








# Yale Campus Health Surveillance Report

## ALLERGIES

TREE POLLEN	RAGWEED	MOLD	GRASS	DUST AND DANDER
HIGH	LOW	LOW	LOW	LOW

WEEKLY AQI: **FAIR – EXCELLENT THIS WEEK** [NEW HAVEN, CT](#)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
 Low 37°F High 45°F	 Low 35°F High 46°F	 Low 28°F High 49°F	 Low 30°F High 52°F	 Low 43°F High 57°F	 Low 45°F High 58°F	 Low 43°F High 57°F

## NEW HAVEN COUNTY

Nationally,  
**Respiratory Illness**  
causing people to seek healthcare is

**LOW**

## WASTEWATER VIRAL ACTIVITY LEVEL IN CONNECTICUT

COVID-19

High

Flu

Very Low

RSV

Very Low

## EMERGENCY DEPARTMENT VISITS IN NEW HAVEN COUNTY

COVID-19

Low  
No Change

Flu

Low  
Decreasing ↘

RSV

Low  
No Change

## Current Health Risks

CT COVID-19

US COVID-19

CT - Influenza

US - Influenza

CT - RSV

H5N1

US Measles Cases

Southwest Measles Outbreak

News and Updates



**7 April 2025**  
As of 0900 Hours EST

## YNHH

### COVID

- 10 COVID+ INPATIENTS
  - 1 N THE ICU
  - 3 IN THE ED

### RSV

- 2 INPATIENTS
  - 0 IN THE ICU

### INFLUENZA

- 13 INPATIENTS
  - 0 IN THE ICU

Respiratory virus  
conditions are **MODERATE**

based on local/regional public health indicators



Masking is  
**recommended**  
for all staff  
and patients.

Masking is  
**required** for  
those with  
respiratory  
symptoms.

Yale HEALTH

## LINKS

### US FEDERAL GOVERNMENT CDC

- [CDC – COVID-19](#)
- [CDC A\(H5N1\) BIRD FLU RESPONSE UPDATE](#)
- [CDC- TICKS](#)
- [CDC HEALTH RISKS](#)
- [CDC HEAT AND HEALTH TRACKER](#)
- [CDC MEASLES](#)
- [CDC MPOX](#)
- [CDC STACKS REPORTS](#)
- [CDC RESPIRATORY ILLNESSES DATA CHANNEL](#)

### USDA AVIAN INFLUENZAS

### FEMA – FEMA

### NWS – HEATRISK HEAT.GOV

### JOURNALS AND ONLINE LIBRARIES

- [JAMA NETWORK](#)
- [THE LANCET COVID -19 RESOURCE CENTRE](#)
- [NEW ENGLAND JOURNAL OF MEDICINE](#)

### PORTALS, BLOGS, AND RESOURCES

- [CIDRAP](#)
- [FORCE OF INFECTION](#)
- [KHN](#)
- [MEDPAGE TODAY](#)
- [OUTBREAK](#)
- [GCHS](#)
- [CENTER FOR THE STUDY OF TRAUMATIC STRESS](#)
- [YLE](#)
- [NYS GLOBAL HEALTH UPDATE REPORT](#)

### NEWS SOURCES

- [NEW YORK TIMES](#)
- [WASHINGTON POST](#)
- [REUTERS](#)
- [CNN](#)
- [NBC CT](#)
- [INSIDE HIGHER ED](#)
- [OUTBREAK NEWS TODAY](#)

# Current Health Risks

## COVID

- **Nationally:** COVID-19 activity is declining nationally to low levels. Wastewater levels and emergency department visits are at low levels, and laboratory percent positivity is stable. Emergency department visits and hospitalizations are highest in older adults and emergency department visits are also elevated in young children.
- **Connecticut:** Wastewater levels for COVID-19 are **high**. Over the past three weeks, there have been:
  - **251** reported cases
  - **153** hospitalizations
  - **0** deaths during the month of April. (**314** for the season)
- **YNHH:** On April 7, there were **10** hospitalized cases, with **1** in the ICU

## INFLUENZA

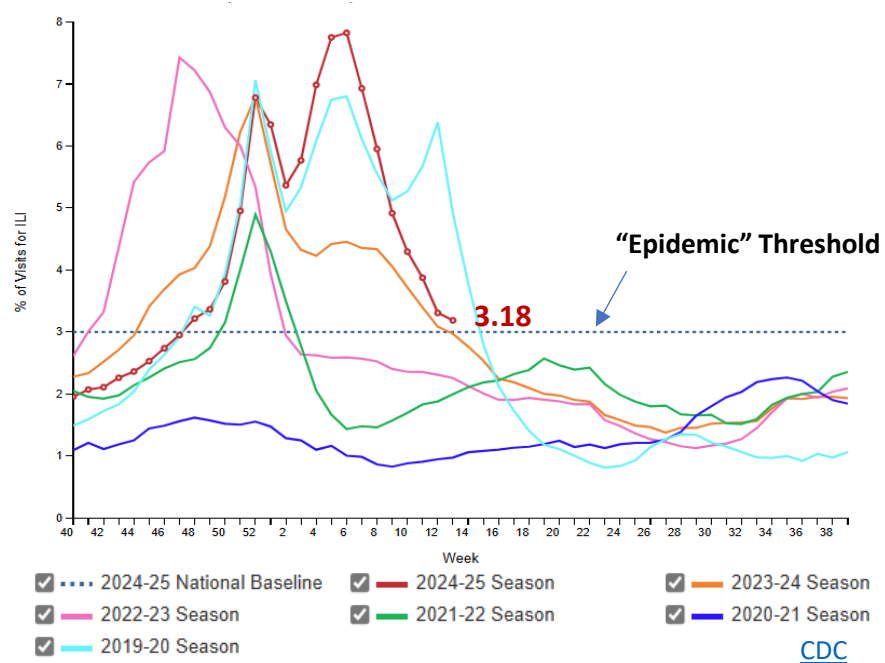
- **Nationally:** Seasonal influenza activity continues to decline.
- **Connecticut:** Levels of influenza in wastewater are **very low** and decreasing. Over the past two weeks, there have been:
  - **1305** reported cases
  - **56** hospitalizations
  - **0** deaths in April (**185** for the season)
- **YNHH:** On April 7, there were **13** cases hospitalized, **0** in the ICU

## RSV

- **Nationally:** RSV activity is declining in most areas of the country. Emergency department visits and hospitalizations are highest in children and hospitalizations are elevated among older adults in some areas.
- **Connecticut:** Wastewater levels for RSV are **very low** and declining. Over the past two weeks, there have been:
  - **114** reported cases
  - **21** hospitalizations
  - No deaths
- **YNHH:** On April 7, there were **2** in the hospital and **0** in the ICU

**NOROVIRUS:** Norovirus persists at a high level (17.5% test positivity rate) but is declining.

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (Week 13, Ending 3/29/2025)



