2023-2024 Fall and Winter Virus Season Playbook

Released by the Centers for Disease Control and Prevention (CDC)
October 5, 2023

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Using This Playbook

This playbook contains the latest information and clinical guidance *(as of October 5, 2023)* on fall and winter virus season to help guide your planning and communications around COVID-19, flu, and RSV.

The topline message we want to highlight is: **the most effective way to protect yourself from the worst outcomes of this season's viruses is to get your fall vaccines.**

As we head into this respiratory virus season, we are starting from a place of strength. We hope you will use these resources to share information with your community and network, encouraging preventive actions – especially vaccination.

Together, we can protect Americans' health.

Fall and Winter Virus Season Overview

This Season, There Are More Ways than Ever to Protect Our Health

Safe, Updated Vaccines: For the first time ever, vaccines and other preventive antibodies are available for all three major fall and winter respiratory viruses: flu, COVID-19, and RSV.

Widely Available Effective Treatments: Treatments available for flu and COVID-19 can reduce the risk of severe illness, hospitalization, and death.

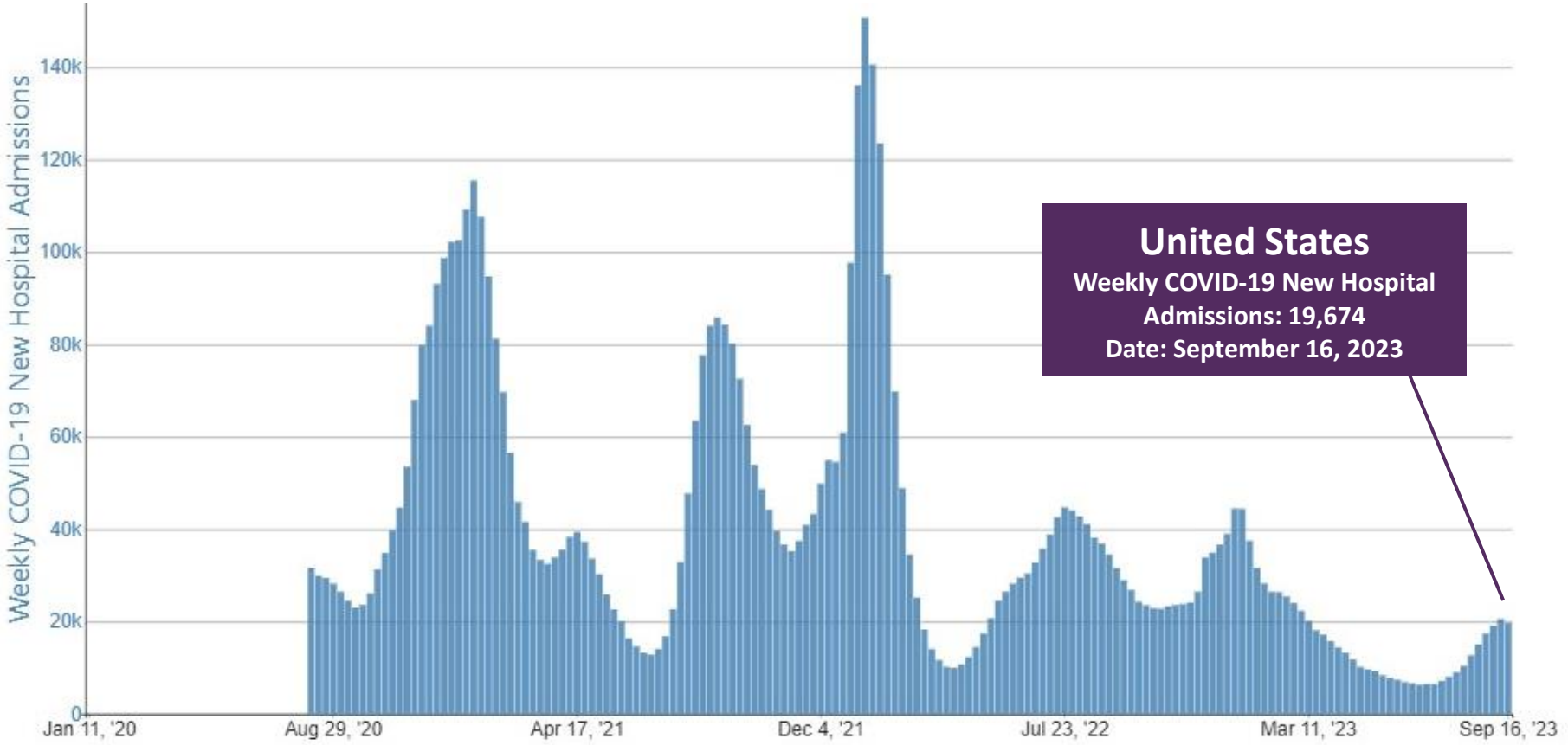
Rapid Antigen Tests: These tests, some of which can be used at home, can quickly detect viruses so there are no delays in getting treatment and taking steps to protect family and coworkers.

Everyday Actions: Covering coughs and sneezes, frequent handwashing, wearing masks, improving air quality, and staying home if you are sick can help reduce the spread of respiratory viruses.

COVID-19

COVID-19 New U.S. Hospital Admissions, by Week, Reported to CDC

National Healthcare Safety Network (NHSN), August 2020 – September 2023



Centers for Disease Control and Prevention. COVID Data Tracker. Atlanta, GA: U.S. Department of Health and Human Services, CDC; 2023, September 29. https://covid.cdc.gov/covid-data-tracker

The burden of COVID-19 varies by age and underlying condition status.

COVID-19 burden is currently lower than at previous points in the pandemic, however there are still thousands of hospitalizations and hundreds of deaths each week.

The majority of the U.S. population has some level of immunity due to infection, vaccination, or both.

Vaccine and infection-induced immunity wane and new variants have emerged, suggesting that susceptibility remains and may increase over time.

Racial and ethnic minority groups have been disproportionately affected by COVID-19.

