

The following message was sent to you through the Alaska Public Health Alert Network (AK PHAN). Please share this information with others who may be interested.

Unlike in past years when primarily SARS-CoV-2 was circulating, there are currently multiple respiratory viruses circulating in Alaska. The purpose of this message is to raise awareness among health care providers about these currently circulating respiratory pathogens. Because some of these viruses require specialized treatment and prevention considerations, testing to confirm the diagnosis may be indicated.

Respiratory Virus Update for Alaska

Sept. 15, 2022

COVID-19: Although SARS-CoV-2 cases are declining nationally and statewide, Alaska is still experiencing widespread COVID-19 disease.

- Data on COVID-19 can be found on the [COVID data hub](#).
- Reporting instructions are available [here](#).
- Updated bi-valent COVID-19 vaccine doses are NOW available; Alaskans can check [here](#) to schedule an appointment or call 907-646-3322.

Influenza: Influenza activity is beginning to increase in certain regions of the state.

- Data are updated monthly. The Section of Epidemiology will start a weekly reporting cadence on Oct. 1, which signals the official start of the 2022-23 Flu Season. For more information, please view the [Flu Snapshot](#).
- Laboratory-confirmed influenza is reportable by labs and sites performing rapid testing with CLIA waivers. Health care providers are ONLY required to report influenza-related deaths, outbreaks, or suspected novel strains. See reporting requirements here:
 - [Lab reporting requirements](#)
 - [Clinician reporting requirements](#)
- Influenza vaccine is now available in many locations in Alaska; for most people, influenza and COVID-19 vaccines can be administered simultaneously.
- If you are at higher risk for complications and start to feel symptoms, consider checking with your health care provider to see about getting tested to confirm a diagnosis and to start early use of antivirals. Find more information [here](#).

Enteroviruses (EV) and Rhinoviruses (RV): EV and RV are also circulating throughout the nation. EV and RV are generally reported out together as lab instrumentation does not differentiate specific viruses.

- EV and RV can cause severe respiratory illness. Neither are reportable pathogens in Alaska; and both are generally part of a larger respiratory pathogen panel available at most hospitals or commercial labs.
- Acute Flaccid Myelitis (AFM) is a rare late consequence of some EV infections. For this reason, heightened EV activity prompts alerts for clinicians to be on the lookout for future AFM cases.

Read more in this CDC HAN: [Severe Respiratory Illnesses Associated with Rhinoviruses and/or Enteroviruses Including EV-D68 – Multistate, 2022](#)

- DPH tracks cases of AFM. Read more about AFM surveillance [here](#).
- There are no vaccines or specific treatments for EV and/or RV.

Parechovirus: Human parechoviruses are also circulating throughout the nation.

- Cases in infants were reported in the lower 48 earlier this summer. Read more in this CDC Health Advisory: [Recent Reports of Human Parechovirus \(PeV\) in the United States – 2022](#)
- Cases have also been detected in Alaska infants with meningeal symptoms in the past weeks. Parechoviruses are part of meningitis testing panels available at most hospitals or commercial labs.
- There is no vaccine or specific treatment beyond supportive care.
- Parechovirus is NOT a reportable condition in Alaska.

Respiratory Syncytial Virus (RSV): RSV is circulating at low levels in Alaska.

- Seasonal palivizumab prophylaxis for high-risk infants starts November 14, see recent Section of Epidemiology Bulletin: [Palivizumab Prophylaxis in Alaska for the 2022–23 RSV Season](#)
- However, if RSV activity picks up markedly before that date, DPH will alert providers and authorization dates will be adjusted.
- RSV is NOT currently a reportable condition in Alaska. However, in the future, DPH does plan to make RSV reportable by laboratories to better assist in tracking trends and tailoring date-based prophylaxis recommendations.