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Caring for Patients During the 2023-24 Respiratory Viral Season

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As winter settles in, families, schools, and pediatric offices have geared up for another viral respiratory season after the past year's "tripledemic." The respiratory viral season typically starts in October and ends at the end of April. However, the last several respiratory seasons have looked very different due to the COVID-19 pandemic.

This year, we are entering the first winter respiratory season following the World Health Organization's declaration of the end of the COVID-19 global health emergency on May 5, 2023, and the end of the U.S. domestic public health emergency by the Centers for

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Caring for Patients During the 2023-24 Respiratory Viral Season *(continued from page 1)*

Disease Control and Prevention on May 11, 2023[1]. Many are wondering what this season will look like, especially after the development of several immunizations that have made their debut.

Preparing children and families for the 2023-24 respiratory viral season

Vaccines for the three major respiratory viruses are now available. The most effective way to reduce the risk of severe respiratory illness this season is to encourage children and families to receive their seasonal influenza vaccine, the updated COVID-19 vaccine, the RSV preventive antibody, and the new RSV vaccines for those who are eligible. Continue to discuss good hygiene practices, stay home when sick, and talk to your doctor if you have questions or become sick.

COVID-19

Though COVID-19 rates remain low compared to the previous years, rates started to rise again in mid-August through September 2023 as the newer XBB versions of omicron became the dominant strain, and the previous bivalent COVID vaccines have been less effective against preventing the spread of the XBB versions compared to the BA versions of omicron[2,9]. While these strains of SARS-CoV2 cause less severe infection, they are more highly transmissible, which still places those who are immunocompromised or have chronic medical conditions at risk.

The CDC recommends persons who test positive for COVID-19 to isolate for at least five days, leading to lost school time for children who are otherwise healthy or experiencing mild symptoms, as well as lost time from work for parents[5]. MIS-C (multisystem inflammatory syndrome in children), a rare but severe condition that occurs after COVID-19 infection, is still a concern[2].

Thankfully, the FDA approved and authorized for emergency use the 2023-24 updated monovalent COVID-19 vaccine that specifically targets the most dominant strain at this time, omicron variant XBB 1.511. The CDC recommends all persons 6 months and older receive the new monovalent vaccine. Approved vaccines include Pfizer-BioNTech and Moderna, and for those 12 and older, Novavax.

For children ages 6 months to 4 years who have never received a COVID vaccine, the recommendation is to get three doses of the Pfizer-BioNTech series or two doses of the Moderna series. If a child ages 6 months to 4 years has previously received one or two doses of the Pfizer-BioNTech series, they will need either two or one more dose, respectively, and if the child has received at least one Moderna vaccine in the past, they will need one more updated Moderna vaccine.

Children and adults ages 5 years and older will need at least one of the updated COVID vaccines to be considered up to date[3]. Among a cohort of children ages 6 months to 5 years, the effectiveness of at least one bivalent dose, regardless of manufacturer, was 80% at preventing urgent care and emergency department visits within an average of 59 days of vaccination[7]. Vaccine effectiveness wanes over time, especially after 60 days, underscoring the need for updated vaccinations for all eligible patients 6 months of age and above[10].