Updated COVID-19 Vaccine Recommendations for People Aged 5 Years and Older **WITHOUT** Immunocompromise

DOSES RECOMMENDED:

- **1 dose of 2023-2024 COVID-19 vaccine**, regardless of prior vaccination history

- New harmonized age cutoff for recommendations for young children for Moderna and Pfizer-BioNTech COVID-19 vaccines
- Resulting in simplified recommendations for 5-year-olds
- 2023-2024 COVID-19 vaccine dose is recommended at least 2 months after receipt of the last COVID-19 vaccine dose

Updated COVID-19 Vaccine Recommendations for People Aged ≥6 Months Who Are **MODERATELY** or **SEVERELY** Immunocompromised

DOSES RECOMMENDED:

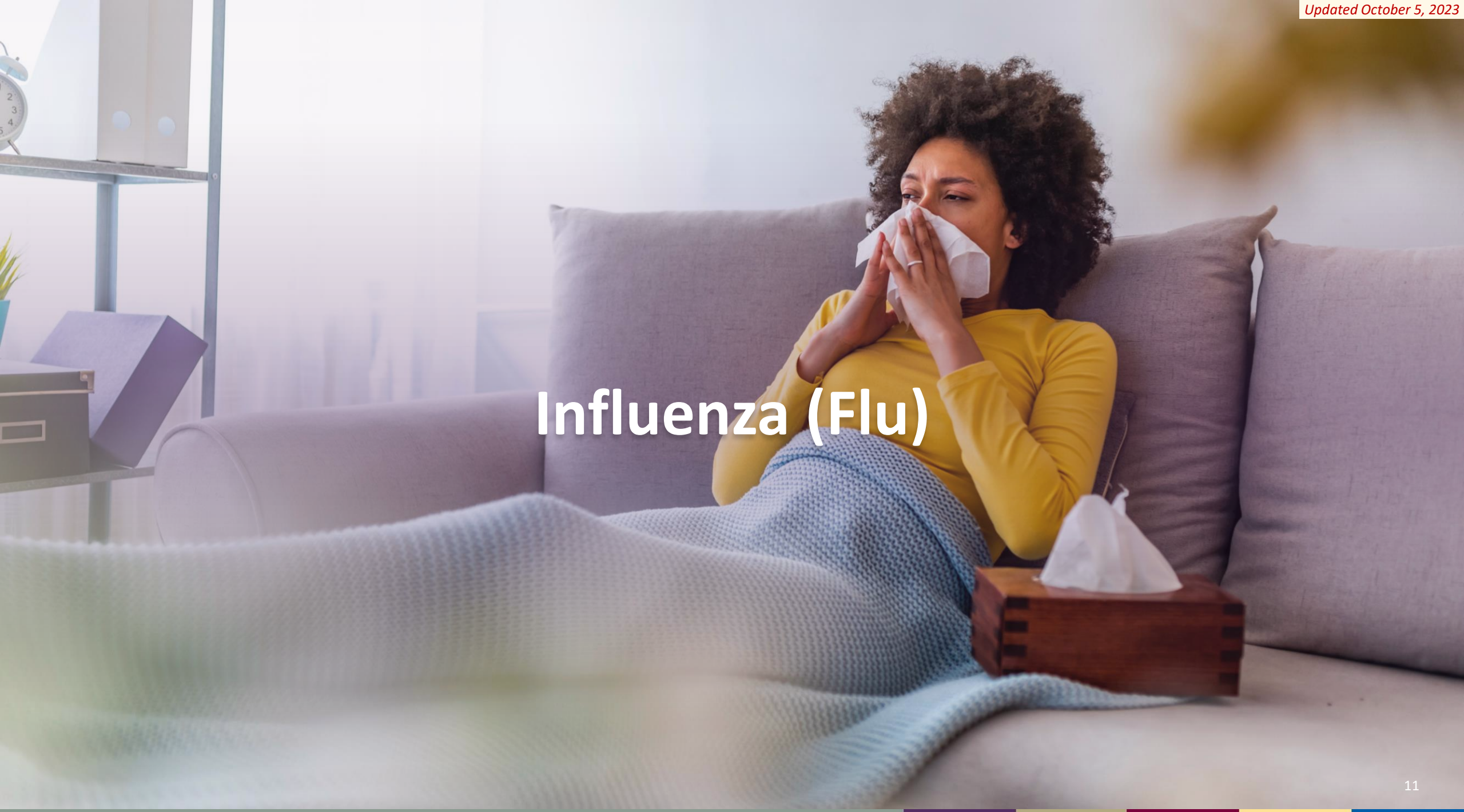
- Initial COVID-19 vaccine series*
- **At least 1 2023-2024 COVID-19 vaccine dose**
- May receive 1 or more additional 2023-2024 mRNA COVID-19 vaccine doses**

*Series of 3 homologous mRNA COVID-19 vaccine doses at time of initial vaccination. This could also include a history of receipt of 1 or more doses of Novavax or Janssen, including in combination with mRNA vaccine dose(s).

**Further additional dose(s) may be administered, informed by the clinical judgement of a healthcare provider and personal preference and circumstances. Further additional doses should be administered at least 2 months after the last 2023-2024 COVID-19 vaccine dose.

