Yale Campus Health Surveillance Report

ALLERGIES

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

WEEKLY AQI: FAIR - POOR

NEW HAVEN, CT

Potential Heat Risks:

Tue	Wed	Thu	Fri	Sat	Sun	Mon

NWS Forecast:

Tue	Wed	Thu	Fri	Sat	Sun	Mon
	Low 55°F	Low 56°F	Low 58°F	Low 58°F	Low 54°F	Low 55°F
High 72°F	High 69°F	High 67°F	High 72°F	High 73°F	High 75°F	High 74°F

NEW HAVEN COUNTY

Respiratory Illness causing people to seek healthcare is **VERY LOW**

WASTEWATER VIRAL ACTIVITY LEVEL IN CONNECTICUT

COVID-19	Flu†	RSV
Low	Very Low	Very Low

EMERGENCY DEPARTMENT VISITS IN NEW HAVEN COUNTY

COVID-19	Flu	RSV
Very Low Decreasing ↘	Very Low Decreasing ↘	Very Low Decreasing ↘

Current Health Risks

- Yale Health Respiratory Surveillance Data
- CT COVID-19
- US COVID-19
- CT - Influenza
- US - Influenza
- CT - RSV
- H5N1
- Southwest Measles Outbreak
- News and Updates

Yale UNIVERSITY

27 May 2025

As of 1500 Hours EDT

YNHH

COVID
- 2 COVID+ INPATIENTS
  - 1 N THE ICU
  - 0 IN THE ED

RSV
- 1 INPATIENTS
  - 0 IN THE ICU

INFLUENZA
- 1 INPATIENTS
  - 0 IN THE ICU

Respiratory virus conditions are LOW

based on local/regional public health indicators

Masking is **optional** 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

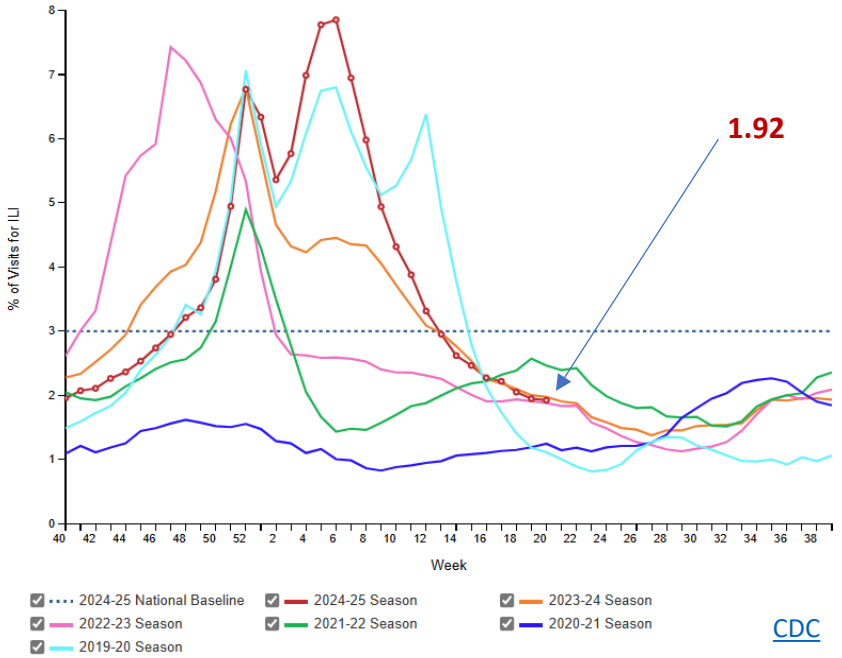
PORTALS, BLOGS, AND RESOURCES
- CIDRAP
- FORCE OF INFECTION
- KHN
- MEDPAGE TODAY
- OUTBREAK
- GCHS
- CENTER FOR THE STUDY OF TRAUMATIC STRESS
- YLE
- NYS GLOBAL HEALTH UPDATE REPORT

