

## Oregon Respiratory Season Media Briefing

September 19, 2024

Speakers: Drs. Sutton, Bruno, and Laiosa

### Part I: Dr. Sutton reviews CDC's Risk Less Do More

1. Good morning. My name is Dr. Melissa Sutton and I serve as the medical director for respiratory viral pathogens at Oregon Health Authority. I'm joined today by two colleagues—Dr. Richard Bruno from the Multnomah County Health Department and Dr. Sarah Laiosa from the Harney and Malheur County Health Departments.
2. We are here today to talk to you about the upcoming respiratory virus season and the Department of Health and Human Services new **Risk Less. Do More.** fall respiratory virus campaign. This campaign aims to limit the spread of respiratory viruses by informing people about what they can do to protect themselves this respiratory season.
3. As cooler weather heads our way and people begin to gather more indoors, we know that respiratory viruses such as COVID-19, influenza, and respiratory syncytial virus or RSV may increase. Fortunately, we have some very effective tools to help people **Risk Less and Do More** this respiratory season. For COVID-19 and influenza, we have updated seasonal vaccines which are recommended for all people 6 months of age and older. For RSV, we have immunizations which help protect two different populations—infants and the elderly. For infants, we have two options for protection—and only one of these, not both, is needed to help protect them. First, a maternal vaccine for pregnant women and, second, a monoclonal antibody called nirsevimab for all infants and some high-risk young children. To help protect older adults from RSV, we have an RSV vaccine that is recommended for people 60 years and older with underlying medical conditions and all adults 75 years and older.
4. Every respiratory season, we see a dramatic increase in the number of hospitalizations and deaths caused by respiratory viruses. And we cannot always predict who will become severely ill. RSV is the most common cause of hospitalization among infants in the United States, with up to 3% of infants under 6 months of age hospitalized each year. Most of these infants have no underlying medical conditions. Similarly, about half of children hospitalized with COVID-19 have no underlying medical conditions. These immunizations act as our best defense against severe disease which can affect anyone.
5. Last season, the CDC released "**Respiratory Virus Guidance**" which provides practical information on how to reduce the risk of respiratory viruses, including COVID-19,

influenza and RSV. This guidance highlights the importance of core and additional prevention strategies people can take when local respiratory virus transmission is high. Core strategies include immunizations, as well as hand hygiene and cough etiquette, improving ventilation, and staying home when sick. Additional strategies include masking, avoiding crowded indoor gatherings, and testing when sick. People in Oregon can monitor local respiratory virus transmission on [Oregon's Respiratory Virus dashboard](#).

6. The **Risk Less. Do More.** campaign offers healthcare providers a range of resources to share with patients including patient handouts, digital banners for websites, and social media messages. We call on all providers to order and offer these immunizations to all eligible patients at each visit. And, we call on all healthcare providers to familiarize themselves with indications for COVID-19 and influenza antiviral treatments which, like immunizations, reduce the risk of severe disease.
7. And, now I will turn it over to my colleague, Dr. Richard Bruno, to talk about Oregon's measles and pertussis outbreaks.

## **Part II: Dr. Bruno provides an update on measles and pertussis in Oregon**

1. Thank you, Dr. Sutton. Good morning. My name is Dr. Richard Bruno and I serve as the Multnomah County Health Department Health Officer.
2. As Dr Sutton mentioned, Oregon currently has outbreaks of both measles and pertussis. So far, there have been 31 measles cases reported this year which is the highest number of cases we've seen since 1991. All of these cases have been in unvaccinated people, and unfortunately 2 have needed hospitalization.
3. The good news is that the most recent measles case was confirmed in mid-August and we *may* be nearing the end of this outbreak. The less good news is that Oregon's schoolchildren are below the 95% vaccination rate needed for herd immunity. Last year, only 91.2% of kindergartners in Oregon were fully vaccinated against measles. Now that kids are back in school, we could very well see additional measles cases.
4. Measles is one of the most contagious diseases in the world, but it also has one of the most effective vaccines. It's a good idea to find out whether you're immune or not. You're considered immune to measles if you've received two doses of the vaccine, you were born before 1957, or have been diagnosed with measles in the past. If you are not immune to measles, it is never too late to get vaccinated!

5. The other outbreak we are tracking here in Oregon is pertussis, also known as whooping cough. As of yesterday, there have been 560 cases of pertussis reported in 2024. Pertussis usually begins with cold-like symptoms and can progress to uncontrollable coughing fits. In young children, the coughing fits can sound like a “whoop”. Babies are at risk for severe disease and can struggle to breathe. Everyone should get vaccinated against pertussis—depending on age, the vaccine is given as part of a DTaP or Tdap vaccine. Immunity to pertussis wanes over time and so you still may get sick with pertussis if you are vaccinated, but your symptoms will likely be less severe.
6. Unlike the other illnesses we are talking about today, pertussis is caused by bacteria, not a virus. This means that if you get pertussis, your doctor may prescribe antibiotics which may help you recover more quickly and get back to school and work.
7. Like COVID, flu, and RSV, measles and pertussis spread through respiratory droplets when someone who is sick talks, laughs, coughs or sneezes. Fortunately, we have vaccines for **all** of these illnesses to help protect us.
8. And, now I will turn it over to my colleague, Dr. Sarah Laiosa, to talk about the importance of patients speaking with their health care providers about any vaccine or treatment questions they may have.

**Part III: Dr. Laiosa emphasizes the importance of patients talking to their healthcare provider about the upcoming respiratory season.**

1. Thank you, Dr. Bruno. Good morning. My name is Dr. Sarah Laiosa and I am serve as the Harney and Malheur County Health Officer.
2. The **Risk Less. Do More.** campaign highlights vaccines as among the most powerful tools we have to protect ourselves and our loved ones from respiratory viruses like COVID-19, influenza, and RSV. These vaccines are safe, effective at preventing severe disease, and widely available. Best of all—they can be coadministered—reducing the number of visits people need to make to their local pharmacy, clinic, or health department.
3. As a physician, I care for patients with these infections in the community as well as patients who require hospitalization. And I know that many people in Oregon have questions about vaccines. Unfortunately, there is an incredible amount of disinformation on vaccines in the world today and it’s important that people seek information from a healthcare provider they trust before deciding what is best for them. I want to encourage everyone out there to ask your healthcare provider any questions you might have. They want to hear from you—and they want you to inform and empower you to

**Risk Less and Do More** this respiratory season.

4. Today, I also want to remind Oregonians at increased risk of severe COVID-19 infection and influenza to talk to their healthcare provider about what to do if they get sick. People at increased risk for severe COVID-19 infection include the elderly, pregnant women, and all people with underlying medical conditions. People at increased risk for severe influenza infection include all of those same groups as well as children under 5. There are safe and effective antiviral treatments available for both of these diseases and they work best when given early in the course of illness. Talk to your provider about how you can get tested and treated if you are sick.
  
5. Lastly, I want to talk about how the respiratory season affects our hospitals in Oregon. Compared to other states, we have among the lowest hospital beds per person in the nation. That means that any increase in respiratory diseases can quickly fill our emergency rooms and hospitals, slowing care for all and putting incredible pressure on our dedicated frontline healthcare workers. We also live in a beautiful and rugged state with large rural and frontier counties. In these rural areas, access to care can include additional challenges such as extreme weather events, prolonged road closures, long distances to the nearest healthcare provider, and limited emergency medical resources. In these under-resourced areas, preventing severe illness through vaccines and early treatment is essential.

\*\*\*\*\*