COVID-19 Antiviral Medications

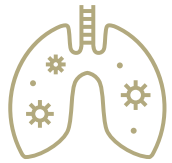
- **Don't Delay:** Treatment must be started within days of when you first develop symptoms to be effective.
- There are several FDA-authorized or approved antiviral medications used to treat mild to moderate COVID-19 in people who are more likely to get sick.
- The National Institutes of Health (NIH) provides COVID-19 Treatment Guidelines for healthcare providers to help them work with their patients and determine the best treatment options for them.
- Several options are available for treating COVID-19. They include:
  - Nirmatrelvir with Ritonavir (Paxlovid)
  - Remdesivir (Veklury)
  - Molnupiravir (Lagevrio)



Influenza (Flu)

2022-2023 U.S. Flu Season Burden Estimates

27-54
MILLION
Flu Illnesses

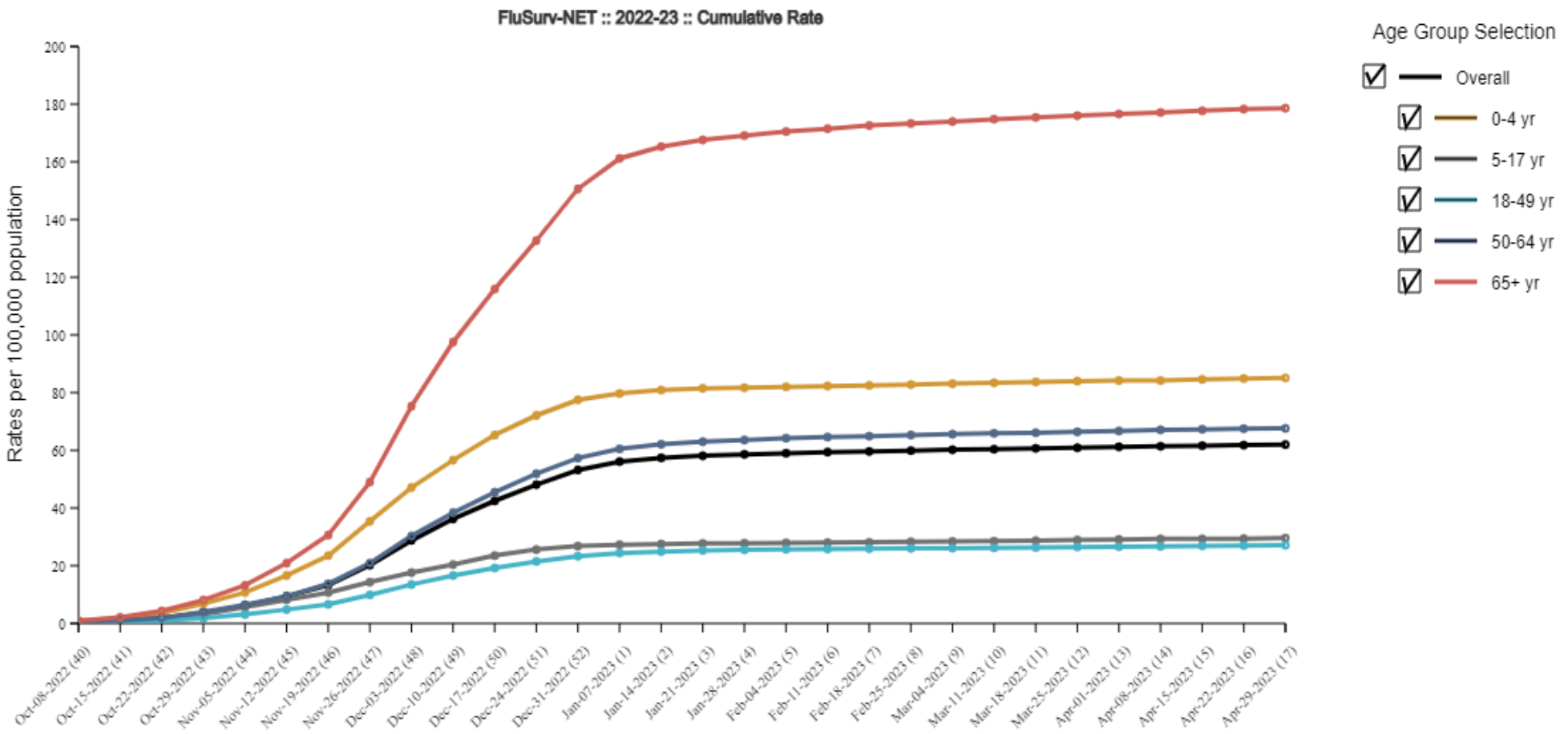


12-26
MILLION
Flu Medical Visits

300-650
THOUSAND
Flu Hospitalizations

19-58
THOUSAND
Flu Deaths

2022-2023 Flu Season Peak in Hospitalizations Among Infants and Older Adults



Hospitalization rates illustrate severe outcomes from flu illness, based on data from CDC's FluSurv-NET surveillance platform.

The highest 2022-2023 rates are among the adult population 65 years and older, which is typical for most flu seasons.

Adults 65 and older bear the greatest burden of hospitalizations and deaths associated with flu. One multi-season study found that this group accounted for 54-70% of hospitalizations and 71-85% of deaths.

Flu Vaccine Recommendations

- **All persons aged ≥6 months** who do not have contraindications are recommended to receive a flu vaccine.
- **Adults aged ≥65 years** should preferentially receive any one of the following higher dose or adjuvanted flu vaccines:
  - Quadrivalent high-dose inactivated flu vaccine (HD-IIV4),
  - Quadrivalent recombinant flu vaccine (RIV4), or
  - Quadrivalent adjuvanted inactivated flu vaccine (aIIV4).

If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate flu vaccine should be used.

Flu Antiviral Medications

- **Treatment is recommended as soon as possible** for any patient with suspected or confirmed flu who:
  - Is hospitalized;
  - Has severe, complicated, or progressive illness; or
  - Is at higher risk for flu complications (including those 65 years and older).
- Should not wait for laboratory confirmation of flu.