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 has declined to low levels. Wastewater levels are at low levels, emergency department visits are at very low levels, and laboratory percent positivity is stable.
  - **Connecticut wastewater levels for COVID-19** are **Low.**
  - **Connecticut Covid Cases:**
    - **350** reported cases during the past two weeks with **37,331** total reported cases this season
    - **91** reported cases required hospitalization in the past two weeks
    - **0** Deaths reported in the past two weeks with a total of **337** this season
  - **YNHH:** On May 27, there were **2** hospitalized cases, with **1** in the ICU
- **INFLUENZA**
  - **Nationally:** Seasonal influenza activity is low.
  - **Connecticut wastewater levels for influenza** are **very low** and decreasing
  - **Connecticut Influenza Cases:**
    - **130** reported cases in the past two weeks
    - **11** hospitalizations in the past two weeks with a total of **3,732** this season
    - **1** death in the past two weeks with a total of **204** for the season
  - **YNHH:** On May 27, there was **1** hospitalized case, with **0** in the ICU
- **RSV**
  - **Nationally**: RSV activity has declined to low levels in most areas of the country
  - **Connecticut:** Wastewater levels for RSV are **very low** and declining
  - **Connecticut RSV Cases:**
    - **26** reported cases in the past two weeks with a total of **10,909** this season
    - **3** hospitalizations in the past two weeks with a total of **1,266** this season
    - **0** deaths reported in the past two weeks
  - **YNHH:** On May 27, there was **1** hospital case, with **0** in the ICU
- **NOROVIRUS:** Norovirus cases decreased this week, from 11.65% to **9.06%. Positivity.**

Percentage of Outpatient Visits for Respiratory Illness Reported by The U.S. Outpatient Influenza-like Illness Surveillance Network (Week 20), Ending (5/17/2025)



CDC

- The CDC has classified the 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.
- **231 pediatric deaths are associated with seasonal influenza this year**. This exceeds the previous high reported for a regular (non-pandemic) season. The previous high of 207 was reported during the 2023-2024 season.

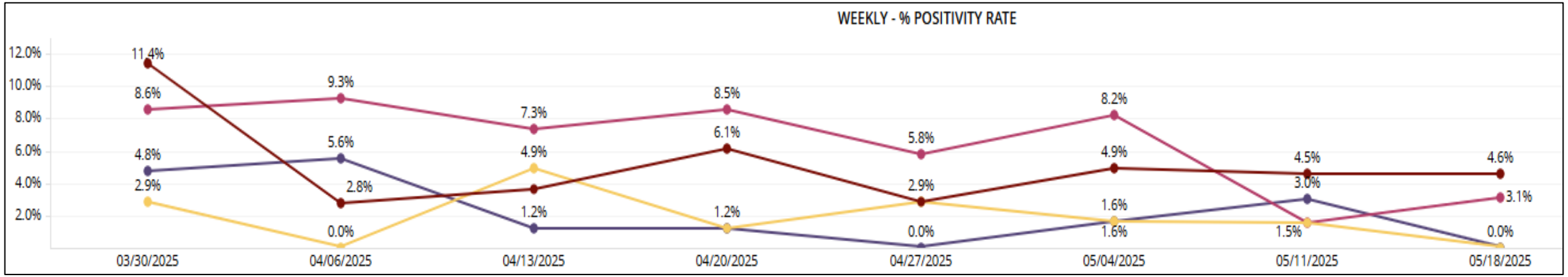
Influenza Season Metrics, CDC, 2024-2025 Season			
Estimated Infections	**Estimated Hospitalizations**	**Estimated Deaths**	**Pediatric Deaths**
47 Million	**610,000**	**27,000**	**231 (+4)**

SOURCES: CDC CT DPH FORCE OF INFECTION FluView

Yale Health Respiratory Surveillance Data

Yale Health Surveillance Data – March 30, 2025, through May 24, 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.



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

LOW

Recommendations

Masking is optional for all staff and patients. Individuals with respiratory symptoms must still 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 wears one, regardless of their chief complaint.