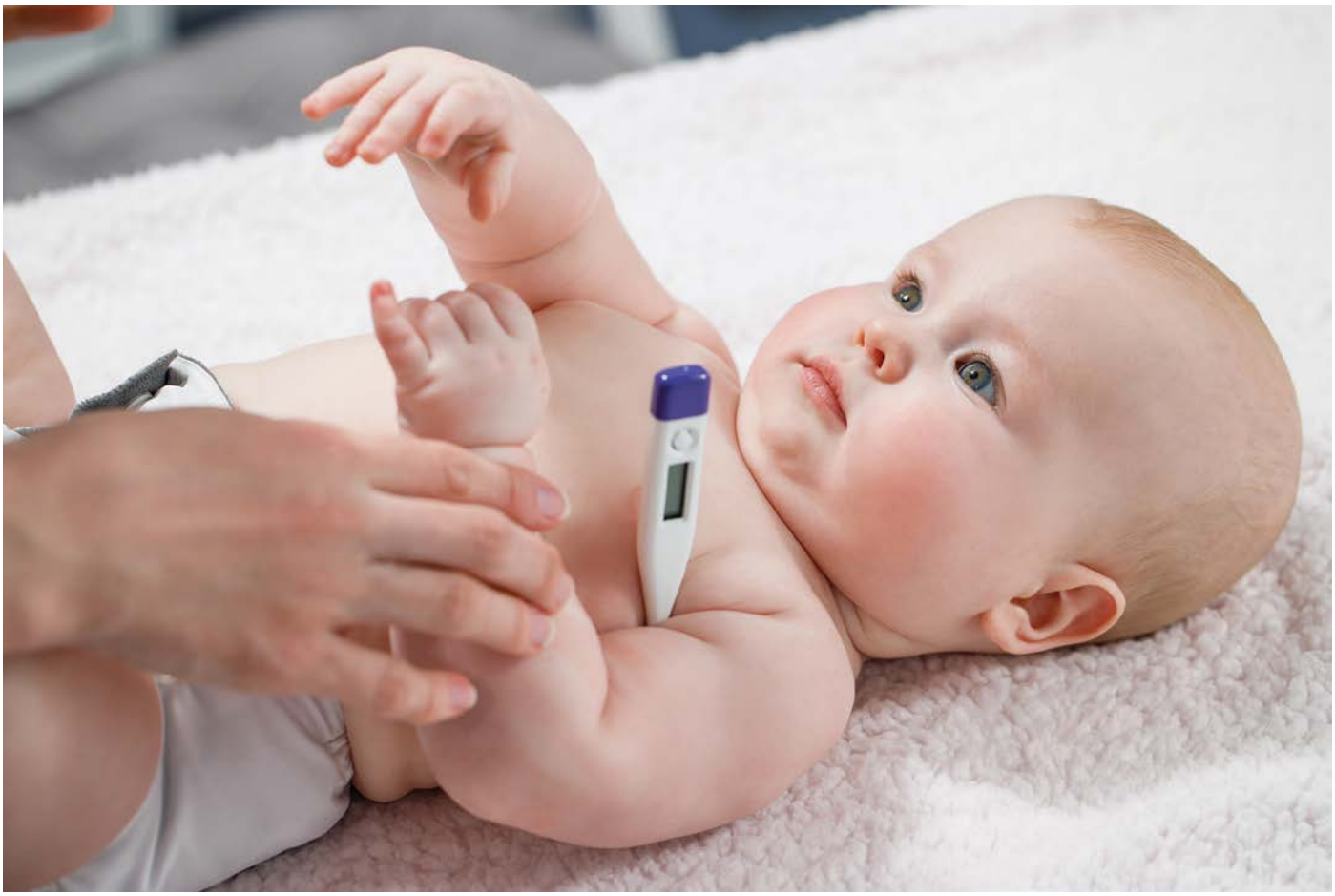
Seasonal influenza

Influenza rates since the 2020-21 season have been significantly lower than pre-COVID-19 pandemic rates. With reduced COVID-19 precautions, the 2022-23 respiratory season saw rising rates of influenza. Influenza cases were more prevalent than COVID-19 cases from mid-November 2022 to mid-January 2023, and preliminary national data from the CDC for 2022-23 indicated potentially similar or higher rates of influenza-related illnesses, hospitalizations, and deaths to the pre-COVID pandemic influenza seasons[4,14].

The CDC is currently predicting a similar influenza season this year, which is why it is especially important to get all children and adults ages 6 months and older vaccinated. Influenza vaccination among children and adolescents during the 2022-23 season reduced the risk of severe influenza illness requiring urgent care and emergency room visits by almost 50%[15]. Children ages 6 months through 8 years who have not received two or more doses of the influenza vaccine spaced four or more weeks apart before July 1, 2023, or whose influenza vaccination history is unknown, require two doses separated by four weeks to be considered up to date[6].