Respiratory Syncytial Virus (RSV)

About RSV

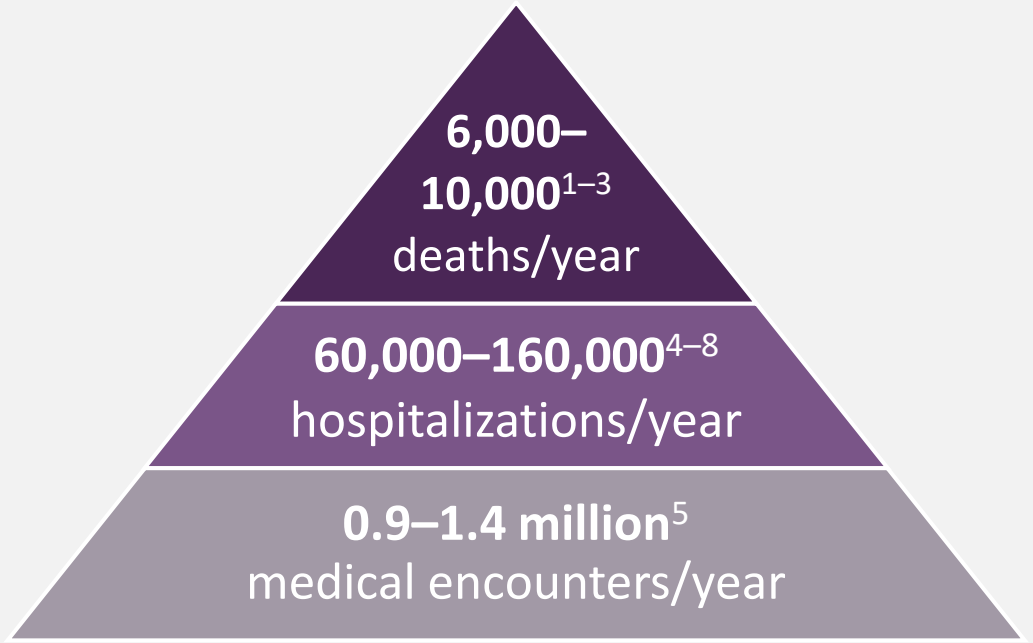
Common Respiratory Virus Affecting All Age Groups

Causes Mild, Cold-like Symptoms

Seasonal Epidemics (RSV Season Timing and Severity Varies)

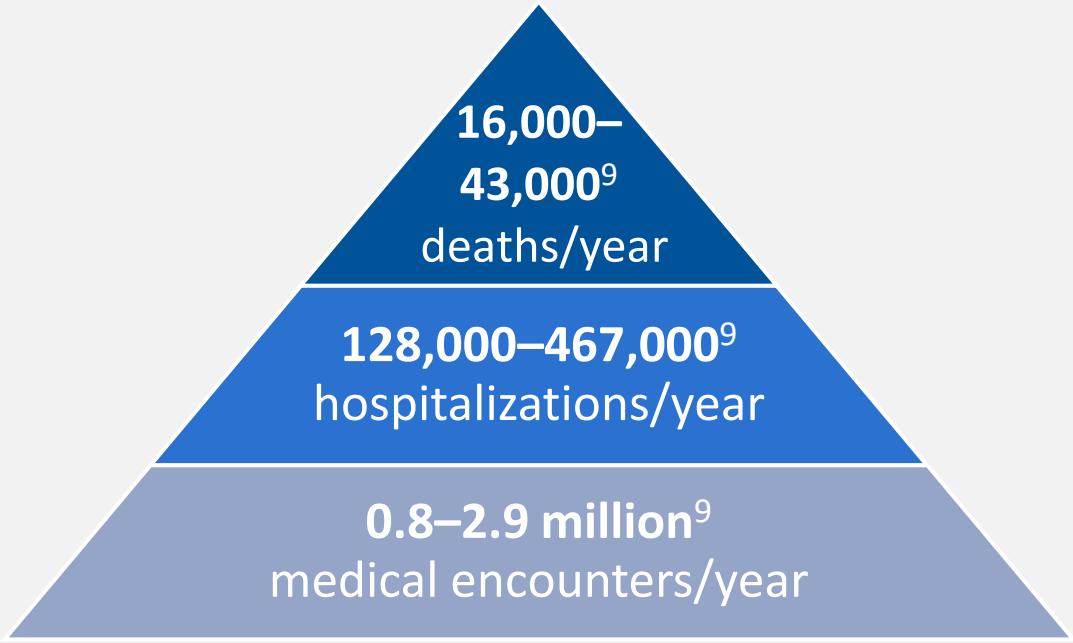
Spread Through Respiratory Droplets, Direct Contact, Fomites

RSV Causes Substantial Disease in Older Adults



RSV

Adults aged ≥65 years



Flu

Adults aged ≥65 years

1. Thompson et al, JAMA (2003): https://doi.org/10.1001/jama.289.2.179
2. Matias et al, Influenza Other Respi Viruses (2014): https://doi.org/10.1111/irv.12258
3. Hansen et al, JAMA Network Open (2022): https://doi.org/10.1001/jamanetworkopen.2022.0527
4. Widmer et al, JAMA Network Open (2012): https://doi.org/10.1093/infdis/jis309
5. McLaughlin et al, Open Forum Infect Dis (2022): https://doi.org/10.1093/ofid/ofac300
6. Zheng et al, Pneumonia (2022): https://doi.org/10.1186/s41479-022-00098-x
7. Branche et al, Clinical Infect Dis (2022): https://doi.org/10.1093/cid/ciab595
8. CDC RSV-NET data 2016–2020 (unpublished)
9. CDC Influenza Burden 2015-2020: https://www.cdc.gov/flu/about/burden/past-seasons.html

RSV Vaccination of Persons Aged ≥60 Years

- RSV can cause serious illness in older adults
- Two RSV vaccines were licensed in 2023
- Adults ages 60 years and older may receive a single dose of RSV vaccine, using shared clinical decision-making
- Co-administration with RSV and other adult vaccines is acceptable
- Underlying medical conditions and other factors are associated with increased risk of severe RSV

Chronic Underlying Medical Conditions Associated with Increased Risk of Severe RSV Disease

- Lung Disease
- Diabetes Mellitus
- Liver Disorders
- Cardiovascular Disease
- Neurologic or Neuromuscular Conditions
- Hematologic Disorders
- Moderate or Severe Immunocompromise
- Kidney Disorders
- Other Conditions That Might Increase the Risk for Severe Disease