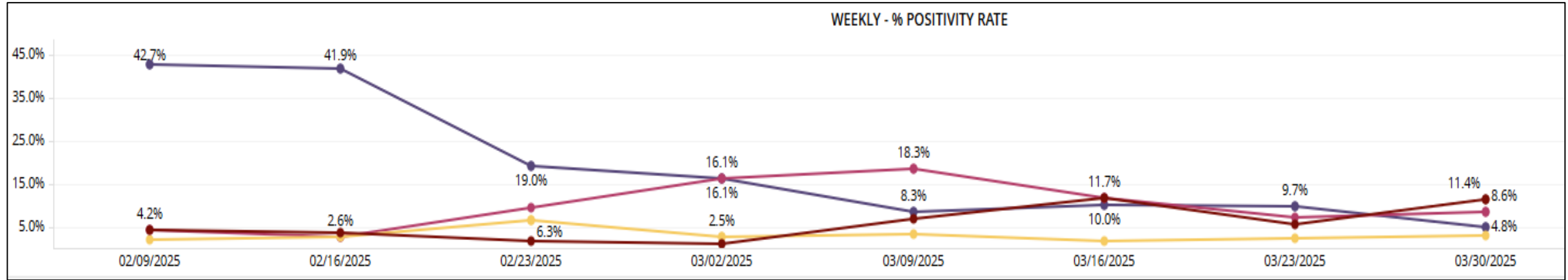
- The CDC has classified the current 2024-2025 flu season as a high-severity season for all age groups. This is the first high-severity season since the 2017-2018 season.
- This week's percentage remained stable (change of  $\leq 0.1$  percentage points) compared to Week 12 and remains above the national baseline of 3.0% for the eighteenth consecutive week.

Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections	Estimated Hospitalizations	Estimated Deaths	Pediatric Deaths
45 Million	580,000	25,000	168 (+9)

# Yale Health Respiratory Surveillance Data

## Yale Health Surveillance Data – February 9, 2025, through April 5, 2025

The following test positivity data represents trends for patients seen at Yale Health in the past 8 weeks and may not reflect trends and positivity rates of the general population outside of Yale Health. Data for the current week are incomplete and subject to change.



POC CHPHEID Components: ■ SARS COV-1 (Covid-19) | ■ RSV | ■ Influenza A | ■ Influenza B

### What to Know for the Spring Virus Season

Respiratory viruses like flu, COVID-19, and respiratory syncytial virus (RSV), remain important public health threats. CDC estimates that there have been at least 40 million illnesses, 520,000 hospitalizations, and 22,000 deaths from flu so far this season. Additionally, RSV is a leading cause of infant hospitalization in the United States.

Vaccination is a core strategy for lowering your risk of hospitalization, long-term health impacts, and death from these viruses. The good news is that you can get these vaccines at the same time.

Home tests for both COVID-19 and flu are available, including some that can test for both flu and COVID-19. Treatments for flu and for COVID-19 can lessen symptoms and shorten the time you are sick

Contact your primary health care provider to ask about available vaccinations or treatment options.

### Yale Health

#### Respiratory Virus Conditions

Based on local/regional public health indicators

## Moderate

#### Recommendations

Masking is recommended but not required. Individuals with respiratory symptoms are still required to wear a mask and may be asked to do so.

Employees in all departments are still required to wear masks when interacting directly with patients who have respiratory symptoms or a chief complaint. Masking is recommended but not required for other patient-facing interactions. Staff should also consider wearing masks if the patient is wearing one, regardless of their chief complaint.

# Connecticut Cases: COVID-19

For the Week Ending 4/5/2025

COVID Current Week Case Count (Incomplete)

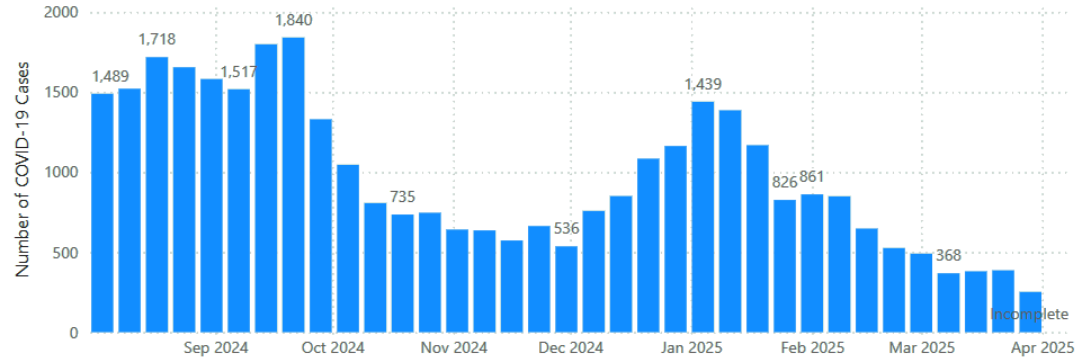
0

COVID Previous Week Case Count

251

Number of COVID-19 Cases by Week

Current Week is Incomplete

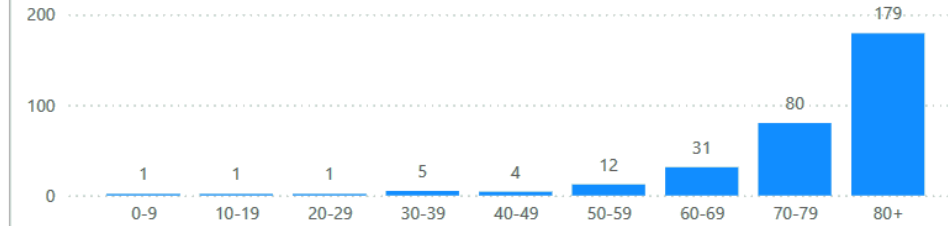


## COVID-19 Deaths

For the 2024-2025 Viral Respiratory Disease Season

314

Number of COVID-19-Associated Deaths by Age Group



## COVID - 19 Hospitalizations

Current Week

74

Previous Week

79

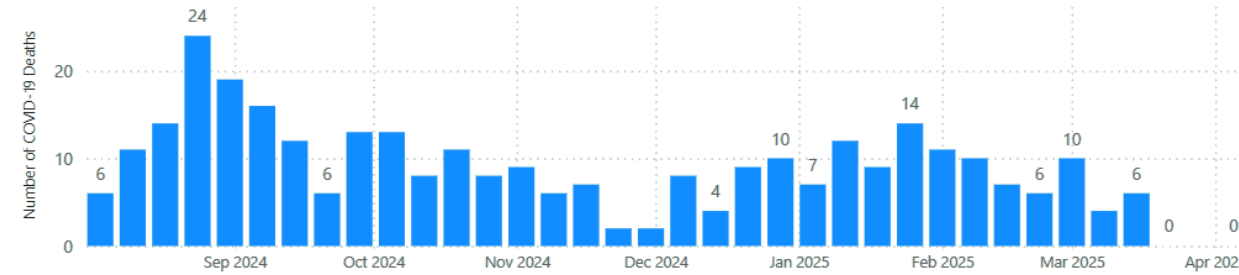
COVID-19 Associated Hospitalizations by Week

