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To:
Subject: TARRANT August 2024 Newsletter

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TARRANT WATCH VIRAL

August 2024 Newsletter

Dear Sentinels,

I hope you have been able to enjoy at least some of the summer, in between the fires and smoke. Fortunately, viral respiratory illnesses are fewer over the summer, as usual. The number of people tested because of symptoms has dropped. In particular, influenza is in its summer nadir, after the usual end-of-season Influenza B mini-epidemic. However, it seems that infections with SARS-CoV-2 continue across the nation at a low rate, including hospitalizations.

The Alberta epidemiology is shown on the provincial respiratory disease dashboard (click on [link](#)).

Our community network is showing similar trends (see Table 1). Despite the low rate of swabbing, we see the usual “summer colds” caused by enterovirus and rhinovirus. Additionally, our results demonstrate persistent low-levels of SARS CoV 2 likely due to the rapid change in strains, and loss of immunity. This virus is establishing a new pattern of epidemiology, potentially implying different modes of transmission from viruses that have regular winter epidemics. The first reassessment will occur when most children get back to school. For Influenza and other respiratory viruses, schools often act as a giant mixer, usually during colder weather. If COVID transmission is person-to-person by aerosol in warm conditions, we can expect an upsurge to begin within two weeks of the start.

Table 1: Virology from May to August

Virus	May	June	July	August
Influenza A	4	2	0	0
Influenza B	5	0	0	0
SARS-CoV-2	17	12	9	6
RSV	0	0	0	0
Corona OC43	1	0	1	0
Metapneumovirus	2	4	1	1
Entero/rhinovirus	19	13	7	6
Total specimens tested	93	77	49	35

Upcoming season

As the summer passes, the TARRANT team is once again preparing for the fall influenza season with changes in immunizations. As usual the new Influenza vaccines will be available in early October, thus our vaccine effectiveness season will start two weeks after that, when the first recipients have developed their immune response.

Your data, published as part of the Canadian Sentinel Practitioner Surveillance Network, was part of the evidence that WHO used to decide on this year’s strains of vaccine. This year, we will still be getting quadrivalent vaccines, but since the

Yamagata strain of influenza B seems to have disappeared, there is little point in including that component in the vaccine. Therefore in the future, we will likely have trivalent vaccines with an H1N1 strain, an H3N2 and Influenza B Victoria strain.

Other immunizations

Given the persistence of SARS-CoV2, we need to advise our patients to get an updated COVID vaccine, influenza vaccine, and we need to check for their eligibility for pneumococcal vaccine (click on [link](#)).

Note that Alberta health has transitioned to use the 20-valent conjugate vaccine (Pevnar 20). One dose should be administered to all people over 65. Members of high-risk groups under that age usually get one dose, but under age 18, there is a complex set of rules. For children, 3 doses are given as part of their routine immunization program, and 4 for those at high risk (click on [link](#)).

New sentinels

As always, we would like to recruit more sentinels. If you know anyone else who might be interested in learning more information about viral respiratory infections, please let us know so we can contact them. This is particularly important for the outlying areas of the province. We know the stress that practitioners are working under, and this makes extra work difficult, so any suggestions on how to make the program easier to participate in are also welcome.



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