

HEALTH MATTERS

Promoting better health for a stronger community



Data shows long COVID a fact of life for many Americans

Results of a survey taken in June show that more than 40% of adults in the United States reported having COVID-19 in the past, and nearly one in five of those (19%) are currently still having symptoms of “long COVID.”

The data was analyzed by Centers for Disease Control and Prevention’s National Center for Health Statistics (NCHS). The survey was part of an ongoing partnership between the Census Bureau, and CDC and other federal agencies.

NCHS recently added questions to the survey to assess the prevalence of post-COVID-19 conditions, often referred to as “long COVID.”

“Long COVID involves a range of health problems following infection with COVID-19, which can last weeks, months, or longer,” said Island County Community Health Manager Shawn Morris, ND. “There are a number of different post-COVID physical and mental health conditions, including

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VIRAL RESPIRATORY illnesses such as RSV, the flu and COVID-19 are straining ERs and clinics across the country, including in Washington state.

Preventive steps urged as viral cases strain ERs, clinics

Communities across Island County and the rest of the country are experiencing an unprecedented surge in viral respiratory illnesses, including respiratory syncytial virus (RSV), influenza, and COVID-19.

As a result, many emergency departments, urgent care clinics, and walk-in clinics are becoming severe-

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Bivalent boosters OK'd for 6 mos-4 years

The Washington State Department of Health (DOH) and other healthcare providers may now begin offering omicron variant-targeted bivalent booster doses of COVID-19 vaccines to children ages 6 months and older.

This follows guidance and recommendations from the U.S. Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC).

Children 6 months through age 5 who received the original (monovalent) two-dose Moderna COVID-19 vaccine series are now eligible to receive a booster of the updated (bivalent) Moderna COVID-19 vaccine two months after their last dose.

Children 6 months through age 4 who have not started or completed their three-dose Pfizer-BioNTech COVID-19 vaccine series will now receive the updated (bivalent) Pfizer-BioNTech COVID-19 vaccine as the third dose following two doses of the

original (monovalent) Pfizer-BioNTech COVID-19 vaccine.

Children 6 months through 4 years of age who have already completed their three-dose primary series with the original (monovalent) Pfizer-BioNTech COVID-19 vaccine are not eligible for an updated (bivalent) booster dose at this time.

Washington state is currently seeing record pediatric hospitalizations from respiratory viruses and vaccines add an extra level of protection from severe illness. Additionally, flu vaccines are available to everyone 6 months and older at provider offices and pharmacies across the state. Flu and COVID-19 vaccines can be safely given at the same time.

Pediatric-focused COVID-19 boosters are expected to start arriving in provider offices the week of Dec. 12. To make a vaccine or booster appointment, visit [VaccinateWA.org](https://www.wa.gov/vaccinate), or call the COVID-19 Information Hotline at 833-VAX-HELP.

LONG COVID: 1 in 13 adults symptomatic

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fatigue, muscle aches, brain fog, mood changes, and insomnia."

"These conditions can really impact quality of life and well-being," he said.

"If you notice excessive tiredness after normal daily activities, sleep problems, shortness of breath, or other symptoms that do not clear up after COVID infection, schedule time with your healthcare provider to discuss," Morris said.

"We're seeing post-COVID conditions more frequently in those who had severe COVID-19, but anyone who has been infected can experience long COVID," Morris said. "Preventative steps are key during the holidays when people are traveling and gathering together indoors."

Public health guidance continues to focus on staying home when sick, masking in crowded indoor spaces, covering coughs and sneezes, and keeping current on immunizations.

"There is evidence that receiving COVID boosters can lower risk for post-COVID conditions, helping us stay healthy and active," Morris added. "If you or a loved one are experiencing long-COVID conditions, connect with your healthcare provider to discuss available treatment options for your unique situation."

"As a community, we can all show compassion and concern for those suffering from long COVID," Morris

said. "Island County Public Health will continue to share community guidance as we keep learning about post-COVID conditions."

For U.S. adults, the CDC/NCHS survey data shows:

- Overall, one in 13 adults in the U.S. (7.5%) have "long COVID" symptoms, defined as symptoms lasting three or more months after first contracting the virus, and that they didn't have prior to their COVID-19 infection;

- Older adults are less likely to have long COVID than younger adults. Nearly three times as many adults ages 50-59 currently have long COVID than those age 80 and older;

- Women are more likely than men to currently have long COVID (9.4% vs. 5.5%);

- Nearly 9% of Hispanic adults currently have long COVID, higher than non-Hispanic White (7.5%) and Black (6.8%) adults, and over twice the percentage of non-Hispanic Asian adults (3.7%).

Another report, one released in November by the U.S. Department of Health and Human Services (HHS), highlights patients' experience of long COVID.

The report provides recommendations on how to deliver high-quality care, and relevant and intentional resources and supports to individuals and families impacted by Long COVID.

"COVID-19 vaccines remain our best defense against the most devastating health consequences of the virus, and we encourage all those eligible to stay up to date with their vaccinations, or get vaccinated if they have not yet done so, HHS Secretary Xavier Becerra said in a prepared statement.

"Listening to and learning from the experiences of long COVID patients is essential to accelerating understanding and breakthroughs," said Adm Rachel Levine, M.D., Assistant Secretary for Health.

The Health+ report combined more than 1,000 hours of interviews, workshops, and human-centered design research with the public.

The report offers a variety of short-term and longer-term recommendations that come directly from the patient experience. For example, the report finds that healthcare providers should develop and share materials about long COVID to educate patients and their loved ones.

Also, according to the report, insurance providers should update plan guidelines that align coverage with medical treatments that improve health outcomes for people with long COVID.

