



**Health Advisory:
Respiratory Virus Activity Increasing; Shortage of Medications Compounding Strain on
Healthcare**

November 22, 2022

Action Requested

- Be aware of continued increase in respiratory virus activity, including a rapid increase in influenza activity in recent weeks.
 - Respiratory syncytial virus (RSV) also has continued to circulate at high rates, and we anticipate increases in COVID-19 activity this fall and winter, as well.
- Plan for medicine shortages, including but not limited to: Tamiflu oral powder for suspension, [amoxicillin oral powder for suspension](#), over-the-counter cough medicine such as Robitussin and Delsym, and children's Tylenol or ibuprofen. Clinicians may need to assist patients in identifying an alternative, particularly for pediatric patients.
- Proactively encourage vaccination to prevent severe illness from influenza or SARS-Cov-2. Continue to emphasize preventive measures with all patients, including prompt vaccination for all patients 6 months and older who are not [up-to-date](#) on their vaccinations and booster doses.
- Encourage patients to avoid non-essential urgent or emergency care visits. Share information with them about nurse lines available through their insurance provider(s) or nurse line/telehealth options available through your healthcare organization.
 - Patients can check their insurance card for a listed nurse line. Attached materials also include phone numbers for multiple insurance plans and may be a helpful reference.
- Treat high-risk patients with appropriate antiviral treatment or other interventions designed to reduce hospitalization. Administer antiviral medications for influenza or COVID-19 as early as possible after symptom onset.
- Prepare for continued, prolonged stress on the healthcare system from increased hospitalizations related to respiratory infections, exacerbated by the limited number of pediatric beds in Snohomish County.

Background

Significant stress on the healthcare system is a continuing issue locally and regionally, particularly for pediatric care. The flu season is ramping up quickly. Initial indicators are that positivity rate for influenza testing in Snohomish County has gone from under 15% in early November to potentially 45% or higher in the last week. The Snohomish County Influenza Surveillance Report for the week ending November 12 [is available here](#). Data for the most recent week is not yet final.

We expect to see COVID-19 incidence increase in the near future, as well.

Multiple medications have been reported to be in short supply during this surge in illnesses. The Snohomish Health District has received reports of shortages in the following, though this is likely not an exhaustive list of medications that may be hard to find at this time:

- Tamiflu, in particular oral powder for suspension
- Amoxicillin oral powder for suspension
- Over-the-counter cough medicine such as Robitussin and Delsym
- Children's Tylenol or ibuprofen.

Though some medications are not readily available, please note that there is no shortage of vaccine. It is important for all eligible individuals to receive influenza and COVID vaccinations as soon as possible for their own safety, the safety of the community, and to mitigate the impact on the healthcare system.

As noted in the attached advisory from the Washington State Department of Health, the Washington State Childhood Vaccine Program (CVP) has plenty of pediatric flu vaccine available to order. Flu vaccine can be ordered at any time throughout the season and as frequently as needed. Please place your flu order in the IIS as you need it and ensure you have enough stock on hand by ordering again before you run out of supply. It can take up to a week to receive vaccine; order early if your supplies are running low.

Additional resources attached to this advisory:

- A packet of bronchitis information prepared by Seattle Children's Hospital that providers can share with families to better prepare them to treat bronchitis at home.
- A template letter providers may use to send to their patients about the pediatric RSV surge and key prevention measures.
- Nurse line numbers for multiple insurance plans, including plans under Apple Health/Medicaid.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Executive Office of Resiliency and Health Security

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11/18/2022 SECURES HIGH Level Alert (DOH Originated Alert) Pediatric RSV Surge

SUMMARY

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory (11-04-2022 CDCHAN-00479) regarding an early surge in pediatric respiratory disease incidence caused by multiple viruses. With increased transmission and impacts on healthcare systems in Washington, this message is being sent to providers to share information and resources.

Pediatric capacity is now remarkably strained on the west side of Washington, with Pediatric ER & ICU crowding currently the most concerning trend.

- Pediatric ER volumes remain at record high at pediatric specialty hospitals.
- ER volumes at pediatric hospitals are 200%-300% of baseline capacity with record high ER wait times and waiting room volumes.
- Significant increase in Influenza activity in western WA is compounding pediatric respiratory surge/capacity issues.
- Several facilities report record high levels of pediatric behavioral health patient boarding which is a worsening trend.