Current Week is Incomplete



COVID-19 Associated Deaths by Week

Current Month is Incomplete



# US Cases: COVID-19

For Week Ending 3/29/2025

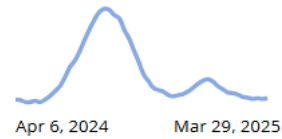
## Early Indicators

### Test Positivity >

% Test Positivity

**3.7%**

Week ending March 29, 2025  
Previous week 3.6%

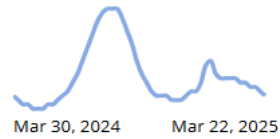


### Emergency Department Visits >

% Diagnosed as COVID-19

**0.6%**

Week ending March 22, 2025  
Previous week 0.7%



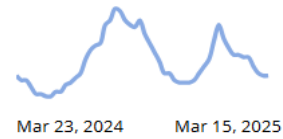
## Severity Indicators

### Hospitalizations >

Rate per 100,000 population

**2.0**

Week ending March 15, 2025  
Previous week 2.0

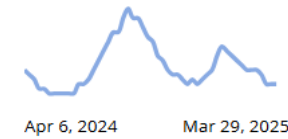


### Deaths >

% of All Deaths in U.S. Due to COVID-19

**0.8%**

Week ending March 29, 2025  
Previous week 0.8%



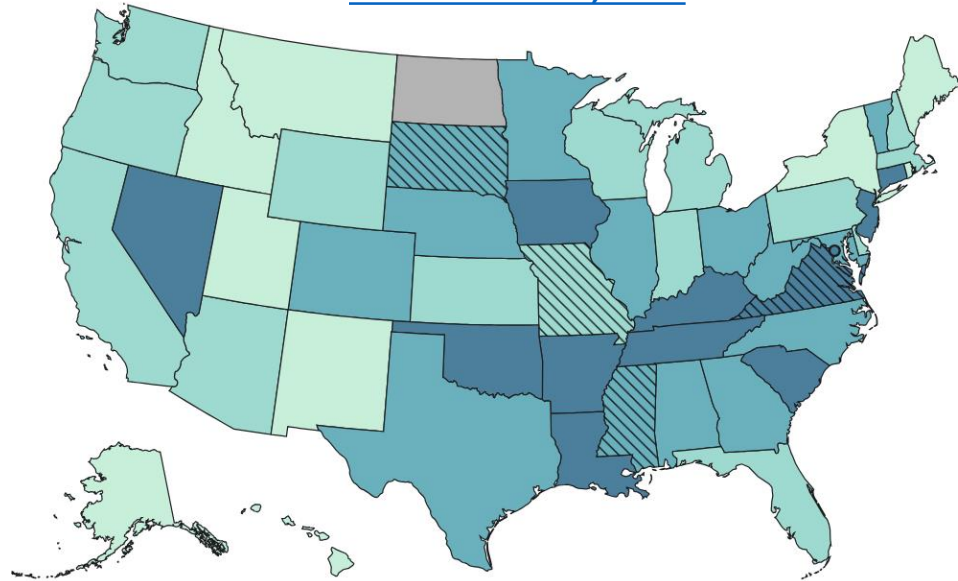
## Variants

USA

MHO label	Lineage #	%Total	95%PI	
Omicron	LP.8.1	55%	48–62%	
	XEC	21%	17–24%	
	MC.10.1	4%	1–11%	
	LF.7	4%	2–6%	
	KP.3.1.1	3%	2–6%	
	MC.28.1	3%	1–6%	

[CDC](#)

## COVID-19 CURRENT WASTEWATER VIRAL ACTIVITY LEVELS MAP MARCH 23 -- 29, 2025

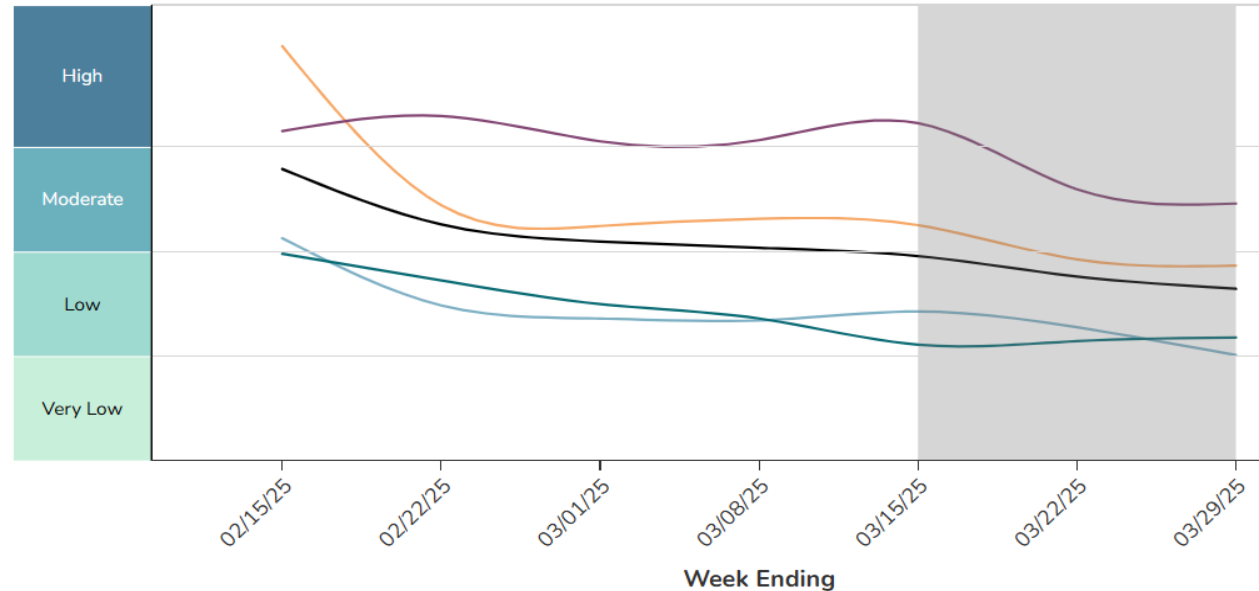


### SARS-CoV-2 Wastewater Viral Activity Levels

Select a level to add or remove from map.

● Very High ● High ● Moderate ● Low ● Minimal ● No Data ● \*Limited Coverage

## NATIONAL AND REGIONAL TRENDS OF WASTEWATER VIRAL ACTIVITY LEVELS OF SARS-COV-2 (THE VIRUS THAT CAUSES COVID-19)



Select a geography to add or remove it from the visualization.