Connecticut Cases: COVID-19

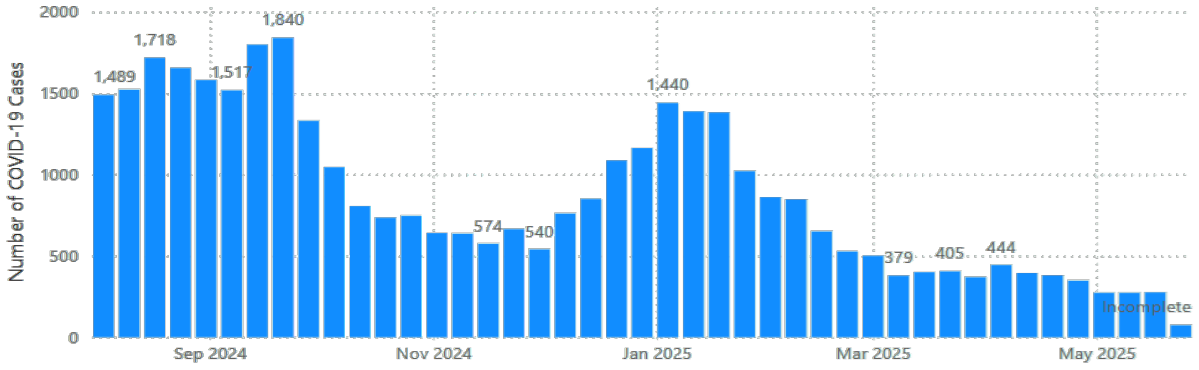
For the Week Ending 5/24/2025

COVID Current Week Case Count (Incomplete)
74

COVID Previous Week Case Count
276

Number of COVID-19 Cases by Week

Current Week is Incomplete

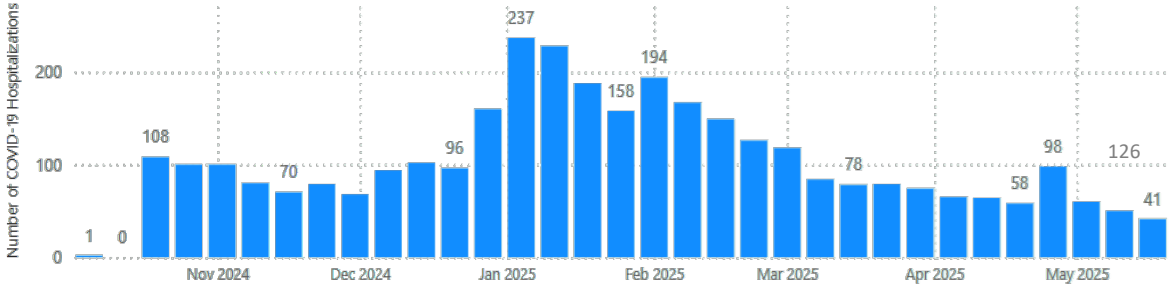


COVID - 19 Hospitalizations

Current Week	Previous Week
41	50

COVID-19 Associated Hospitalizations by Week

Current Week is Incomplete

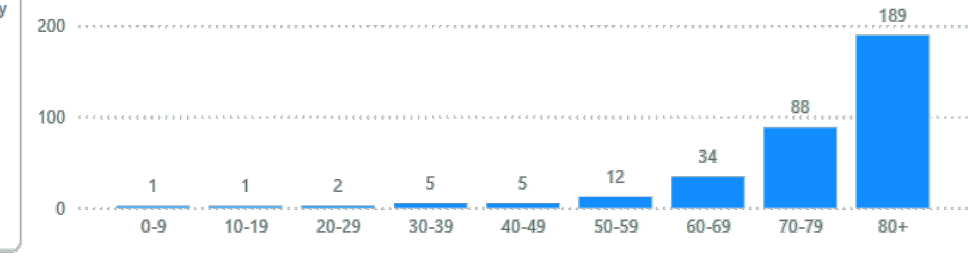


COVID-19 Deaths

For the 2024-2025 Viral Respiratory Disease Season

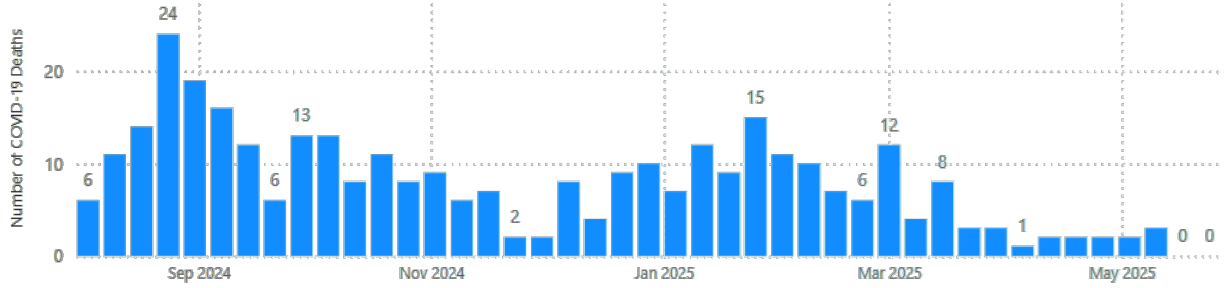
337

Number of COVID-19-Associated Deaths by Age Group



COVID-19 Associated Deaths by Week

Current Month is Incomplete



SOURCE: CT DPH

US Cases: COVID-19