Lastly, the report concluded, educators and employers should support accommodations for people living with Long COVID that allow them to continue to work and study.

For the full report and to learn more, visit [Health+ Long COVID | HHS.gov](https://www.hhs.gov/health-long-covid)

Long-COVID now 'disability' under ADA

Even with pandemic emergency orders lifted in Island County, Washington state and across the country, COVID-19 isn't going away.

While vaccinations and boosters help to minimize spread and severity of COVID-19 cases, some people are experiencing long-term effects from the virus, known as long COVID.

People call post-COVID conditions by many names, including long COVID, long-haul COVID, post-acute COVID-19, post-acute sequelae of SARS CoV-2 infection (PASC), long-term effects of COVID, and chronic COVID.

As of July 2021, "long COVID," also known as post-COVID conditions, can be considered a disability under the Americans with Disabilities Act (ADA).

Preventing Long COVID

The best way of preventing post-COVID conditions is to protect yourself and others from becoming infected.

For people who are eligible, getting vaccinated and staying up to date with vaccines against COVID-19 can help prevent COVID-19 infection and protect against severe illness.

Research suggests that people who are vaccinated but experience a breakthrough infection are less likely to report post-COVID conditions, compared to people who are unvaccinated.

Learn more about protecting yourself and others from COVID-19.

What You Need to Know

Post-COVID conditions can include a wide range of ongoing health problems; these conditions can last weeks, months, or longer.

Post-COVID conditions are found more often in people who had severe COVID-19 illness, but anyone who has been infected with the virus that causes COVID-19 can experience post-COVID conditions, even people who

had mild illness or no symptoms from COVID-19.

People who are not vaccinated against COVID-19 and become infected might also be at higher risk of developing post-COVID conditions compared to people who were vaccinated and had breakthrough infections.

While most people with post-COVID conditions have evidence of infection or COVID-19 illness, in some cases, a person with post-COVID conditions may not have tested positive for the virus or known they were infected.

CDC and partners are working to understand more about who experiences post-COVID conditions and why, including whether groups disproportionately impacted by COVID-19 are at higher risk.

Post-COVID conditions are a wide

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SURGE: *Take steps to prevent spreading viruses*

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ly strained, with many at or near full capacity.

"I recommend that everyone wear a high-quality, well-fitting mask when around others in indoor spaces to protect yourself and others" Island County Public Health Officer Dr. Howard Leibrand said in a press release last week.

"As a reminder, N95 masks and KN95 masks provide you the best protection," Leibrand said.

In addition, Leibrand and Island County Public Health officials recommend taking the following steps to prevent illness:

• Stay up to date on vaccinations.

Vaccinations are your best defense against flu and COVID-19. Everyone 6 months and older should be vaccinated against COVID-19 and flu and those who are eligible for an updated COVID-19 booster should get it now. To find a flu vaccine provider near you, visit vaccines.gov.

• **Stay home from work and school** if you have symptoms of COVID-19, Influenza, or RSV. Test for COVID-19 if you develop symptoms.

• Order no-cost at-home test kits

at <https://sayyescovidhometest.org/> or by calling Island County Public Health COVID Response 8 a.m. to 4:30 p.m. Monday through Friday at 360-678-2301.

If you have insurance, your insurer is required to cover the cost of eight at-home tests for each person enrolled in your plan each month. Some insurance plans will also cover the cost of tests at pharmacies. Contact your health insurance provider for information regarding the specifics of coverage for at-home COVID-19 tests, as coverage varies by provider.

Free COVID-19 testing is also available by appointment by calling Island County COVID Response.

• **Wash hands often** and cover coughs and sneezes. If hand washing isn't available, use hand sanitizer.

• **Clean and disinfect surfaces** that are touched frequently.

• **Have a plan for treatment** for COVID-19 and Influenza, especially if you are at increased risk for severe complications.

• **Think about others** and protect the most vulnerable. Don't put the very young, elderly, individuals who

are pregnant, or those who have fragile health at risk.

• **Know when, where** to seek appropriate care. Your primary care provider is the best place to go for non-urgent care, which includes illnesses such as the cold or flu.

If your primary care provider is not available, urgent care and walk-in clinics are a good alternative. For life-threatening emergencies, including difficulty breathing, loss of consciousness, severe cuts and burns, and mental health concerns, the emergency department is appropriate.

In addition to RSV and influenza, new COVID-19 variants are taking hold and immunity from past vaccination is waning for many people who have not yet received an updated booster shot.

In Western Washington, the surge in these viruses is resulting in many illnesses, with a record number of schools reporting more than 10% absenteeism this fall.

This impact extends to businesses, workers, families, and the entire community. Everyone eligible for the COVID-19 updated booster should get it now.

Everyday Preventive Actions Can Help Fight Germs, Like Flu

FIGHT FLU



CDC Says “Take 3” Actions to Fight Flu.

1. Take time to get a flu vaccine.
2. Take everyday preventive actions that help slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.
3. If you get sick with flu, take prescription antiviral drugs if your doctor prescribes them. Early treatment is especially important for older people, young children, people with certain chronic health conditions, and pregnant people.

How does flu spread?

Flu viruses are thought to spread mainly from person to person through droplets made when people with flu cough, sneeze, or talk. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose, or possibly eyes. Many other viruses spread the same way. People infected with flu may be able to infect others beginning 1 day before symptoms develop and up to 5 to 7 days after becoming sick. That means you may be able to spread flu to someone else before you know you are sick as well as while you are sick. Young children, those who are severely ill, and those who have severely weakened immune systems may be able to infect others for longer than 5 to 7 days.