Each Year in U.S. Children Aged Less than 5 Years, RSV is Associated With…

1.5 [3]
MILLION
Outpatient Visits

520 [3]
THOUSAND
Emergency Department Visits

58-80 [3, 4]
THOUSAND
Hospitalizations

1-3 [1, 2]
HUNDRED
Deaths

[1]Thompson et al, JAMA, 2003; [2]Hansen et al, JAMA Network Open, 2022; [3]Hall et al, NEJM, 2009; [4]McLaughlin et al, J Infect Dis, 2022
(*estimate 80,000 hospitalizations in infants <1y)

Updated October 5, 2023

New Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Is It for Everyone in Group?
 Adults 60 and over	RSV vaccine	Talk to your doctor first
 Babies	RSV antibody given to baby	All infants entering or born during RSV season. Small group of older babies for second season.
	OR	
 Babies	RSV vaccine given during pregnancy	Can get if you are 32–36 weeks pregnant during September–January

www.cdc.gov/rsv

CDC

Summary

Key Takeaways for the 2023-2024 Respiratory Virus Season

1. **While we don't know what's in store for this fall and winter season**, we do know it's critical to take advantage of safe and effective immunizations, proven treatments, and everyday precautions to help protect ourselves and our loved ones against flu, COVID-19, and RSV.

2. **We have stronger immunity against COVID-19 than ever before** – through vaccination, prior infection, or both – as well as robust surveillance, effective treatments, and other preventive actions.

3. **As immunity weakens** over time and viruses change and mutate, **these tools are the best protection we have.**

The Time to Get Vaccinated is **NOW**

Vaccinations are the most effective tools to safeguard against severe disease.

- **COVID-19 Vaccine:** Updated COVID-19 vaccine recommended by CDC for all persons 6 months and older. Immunocompromised people may receive additional doses.
- **Flu Vaccine:** Recommended for persons 6 months and older; people 65 and older should get a higher dose, recombinant, or adjuvanted flu vaccine.
- **RSV Vaccine for Older Adults:** Adults 60 and older with hematologic disorders like sickle cell disease may benefit from RSV vaccination.
- **RSV Immunization to Protect Infants during RSV Season:**
  - **Maternal RSV vaccination** at 32-36 weeks of gestation.

  ------ OR ------

  - **Nirsevimab** (RSV immunization)
    - Infants younger than 8 months during – or entering – RSV season.
    - Some children 8 through 19 months with increased risk for severe RSV.

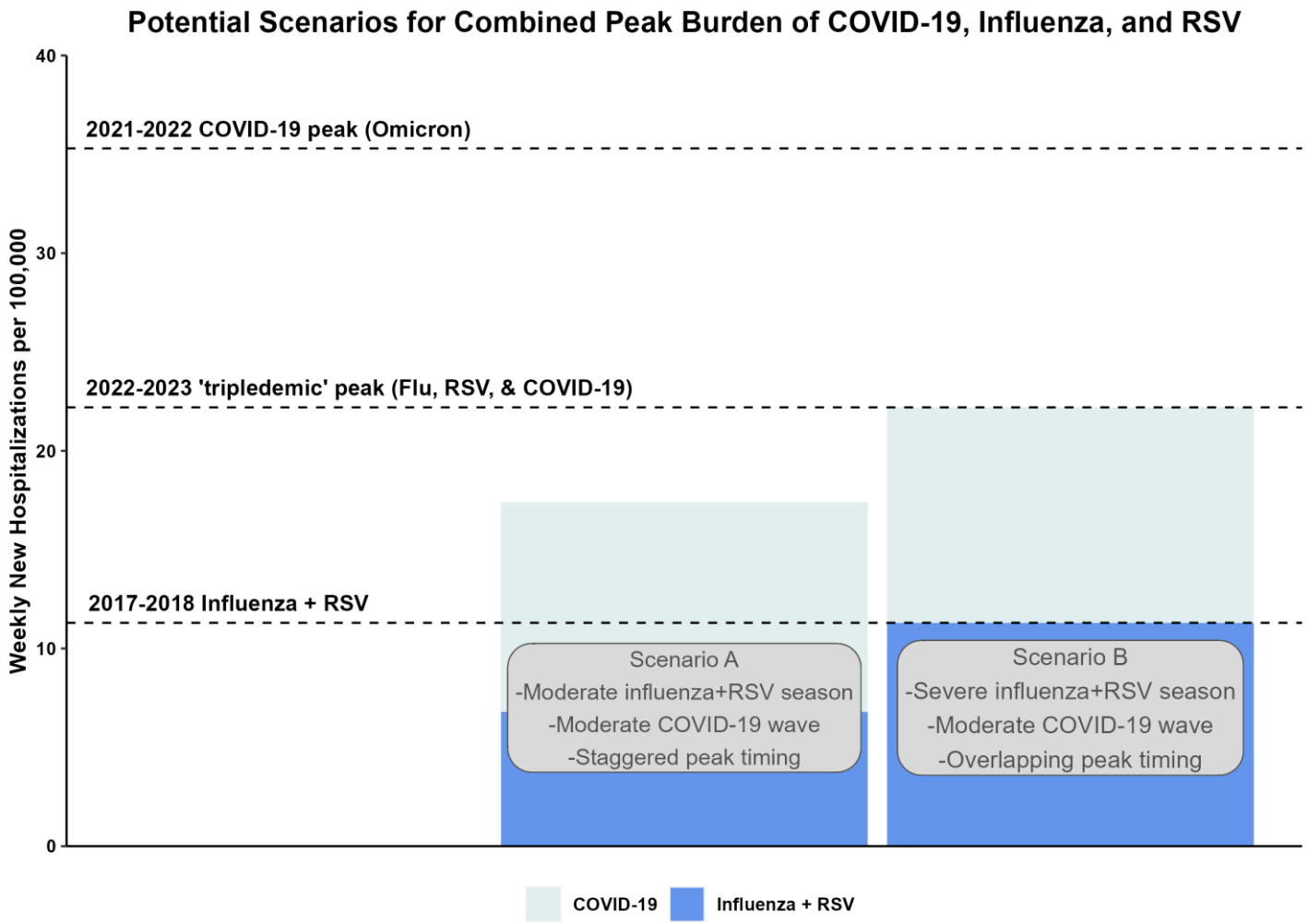
Outlook for the 2023-2024 Fall and Winter Season

Outlook for This Fall and Winter Virus Season

Likely to have similar number of total hospitalizations as last year.

