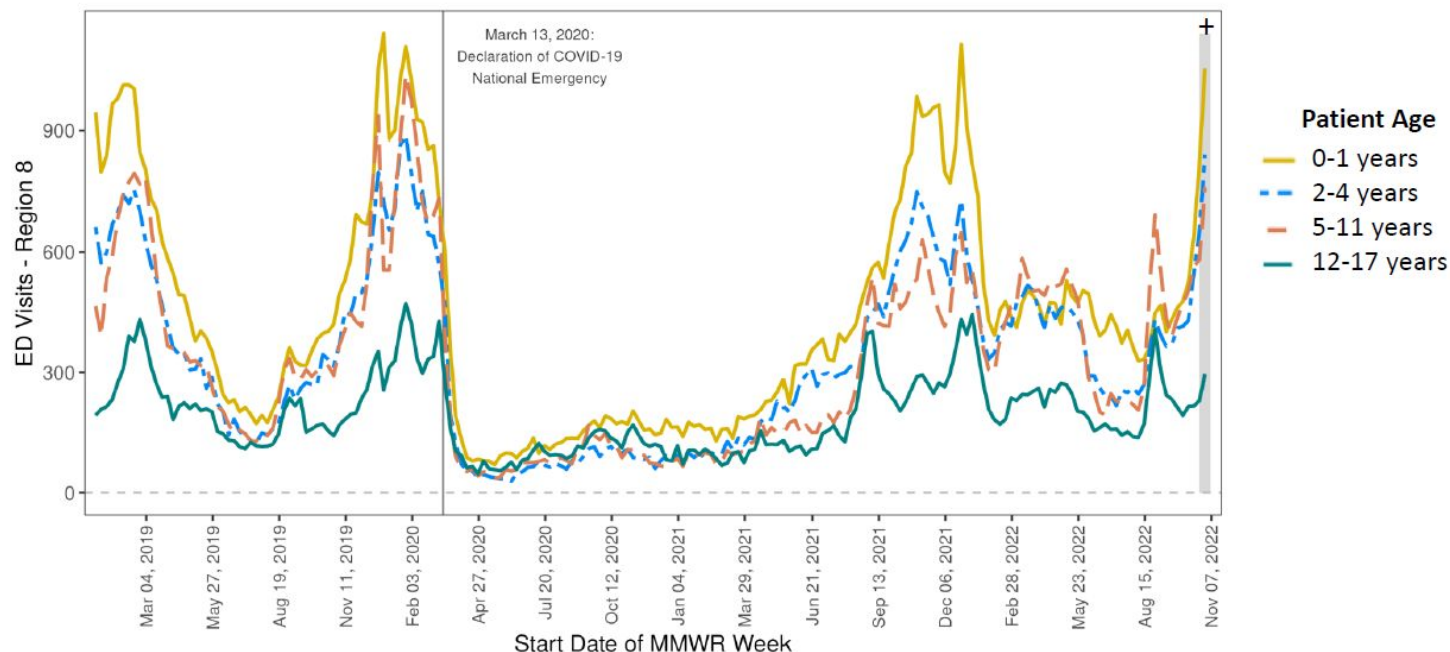


# Pediatric Respiratory Illness Surge Overview

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November 17, 2022

# REGION 8: Weekly U.S. Emergency Department (ED) Visits in Patients with Acute Respiratory Illness\*, Ages 0-1, 2-4, 5-11, and 12-17 Years, Dec 30, 2018, to Nov 5, 2022, National Syndromic Surveillance Program