RSV vaccine

Respiratory syncytial virus (RSV) is a common respiratory virus that is responsible for about 2.1 million outpatient visits, 58,000-80,000 hospitalizations, and 100-300 deaths annually in children younger than 5 years of age[12]. RSV season typically starts mid-September, with peak in December through February and ending in early May. However last year, due to the unique epidemiological relationship of multiple factors stemming from the



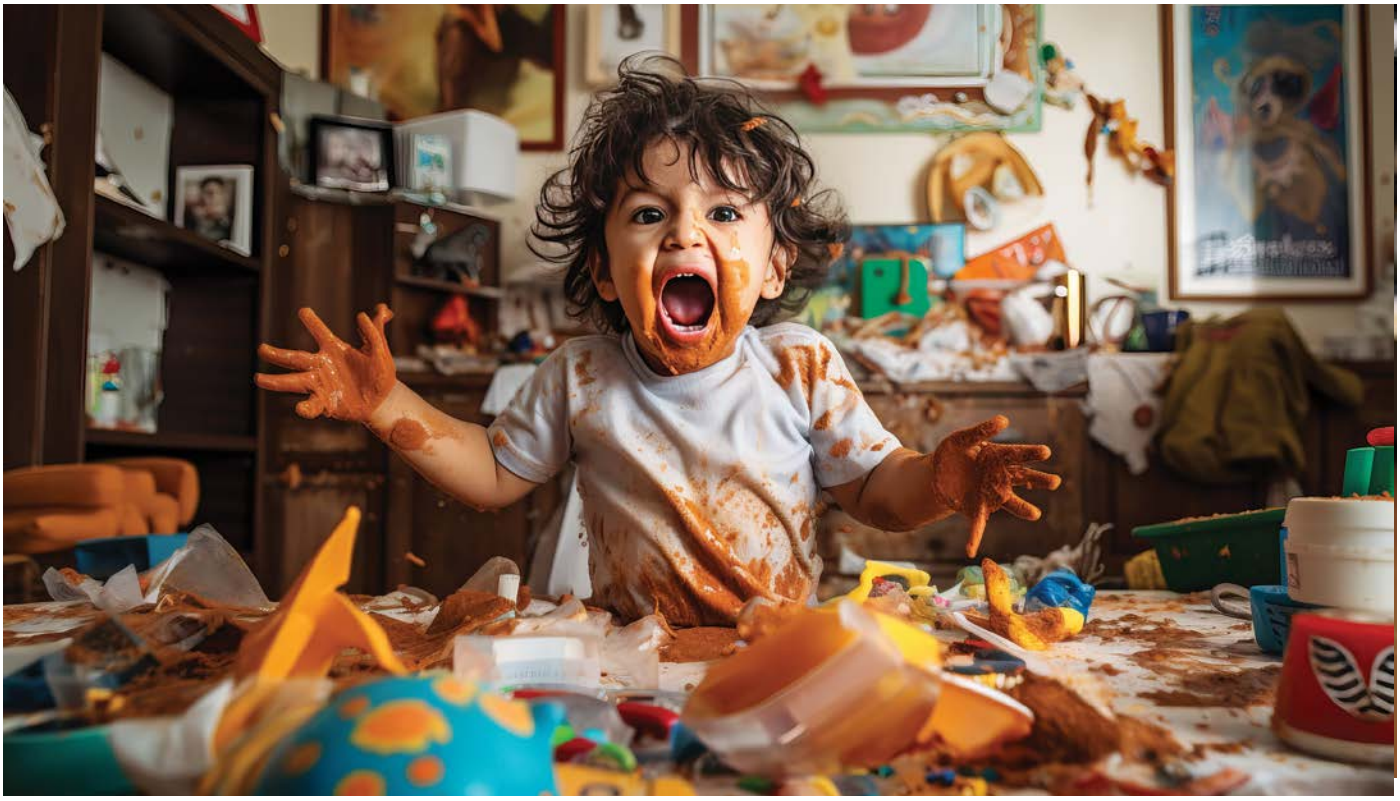
COVID-19 pandemic and then the relaxation of precautions, the 2022-23 RSV season started and peaked much earlier than usual[8].

For over 20 years, a protective RSV monoclonal antibody called Synagis® (palivizumab) has been available to eligible high-risk infants for monthly administration during RSV season[13]. Perhaps the most exciting news of the 2023-24 respiratory viral season is the approval of a new RSV antibody, Beyfortus™ (nirsevimab-alip), a one-time intramuscular dose of monoclonal antibodies against RSV. Beyfortus confers five months of passive immunity against RSV, which can reduce the risk for severe RSV illness requiring hospitalization.