- CDC expects moderate COVID-19 wave, typical flu and RSV burden.
  - Peak likely **higher** than most pre-pandemic seasons.
  - A **moderate** COVID-19 wave added to typical flu and RSV burden could strain health care resources.
  - Uncertainty in **timing and magnitude** of peaks for each disease.
- Other scenarios are possible:
  - New COVID-19 variant with **extremely high immune escape**;
  - **Unusually bad** flu season; or
  - Peaks for all 3 diseases **coincide**.
- CDC will continue to monitor, provide early warning, and help evaluate interventions.

2023-2024 Potential Scenarios for Peak Hospital Demand



CDC developed two hypothetical scenarios for the peak hospital burden of COVID-19, flu, and RSV.

These scenarios illustrate how the additional burden from COVID-19 during a moderate season for the three respiratory diseases may generate more hospital demand – potentially resulting in hospital strain – than a severe flu and RSV season prior to the emergence of COVID-19.

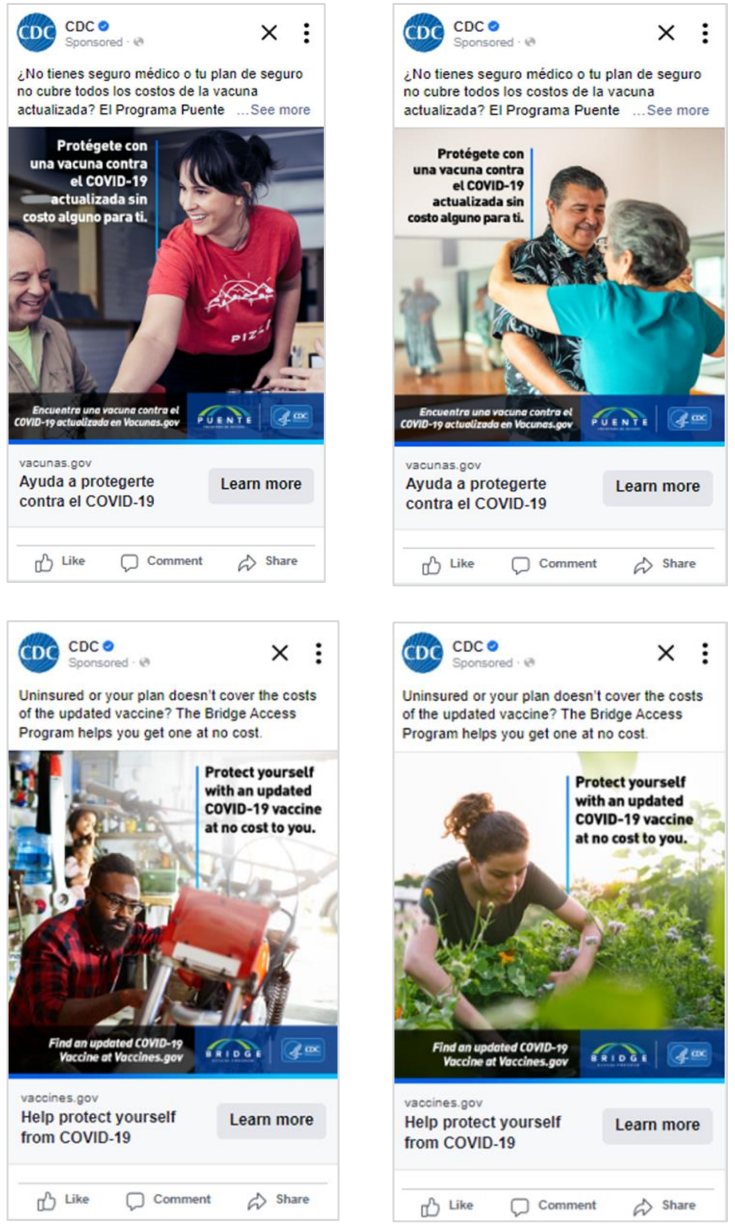
This graph shows that a moderate flu and RSV season with a moderate COVID-19 wave (Scenario A on the left) could generate more hospital strain than a severe, pre-COVID-19 flu and RSV season (Scenario B on the right).

While we cannot predict the precise timing and impact of these three pathogens each season, these are two plausible scenarios.

COVID-19 Bridge Access Program

Background

- The distribution of COVID-19 vaccines changed in September 2023 as these products moved to the commercial market.
- COVID-19 vaccines are still available at no cost to most people living in the U.S. through their private health insurance, Medicare, and Medicaid plans.
- However, there are 25-30 million adults without health insurance and additional adults whose insurance does not offer COVID-19 vaccines at no cost to them.



Uninsured and Underinsured Adults Can Get COVID-19 Vaccines at No Cost to Them

- CDC's Bridge Access Program provides no-cost COVID-19 vaccines to adults 18 years and older **without health insurance** and adults whose **insurance does not cover all COVID-19 vaccine costs**.
- The Program is **now live** and will provide no-cost COVID-19 vaccines to eligible adults **through December 31, 2024**.
- **ALL CDC-recommended updated COVID-19 vaccines** are included in the Bridge Access Program (Pfizer-BioNTech, Moderna, Novavax).

BRIDGE
ACCESS PROGRAM

PUENTE
PROGRAMA DE ACCESO

Accessing Free Vaccines through the Bridge Program

Where can someone get a no-cost COVID-19 vaccine through the Bridge Access Program?