CURRENT WASHINGTON STATE AWARENESS

DOH has convened the Health and Medical Multi-Agency Coordination Group including Local Health Jurisdictions (LHJs), Tribal Partners, Health Care Coalitions, Washington State Hospital Association, Health Care Providers, and other state agencies to coordinate strategies for mitigating pediatric RSV surge.

Washington Medical Coordination Center (WMCC) is activated and working closely with health care facilities on pediatric load balancing. This effort to be supported by Harborview Pediatric ICU team for triage assistance. WMCC working with regional "non-pediatric" hospitals with pediatric capacity to manage and receive appropriate transfers in support of the region.

INFORMATION FOR HEALTHCARE PROVIDERS

There are multiple viral respiratory diseases that impact children, circulating in the state. One public health strategy to mitigate pediatric surge is prevention of disease through vaccination for those diseases that are vaccine preventable.

Proactively communicate with parents/caregivers of pediatric patients regarding when and where to seek care if ill with respiratory symptoms and encourage all patients to be up to date on flu and COVID-19 vaccination.

The Washington State Childhood Vaccine Program (CVP) has plenty of pediatric flu vaccine available to order. Flu vaccine can be ordered at any time throughout the season and as frequently as needed. Please place your flu order in the IIS as you need it and ensure you have enough stock on hand by ordering again before you run out of supply. It can take up to a week to receive vaccine; order early if your supplies are running low.

To better prepare families for treating bronchiolitis at home, Seattle Children's Hospital has developed a packet of information that providers can share with families as appropriate.

To reduce unnecessary emergency room visits, a template letter for providers to send to their patients about pediatric RSV surge has been developed for use by clinicians.

Adult flu vaccine is still available for purchase. If you need help finding vaccine, visit Influenza Vaccine Availability Tracking System — IVATS - National Adult and Influenza Immunization Summit (www.izsummitpartners.org)

RESOURCES

- Connect with local Medical Reserve Corps (MRC) if applicable to help support any efforts if one exists in your county.
- Connect with LHJ and Local EM to request additional resources.
- Share patient education material such as the Bronchiolitis Care Packet PDF from Seattle Children's Hospital and the American Academy of Pediatrics website <https://healthychildren.org>
- Encourage providers to communicate with patients regarding pediatric RSV surge and appropriate levels of care. Letter template attached (cut and paste onto provider letterhead).
- Link to CDC HAN Alert on Increased Respiratory Virus Activity: <https://emergency.cdc.gov/han/2022/han00479.asp>
- Apple Health and Premera Plans nurse line phone numbers are attached. Additional private insurers' nurse advice line information will be sent out next week.

For questions or concerns, please contact your LHJ or HCC. If you are unsure who those contacts are, then reach out to the DOH Duty Officer for assistance (360-888-0838).

Thank you.

WA SECURES



Bronchiolitis Care Packet

Contents

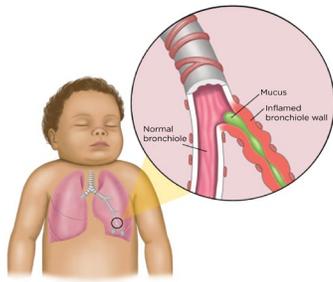
Bronchiolitis

How to Suction Your Baby's Nose - PE1732

Signs of Respiratory Distress in Your Infant - PE1736



Bronchiolitis



Bronchiolitis affects the tiny air tubes of the lungs called bronchioles.

What is bronchiolitis?

Bronchiolitis is a viral infection that causes the tiny airways in the lungs (bronchioles) to become inflamed and fill with mucus.

What are the symptoms of bronchiolitis?

The symptoms of bronchiolitis are similar to those of a common cold including runny nose, cough, and mild fever. In addition children with bronchiolitis may have trouble breathing (called “respiratory distress”).

How is bronchiolitis diagnosed?

No testing is needed to diagnose bronchiolitis. Bronchiolitis is usually diagnosed based on the symptoms and listening to your child’s lungs.

How is bronchiolitis treated in the hospital?

If your child is having severe difficulty breathing (called “severe respiratory distress”), low levels of oxygen in their blood, or if they are not drinking enough, they may need to be hospitalized.