● National ● Midwest ● South ● Northeast ● West

# Connecticut Cases: Influenza

For the Week Ending 4/5/2025

Flu Current Week Case Count (Incomplete)

408

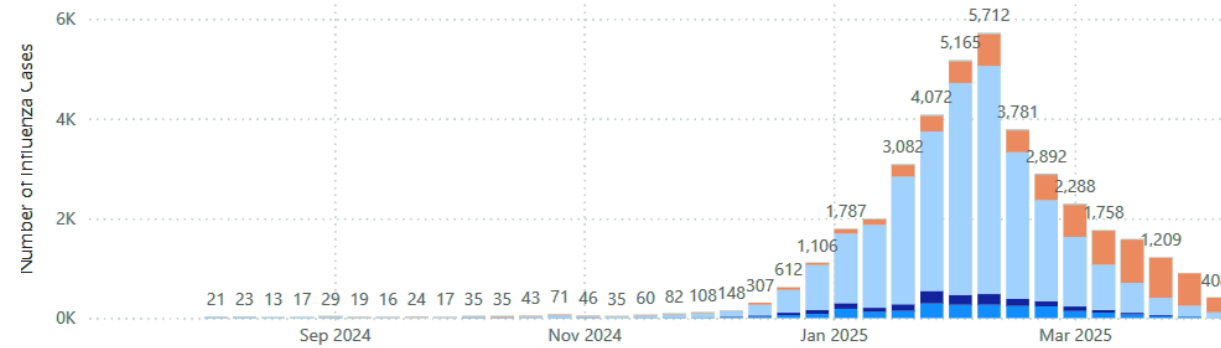
Flu Previous Week Case Count

897

## Number of Influenza Cases by Virus Type by Week

Current Week is Incomplete

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal ● Unknown



## Influenza Hospitalizations

Current Week (Incomplete)

14

Previous Week

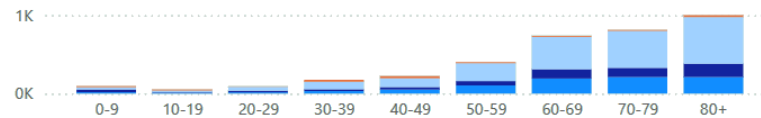
42

Season Total

3,583

## Number of Patients Hospitalized with Laboratory-Confirmed Influenza by Age Group and Virus Type

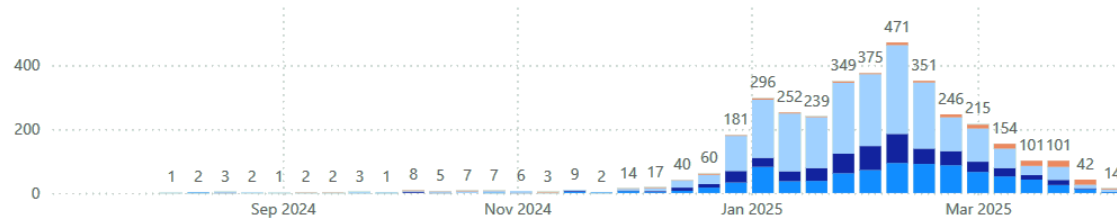
● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal ● Unknown



## Number of Patients Hospitalized with Laboratory-Confirmed Influenza Virus by Type per Week

Current Week is Incomplete

● A H1N1 ● A H3N2 ● A Unspecified ● B Seasonal ● Unknown



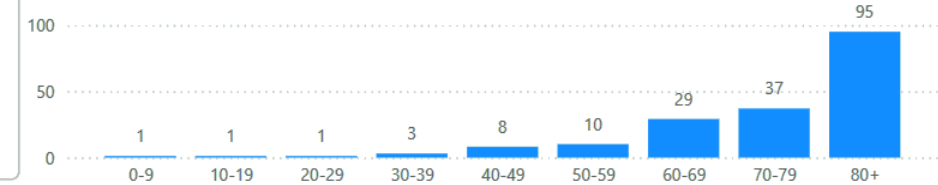
## Influenza-Associated Deaths

For the 2024-2025 Viral Respiratory Disease Season

185

## Number of Influenza-Associated Deaths by Age Group

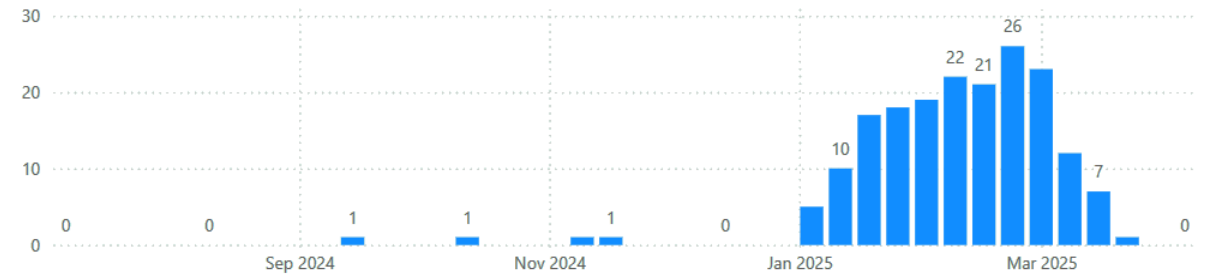
● Preliminary Report of Death



## Number of Influenza-Associated Deaths per Week

Current Week is Incomplete

● Preliminary Report of Death



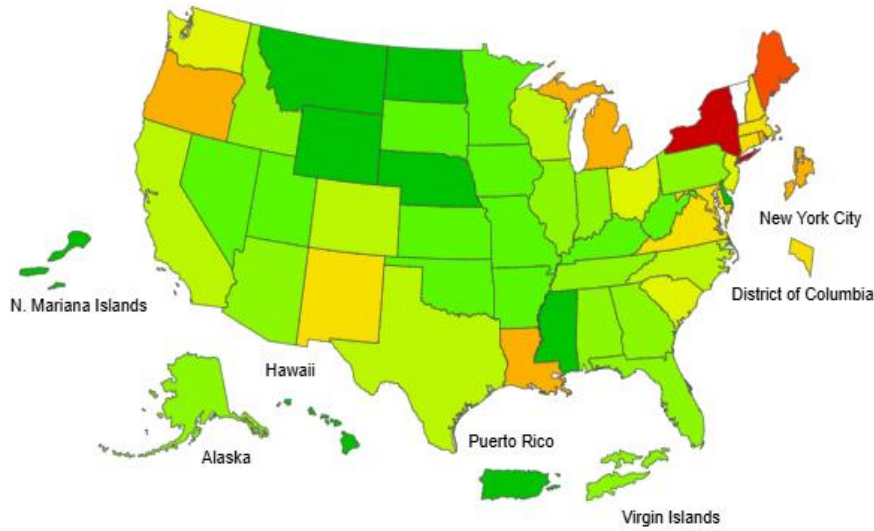
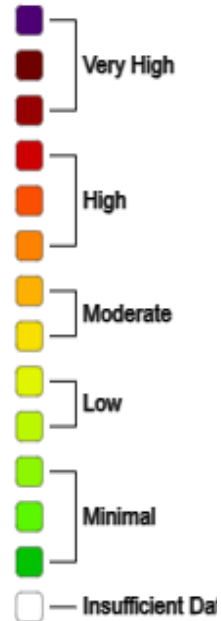


# US Cases: Influenza (Week 13)

For the Week Ending 3/29/2025

## 2024-25 Influenza Season - Week 13 Ending 3/29/2025

### ILI Activity Level



[CDC](#)

### Clinical Labs

**9.7 (Trend ↓)**  
positive for influenzas this week

### Public Health Labs

Influenza A(H1N1)pdm09, A(H3N2), and B viruses were the predominant viruses reported this week.