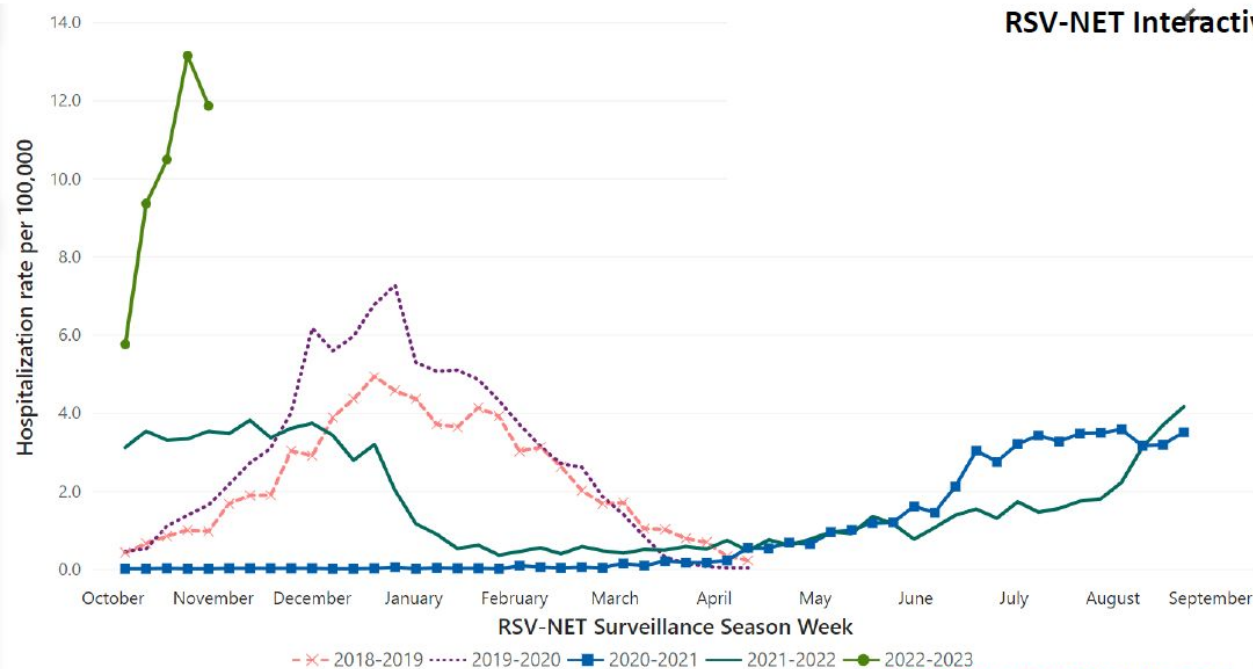


+The most recent week of data may be incomplete

\*The CDC Broad Acute Respiratory Discharge Diagnosis (DD) v1 definition identifies ED visits with general respiratory infections (e.g., influenza, respiratory syncytial virus, or COVID-19) as well as general respiratory illness such as cough or pneumonia. These are identified in discharge diagnoses. Counts limited to the subset of NSSP facilities with consistent reporting to NSSP and with high quality diagnosis codes throughout the time period.