In the hospital, treatment may include:

- Frequent suctioning of your child’s nose and mouth to help get rid of thick mucus secretions
- Oxygen therapy if oxygen levels are low
- Additional fluids if your child is unable to drink enough liquids

Medicines like antibiotics are NOT used because they have no effect on viruses, only bacteria.

How long will the symptoms last?

The worst symptoms of bronchiolitis will occur in the first week of illness, but the cough can last up to four weeks.

What should I do for my sick child at home?

- Make sure your child gets enough liquids.
- Suction your child’s nose with a bulb syringe or mouth-operated nasal aspirator before he/she eats, before periods of sleep, and if having trouble breathing.
- Do not allow your child to be exposed to cigarette smoke.
- Wash your hands often. This is the best way to stop the spread of germs, including viruses.

See the following pages:

How to Suction Your Baby’s Nose – PE1732

Signs of Respiratory Distress in Your Infant – PE1736



How to Suction Your Baby's Nose

When babies get cold viruses, they can get a lot of mucus in their nose. This is normal. If your baby's nose is so stuffy that is making it hard to breathe, you may want to suction mucus out of their nose. The best times to suction are right before your child eats, before periods of sleep, and if having trouble breathing.

There are two main kinds of devices you can use for suctioning: a bulb syringe and a nasal aspirator.

Steps for using a bulb syringe

1. **Gather supplies** (nose dropper, saline, baby blanket, changing pad).
2. **Get baby ready.** Put your child on their back. It may help to swaddle your baby in a blanket or have another person hold them to keep their hands down.



Swaddling keeps baby's hands away from face.

3. **Put saline in nose.** Put 2 to 3 drops of saline in one side of your baby's nose using the dropper (use 2 to 3 sprays if you have spray). Let the saline remain in the nose for 1 to 2 minutes before suctioning. You can buy saline at the drug store or make it at home by dissolving $\frac{1}{4}$ teaspoon of salt in $\frac{1}{2}$ cup of warm tap water. You should make a fresh batch each day and store it in a covered container.



Adding saline drops

4. **Squeeze the air out of the bulb syringe.**

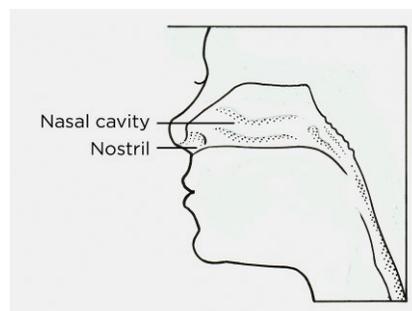


How to Suction Your Baby's Nose

5. **Insert bulb syringe.** Keeping the syringe squeezed, gently insert the rubber tip $\frac{1}{2}$ inch (no farther) into the nostril that you just put saline in.



6. **Slowly release squeeze.** While the tip is still in the nose, slowly release your squeeze on the bulb to suction out the mucus. Keep the syringe pointed straight toward the back of your baby's head. Do not angle upwards.



The nasal cavity is straight back, not up.

7. **Empty out mucus from bulb.** Remove the bulb syringe from the nose and squeeze it onto a tissue to force out the mucus.



8. **Wipe the bulb syringe and repeat steps 2 through 6 for the other nostril.**

9. **When you are done, clean the device.** Clean the bulb syringe with soapy water and rinse after use.



Steps for using a nasal aspirator (a mouth-operated suction device)

WARNING: This product contains small parts that can be a choking hazard. Keep out of the reach of children! Not a toy!

1. **Gather supplies** (nose dropper, saline, baby blanket, changing pad).
2. **Get baby ready.** Put your child on their back. It may help to swaddle your baby in a blanket or have another person hold them to keep their hands down.
3. **Put saline in nose.** Put 2 to 3 drops of saline in one side of your baby's nose using the dropper (or 2 to 3 sprays if you have spray). Let the saline remain in the nose for 1 to 2 minutes before suctioning. You can buy saline at the drug store or make it at home by dissolving $\frac{1}{4}$ teaspoon of salt in $\frac{1}{2}$ cup of warm tap water. You should make a fresh batch each day and store it in a covered container.
4. **Insert tip of nozzle into nose.** Place the nozzle of aspirator at the opening of the nostril. Put no more than $\frac{1}{2}$ inch of the aspirator tip up the nose.
5. **Suck.** Use your mouth to gently suck at the end of the mouthpiece. The device has a filter to prevent the mucus from entering your mouth.
6. **Repeat** steps 2 through 5 on your baby's other nostril.