### Outpatient Respiratory Illness

**3.2% (Trend →)**  
of visits to a healthcare provider this week were for  
reparatory illness (**above baseline**)

### Outpatient Respiratory Illness

**12** moderate jurisdictions  
**2** high or very high jurisdictions

### FluSurv-NET

**121.9 per 100,000**  
Cumulative hospitalization rate.

### National Healthcare Safety Network (NHSN) Hospital Respiratory Data

**9,364 (Trend ↓)**  
Patients admitted to hospitals with influenza  
this week.

### NCHS Mortality

**0.9% (Trend ↓)**  
Deaths attributed to influenza this week

### Pediatric Deaths

**9**  
Influenza-associated deaths were reported this  
week, for a total of **168 deaths this season.**

### Key Points

- Seasonal influenza (flu) activity continues to decline; however, the CDC expects several more weeks of flu activity.
- This season is classified as a high-severity season overall, affecting all age groups (children, adults, and older adults), marking the first such season since the 2017-2018 season.
- During Week 13, of the 1,049 viruses reported by public health laboratories, 929 were influenza A and 120 were influenza B. Of the 806 influenza A viruses subtyped during Week 13, 448 (55.6%) were influenza A(H1N1)pdm09, 358 (44.4%) were A(H3N2), and 0 (0%) were A(H5).
- No new influenza A(H5) cases were reported to CDC this week. To date, human-to-human transmission of avian influenza A(H5) virus (H5 bird flu) has not been identified in the United States.
- Nationally, outpatient respiratory illness remained stable this week and remains above baseline for the eighteenth consecutive week. HHS regions 1, 2, 3, and 6 are above their region-specific baselines, Region 5 is at its baseline, and all other HHS regions are below their baselines in regions.
- Based on data from FluSurv-NET, the cumulative hospitalization rate for this season is the highest observed since the 2010-2011 season.

# Respiratory Syncytial Virus (RSV)

For the Week Ending 4/5/2025

## CONNECTICUT

SOURCE: [CT DPH](#)

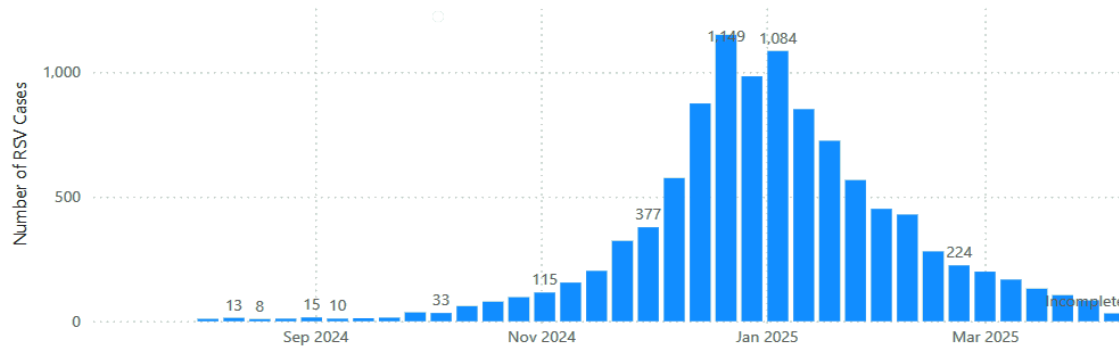
RSV Current Week Case Count (Incomplete)

31

RSV Previous Week Case Count

83

Number of RSV Cases by Week  
Current Week is Incomplete



### RSV Hospitalizations

For Week Ending 04/05/2025

Current Week (Incomplete)

6

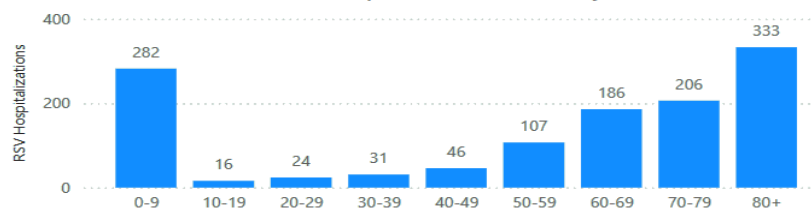
Previous Week

15

Season Total

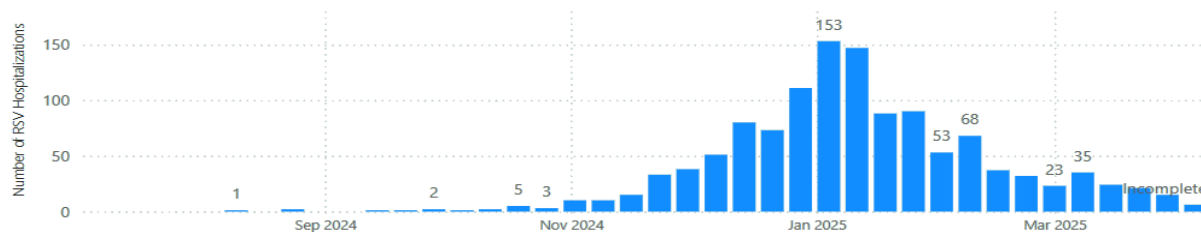
1,231

### Total Number of Patients Hospitalized with Laboratory-Confirmed RSV



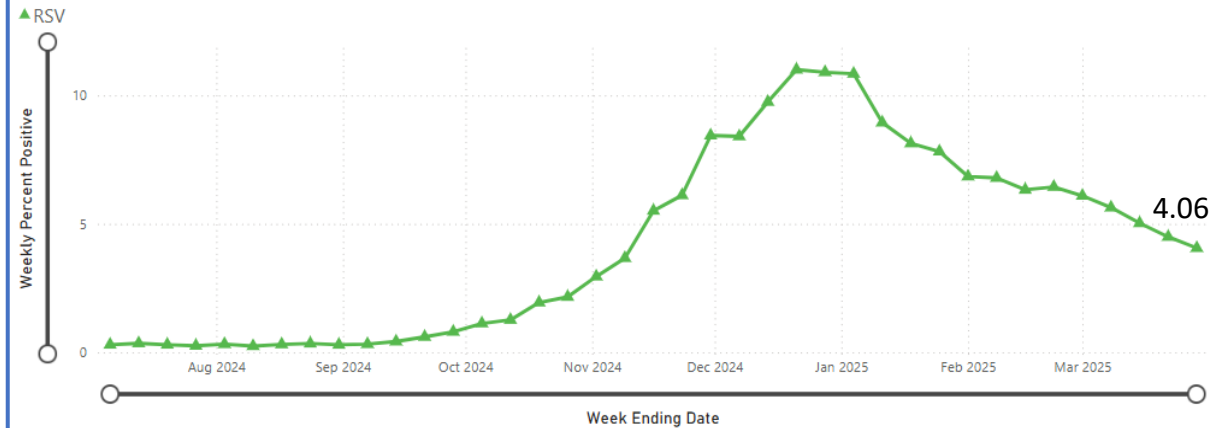
### Total Number of Patients Hospitalized with Laboratory-Confirmed RSV by Week