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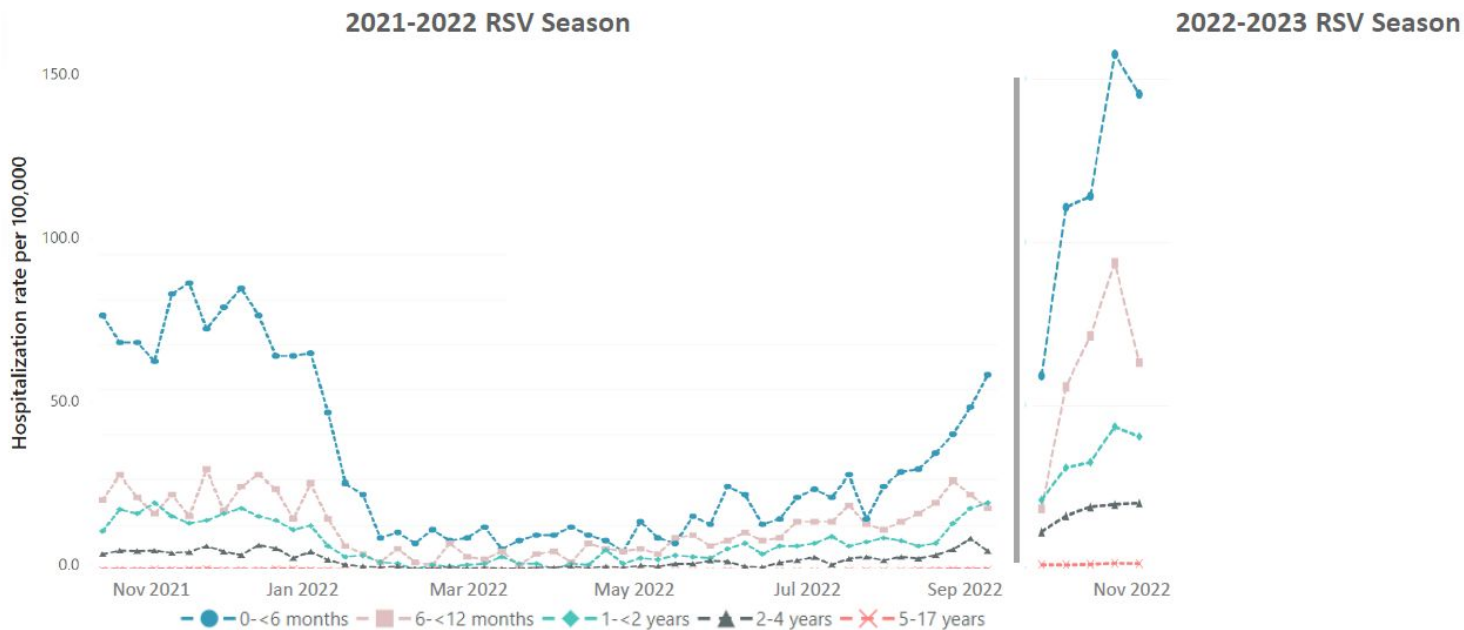
# Weekly Rates of RSV-Associated Hospitalizations among Children Ages <18 years by Surveillance Season – RSV-NET, 2018-2022



Date are subject to reporting lag. Rates presented likely underestimate actual rates of RSV hospitalization as cases are defined as those with a positive test, and not all patients might be tested for RSV. Rates are unadjusted and do not account for changing testing practices over time. Data for May and June 2022 are incomplete.

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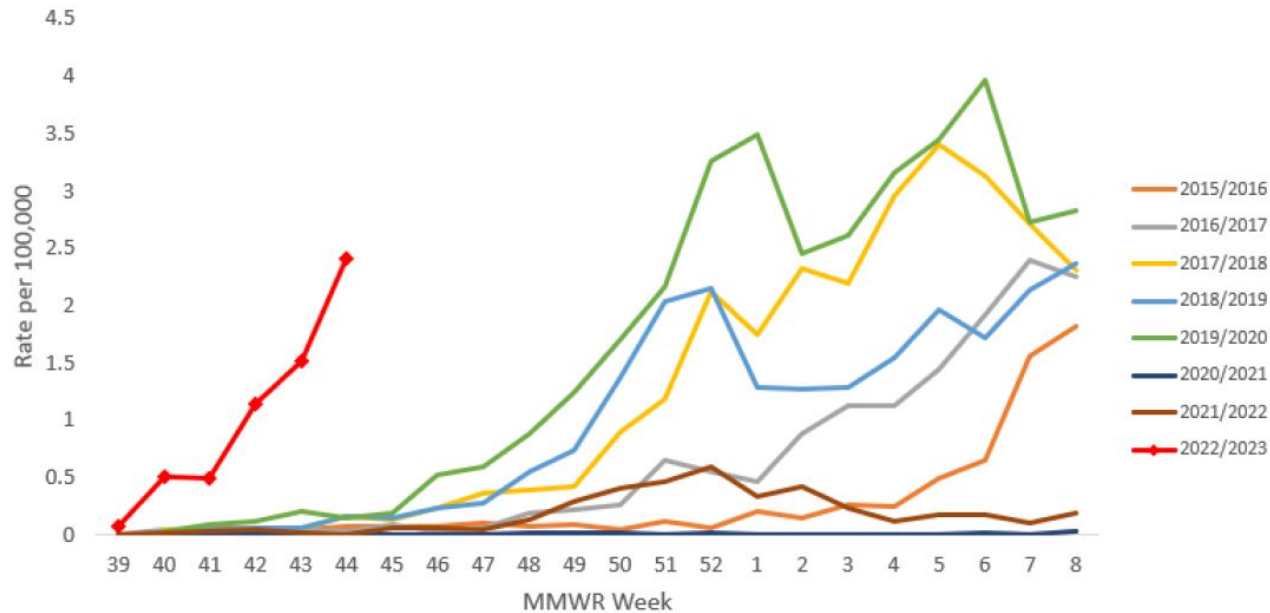
# Weekly Rates of RSV-Associated Hospitalizations among Children Ages <18 years by Age Group– RSV-NET, 2021-2022



