adults 75 years and older, should receive a single lifetime dose of RSV vaccine (Abrysvo, Arexvy, or mResvia) • Nirsevimab is recommended for infants born during or entering their first RSV season and for children up to 24 months old who remain vulnerable to severe RSV disease through their second RSV season. • Children who have received nirsevimab should not receive palivizumab for the same RSV season. • Maternal RSV vaccine is recommended for pregnant people at 32–36 weeks gestation, using seasonal administration, to prevent RSV lower respiratory tract infection in infants.

Infection Prevention and Control

Have a plan for how to identify, respond, and manage respiratory viral illnesses

Process/Actions/Resources within the plan ***(includes but not limited to):***

- Respiratory hygiene and cough etiquette
- Source Control
- Ability to identify patients/residents with concerning respiratory illness symptoms
- Implementation of Transmission-Based Precautions & Placement
- Communication within facility and during transfers
- Personal Protective Equipment
- Hand Hygiene – staff, patients, and residents
- Environment of Care
  - Cleaning and Disinfection
  - Air handling/HVAC and Airborne Infection Isolation Rooms capabilities
- Vaccination
- Sick Leave Policies & HCW Work Restrictions
- Testing
- Surge planning – *think potential for multiple illness types*

Infection Prevention and Control

Guidance/Considerations for broader use of masking

- **Review general guidance:**
  - *Preventing Transmission of Viral Respiratory Pathogens in Healthcare Settings*
    - AND -
  - Any specific guidance on disease-specific U.S. CDC websites

- **Data considerations to support decision-making:**
  - Hospitalizations and Emergency Department/Urgent Care visits
    - https://covid.cdc.gov/covid-data-tracker/#datatracker-home
    - RESP-NET interactive dashboard
  - Syndromic Surveillance & Respiratory Viral Activity
    - https://www.cdc.gov/flu/weekly/usmap.htmILINet
    - https://covid.cdc.gov/covid-data-tracker/#datatracker-home
    - https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/influenza/influenza-surveillance-weekly-updates.shtml
  - Wastewater data
    - https://data.wastewaterscan.org/
    - https://publichealth.verily.com/?d=3m&v=SARS-CoV-2
    - https://biobot.io/
    - https://covid.cdc.gov/covid-data-tracker/#datatracker-home
  - Local data such as, facility or unit-level outbreak activity, hospitalization/admissions testing, emergency department/urgent care testing, staff screening/testing, and staff absences

Laboratory

Respiratory Virus Real-Time PCR Testing Capability

- Influenza A/B and subtyping
- SARS-CoV-2
- Adenovirus
- Enterovirus
- Parainfluenza 1–4
- Rhinovirus
- RSV

Laboratory

- Any facility or provider can order the testing
- HETL looking at adding human metapneumovirus
- Requires the HETL form to accompany sample
  - No charge for Influenza and SARS-CoV-2
  - Respiratory Panel: $110 per agent; $550 total

Laboratory

- Influenza surveillance
- Provide Maine HETL with positive A and B throughout the season.
- 3 A and 1 B per week if possible
- Questions? Call Virology section at 287-1722

Reporting Requirements

- ILI, COVID-19, and RSV outbreaks
- Pediatric influenza-associated deaths
- Influenza-related hospitalizations
- Novel influenza infections
- Positive SARS-CoV-2 laboratory results

Outbreak Definitions

Facility type	Influenza	COVID-19	RSV
Childcare	≥ 15% absenteeism among students where the majority of those absent report influenza-like illness and no other etiology has been identified	5 or more COVID-19 cases, from different households, within a 14-day period	3 or more lab confirmed cases, from different households, who become ill within a 72-hour period
K-12 schools	≥ 15% absenteeism among students where the majority of those absent report influenza-like illness and no other etiology has been identified	≥ 15% absenteeism among students or staff where the majority of those absent are due to COVID-19 and no other etiology has been identified	≥ 15% absenteeism among students or staff where the majority of those absent report respiratory symptoms and RSV has been lab confirmed in at least one case
Acute care	One or more lab confirmed influenza cases in a patient 48 hours post-admission	5 or more cases of COVID-19 in staff or patients admitted at least 4 days prior to infection within a 14-day period	3 or more lab confirmed cases in patients or staff, from different households, who became ill within a 72-hour period.
Long-term care	Two or more residents with ILI within 72 hours of each other	5 or more COVID-19 cases, from different households, within a 14-day period	One or more lab confirmed RSV cases in the setting of a cluster (≥2 cases) of acute respiratory illness within a 72-hour period

Pediatric influenza-associated deaths

A death in a person younger than 18 years old resulting from a clinically compatible illness that is confirmed by an appropriate laboratory test.

There should be no period of complete recovery between the illness and death.

Influenza-related hospitalizations

A hospitalization (inpatient admission) due to influenza-related illness that is laboratory-confirmed.

<u>Reporting options</u>

- REDCap survey
- Faxed or emailed line list or individual report
- Phone

Novel influenza A infections

Novel influenza A viruses are viruses that do not normally circulate in humans

- examples: avian influenza, swine influenzas

Most laboratory tests would identify this as influenza A but would be unable to subtype.

- **Send all unsubtypable specimens to HETL for further analysis**

Novel Influenza A is immediately reportable by phone

Reporting Methods

Maine CDC appreciates all reports of positive influenza test results and requires reporting of all positive SARS-CoV-2 tests

1-800-821-5821

(207) 287-8186 **OR** (207) 287-6865

Disease.Reporting@maine.gov
(no patient information)

Health Care System Resource Tracking

- The Maine CDC's Hospital Preparedness Program (HPP) can monitor bed availability within hospitals and other health care facilities using EMResource.

- Health care system emergency managers can identify additional resources within facilities via resource tracking, including blood products, amputation kits, facility generator and associated fuel statuses, etc.

- Statewide bed availability polls can be initiated upon request. Contact:

Nate Riethmann
Emergency Communication Systems Coordinator
nathaniel.riethmann@maine.gov
Office: (207) 287-6551 | Mobile: (207) 592-2287

Supply Chain / Medical Surge Support

- To report any above-average antiviral shortages:
  - Contact the Northern New England Poison Center (NNEPC) at 1-800-222-1222

- To request logistical support from the Health Care Coalition of Maine (HCCME) during an influenza surge event, please contact us at HCCME@maine.gov.

- Logistical support examples:
  - Emergency communications
  - Strategic National Stockpile (SNS) resources such as medical countermeasures
  - Medical volunteers
  - PPE
  - Fit Testing

Resources

Surveillance

- Maine weekly influenza surveillance reports: www.maine.gov/dhhs/flu/weekly
- Maine COVID-19 Data: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml
- Maine and National RSV trends: https://www.cdc.gov/surveillance/nrevss/rsv/state.html

Infection control

- SARS-CoV-2: https://www.cdc.gov/covid/hcp/infection-control/ & https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html.html
- Influenza: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
- RSV: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html
- General education: https://maineinfectionpreventionforum.org/

Communication

- Maine Health Alert Network System (HAN): www.mainehan.org

Additional information

- General influenza information: https://www.maineflu.gov
- General RSV info: https://www.cdc.gov/rsv/index.html
- General COVID-19 info: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- U.S. CDC respiratory virus updates: https://www.cdc.gov/respiratory-viruses/whats-new/index.html
- Maine CDC influenza-specific email address: influenza.dhhs@maine.gov
- Respiratory season orderable posters: https://www.maine.gov/dhhs/order

Questions?

Disease.Reporting@Maine.gov

1-800-821-5821