Current Week is Incomplete



## NATIONAL

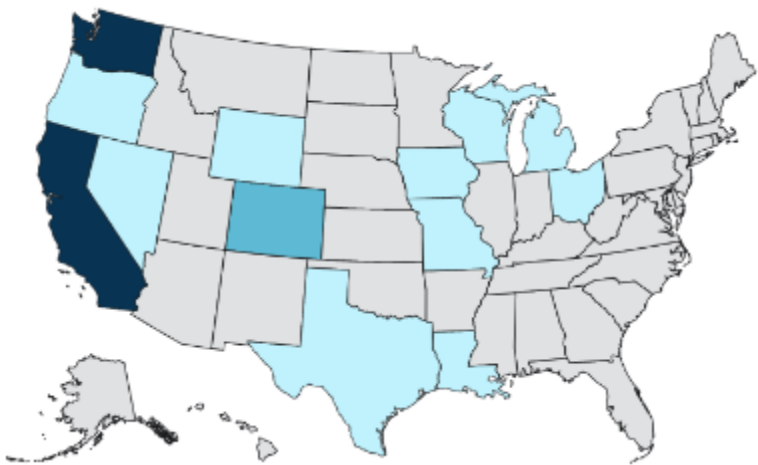
### Weekly percent of test positives for RSV reported in NREVSS - Week 13





# H5N1 Bird Flu: Current Situation Summary

As of 3/29/2025



NATIONAL HUMAN CASES  
70 | 1 DEATH



[CDC](#)

State	Dairy Herds	Poultry Farms and Culling Operations	Other Animal Exposure	Exposure Source Unknown	State Total Human cases
California	36	0	0	2	38
Colorado	1	9	0	0	10
Iowa	0	1	0	0	1
Louisiana	0	0	1	0	1
Michigan	2	0	0	0	2
Missouri	0	0	0	1	1
Nevada	1	0	0	0	1
Ohio	0	1	0	0	1
Oregon	0	1	0	0	1
Texas	1	0	0	0	1
Washington	0	11	0	0	11
Wisconsin	0	1	0	0	1
Wyoming	0	0	1	0	1
TOTAL	41	24	2	3	70

Wild Birds	Poultry	Livestock Herds
Wild Birds Detected 12,702 as of 3/25//2025 <a href="#">Full Report</a>	Poultry Affected 168,256,658 as of 4/4/2025 <a href="#">Full Report</a>	State with Outbreaks om Cattle 17
Jurisdictions Affected 51	Jurisdictions/States Affected 51	Livestock Infected 998 herds as o f4/3/2025 <a href="#">Full Report, including new cases from CA, and ID.</a>

## FARM INFECTIONS SLOWING:

- 2 million birds were culled in March, down from 12.7 million in February, likely due to fewer migratory birds.
- Risk may rise with peak migration in **April - May**.

**DAIRY FARM SPREAD:** Likely originating from a single event in Texas in late 2023, the disease has spread from herd to herd.

**NEW CASES:** [Mexico](#) is reporting is report it first human case in a 3-year-old girl in the state of Durango.

**FOOD SECURITY THREAT:** The UN warns of potential supply disruptions due to the global spread of the virus.

**PANDEMIC RISK:** The risk to exposed individuals is **moderate to high**. The CDC states that the **public risk is low**, but experts are moderately concerned, as undetected human cases are likely.

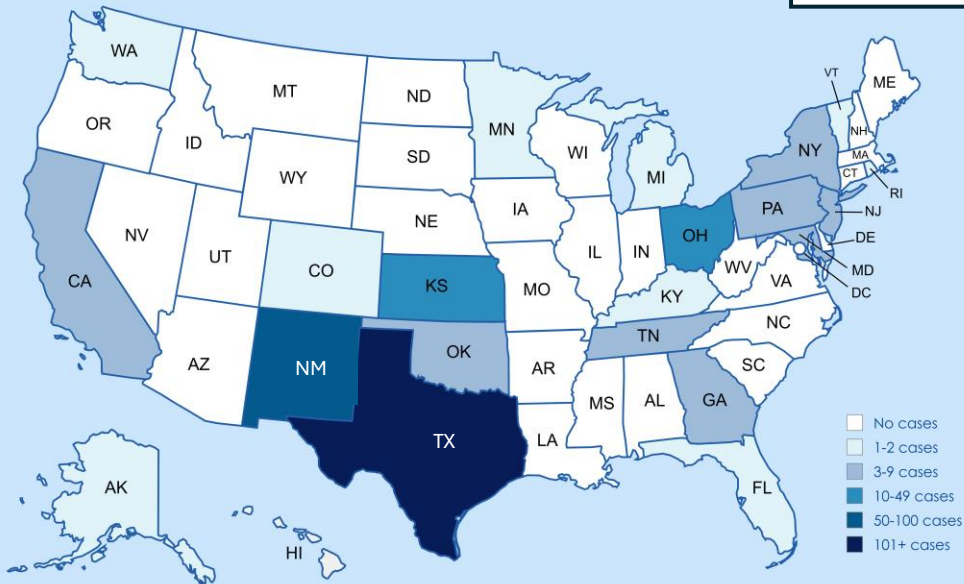
**UPCOMING RISK:** The spring migration may lead to a resurgence of outbreaks.

# US Measles Outlook

(As of 4/6/2025)

**\* NOTE:** The information on this page has been gathered by reviewing data from state and local health departments, news media sources, and the Center for Outbreak Response Innovation (CORI)




636\*



- The number of measles is now twice last year's total.
- The increase in measles cases can be attributed to falling vaccination rates and to increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.
- There have been five confirmed outbreaks of measles in the U.S. so far in 2025 (TX-NM-OK, KS, NJ, GA, OH, with 93% of cases linked to these domestic outbreaks.

STATE	CASES
TEXAS **	487
NEW MEXICO	54
KANSAS	24
OHIO	15
OKLAHOMA	10
CALIFORNIA	9
PENNSYLVANIA	6
NEW YORK	4
TENNESSEE	4
GEORGIA	3
MARYLAND	3
MICHIGAN	3
NEW JERSEY	3
WASHINGTON	3
ALASKA	2
COLORADO	1
FLORIDA	1
KENTUCKY	1
MINNESOTA	1
RHODE ISLAND	1
VERMONT	1
TOTAL	636

## OUTBREAKS

-  SMALL OUTBREAK (3-9)
-  MEDIUM OUTBREAK (10 - 49)
-  LARGE OUTBREAK (50 OR MORE)

An outbreak is defined as 3 or 4 more cases.

As of 4/4/2025, 1700 hrs. EDT, there are approximately **636** measles cases across **21** states (including confirmed and suspected cases).