For Week Ending 5/17/2025

Early Indicators

Test Positivity

% Test Positivity

2.8%

Week ending May 17, 2025
Previous week 3%

May 25, 2024 May 17, 2025

Emergency Department Visits

% Diagnosed as COVID-19

0.3%

Week ending May 17, 2025
Previous week 0.3%

May 25, 2024 May 17, 2025

Severity Indicators

Hospitalizations

Rate per 100,000 population

1.0

Week ending May 3, 2025
Previous week 1.3

May 11, 2024 May 3, 2025

Deaths

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

0.4%

Week ending May 17, 2025
Previous week 0.5%

May 25, 2024 May 17, 2025

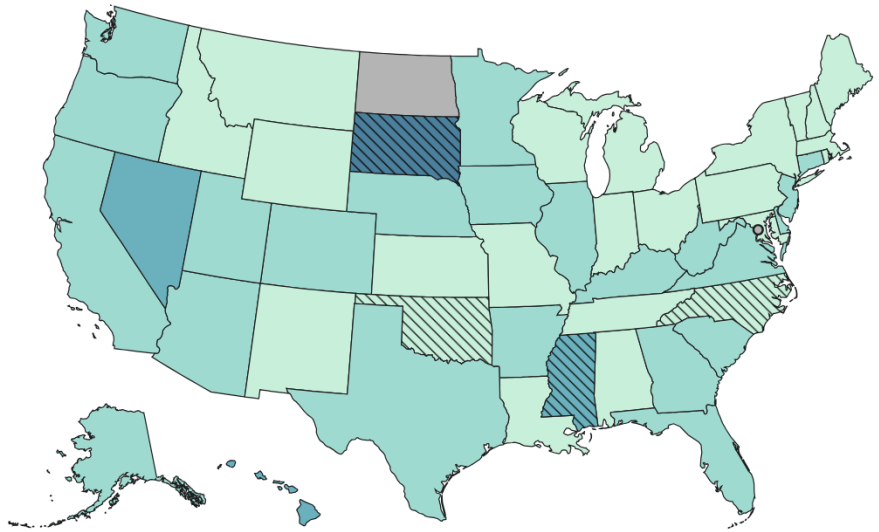
VARIANTS

USA

WHO label	Lineage #	%Total	95%PI
Omicron	LP.8.1	70%	64–75%
	XFC	9%	4–19%
	XEC	6%	4–8%
	LF.7.7.2	3%	0–16%
	LF.7	2%	1–3%
	MC.10.1	2%	1–3%

