

Should you be concerned about rise in COVID-19, RSV, flu cases?

By Sheldon H. Jacobson

With the new year, three upper respiratory viruses have begun to spread among Americans. COVID-19, seasonal influenza and respiratory syncytial virus, or RSV, have all been infecting people and making them sick.

The Centers for Disease Control and Prevention has been doing what it does well, which is the tracking of these viruses. So where does the nation stand right now, and should you be concerned?

Tracking these infections is challenging unless a person visits a hospital's emergency room for a severe case.

Regarding COVID-19, the CDC COVID-19 Data Tracker provides weekly updates of test positivity, emergency department visits and severity indicators, i.e., hospitalizations and deaths. Measures like these provide a way to make sense of the public health risk across the population.

Using hospitalizations based on new hospital admissions per 100,000 people across the 3,220 counties in the nation, the number of counties with a rate of 20 or more new admissions per 100,000 reached 306 in the week ending Dec. 30, or just under 10%



A woman wears a face mask in downtown Chicago on Jan. 5. **ANTONIO PEREZ/CHICAGO TRIBUNE**

of all counties. This number has been steadily increasing from the summer. However, it had dropped to 146 for the week ending Jan. 13.

Yet looking back to the 2022-23 winter season, the nation reached its peak just after the new year, when 640 counties had a rate of at least 20 or more new admissions per 100,000. What is clear this season is that the trend is continuing, and if the trend is replicated, the peak population risk period may have already been reached.

The Influenza Hospitalization Surveillance Network, or FluSurfNET, provides weekly updates on hospital admissions for seasonal influenza. The numbers are just beginning to rise this season, with the overall rate running around 8

per 100,000 for the week ending Dec. 30, with a dip occurring in the first week of 2024. Not surprisingly, the age groups most affected are the young and the elderly.

The Respiratory Syncytial Virus Hospitalization Surveillance Network, or RSV-NET, provides weekly updates on hospital admissions for RSV. These rates are significantly lower than the rates for COVID-19 and influenza, except for the rate for those younger than 4, which is more than 10 times higher than any other age group.

So what can people do to protect themselves and their loved ones?

Though COVID-19 is clearly the most dangerous of the three, the good news is that the variants that

are circulating now appear to be producing fewer severe outcomes than last year, based on hospitalization data. We will know sometime in February whether this trend holds.

Still, the youngest and oldest among us, as well as those with certain health conditions, remain vulnerable to poor outcomes. That fact has been true since March 2020. Moreover, all the new variants are linked to the omicron variant, which means that the current vaccine is likely to provide some protection.

Influenza has been tracked for decades; this season so far resembles prior years. Not enough time has passed to determine whether this flu season will be as severe as the 2017-2018 season.

RSV continues to affect the very young most severely.

Should people shelter in place during this period? No. At the same time, they should take reasonable cautions to protect the most vulnerable. Parents with children younger than 4 should be mindful to keep their children as safe as possible from RSV. If a child shows upper respiratory symptoms, keep them at home and follow CDC recommended treatment plans.

Those who have elderly parents can follow the same advice with respect to influenza.

COVID-19 has a wider footprint of impact across the population. Following safeguards and using good judgment will reduce people's risk.

Though some have described this respiratory season as a triple-demic, the variability inherent in these three respiratory viruses means that there are no one-size-fits-all guidelines. Each of us must consider the risks we face, as well as our loved ones, recognizing the different symptoms of each and potential impact on our lives.

The CDC data certainly informs our choices. What continues to be needed is straightforward, commonsense advice on how to use them.

So should you be concerned? It is never beneficial to get sick. Avoiding infection, no matter which one, continues to be sound advice.

Sheldon H. Jacobson is a professor of computer science at the University of Illinois at Urbana-Champaign. A data scientist, he applies his expertise in data-driven risk-based decision-making to evaluate and inform public policy.