Local health providers partnered with state and local health departments

HRSA-supported health centers partnered with state and local immunization programs

Select **pharmacies:**

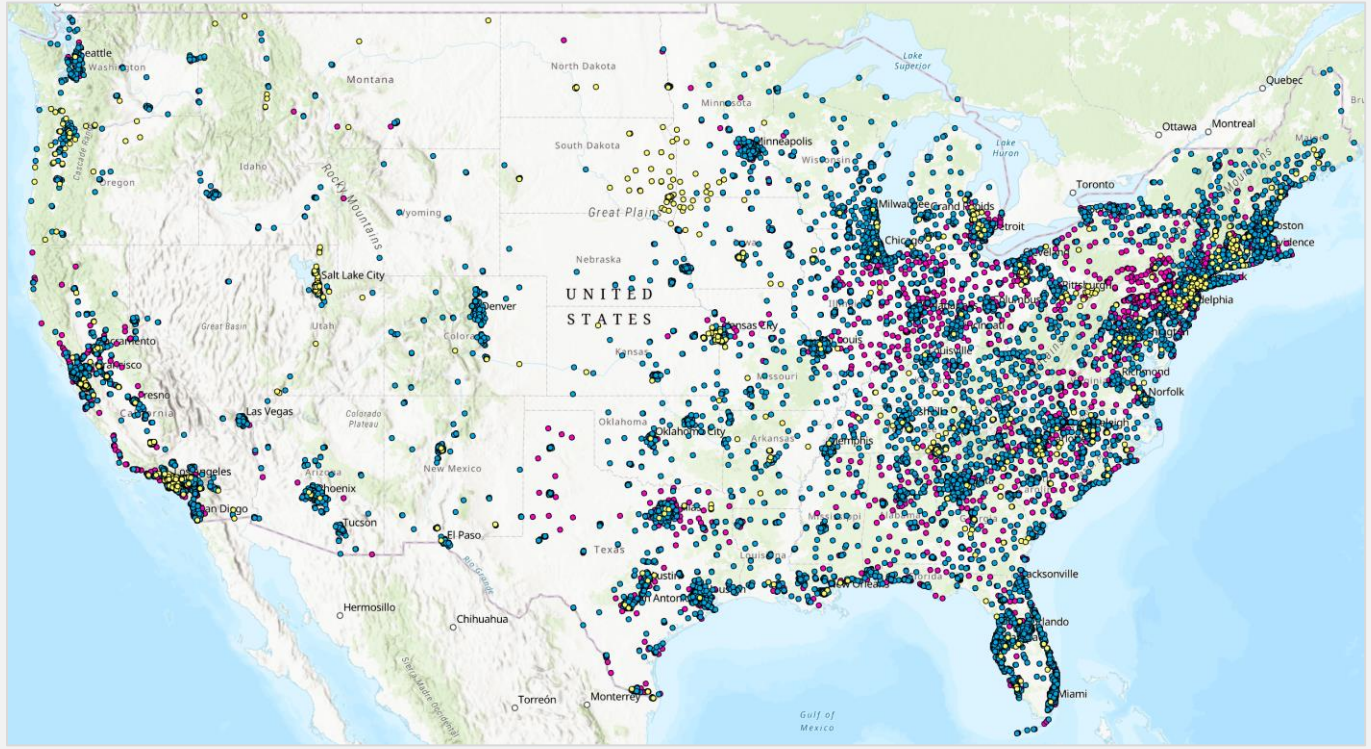
CVS, Walgreens, and eTrueNorth

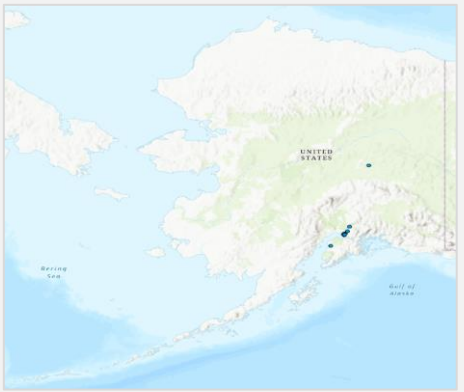
Visit vaccines.gov to find a provider that offers no-cost COVID-19 vaccines through the Bridge Access Program.

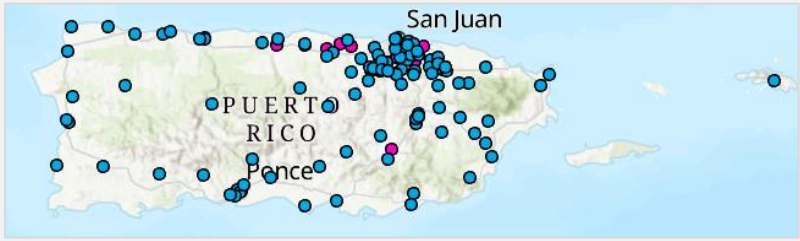
Community events or pop-up sites with these groups

Provider Maps: Contracted Pharmacies in Bridge Access Program

As of September 25, there were **18,908** contracted pharmacy locations. **9,448** CVS, **8,788** Walgreens, and **672** (+524 since September 18) eTrueNorth locations were tentatively planned to go-live by September 28.