Currently, there are **six** measles outbreaks:

1. West Texas, involving 19 counties in Texas, 2 counties in New Mexico, 1 county and Cherokee Nation in Oklahoma
2. 6 counties in Kansas connected West TX
3. Ashtabula County, **Ohio**
4. Bergen County, **New Jersey**
5. metro Atlanta, **Georgia**

## \*\* TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 6

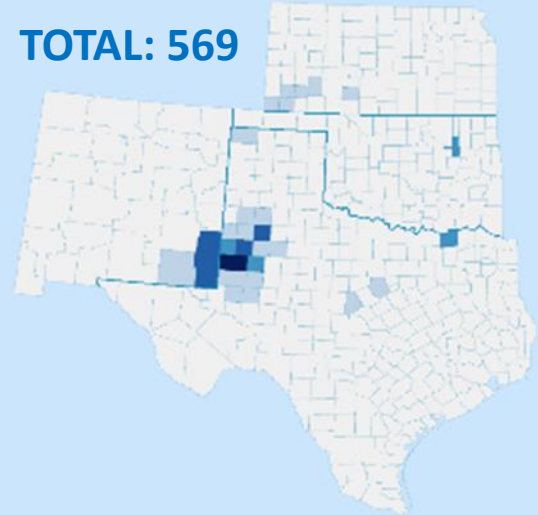
- 2 cases – Adults, Harris County (travel-related)
- 1 case – Infant, Harris County – required hospitalization (travel-related)
- 1 case – Infant, Travis County (travel-related)
- 1 case – Adult, Rockwell County (travel-related)
- 1 case – Adult, Fort Bend (travel-related)

**TEXAS CASES ASSOCIATED WITH OUTBREAK: 481**




# Measles: The Texas/New Mexico Outbreak

As of 4/4/2025

**TOTAL: 569**



## MORBIDITY AND MORTALITY

STATE	CASES 	HOSPITALIZATIONS 	DEATHS 
TX	481	56	2
NM	54	2	1
OK	10	0	0
KS	24	0	0
<b>TOTAL</b>	<b>569</b>	<b>58</b>	<b>3</b>

\*The situation is still developing. Numbers are expected to increase.

A second child has died of measles. On Thursday, 4/3/2025 an 8-year-old girl died of, “measles pulmonary failure” The death is under investigation. UMC Health System reported the girl was unvaccinated and had no underlying health conditions

## AGES OF CASES:

### WEST TEXAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
157 (32.6%)	180 (37.4%)	119 (24.7%)	25 (5.2%)	481

### NEW MEXICO OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
12 (22.2%)	15 (27.8%)	27 (50%)	0	54

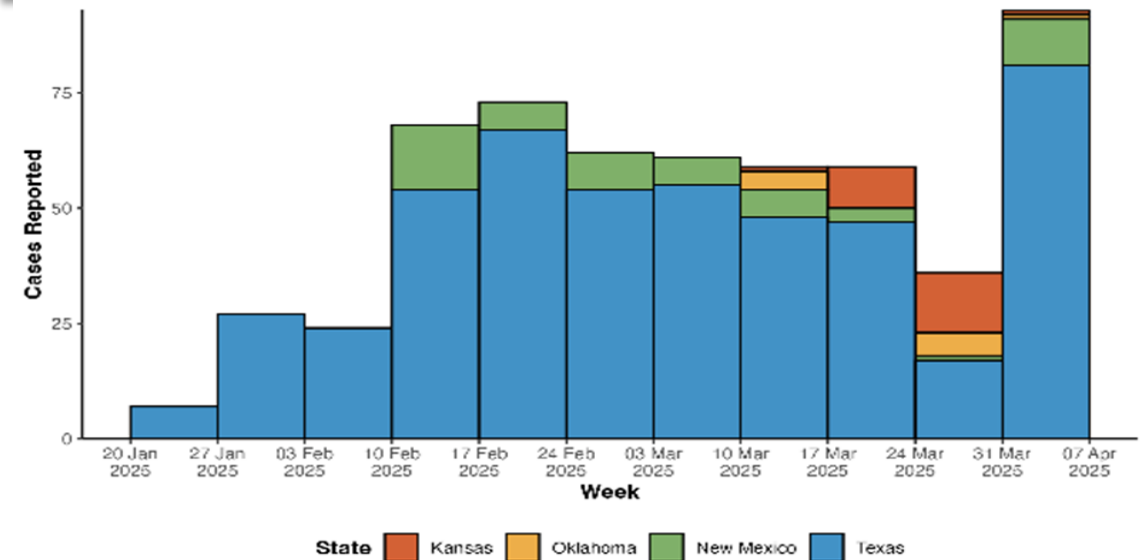
### KANSAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
7 (29.2%)	15 (62.5%)	2 (8.3%)	0	24

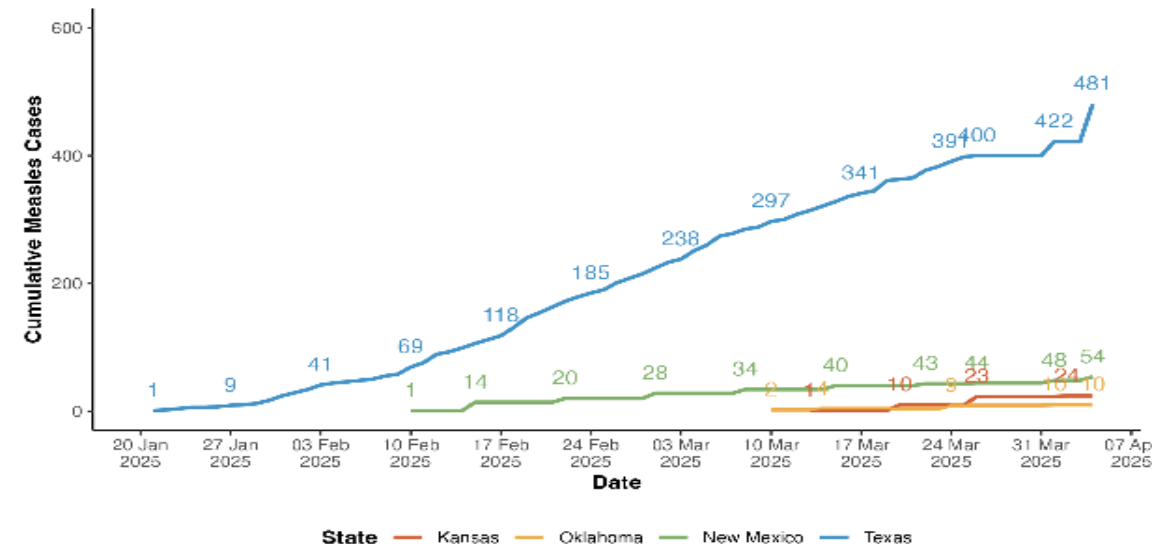
### OKLAHOMA OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
8 Cases Confirmed, 2 Probable – no ages provided			2	10