CDC

COVID-19 CURRENT WASTEWATER VIRAL ACTIVITY LEVELS MAP MAY 11 – 17, 2025

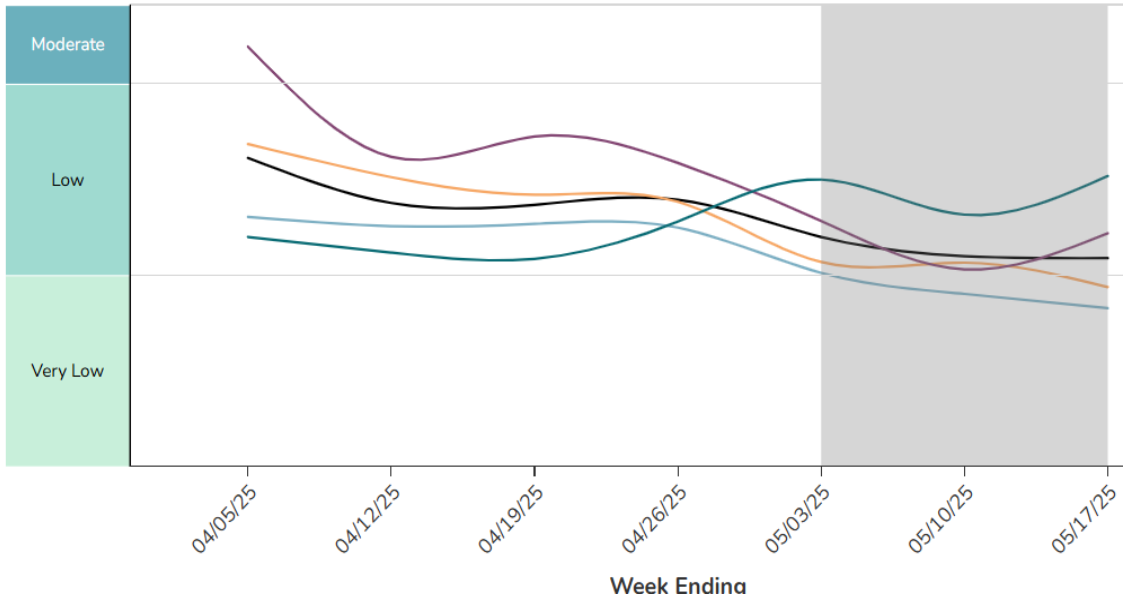


SARS-CoV-2 Wastewater Viral Activity Levels

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

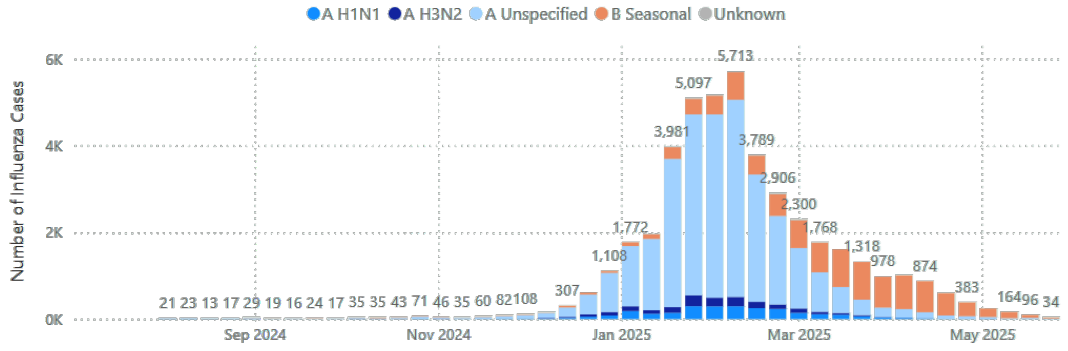
For the Week Ending 5/24/2025

Flu Current Week Case Count (Incomplete)
34

Flu Previous Week Case Count
96

Number of Influenza Cases by Virus Type by Week

Current Week is Incomplete



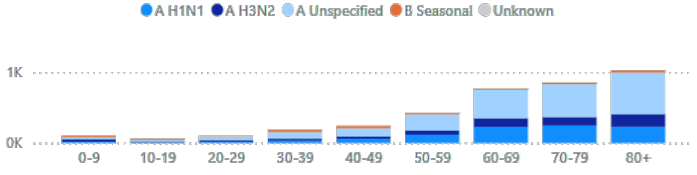
Influenza Hospitalizations

Current Week (Incomplete)
3

Previous Week
8

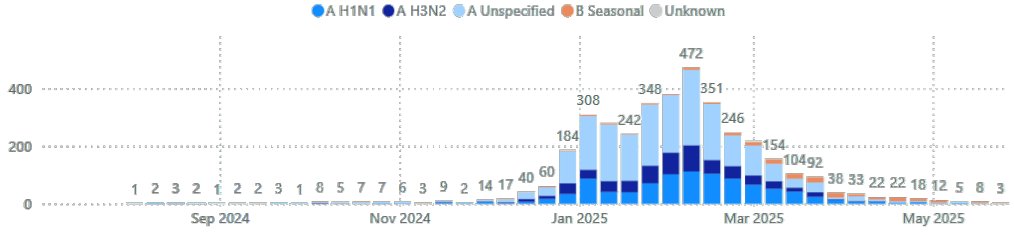
Season Total
3,732

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



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

Current Week is Incomplete

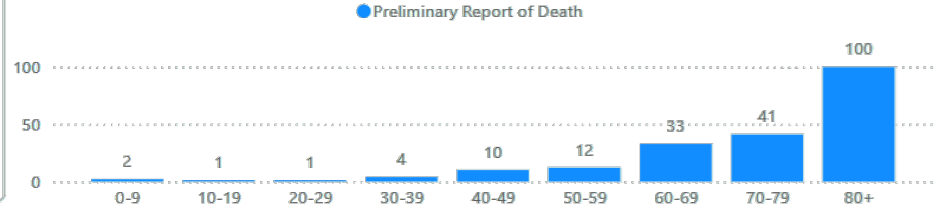


Influenza-Associated Deaths

For the 2024-2025 Viral Respiratory Disease Season

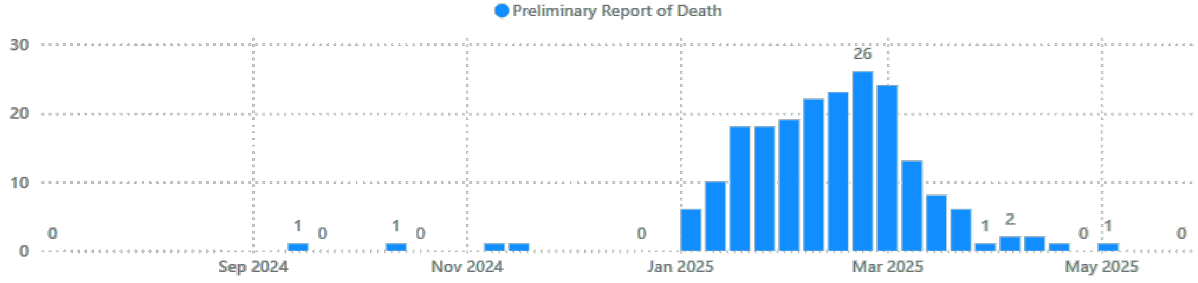
204

Number of Influenza-Associated Deaths by Age Group



Number of Influenza-Associated Deaths per Week