What are everyday preventive actions?

- Avoid close contact with people who are sick.
- While sick, limit contact with others as much as possible to keep from infecting them.
- Cover your nose and mouth with a tissue when you cough or sneeze. Throw it in the trash after you use it and wash your hands.
- Wash your hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose and mouth. Germs spread this way.
- Clean and disinfect surfaces and objects that may be contaminated with germs that can cause respiratory illnesses like flu.
- For flu, CDC recommends that you (or your child) stay home for at least 24 hours after fever is gone except to get medical care or for other necessities. Fever should be gone without the use of a fever-reducing medicine. The stay-at-home guidance for COVID-19 may be different.
- In the context of the COVID-19 pandemic, local governments or public health departments may recommend additional precautions be taken in your community. Follow those instructions.



For more information, visit:

www.cdc.gov/flu

or call **1-800-CDC-INFO**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

What additional steps can I take at work to help stop the spread of germs that can cause respiratory illness, like flu?

- Find out about your employer's plans for outbreaks of flu or another illness and whether flu vaccinations are offered on site.
- Routinely clean and disinfect frequently touched objects and surfaces like doorknobs, keyboards, and phones, to help remove germs.
- Make sure your workplace has an adequate supply of tissues, soap, paper towels, alcohol-based hand rubs, and disposable wipes.
- Train others on how to do your job so they can cover for you in case you or a family member gets sick and you have to stay home.
- If you begin to feel sick while at work, go home as soon as possible.



What additional preventive actions can I take to protect my child from germs that can cause respiratory illness, like flu?

- Find out about plans if your child's school, child childcare program, or college has an outbreak of flu or another illness and whether flu vaccinations are offered on-site.
- Make sure your child's school, childcare program, or college routinely cleans and disinfects frequently touched objects and surfaces, and that they have a good supply of tissues, soap, paper towels, alcohol-based hand rubs, and disposable wipes on-site.
- Ask how sick students and staff are separated from others and who will care for them until they can go home.
- In the context of the COVID-19 pandemic, local governments or public health departments may recommend additional precautions be taken in your community. Follow those instructions.

Everyday preventive actions can help slow the spread of germs that can cause many different illnesses and may offer some protection against flu.

WHO adopts synonym for monkeypox

The World Health Organization is now using the term “mpox” as a synonym for monkeypox.

Both names are being used simultaneously for one year while “monkeypox” is phased out, according to the WHO.

Mpox will become a preferred term, replacing monkeypox, after a transition period of one year. This is intended to mitigate the concerns raised by experts about confusion caused by a name change amidst a global outbreak.

Considerations for the recommendations included rationale, scientific appropriateness, extent of current usage, pronounceability, usability in different languages, absence of geographical or zoological references, and the ease of retrieval of historical scientific information.

Various advisory bodies were heard during the consultation process, including experts from the medical and scientific and classification and statistics advisory committees which constituted of representatives from government authorities of 45 different countries.

The virus

Monkeypox is a virus transmitted to humans from animals with symptoms similar to those seen in the past in smallpox patients, although it is clinically less severe, according to the World Health Organization.

With the eradication of smallpox in 1980 and subsequent cessation of smallpox vaccination, monkeypox has emerged as the most important orthopoxvirus for public health.

Monkeypox primarily occurs in central and west Africa, often in proximity to tropical rain forests, and has been increasingly appearing in urban areas.

Animal hosts include a range of rodents and non-human primates.

Vaccination against mpox

Vaccination against smallpox was demonstrated through several observational studies to be about 85% effective in preventing monkeypox. Thus, prior smallpox vaccination may result in milder illness. Evidence of prior vaccination against smallpox can usually be found as a scar on the upper arm.

At the present time, the first-generation smallpox vaccines are no longer available to the general public.

Some laboratory personnel or health workers may have received a more recent smallpox vaccine to protect them in the event of exposure to orthopoxviruses in the workplace.

A still newer vaccine based on a modified attenuated vaccinia virus (Ankara strain) was approved for the prevention of monkeypox in 2019. This is a two-dose vaccine for which availability remains limited.

Smallpox and monkeypox vaccines are developed in formulations based on the vaccinia virus due to cross-protec-

tion afforded for the immune response to orthopoxviruses.

Human monkeypox was first identified in humans in 1970 in the Democratic Republic of the Congo in a 9-month-old boy in a region where smallpox was eliminated in 1968.

The incubation period of monkeypox is usually from six to 13 days but can range from five to 21 days.

The infection can be divided into two periods:

- The invasion period lasts between zero to five days and is characterized by fever, intense headache, lymphadenopathy (swelling of the lymph nodes), back pain, muscle aches, and intense lack of energy.

Lymphadenopathy is a distinctive feature of monkeypox compared to other diseases that may initially appear similar – chickenpox, measles, smallpox.

- The skin eruption usually begins within one to three days of appearance of fever.

The rash tends to be more concentrated on the face and extremities rather than on the trunk. It affects the face in 95% of cases, and palms of the hands and soles of the feet in 75% of cases.

Also affected are oral mucous membranes in 70% of cases, genitalia in 30% of cases, and conjunctivae in 20% of cases as well as the cornea.

The rash evolves sequentially from lesions with a flat base to slightly raised firm lesions, lesions filled with clear fluid, lesions filled with yellowish fluid, and crusts which dry up and fall off. The number of lesions varies from a few to several thousand.

In severe cases, lesions can coalesce until large sections of skin slough off.