The CDC approved the new RSV antibody for all infants younger than 8 months of age regardless of risk factors, and select high-risk children ages 8 months to 19 months old during the RSV season. However, due to supply shortages, the CDC recommends that high-risk children ages 6 months to 19 months who qualify for Beyfortus (nirsevimab-alip) receive Synagis instead, and that administration of Beyfortus (nirsevimab-alip) be reserved for infants under 6 months. For more information visit **https://emergency.cdc.gov/han/2023/han00499.asp**.

The CDC also approved two new RSV vaccines (Arexvy and Abrysvo™) for use in adults ages 60 and older. A single dose of Abrysvo is approved for use in pregnant women who enter their 32nd through 36th week of pregnancy during the RSV season to confer passive immunity to their infants[6]. The vaccine clinical trial data shows that in addition to reducing RSV-related lower respiratory tract infection rates, the new RSV antibody reduced the risk of RSV-related hospitalization by 80%, while the new maternal RSV vaccine reduced the risk of RSV-related infant hospitalization by 68% and 57%, respectively, during the 3 months and 6 months period after birth[13].

For a list of article references, see page 6.



A Provider's Guide to Navigating Behavioral Challenge and Crisis in Children

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Any provider who sees children gets questions from parents, ranging from how do I control toddler tantrums to my kid doesn't listen. Occasionally, parental worries grow as sass and more significant noncompliance increases. Rarely, there are more serious concerns, such as fire setting and physical violence.

What can you do if a family is experiencing a behavioral crisis or significant behavioral or mental health concerns? Take a deep breath and know that this will take time. Having a supportive, listening ear is important. An empathetic encounter might be the support the family needs. Parents have a lot of emotion during this type of visit, including anger, guilt, and grief. They need to feel believed and understood, and have often tried everything they can think of and feel hopeless.

Therapy

Suggest therapy for the child. Therapy is helpful for the child to learn better ways of managing their emotions, and can help tease out underlying issues or help make diagnoses that can guide management. A therapist can help create a behavioral, safety, or crisis plan.

Suggest therapy for the parent and/or family. It is challenging and stressful to parent these children. Fifty percent of parents with children who have behavioral issues have anxiety and/or depression due to their caretaking role. They are less likely or able to seek help for themselves. Therapy can provide support and coping mechanisms for the parent. The therapist can help provide parenting skills or helpful suggestions for managing behaviors.

The most up-to-date listing of therapists can be found at www.psychologytoday.org. The list can be filtered for location, age, etc. In-person therapy is often preferred, but telemedicine can also be useful. Telemedicine can be a great option that can potentially be performed at school to avoid travel. Kids are comfortable with screen-use and can navigate this format. Parents are often involved in therapy with younger children and telemedicine can assist

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Immunizations to Protect Against Flu, COVID-19 and RSV

Disease	What Products are Available?	Who Should Use These Products?	What Are the Benefits?	Where Can You Access?	More Information
Flu	**Updated flu vaccines for 2023-2024** are available, including flu shots and a nasal spray flu vaccine.	Everyone six months and older should get an updated flu vaccine. People 65 and older should get a high-dose or adjuvanted flu vaccine, if available.	Flu vaccines reduce the risk of flu illness, severe illness, hospitalization, and death.	Visit **https://www.vaccines.gov/** to find a vaccine.	**https://www.cdc.gov/flu/prevent/index.html.**
COVID-19	**Updated COVID-19 vaccines** are available for 2023-2024.	Everyone six months and older should get an updated vaccine. Some groups may need additional doses to stay **up to date.**	COVID-19 vaccines are effective at protecting people from serious illness, hospitalization, and death from COVID-19; they also reduce the risk of **Long COVID**.	Visit **www.vaccines.gov**. There, you can also find providers who are participating in the **Bridge Access Program**, which provides no-cost COVID-19 vaccines to adults without health insurance and adults whose insurance does not cover all COVID-19 vaccine costs. The **Vaccines for Children Program** provides vaccines at no cost for eligible children.	**https://www.cdc.gov/coronavirus/2019-ncov/index.html**.
RSV	RSV vaccine.	Adults ages 60 and older.	Vaccination against RSV can help prevent severe RSV illness, hospitalization, and death.	Talk to your healthcare provider to see if RSV vaccine is right for you.	**https://www.cdc.gov/rsv/about/prevention.html.** Some children ages 8-19 months who are at **increased risk for severe RSV** may benefit from an additional RSV immunization product.
	RSV vaccine.	People who are 32-36 weeks pregnant during RSV season.	Vaccination against RSV while pregnant can help protect babies from severe RSV illness, hospitalization, and death.	Pregnant people should talk to their doctor about which option may be best.	
	OR				
	RSV immunization.	Infants entering or born during RSV season.	Immunization against RSV from monoclonal antibodies can help prevent severe RSV illness, hospitalization, and death.	Parents and expecting parents should talk to their doctor about which option may be best.	