Data are subject to reporting lag. Rates presented likely underestimate actual rates of RSV hospitalization as cases are defined as those with a positive test, and not all patients might be tested for RSV. Rates are unadjusted and do not account for changing testing practices over time. Data for May and June 2022 are incomplete.

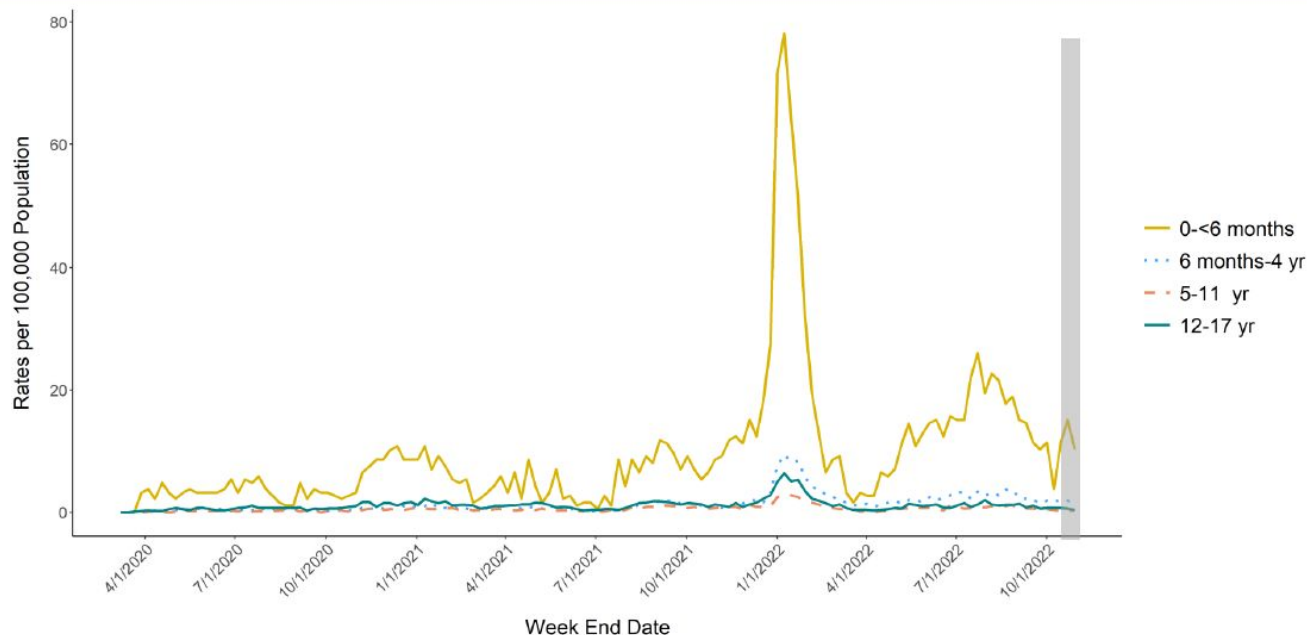
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# Weekly Rates of Influenza-Associated Hospitalization in Children <18 years by surveillance season - FluSurv-NET, 2014-2022