Monkeypox is usually a self-limited disease with the symptoms lasting from two to four weeks. Severe cases occur more commonly among children and are related to the extent of virus exposure, patient health status and nature of complications.

Underlying immune deficiencies may lead to worse outcomes.

Although vaccination against smallpox was protective in the past, today people younger than 40 to 50 years of age – depending on the country – may be more susceptible to monkeypox due to cessation of smallpox vaccination campaigns globally after eradication of the disease.

Complications of monkeypox can include secondary infections, bronchopneumonia, sepsis, encephalitis, and infection of the cornea with ensuing loss of vision.

The extent to which asymptomatic infection may occur is unknown.

The case fatality ratio of monkeypox has historically ranged from 0 to 11 % in the general population and has been higher among young children.

In recent times, the case fatality ratio has been around 3-6%.





HAVE A CHRONIC CONDITION?

FIGHT FLU



DON'T LET IT STOP YOU.

Flu can be dangerous for people living with some chronic diseases like asthma, heart disease, or diabetes. A flu shot is the best way to protect people with certain underlying conditions.



**TALK TO A DOCTOR OR
PHARMACIST ABOUT
GETTING A FLU SHOT.**

#FIGHT FLU



RSV cases still rising across state

Medical surveillance is showing a continued increase in RSV detections and RSV-associated emergency department visits and hospitalizations across the country, including in Washington state. Some regions are nearing seasonal peak levels.

Pediatric capacity is now strained on the west side of Washington state, with pediatric ER and ICU crowding currently the most concerning trend, according to the Washington State Medical Association, or WSMA.

According to WSMA, Washington state is seeing the following:

- Record high pediatric ER volumes at pediatric specialty hospitals;
- ER volumes at pediatric hospitals that are 200%-300% of baseline capacity with record high ER wait times and waiting room volumes;
- A significant increase in influenza activity in Western Washington that is compounding pediatric respiratory surge/capacity issues, and;
- Several facilities reporting record high levels of pediatric behavioral health patient boarding, which is a worsening trend.

Heading into the holiday season, WSMA physicians are urging people to take preventive health measures to avoid the spread of these respiratory illnesses.

By following several simple preventive steps, it's possible to reduce the transmission of these viruses, help prevent further disruptions to our children's education and development and help keep critical care services available for everyone.

Those steps include:

- Everyone 6 months and older who is able should be vaccinated for influenza and COVID-19. People ages 5 years and older who had their last COVID-19 shot at least two months ago can get the updated booster. Influenza and COVID-19 vaccines can be safely given at the same time.
- Washing your hands frequently with soap and water, and be careful not to touch your eyes, nose, and mouth. RSV is highly transmittable through touching infected surfaces. Disinfect



WESTERN WASHINGTON is seeing pediatric emergency rooms and ICUs under strain as cases of RSV reach seasonal peak levels.

high-touch surfaces in your home frequently. Cover your mouth and nose when sneezing, preferably with a tissue or the inside of your elbow.

- Wearing a mask in crowded indoor settings to protect children and vulnerable adults from these respiratory infections. Kids and adults with mild symptoms like occasional cough and nasal congestion should first test for COVID-19. If they are COVID-19 negative, they should wear a mask in public places until their symptoms resolve. Remember that masking is still required in all health care settings.

- If your child is showing moderate symptoms of illness, such as fever, cough, difficulty breathing, congestion, runny nose, or sore throat, do not send them to school or group activities. Have them stay home and treat the symptoms as needed. If you have questions or concerns, call your family physician or pediatrician for advice or to make an appointment. Adults experiencing symptoms should also stay home and contact their physician for advice.

- If you think you or your child may need medical attention, contact your family physician or pediatrician first before going to the emergency depart-

ment. Your primary care office can advise whether your child should be seen and which health care setting would best be able to care for the sick child. If you are unable to reach your primary care office, consider going to an urgent care center or check if telehealth is an option. A nurse triage line through your primary care clinic or insurance provider can help you determine the most appropriate setting for care.

You should only use a hospital emergency room for very serious or life-threatening problems, according to the WSMA. If you are experiencing any serious or life-threatening symptoms, call 911 or get to your nearest hospital emergency room.

What is RSV?

Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.

RSV is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age in the United States.

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RSV: Infections continue to rise across state

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People infected with RSV usually show symptoms within four to six days after getting infected. Symptoms of RSV infection usually include:

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

Almost all children will have had an RSV infection by their second birthday, with most RSV infections go away on their own in a week or two.

There is no specific treatment for RSV infection, though researchers are working to develop vaccines and antivirals.

Steps to relieve symptoms

Manage fever and pain with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. Never give aspirin to children.

Drink enough fluids. It is important for people with RSV infection to drink enough fluids to prevent dehydration.

Talk to your healthcare provider before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

RSV can lead to serious health problems

RSV can also cause more severe infections such as bronchiolitis, an inflammation of the small airways in the lung, and pneumonia, an infection of the lungs. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age.

Healthy adults and infants infected with RSV do not usually need to be hospitalized.

Some people with RSV infection, especially older adults and infants younger than 6 months of age, may need to be hospitalized if they are having trouble breathing or are dehydrated. In the

most severe cases, a person may require additional oxygen, or IV fluids (if they can't eat or drink enough), or intubation with mechanical ventilation. In most of these cases, hospitalization only lasts a few days.

Younger children at High Risk for Severe RSV Infection

Most people who get an RSV infection will have mild illness and will recover in a week or two. Some people, however, are more likely to develop severe RSV infection and may need to be hospitalized. Examples of severe infections include bronchiolitis and pneumonia.

