



COMMONWEALTH of VIRGINIA

Department of Health

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Respiratory Illness Prevention and Control

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Dear Colleague:

With the arrival of fall-like weather in Virginia, children are back to school, and the public health practitioner in me is reminded of the expected increase in respiratory illnesses. Although many respiratory illnesses run their course, the population impact of these diseases can be significant and warrants the sharing of some relevant Virginia-specific information to assure our concerted and coordinated approach this fall and winter.

This correspondence includes information and reminders regarding the following topics:

- [Colds, parainfluenza, and influenza](#)
- [Emerging respiratory viruses](#), such as novel influenza and Middle East Respiratory Syndrome Coronavirus
- [Judicious antibiotic use](#)

Colds, Parainfluenza and Influenza

The most common respiratory viruses that circulate this time of year are the common cold and parainfluenza viruses. Vaccines to prevent these infections are not available, and treatment is limited to symptom relief and supportive care. To prevent the spread of these viruses, important community mitigation strategies include reminding your patients to stay home when sick, cover their coughs, and wash their hands frequently with soap and water. Standard and contact precautions are recommended for health care workers caring for these patients to avoid spreading these viruses.

Influenza vaccination remains the most effective way to prevent influenza. [Annual influenza vaccination](#) is recommended for all persons aged six months and older who do not have contraindications. Persons who have a higher risk of developing influenza-related complications (e.g., children aged 6-59 months, pregnant women, and those with underlying medical conditions) and all health care workers are especially encouraged to get vaccinated. Influenza vaccination campaigns are underway across the Commonwealth and will continue throughout the influenza season. Please contact your [local health department](#) to learn about these efforts in your community.

Emerging Respiratory Viruses

Please consider novel influenza virus infections in persons with influenza-like illness and swine or poultry exposure, or in persons with severe acute respiratory infection after travel to areas where avian influenza viruses have been detected. Please contact the [local health department](#) immediately if you suspect a novel influenza virus infection. The Centers for Disease Control and Prevention (CDC) [guidance for people attending agricultural fairs or other settings where swine might be present](#), including additional [precautions for people who are at higher risk of developing serious influenza complications](#), is available for your reference. [CDC guidance about avian influenza](#) is also available.

Middle East Respiratory Syndrome Coronavirus (MERS-CoV) is another emerging respiratory virus to consider for patients with recent travel to the Arabian Peninsula.¹ The annual Hajj or pilgrimage to Mecca, Saudi Arabia, one of the largest mass gatherings in the world, occurred August 30 through September 4, 2017. In previous years, health departments have seen an increase in [patients under investigation \(PUIs\) for Middle East Respiratory Syndrome](#) two to three weeks following the completion of Hajj, as travelers returned to the United States. We recommend that health care providers routinely ask patients about their travel history and consider MERS-CoV infection if the patient has both clinical features and an epidemiologic risk for being a [PUI](#). If you have a patient that meets these criteria, please implement recommended infection control precautions (e.g., standard, contact, and airborne precautions) immediately and contact the [local health department](#) to discuss laboratory testing.

Reminders about Antibiotic Use and Drug Resistance

The season of respiratory illnesses also provides an opportunity to review the importance of the judicious use of antibiotics. CDC estimates that one-third of the antibiotics prescribed in outpatient settings are not necessary, and overuse can lead to antimicrobial resistance, increased health care costs, and more severe illnesses. Materials are available to help you [address the challenges you face when you cannot meet your patients' expectations of receiving a prescription for an antibiotic](#).

The Virginia Department of Health, along with key partners, is committed to assuring antimicrobial stewardship. We support programs that promote monitoring the use of antimicrobials and ensuring the right medications are prescribed and used in the right way. In addition, we remain very interested in identifying and responding appropriately to unusual patterns of medication resistance that are identified in Virginia so we can take action to minimize the risk of the spread of these organisms.

As always, I thank you for all you do to protect health and promote well-being in Virginia. I want to particularly thank you for your diligence in detecting, treating, and preventing these illnesses.

Sincerely,

Marissa J. Levine, MD, MPH, FAAFP
State Health Commissioner

This letter is available on the VDH [Resources for Health Care Professionals](#) web page.

¹ Countries considered in the Arabian Peninsula and neighboring countries include: Bahrain; Iraq; Iran; Israel, the West Bank and Gaza; Jordan; Kuwait; Lebanon; Oman; Qatar; Saudi Arabia; Syria; the United Arab Emirates (UAE); and Yemen.