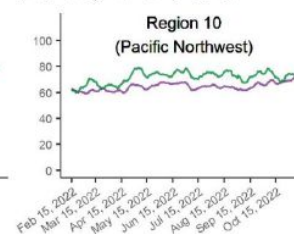
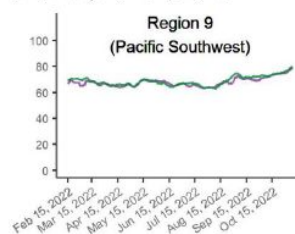
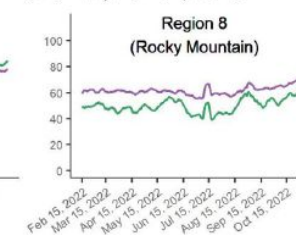
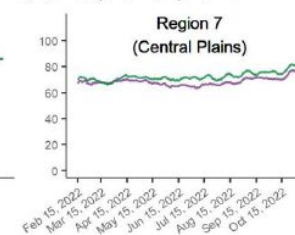
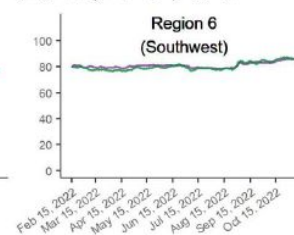
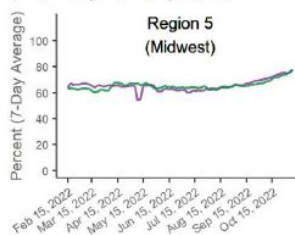
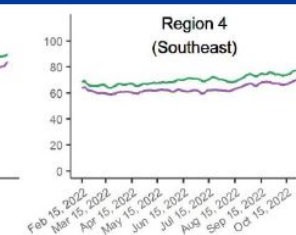
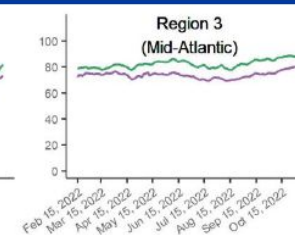
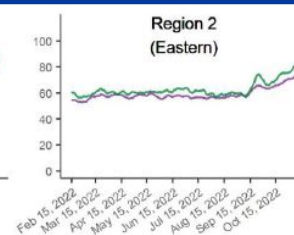
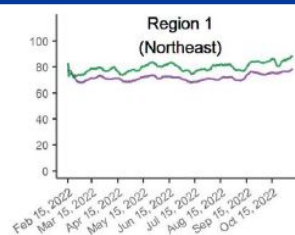
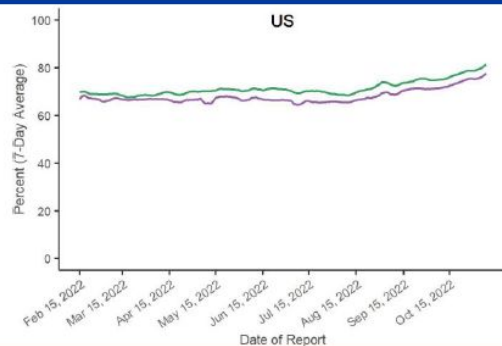
# Laboratory-Confirmed Pediatric COVID-19-Associated Hospitalization – COVID-NET, March 2020, to October 29, 2022



Starting the week of May 29, 2022, Iowa data are removed from weekly rate calculations. Source: COVID-NET hospitalization data through October 29, 2022; <https://covid.cdc.gov/covid-data-tracker/#covidnet-hospitalization-network>

Coronavirus Disease 2019 (COVID-19)-Associated Hospitalization Surveillance Network (COVID-NET) conducts population-based surveillance for laboratory-confirmed COVID-19-associated hospitalizations in children (persons younger than 18 years) and adults. The current network covers nearly 100 counties in the 10 Emerging Infections Program states (CA, CO, CT, GA, MD, MN, NM, NY, OR, and TN) and four additional states through the Influenza Hospitalization Project (IA, MI, OH, and UT). The network represents approximately 10% of US population (~32 million people). Cases are identified by reviewing hospitals, laboratory, and admissions databases and infection control logs for patients hospitalized with COVID-19. Laboratory confirmation is dependent on clinician-ordered SARS-CoV-2 testing. Therefore, the unadjusted rates provided are likely to be underestimates as COVID-19-associated hospitalizations can be missed due to test availability and provider or facility testing practices. COVID-NET hospitalization data are preliminary and subject to change as more data become available. In particular, case counts and rates for recent hospital admissions are subject to lag. As data are received each week, prior case counts and rates are updated accordingly. All incidence rates are unadjusted.