RSV can also make chronic health problems worse. For example, people with asthma may experience asthma attacks as a result of RSV infection, and people with congestive heart failure may experience more severe symptoms triggered by RSV.

The following groups of people are more likely to get serious complications if they get sick with RSV:

Infants and Young Children

RSV can be dangerous for some infants and young children. Each year in the United States, an estimated 58,000-80,000 children younger than 5 years old are hospitalized due to RSV infection.

Those at greatest risk for severe illness from RSV include premature infants, especially those 6 months and younger.

Children younger than 2 with chronic lung disease or congenital heart disease, children with weakened immune systems, and children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

Virtually all children get an RSV infection by the time they are 2 years old. Most of the time RSV will cause a mild, cold-like illness, but it can also cause severe illness such as bronchiolitis and pneumonia.

One to two out of every 100 children younger than 6 months of age with RSV infection may need to be hospitalized.

Those who are hospitalized may

require oxygen, IV fluids, and/or mechanical ventilation. Most improve with this type of supportive care and are discharged in a few days.

Older adults and adult with chronic medical conditions

RSV infections can be dangerous for certain adults. Each year, it is estimated that between 60,000-120,000 older adults in the United States are hospitalized and 6,000-10,000 of them die due to RSV infection.

Adults at highest risk for severe RSV infection include:

- Those 65 years and older;
- Those with chronic heart or lung disease, and;
- Those with weakened immune systems.

Severe RSV Infection

When an adult gets RSV infection, they typically have mild cold-like symptoms, but some may develop a lung infection or pneumonia.

RSV can sometimes also lead to worsening of serious conditions such as:

- Asthma.
- Chronic obstructive pulmonary disease (COPD) – a chronic disease of the lungs that makes it hard to breathe.
- Congestive heart failure – when the heart can't pump enough blood and oxygen through the body.

Older adults who get very sick from RSV may need to be hospitalized. Some may even die. Older adults are at greater risk than young adults for serious complications from RSV because our immune systems weaken when we are older.

Early Symptoms of RSV

RSV may not be severe when it first starts. However, it can become more severe a few days into the illness.

Early symptoms of RSV may include:

- Irritability
- Decreased activity
- Decreased appetite
- Apnea (pauses in breathing more than 10 seconds)

A fever may not always occur with RSV infections.

PROTECT YOUR CHILD from RSV



Avoid close contact with sick people



Wash your hands often

**Cover your coughs
& sneezes**



Clean & disinfect surfaces



**Avoid touching your face
with unwashed hands**



Stay home when you're sick



www.cdc.gov/rsv

What Mask Should I Wear?

Along with getting vaccinated and boosted, experts recommend upgrading your mask if you want optimal protection.



WHILE MASKS are no longer required for the public, their use can help to reduce the spread of viruses, especially during holiday gatherings.

'A little prevention can go a long way'

Amid a strained hospital system, an early and more severe respiratory virus season, and people gathering to celebrate, Island County Public Health and the state Department of Health (DOH) are reminding everyone of ways to stay safe and healthy this holiday season.

Respiratory viruses are more common this time of year and medical facilities, especially pediatric emergency departments, are seeing a higher-than-usual number of patients for respiratory syncytial virus (RSV).

Hospitals were already operating at higher capacity, and it has become even more important to utilize preventive measures to ensure there is space for those with critical health needs.

“Connecting is important during the holiday season but it can be challenging when we are concerned about our own health and that of those around us,” said Umair A. Shah, MD, MPH, Washington State Secretary of Health.

“A little prevention can go a long way in helping us enjoy our social circle and stay healthy at the same time.”

Tips to help lower the risk of contracting viruses, spreading illness, or needing hospital care in the coming months:

Although masks are no longer required for the public except in health-care settings and correctional facilities, DOH recommends people consider wearing a mask in crowded or poorly ventilated settings to reduce the chance of getting sick or spreading viruses.

Island County Public Health and DOH also recommend everyone 6 months and older be vaccinated for influenza and COVID-19 to lower risk of transmission and serious illness.

If you were vaccinated against COVID-19, make an appointment now to receive your booster.

People ages 5 years and older who had their last COVID-19 shot at least two months ago can get the updated booster. Influenza and COVID-19 vaccines can be safely given at the same time.

There is currently no approved vaccine for RSV.

If you or a member of your family are sick, stay home and use the appropriate level of care necessary.

Call your healthcare provider or pediatrician for advice or to make an appointment.

Consider going to an urgent care or check if telehealth is an option. For emergencies, call 9-1-1 or go to your nearest emergency room immediately.

Wash your hands often and avoid touching your eyes, mouth, and nose, which are where viruses commonly enter the body.

Consider taking a COVID-19 test prior to gathering, especially if you are getting together with people who are older, immunocompromised, or at risk for severe disease.

Practice food safety by washing your hands, keeping foods at the correct temperature, preparing foods correctly, and disinfecting surfaces.

More information on staying safe and healthy during the holidays is available on the [DOH website](#).



MORE DEATHS from heart attacks occur during the holidays than any other part of the year. There are steps you can take to prevent becoming a statistic.

Tis the season

Stay heart healthy during holidays

According to a study published in the *American Heart Association* journal, “Circulation,” more cardiac deaths occur on Dec. 25 than any other day of the year, followed by the second largest number on Dec. 26 and third largest on Jan. 1.

“The holidays are a busy, often stressful time for many of us,” said American Heart Association Chief Clinical Science Officer Mitchell S.V. Elkind, M.D., M.S., FAHA. “Routines are disrupted. We may tend to eat and drink more and exercise and relax less. We’re getting too little sleep and experiencing too much stress.”