How to Suction Your Baby's Nose

7. **Clean the device.** Take apart the device and clean the nasal aspirator with soapy water after use. Rinse and air dry.



To Learn More

- Ask your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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PE1732

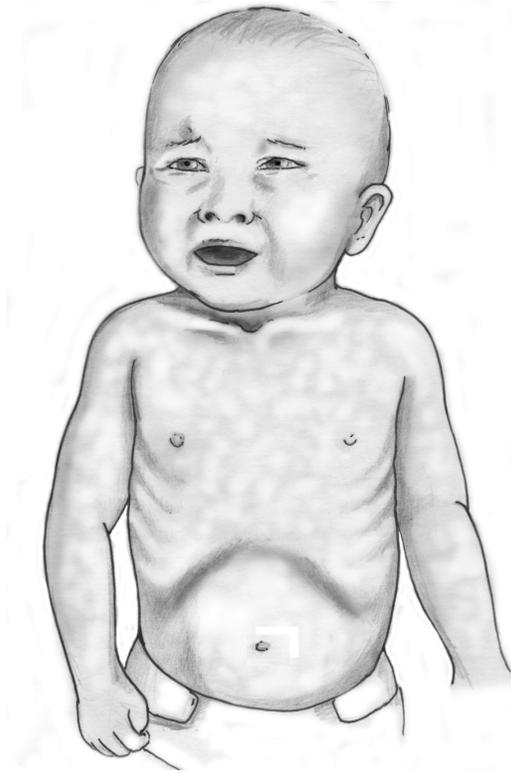
Signs of Respiratory Distress in Your Infant

In order to measure breathing trouble in your baby, you need to know the amount of “work” or effort your child is using to breathe:

1. Know your child’s normal breathing rate when sleeping. See next page to count breaths.
2. Know the important warning signs that show increased work of breathing.
3. **Call and speak with your healthcare provider if any of the physical or behavior signs below are present.**

What will my baby look like when they are breathing hard?

- Increased breathing rate (see next page)
- Stomach sucking in more than usual with breathing
- Retractions – skin pulling in around bones in chest (in neck, above collar bone, under breast bone, between and under ribs)
- Flaring of nostrils
- Head moving back and forth with each breath (head bobbing)
- Noisy breathing (wheezing, grunting, high-pitched noise when breathing in or out)
- Increased coughing or mucus
- Sweating – clammy skin
- Open mouth



What will my baby act like when they are breathing hard?

Because you know your child better than anyone else, you can look for signs or changes that show your child is working harder to breathe. In addition to the physical signs above, here are a few of the most common behavioral warning signs.

- Waking up from sleeping with cough or unable to sleep comfortably due to difficulty breathing
- Lethargy (acting tired and weak)
- Fussy, agitated behavior
- Eating less than normal or stopping to rest while eating
- Pulling off the breast or away from the bottle to take a breath

To Learn More

- Pulmonary
206-987-2174
- Ask your child’s healthcare provider
- seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your nurse.
- From outside the hospital, call the toll-free Family Interpreting Line, 1-866-583-1527. Tell the interpreter the name or extension you need.

What the signs mean

- Nasal flaring - When nostrils spread open while your child breathes, they may be having to work harder to breathe.
- Wheezing - A whistling or musical sound of air trying to squeeze through a narrowed air tube. Usually heard when breathing out.
- Grunting - Grunting sound when breathing out. The grunting is the body's way of trying to keep air in the lungs so they will stay open.
- Retractions - Skin pulling in or tugging around bones in the chest (in neck, above collar bone, under breast bone, between and under ribs). Another way of trying to bring more air into the lungs.
- Sweating - There may be an increase of sweat on your child's head, but without their skin feeling warm to the touch. More often, their skin will feel cool or clammy. This may happen when their breathing rate is very fast.
- Skin color changes - A sign child is not getting enough oxygen. Pale, blue-gray color around lips and under eyes. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.