# Percentage of pediatric inpatient and ICU beds occupied, February 15, 2022 to November 08, 2022\*, United States and HHS Regions



— Pediatric Inpatient Occupancy  
— Pediatric ICU Occupancy



Region	Current 7-Day Average % Pediatric Inpatient Occupancy	Current 7-Day Average % Pediatric ICU Occupancy
US	77.60%	81.29%
Northeast	78.82%	88.00%
Eastern	73.26%	81.94%
Mid-Atlantic	84.26%	89.73%
Southeast	69.94%	78.47%
Midwest	77.55%	77.49%
Southwest	86.80%	86.11%
Central Plains	78.10%	84.74%
Rocky Mountain	75.47%	67.85%
Pacific Southwest	78.81%	79.84%
Pacific Northwest	72.39%	74.38%

Source: Unified Hospital Data - Analytic Dataset, based on reporting from all hospitals (N = 5,307).

Data fields for pediatric inpatient and ICU beds and occupancy are required for reporting as of Feb 2, 2022. Data in this graphic begins on Feb 15, 2022 to account for delays in initial reporting of these fields.

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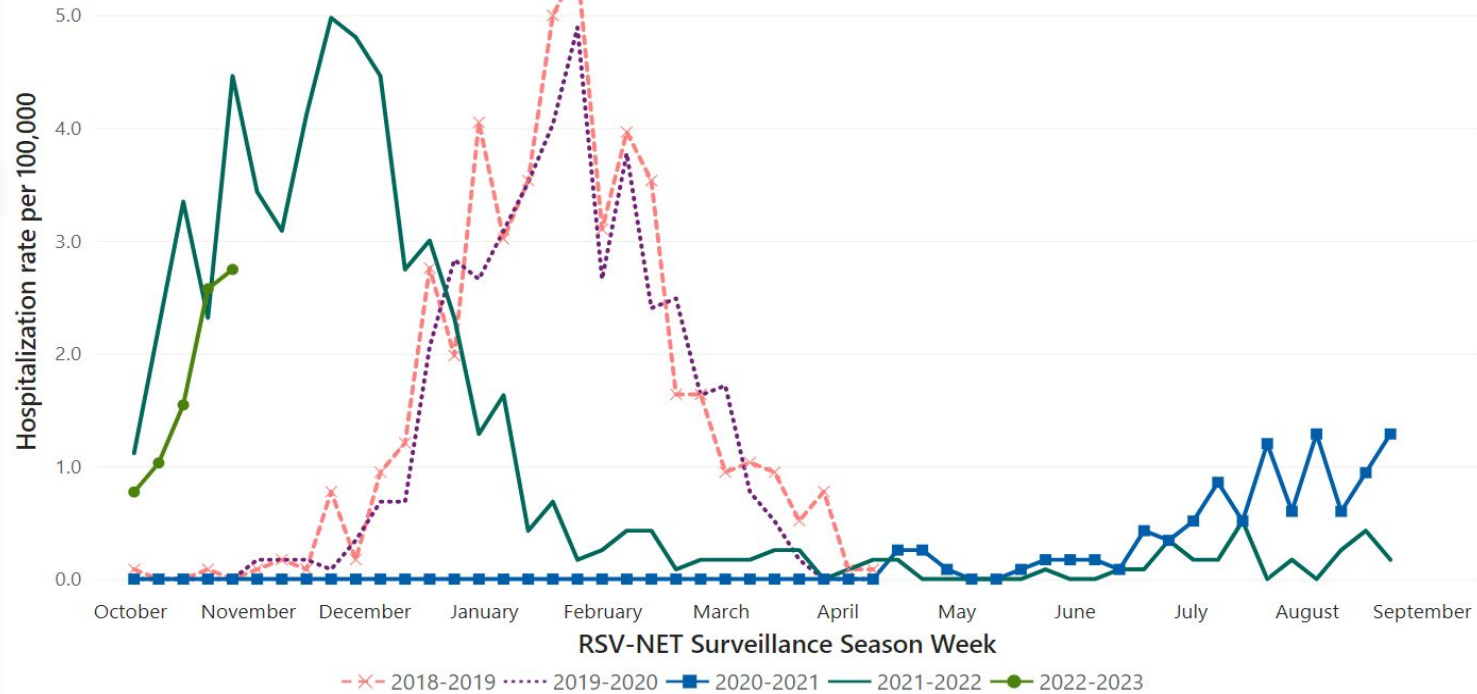
## Region 8 Pediatric Respiratory Disease Summary