“While we don’t know exactly why there are more deadly heart attacks during this time, it’s important to be aware that these factors can snowball, increasing the risk for a deadly cardiac event,” said Elkind.

Being aware of this annual phenomenon and taking a few important,

heart-healthy steps can help save lives.

Consider the following tips from Elkind and the experts at the American Heart Association:

- **Know symptoms** and take action. Heart attack signs vary in men and women, but it’s important to recognize them early and call 9-1-1 for help. The sooner medical treatment begins, the better chances of survival and preventing heart damage.

- **Celebrate in moderation.** Eating healthfully during the holidays doesn’t have to mean depriving yourself. There are ways to eat smart, such as by limiting sodium intake and looking for small, healthy swaps so you continue to feel your best while eating and drinking in moderation.

- **Practice goodwill** toward yourself. Make time to take care of yourself during this busy season. Reading a favorite book, meditating or even play-

ing with pets are productive ways to reduce stress from the family interactions, strained finances, hectic schedules, traveling and other stressors that can be brought on by the holidays.

- **Keep moving.** The hustle and bustle of holiday preparation often pushes exercise to the side, but it’s important to stay active as much as possible. Get creative to keep moving by going for a family walk or playing physically active games with loved ones.

- **Stick to your medications.** Busy schedules can cause some people to skip medications, sometimes even forgetting them at home or not getting refills in a timely manner. Try using a medication chart as a reminder, and be sure to keep tabs on your blood pressure numbers.

Discover more ways to live heart-healthy during the holidays and throughout the year at heart.org

Family Features article

DISABILITY: *Addressing symptoms of long COVID*

Continued from page 3

range of new, returning, or ongoing health problems that people experience after being infected with the virus that causes COVID-19. Most people with COVID-19 get better within a few days to a few weeks after infection, so at least four weeks after infection is the start of when post-COVID conditions could first be identified.

Anyone who was infected can experience post-COVID conditions. Most people with post-COVID conditions experienced symptoms days after first learning they had COVID-19, but some people who later experienced post-COVID conditions did not know when they got infected.

There is no test to diagnose post-COVID conditions, and people may have a wide variety of symptoms that could come from other health problems. This can make it difficult for healthcare providers to recognize post-COVID conditions.

Healthcare providers consider a diagnosis of post-COVID conditions based on a person's health history, including a diagnosis of COVID-19 either by a positive test or by symptoms or exposure, as well as doing a health exam.

Symptoms

People with post-COVID conditions can have a wide range of symptoms lasting more than four weeks or even months after infection. Sometimes the symptoms can even go away and return.

Post-COVID conditions may not affect everyone the same way. People with post-COVID conditions may experience health problems from different types and combinations of symptoms happening over different lengths of time. Most patients' symptoms slowly improve with time. However, for some people, post-COVID conditions can last weeks, months, or longer after COVID-19 illness and can sometimes result in disability.

People experiencing post-COVID conditions most commonly report:

General symptoms

- Tiredness or fatigue that interferes with daily life
- Symptoms that get worse after physical or mental effort
- Fever
- Respiratory and heart symptoms

• Difficulty breathing or shortness of breath

- Cough
- Chest pain
- Fast-beating or pounding heart (also known as heart palpitations)
- Difficulty thinking or concentrating (sometimes referred to as "brain fog")
- Headache
- Sleep problems
- Dizziness when you stand up
- Pins-and-needles feelings
- Change in smell or taste
- Depression or anxiety
- Digestive symptoms
- Diarrhea
- Stomach pain

Other symptoms

- Joint or muscle pain
- Rash
- Changes in menstrual cycles

People with post-COVID conditions may develop or continue to have symptoms that are hard to explain and manage.

Clinical evaluations and results of routine blood tests, chest x-rays, and electrocardiograms may be normal.

The symptoms are similar to those reported by people with myalgic encephalomyelitis/chronic fatigue syndrome and other poorly understood chronic illnesses that may occur after other infections.

People with these unexplained symptoms may be misunderstood by their healthcare providers, which can result in a long time for them to get a diagnosis and receive appropriate care or treatment.

Some people, especially those who had severe COVID-19, experience multiorgan effects or autoimmune conditions with symptoms lasting weeks or months after COVID-19 illness.

Multiorgan effects can involve many body systems, including the heart, lung, kidney, skin, and brain.

As a result of these effects, people who have had COVID-19 may be more likely to develop new health conditions such as diabetes, heart conditions, or neurological conditions compared with people who have not had COVID-19.

PICS refers to the health effects that may begin when a person is in an intensive care unit (ICU), and which

may persist after a person returns home. These effects can include muscle weakness, problems with thinking and judgment, and symptoms of post-traumatic stress disorder (PTSD).

PTSD involves long-term reactions to a very stressful event. For people who experience PICS following a COVID-19 diagnosis, it is difficult to determine whether these health problems are caused by a severe illness, the virus itself, or a combination of both.

Researchers are working to understand which people or groups of people are more likely to have post-COVID conditions, and why.

Studies have shown that some groups of people may be affected more by post-COVID conditions.

The following are examples and not a comprehensive list of people or groups who might be more at risk than other groups for developing post-COVID conditions:

- People who have experienced more severe COVID-19 illness, especially those who were hospitalized or needed intensive care.
- People who had underlying health conditions prior to COVID-19.
- People who did not get a COVID-19 vaccine.
- People who experience multisystem inflammatory syndrome during or after COVID-19 illness.

Living with Long COVID

Living with a post-COVID condition can be hard, especially when there are no immediate answers or solutions.

However, people experiencing post-COVID conditions can seek care from a healthcare provider to come up with a personal medical management plan to help improve their symptoms and quality of life.