## SOUTHWEST MEASLES OUTBREAK – EPI CURVE ( WEEK ENDING 4/5/25)



## SOUTHWEST MEASLES OUTBREAK TOTALS OVER TIME



# News Updates

## MEASLES

### [SECOND CHILD DIES FROM MEASLES-RELATED CAUSES AS TEXAS OUTBREAK CONTINUES TO SPREAD – CBS NEWS](#)

A second school-aged child has died in Texas from a measles-related illness, a hospital spokesperson confirmed Sunday. The child's death comes as an outbreak of measles originating in West Texas continues to spread. Aaron Davis, a spokesperson for UMC Health System in Lubbock, Texas, said that the child was "receiving treatment for complications of measles while hospitalized" and was not vaccinated. The hospital declined to say which day the child died. (4/6/2025)

### [US MEASLES TOTAL TOPS 600 CASES, WITH ALMOST 500 IN TEXAS – CIDRAP](#)

The nation is battling its worst spike in cases since 2019, fueled by outbreaks in communities where vaccine uptake is lower and by increased global spread of the virus. The CDC said 2 more jurisdictions reported cases this week, raising the total to 22—21 states and New York City. One more outbreak was reported, making six so far, and 93% of cases confirmed so far are part of outbreaks. Of the total patients, 97% were unvaccinated or had unknown vaccination statuses, and 74 (12%) have been hospitalized. The nation is on track to pass the 1,274 cases reported in 2019, a year when a surge of measles activity threatened the nation's measles elimination status, which it earned in 2000. (Schnirring, 4/4/2025)

### [TEXAS DAYCARE CONFIRMS MEASLES CASES, WORKS TO STOP THE SPREAD -](#)

[EVERYTHINGLUBBOCK.COM](#): Tiny Tots U Learning Academy on University Avenue confirmed its first case of measles in a child they take care of on March 24; since then, it had grown to several confirmed cases. The measles cases were being found in unvaccinated children and some who had received the first dose of the MMR vaccine. (Powers, 4/3)

### [LUBBOCK'S HEALTH DIRECTOR TAKES ON MEASLES, PUBLIC TRUST - THE TEXAS](#)

[TRIBUNE](#) Katherine Wells was tapping her phone. It was the last week of January, and the director for the Lubbock Health Department had a jam-packed schedule. She was working with her team to put in place the new community health plan. Flu cases were on the rise. She had media interviews lined up to talk about stopping the spread. She refreshed her email again. And there it was — confirmation that someone in nearby Gaines County had tested positive for measles. It was the first for the region in 20 years. (Carver, 4/3)

## PERTUSSIS

### [AS CASES RISE NATIONALLY, 2 INFANTS DIE OF PERTUSSIS IN LOUISIANA - CIDRAP](#)

Just weeks after two state surgeons general said they will no longer promote vaccinations, state officials announced that two Louisiana children have died of pertussis, or whooping cough—a vaccine-preventable disease—in the past 6 months, CNN reported yesterday. The news comes as Surgeon General Ralph Abraham, MD, confirmed 110 pertussis cases in Louisiana as of last week, compared with 154 for all of 2024. (Wappes, 4/3)

### [NEW STUDY IDENTIFIES ANTIBODIES TO ENHANCE WHOOPING COUGH VACCINES –](#)

[MEDICAL XPRESS](#): Whooping cough, or pertussis, was once a leading cause of death for children in the U.S. and worldwide before the introduction of vaccines in the 1940s. In the decades since, the bacterial disease was nearly eradicated in the U.S., with fatalities falling to double digits each year. But the disease has made a troubling comeback in recent years as [vaccine coverage](#) declined after the COVID-19 pandemic. In 2024, several outbreaks left public health officials and hospitals scrambling to accommodate a sudden influx of patients, primarily infants, who are often too young to be vaccinated and suffer the most severe symptoms. Now, new research from The University of Texas at Austin could aid in improving whooping cough vaccines to once again push this disease toward eradication by targeting two key weaknesses in the infection.(4/5/2025)

## VACCINES

**FDA PUNTS ON MAJOR COVID-19 VACCINE DECISION AFTER OUSTER OF TOP OFFICIAL - THE WALL STREET JOURNAL:** Federal drug regulators have missed the deadline for making a key decision regarding a Covid-19 vaccine from Novavax, days after the Food and Drug Administration's vaccine chief was pushed out. The agency was set to give full approval to Novavax's shot, but senior leaders at the agency are now sitting on the decision and have said the Novavax application needed more data and was unlikely to be approved soon, people familiar with the matter said. (Whyte, 4/2)

**RFK JR. LAYS OFF STAFFERS WHO RUN FDA'S VACCINE EXPERT PANEL - BLOOMBERG:** The Food and Drug Administration laid off staffers who run an expert panel that advises the agency on vaccines, according to people familiar with the situation. The responsibilities of the four employees included monitoring conflicts of interest and overseeing meetings, according to the people who asked not to be named because the moves aren't public. (Cohrs Zhang, 4/2)

**US FDA INSIDER STEELE REPLACES MARKS AS TOP VACCINE OFFICIAL, FOR NOW - REUTERS:** The U.S. Food and Drug Administration said on Tuesday it had named Scott Steele as acting director of its Center for Biologics Evaluation and Research (CBER), following the exit of top vaccine scientist Peter Marks. An FDA insider for the past five years, Steele has advised on medical policy and served as senior adviser at CBER. He was an adviser on science and technology at the White House during George W. Bush's administration. (4/1)

## DRUGS

**DRUG INDUSTRY WORRIES ABOUT FDA DELAYS – AXIOS:** Pharmaceutical companies are growing increasingly concerned widespread cuts at the Food and Drug Administration could set the agency back as crucial review deadlines loom. Health industries pay billions developing and shepherding drugs through the regulatory process, including user fees that help ensure there are enough staff to evaluate products on a predictable timeline. (Reed, 4/3)

**ANALYSIS: TARIFFS ON CANADIAN DRUGS WILL STRAIN US SUPPLY CHAIN - CIDRAP:** President Donald Trump's trade tariffs on Canadian pharmaceuticals are expected to increase costs in the United States and strain drug supply chains, according to an analysis published yesterday in JAMA. [On April 2], pharmaceuticals will no longer be exempt from the Trump administration's 25% tariff on goods produced in Canada. (Soucheray, 4/1)

## WESTERN EQUINE ENCEPHALITIS

**HOW A SMALL NUMBER OF MUTATIONS CAN FUEL OUTBREAKS OF WESTERN EQUINE ENCEPHALITIS VIRUS – MEDICAL XPRESS:** New research shows how small shifts in the molecular makeup of a virus can profoundly alter its fate. These shifts could turn a deadly pathogen into a harmless bug or supercharge a relatively benign virus, influencing its ability to infect humans and cause dangerous outbreaks. This is the latest finding in a series of studies led by Jonathan Abraham, associate professor of microbiology in the Blavatnik Institute at Harvard Medical School, and his team that aim to [understand the risk of western equine encephalitis virus](#) and related viruses. The work is [published](#) in *Cell*. (4/5/2024)