Content source: CDC Immunization Overview for Fall and Winter 2023-2024.

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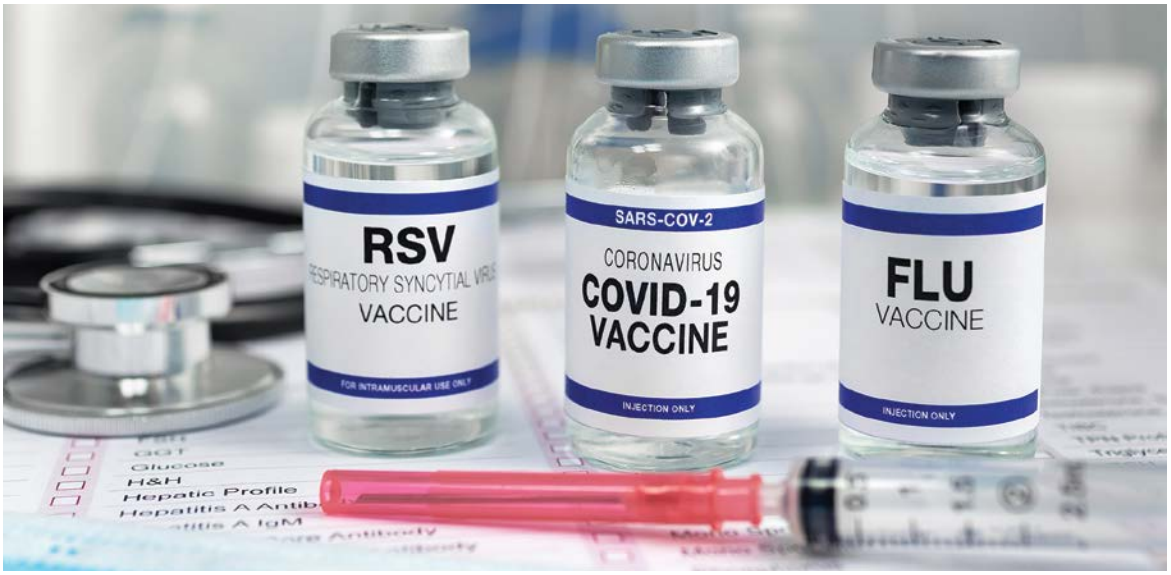

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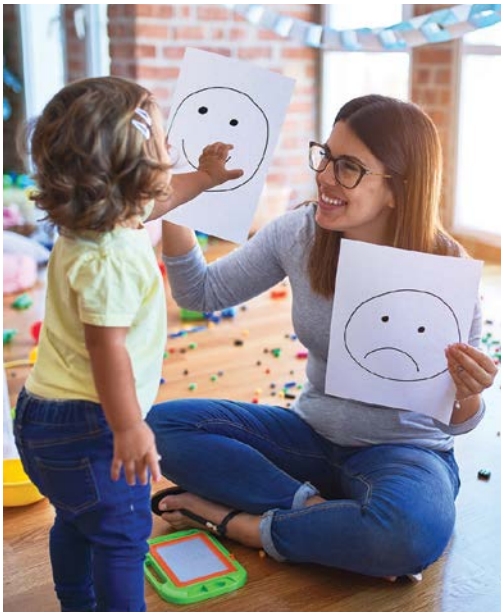
with that. Transportation to therapy may be an issue for parents, especially if they must bring their difficult child. Telemedicine, done at home, could be a nice alternative.