In addition, there are many support groups being organized that can help patients and their caregivers.

Although post-COVID conditions appear to be less common in children and adolescents than in adults, long-term effects after COVID-19 do occur in children and adolescents.

Talk to your doctor if you think you or your child has long COVID or a post-COVID condition.

Learn more: [Tips for Talking to Your Healthcare Provider about Post-COVID Conditions.](#)

3 million students used tobacco in 2022

A study released Nov. 10 by the Food and Drug Administration (FDA) and U.S. Centers for Disease Control and Prevention (CDC) found that 3.08 million (11.3%) U.S. middle and high school students used tobacco within the previous 30 days in 2022.

The study assessed eight commercial tobacco products. E-cigarettes — for the ninth consecutive year — were the most commonly used tobacco product among all students (2.55 million), followed by cigars (500,000), cigarettes (440,000), smokeless tobacco (330,000), hookah (290,000), nicotine pouches (280,000), heated tobacco products (260,000), and pipe tobacco (150,000).

Groups with a higher percentage of tobacco product use were those reporting grades of mostly Fs (27.2%); those reporting severe symptoms of psychological distress (18.3%); those who identified as transgender (16.6%) or as lesbian, gay, or bisexual (16.0%); and those with low family affluence (12.5%).

“Commercial tobacco product use continues to threaten the health of our nation’s youth, and disparities in youth tobacco product use persist,” said Deirdre Lawrence Kittner, Ph.D., M.P.H., director of CDC’s Office on Smoking and Health.

“By addressing the factors that lead to youth tobacco product use and helping youth to quit, we can give our nation’s young people the best opportunity to live their healthiest lives.”

The [study’s findings](#), published in *Morbidity and Mortality Weekly Report*, were based on data from the 2022 National Youth Tobacco Survey, a cross-sectional, self-administered survey of U.S. middle (grades 6–8) and high (grades 9–12) school students.

The survey was administered Jan. 18 to May 31.

Many factors contribute to youth tobacco product use, including flavors, marketing, and misperceptions of harm, according to the study.

Most youth who use tobacco products, including e-cigarettes, said they

want to quit.

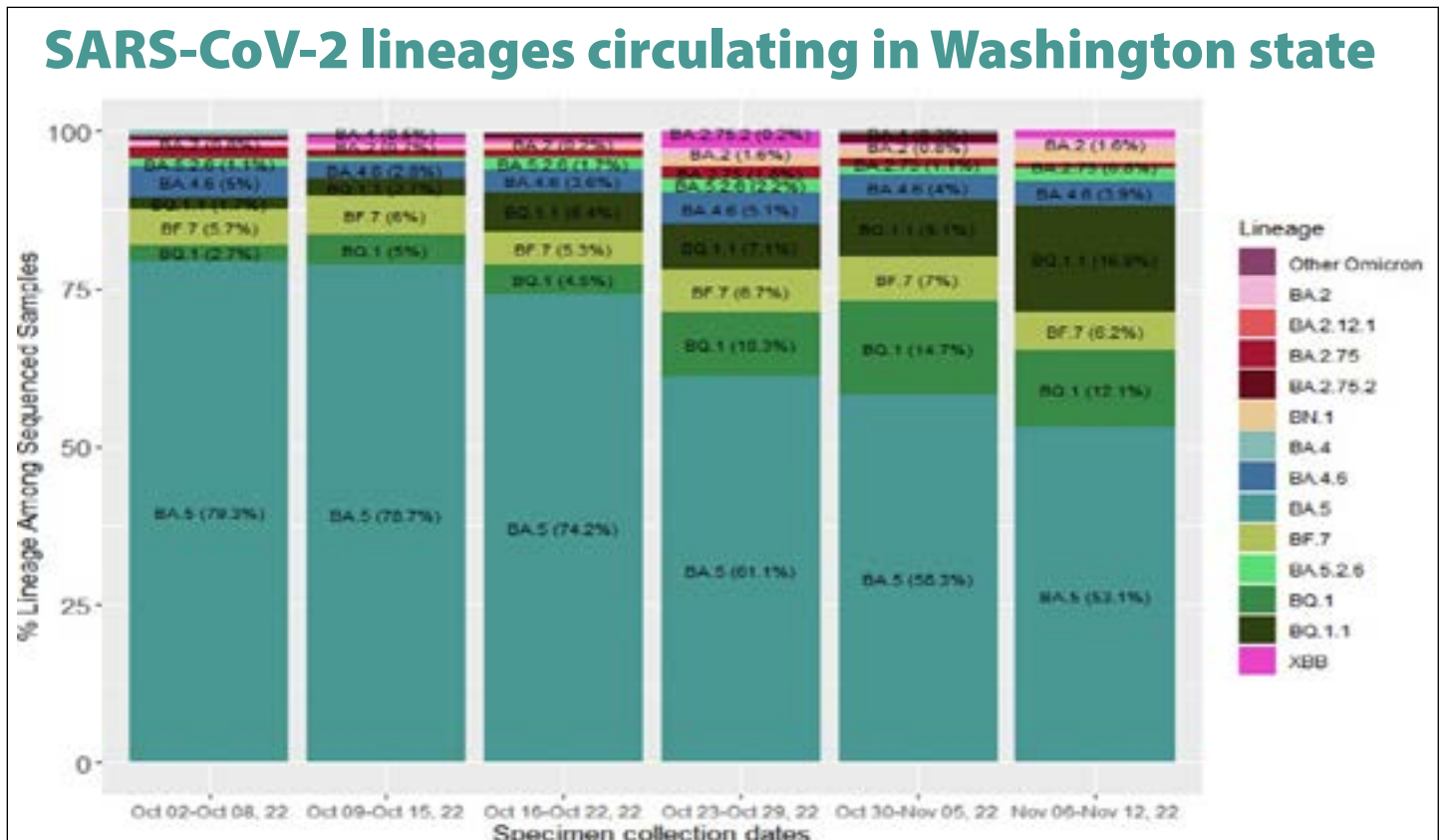
The study’s findings suggest continuing disparities in tobacco product use, which to a certain extent could be attributed to greater exposure to tobacco promotion and advertising and greater tobacco retail outlet density in racial and ethnic minority communities, among other systemic factors.