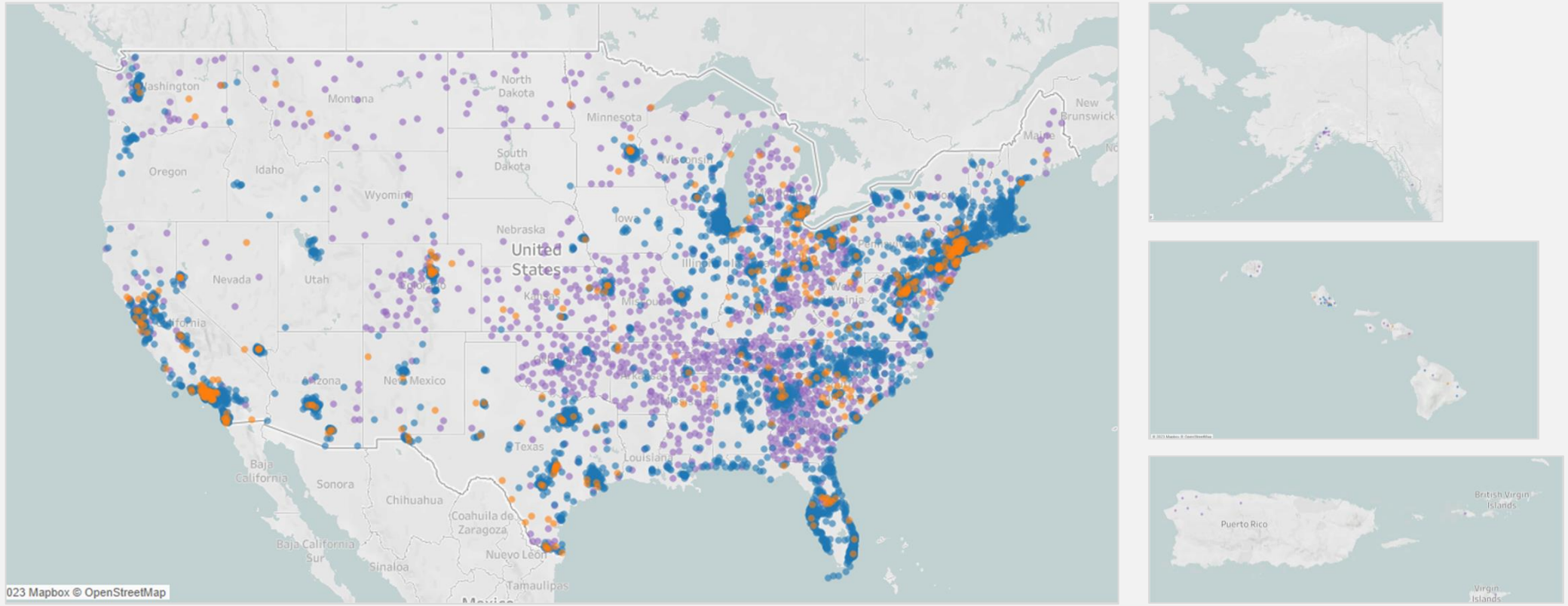




- Walgreens
- CVS
- eTrueNorth (tentatively planned for 9/28)

Provider Maps: Overall

As of September 21, at least **6,663** (+3,125 since September 18) contracted pharmacy locations have **administered** at least one dose and **2,136** (+812 since September 18) public health safety net providers have placed at least one **order** for COVID-19 vaccine using 317 funds through September 24.



- ZIP Code where a Contracted Pharmacy has administered at least 1 dose
- ZIP Code where a Public Health Safety Net Provider has placed an order for COVID-19 doses via 317 funds
- Both of the above – Contracted Pharmacy admin & Public Health Safety Net Provider dose order(s)

Communications Insights and Messaging

The Need

We expect flu, COVID-19, and RSV activity to increase as the weather gets colder.

Clear, consistent communications can help increase public awareness of risk associated with viral respiratory diseases as well as ways to prevent transmission and severe illness, primarily vaccination.

Key Research* Insights & Implications for Communications Efforts

Insight	Implication
There is significant virus & pandemic information fatigue stemming from COVID-19	Communications need to avoid adding "one more thing" to the mix and being perceived as a scare-tactic
Discomfort and inconvenience are key drivers to avoid sickness, and many question severity	Communications should highlight potential severity while also positioning virus prevention as a way to avoid the inconvenience and discomfort of sickness
People are adopting a more holistic way of thinking about prevention and health (hand washing, cleaning surfaces); however, vaccination is not necessarily included	There is an opportunity to normalize vaccination by associating vaccination with the everyday steps that people are already taking to avoid getting sick
Misinformation and knowledge gaps exist around viral infections and prevention, including vaccination	Communications should seek to clarify common misconceptions and educate about viruses
Hesitancy and confusion exists around “viral respiratory virus season” as a term	The term "fall and winter virus season" is clear non-alarmist, and also provided a timeframe when viruses surge
There is a lack of online resources that discuss respiratory viruses comprehensively, which may make it difficult for audiences to find answers online	Ensure online content is available and addresses information needs among audiences

**Formative research activities conducted in May-September 2023 included exploratory focus groups, an online social and traditional media conversation analysis, a comprehensive review of existing fall and winter virus season public health resources, and a series of 3-participant interviews to test creative concepts.*

Core Consumer Messaging

CDC anticipates different viruses to spread this fall and winter, including COVID-19, flu and RSV.

Respiratory diseases can be very serious, especially among people who are at higher risk.

Take action to protect yourself from respiratory viruses this fall and winter.

- **First:** Take time to be up-to-date on your recommended immunizations (flu vaccine, COVID-19 vaccine, and RSV vaccine or immunization) to be ready for this fall and winter.
- **Second:** In addition, you can take other CDC-recommended preventive actions like covering coughs and sneezes, frequent handwashing and staying home when sick (if able) to help protect you and reduce the spread of respiratory viruses such as flu, COVID-19, and RSV. (Depending on your risk, you might consider masking and ventilation, like opening windows, as part of these everyday preventive actions.)
- **Third:** If you have symptoms of a respiratory virus, get tested. There are treatments for some respiratory illnesses including flu and COVID-19. If you are at higher risk of developing severe complications from flu, COVID-19, or RSV, talk to a healthcare provider sooner rather than later and follow their treatment advice.

Coming Soon: Fall and Winter Virus Season Partner Toolkit

Today's fall and winter virus season challenges require collaboration and coordination with a wide variety of partners and stakeholders to advance essential information that helps protect communities against the worst of these respiratory viruses – primarily through vaccination.

To augment this playbook, CDC is developing a toolkit of easy-to-use, plug-and-play resources to support partner communications. Toolkit materials will include additional messaging, responses to common patient questions, and patient education materials, such as social media content and posters.

As trusted voices in your communities, you play a critical role in advancing CDC's mission of protecting Americans' health through information. We are asking for your help in carrying these messages out to your networks to facilitate vaccination.

In the coming weeks, the toolkit will be available on CDC's website and shared directly to attendees of the October 4 Partner Briefing event. For more information or to inquire about additional respiratory virus communications needs, contact CDC at CDCDirectorBriefing@cdc.gov.