Getting on the waitlist to see the provider may be unavoidable. Even if there is medicine that can help, the therapy pieces need to be put into place.



Behavioral Health Intervention Services

BHIS is a more intensive, in-home, skill-based therapy for Medicaid patients. Each visit is usually a combination of one-on-one with the child and parent/family-child therapy. BHIS is done with recommendations and coordination from a therapist. The BHIS provider is usually not technically trained as a therapist. They are trained as BHIS providers.

Parent-Child Interactive Therapy

PCIT is an evidence-based therapy that is proven to help children with behavioral and emotional challenges. It works to provide parenting techniques, plus improve parent-child interaction. A provider can be found through Psychology Today as well, filter for PCIT.

Occupational Therapy

OT provides a skill building type of therapy. It isn't just for physical disabilities or motor delays. It can focus on issues like anger management or self-regulation. It can assess sensory issues. OT generally requires a referral.

Other services

Families can contact psychiatric medical institutes for children such as Four Oaks or Tanager in Cedar Rapids. They can offer additional supports, especially for those with Medicaid insurance, including Pediatric Integrated Health or an Integrated Health Home, which offers a coordinator who can help connect families with resources and the most up-to-date options. Medicaid families can call their insurance provider and ask about a case manager.

What to do in a crisis?

Contact Your Life Iowa at 855-581-8111 or visit **https://live-hhs-iowa-gov.pantheonsite.io/programs/mental-health/crisis-services**. This is a statewide crisis line that provides information and referral, counseling, crisis service coordination, and linkages to crisis screening, mental health services, and crisis stabilization resources, 24/7. Families and individuals dealing with suicidal ideation should call 988. Review the website before a crisis happens.

Contact the police. Don't hesitate to contact the police if there is significant risk due to aggression, violence, or running away. Getting police involved can help de-escalate, provide documentation of severity and need, and can open doors otherwise shut.

Go to the emergency room. The ER is for mental health emergencies. If there is violence, suicidal thoughts, homicidal thoughts, or self-harm; go to the emergency room. They can provide assessment, more timely interactions with psychiatry, and documentation that can help open doors to other options.

Practical points for providers

Caring for these families takes time. Keep track of your time spent in face-to-face, charting, etc. Time-based billing provides good compensation, but there will need to be a formal, time-based billing statement built into the charting. Time-based billing accounts for clinical services, including review of charts and charting on the encounter day, but not time spent on charting otherwise. Talk with your clinical billing staff for questions about billing.

Parents can make appointments concerning their child for themselves. They can talk openly without worrying about what they are saying in front of their child. Plus, parents don't have to worry about behavior in the clinic room while trying to discuss any concerns. Set the visit as a longer appointment time.

Helpful Books

"Parenting With Love and Logic,"
Foster Cline, MD, and Jim Fay

"Setting Limits with Your Strong-Willed Child,"
Robert J. Mackenzie, PhD

"The Kazdin Method for Parenting the Defiant Child,"
Alan E. Kazdin, PhD

"The Explosive Child,"
Ross W. Greene, PhD

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What's in this issue

If you have questions about **billing** related to EPSDT Care for Kids services, please call Provider Services: **1- 800-338-7909**. If you have questions about **clinical issues** and EPSDT Care for Kids services, please call **1- 800-383-3826.** Please note: Due to budget restraints, the *EPSDT Care for Kids Newsletter* is sent to offices and organizations, rather than to individuals. **The newsletter is also available online at www.iowaepsdt.org**. Readers are welcome to photocopy or download material from the newsletter to share with others. If you wish to reproduce material from the newsletter in another publication, whether print or electronic, please obtain permission prior to publication by contacting Michelle Johnston at **michelle-johnston@uiowa.edu**. Please include the following acknowledgment with reprinted material: Reprinted by permission of the Iowa *EPSDT Care for Kids Newsletter.*

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