- We continue to see a national increase in pediatric respiratory illness, and nationally we remain at winter peak levels.
- For RSV, some HHS regions (Regions 4, 3, and 6) are seeing decreased test positivity and may have peaked.
- Early increases in seasonal influenza have been reported in most regions of the US, with the highest levels of activity in the Southcentral and Southeast regions of the country
- Public health response
  - Prevention focus on vaccines for influenza, COVID-19
  - Diagnostics, important to determine etiology, guide therapy

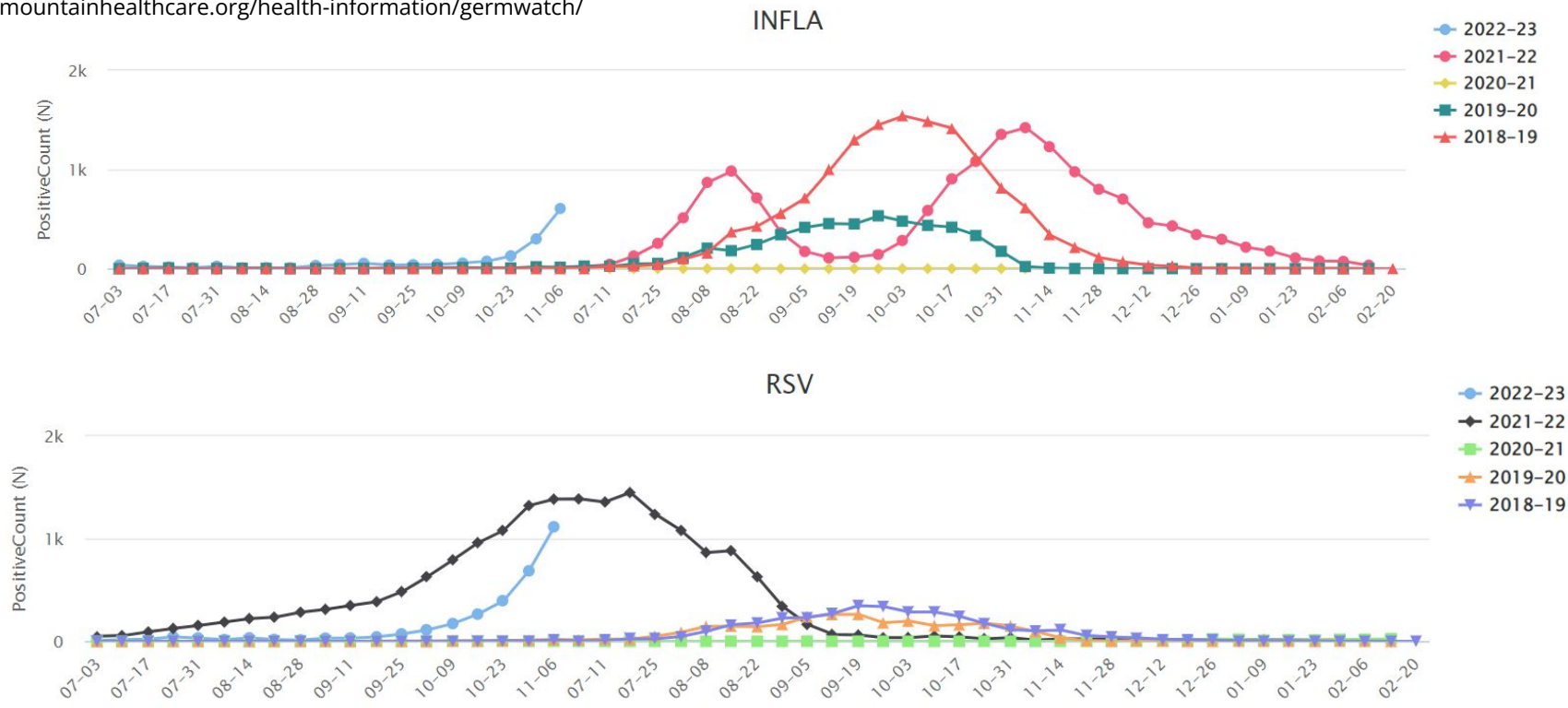




Rates of RSV-Associated Hospitalization, all seasons

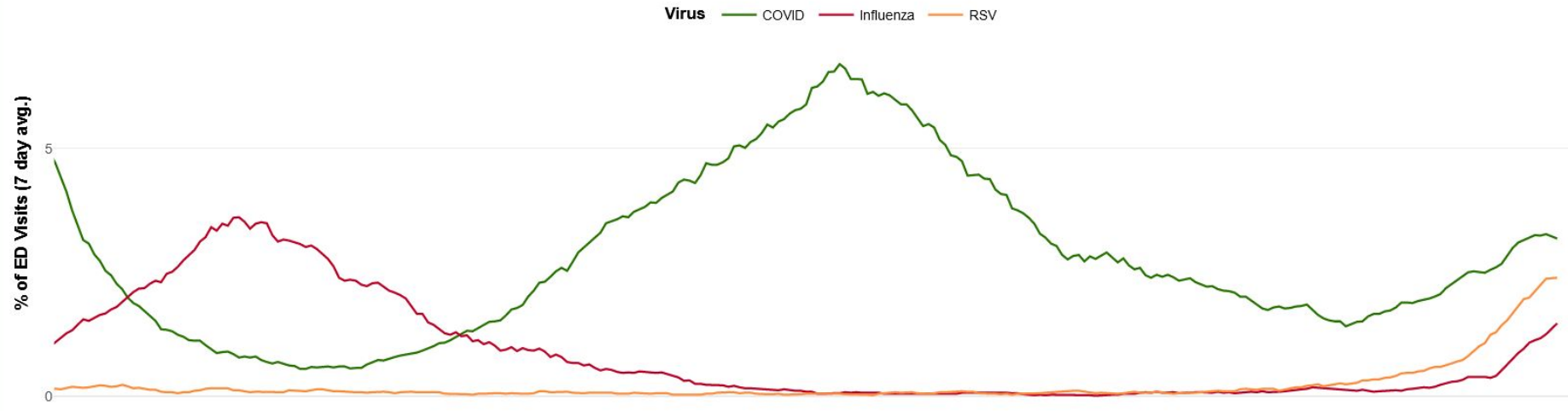


**Surge of Pediatric Respiratory Patients**



**Surge of Pediatric Respiratory Patients**

Statewide COVID-19, Influenza, and RSV Related ED Visits



**Surge of Pediatric Respiratory Patients**

### Current objectives for DHHS:

- Monitoring statewide hospital pediatric bed capacity - **Med/Surge = 98%; ICU = 85%**
- Most pediatric surge generated by RSV with influenza and COVID following;
  - Based on national trends, we expect influenza to increase
- Collaborate with Primary Children's Hospital to support surge strategies including:
  - Expanding/repurposing space,
  - Delaying less critical surgeries,
  - Supplementing staff from sister facilities, mutual aid, or MRC,
  - Supporting other hospitals to care for less-critical pediatric patients,
  - Patient load balancing facilitated by UHA
  - Assess critical supply status and contingencies.

## Surge of Pediatric Respiratory Patients

## **If questions, please contact:**

- **Office of Emergency Medical Services & Preparedness**
  - **801-273-6660**
  - **healthcarepreparedness@utah.gov**
- **Office of Communicable Disease**
  - **801-538-6191**
  - **epi@utah.gov**