Early warning signs or changes that show your child is working harder to breathe

When should I call 911?

Your baby needs medical help right away if they have any one of these symptoms. Call 911 now if:

- They stop breathing for 15 seconds or longer (called "apnea")
- They have severe difficulty breathing
- They have blue-tinged skin (cyanosis) especially noticeable around the lips, fingernails and gums. This may not be visible on darker skin tones. Pay close attention to your child's breathing and behavior.
- You are unable to wake your baby

To find your child's breathing rate:

When your baby is sleeping, count the number of times their stomach rises and falls in 30 seconds. One rise and fall equals one breath. Double that number to get the breathing rate per minute.

When your child is having trouble breathing, they may breathe faster.

Breathing rates for infants

Normal breathing rates during sleep

Age	Breaths per minute
Birth to 1 year	30 to 60
1 year to 2 years	24 to 40

Abnormally high breathing rates

Age	Breaths per minute
Birth to 2 months	over 60
2 months to 1 year	over 50
1 year to 2 years	over 40

(Providers can copy/paste this TEMPLATE into their own letterhead for patients.)

Name

Address

City, WA Zip

Date

Re: Respiratory Viruses and Where to Get Care

Dear (patient),

The nation is seeing an early and more severe respiratory virus season. Here in Washington state, we are seeing influenza cases earlier than usual and rates are on the increase. COVID-19 is also still with us. Additionally, this season we are also seeing more respiratory syncytial virus (RSV), which usually causes common cold like symptoms that get better on their own but can sometimes be a cause of hospitalization for infants and the elderly. Together these respiratory viruses are causing a severe strain on our emergency departments and hospitals.

The best weapon we have against respiratory viruses is prevention. The Washington State Department of Health (DOH) **strongly recommends everyone 6 months and older get their yearly flu vaccine and be up to date on COVID-19 boosters.** There is plenty of flu and COVID-19 vaccine available in our state. Most places that offer COVID-19 vaccine also offer flu vaccine, and you can receive both at the same time. You can find a location with vaccine at <https://vaccinelocator.doh.wa.gov>

There are several things you and your family can do to lower your risk of illness and spread of all respiratory viruses:

- Wash your hands often for at least 20 seconds with sudsy soap in warm water, or with hand sanitizer if soap and water is not convenient.
- Avoid touching your eyes, mouth, and nose where germs like to enter.
- Stay home when you're sick (even if it is "just a cold") and isolate sick household members in separate rooms.
- Wear a mask in crowded or poorly ventilated settings
- Limit the number of close contacts for young infants and individuals with certain chronic conditions.
- Clean high-touch surfaces frequently with a cleaner that is known to kill these common viruses.

If your child does end up getting sick, and you think they need to be seen, it is important to choose the right level of care.

- Call a nurse advice line if your health insurer has one
- Call your child's provider or after-hours service first to see where you should go.
- Check if telehealth (virtual medical visit) is an option in your area and on your medical plan.
- Consider urgent care if a higher level of care is needed, for example if your child has dehydration, pauses or difficulty breathing, poor color, or significantly decreased activity and alertness.
- If it is a true emergency, go to your nearest emergency room or call 9-1-1.

More information on caring for children with respiratory virus infections is available from the American Academy of Pediatrics at <https://healthychildren.org>.

Sincerely,

(Physician or Practice)

Managed Care Plan	24-hr Nurse line (after hours)	General questions (business hours)
Amerigroup (AMG)	1-866-864-2544	1-800-600-4441
Community Health Plan (CHPW)	1-866-418-2920	1-800-440-1561
Coordinated Care (CCW)	1-877-644-4613	1-877-644-4613
Molina Healthcare (MHC)	1-888-275-8750	1-800-869-7165
UnitedHealthcare (UHC)	1-877-543-3409	1-877-542-8997
Washington Recovery Help Line: 1-866-789-1511 (24-hr mental health support and referrals for substance use disorder treatment and recovery services)		

SEBB HMO	1-888-907-7363
Premera Blue Cross - (PBC WA)	1-888-907-7363
BC Alaska - (BCBS AK)	
LifeWise Assurance WA	
LifeWise Student	
Individual and Exchange Evolent	1-800-784-9265