Commercial tobacco product use remains the leading cause of preventable disease, disability, and death in the United States.

Nearly all tobacco product use begins during youth and young adulthood.

Youth use of tobacco products — in any form — is unsafe. Such products contain nicotine, which is highly addictive and can harm the developing adolescent brain. Using nicotine during adolescence might also increase risk for future addiction to other drugs.

Parents, educators, and healthcare providers can help youth recognize and avoid the dangers of tobacco product use, and support and encourage youth who use tobacco products to quit.



COVID-19 DATA

WADOH Transmission Level	CDC Community Impact Level		
SUBSTANTIAL	LOW		
7-day Case Rate – 57.01	7-day Case Rate	7-day COVID-19 Hospitalization Rate	COVID-19 Occupancy 7-day Average
50 - 99.99	<200	<10.0	<10%

Case and hospitalization rates are evaluated in different time frames by different organizations. As a result estimates may differ and be more or less current and complete depending on that evaluation frame.

14-Day Case Rate

Date	N	Population	Rate per 100,000
11/05/2022 – 11/18/2022	81	87,700	92.36
11/12/2022 – 11/25/2022	91	87,700	103.76
11/19/2022 – 12/02/2022	98	87,700	111.74
11/26/2022 – 12/09/2022	111	87,700	126.57

Cumulative number of COVID-19 cases in Washington state: **1,866,405***

Cumulative number of COVID-19 deaths in Washington state: **14,829***

Cumulative number of COVID-19 deaths in Island County: **107***

* As of Dec. 13, 2022

Summary Table of Island County Count Positive COVID-19 Cases

Date	Count	Change
11/22/2022	13035	+51
11/29/2022	13083	+48
12/06/2022	13142	+59
12/13/2022	13204	+62

Island County Total Known Positive COVID-19 Cases by Location

Location	Positive Count	Death Count
Camano Island	3149	19
Clinton	652	6
Coupeville	964	17
Freeland	564	7
Greenbank	136	0
Langley	456	2
Oak Harbor	7278	56
Missing Accurate Zip	5	0
Total	13204	107

Vaccinated Island County Residents

Number of Island County residents who have initiated primary series

61,146

Population (6 months+) eligible to be vaccinated

84,974

Data as of 11:59 p.m. November 28, 2022

Source: Washington State Department of Health Data Dashboard

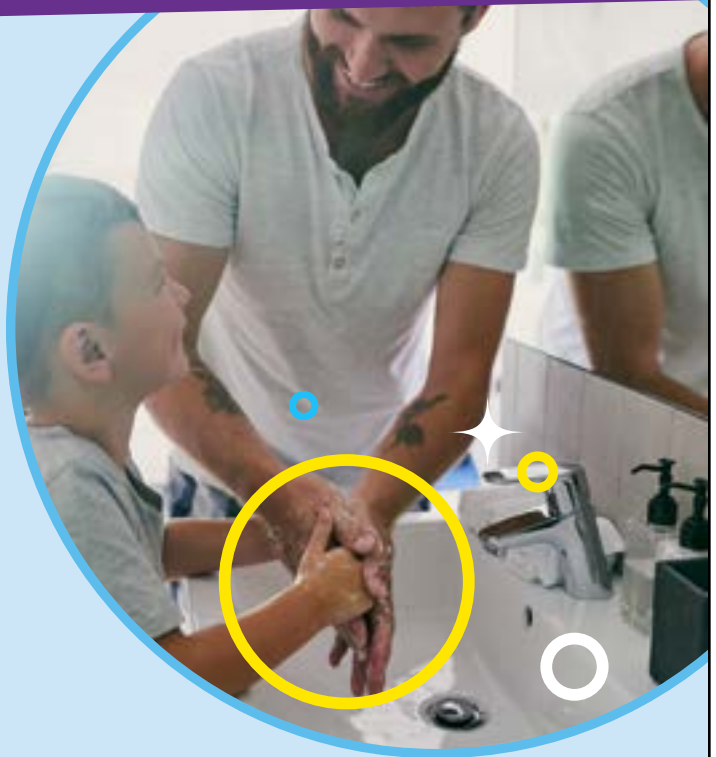
7-Day Hospitalization Rate

Date	N	Population	Rate per 100,000
11/09/2022 – 11/15/2022	6	87,700	6.84
11/16/2022 – 11/22/2022	6	87,700	6.84
11/23/2022 – 11/29/2022	6	87,700	6.84
11/30/2022 – 12/06/2022	6	87,700	6.84

Stop Germs! Wash Your Hands.

When?

- After using the bathroom
- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone at home who is sick with vomiting or diarrhea
- After changing diapers or cleaning up a child who has used the toilet
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal feed, or animal waste
- After handling pet food or pet treats
- After touching garbage



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

Keeping hands clean is one of the most important things we can do to stop the spread of germs and stay healthy.

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing

This material was developed by CDC. The Life is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.



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