Current Week is Incomplete

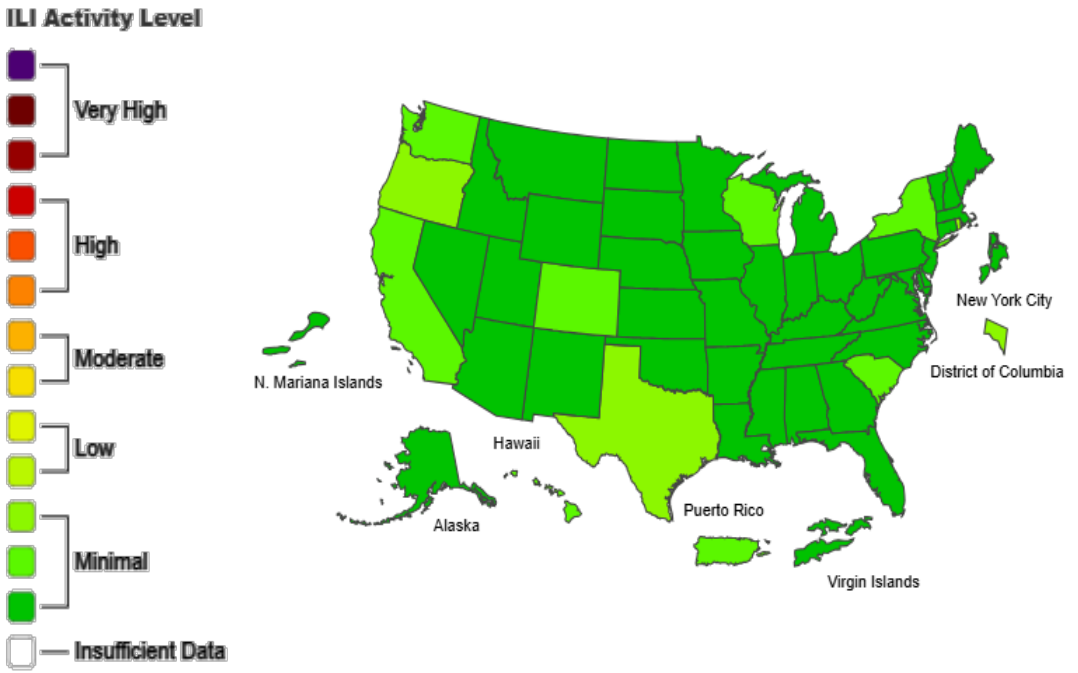


SOURCE: CT DPH

US Cases: Influenza (Week 20)

For the Week Ending 5/17/2025

2024-25 Influenza Season - Week 20 Ending 5/17/2025



CDC

Clinical Labs	Public Health Labs
2.4 (Trend →) Positive for influenza this week	Influenza A(H1N1)pdm09, A(H3N2), and B viruses were the predominant viruses reported this week.
Outpatient Respiratory Illness	**Outpatient Respiratory Illness**
1.9% (Trend →) The number of visits to a healthcare provider this week for respiratory illness ***(above baseline)***	**0** moderate jurisdiction **0** high or very high jurisdiction
FluSurv-NET	**National Healthcare Safety Network (NHSN) Hospital Respiratory Data**
128.1 per 100,000 Cumulative hospitalization rate.	**1,677 (Trend ↓)** Patients admitted to hospitals with influenza this week.
NCHS Mortality	**Pediatric Deaths**
0.1% (Trend →) Deaths attributed to influenza this week	**4** Influenza-associated deaths were reported this week, for a total of **231 deaths this season.**

Key Points

- Seasonal influenza (flu) activity is low.
- This season is classified as a high severity season overall and for all age groups (children, adults, older adults) and is the first high severity season since 2017-2018.
- During Week 20, of the 1,025 viruses reported by public health laboratories, 917 were influenza A and 108 were influenza B. Of the 904 influenza A viruses subtyped during Week 20, 491 (54.3%) were influenza A(H1N1)pdm09, 413 (45.7%) were A(H3N2), and 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 is below baseline. All HHS regions are below their region-specific baselines.
- Based on data from FluSurv-NET, the cumulative hospitalization rate for this season is the highest observed since the 2010-2011 season.
- Four pediatric deaths associated with seasonal influenza virus infection were reported this week, bringing the 2024-2025 season total to 231 pediatric deaths. So far this season, among children who were eligible for influenza vaccination and with known vaccine status, 90% of reported pediatric deaths have occurred in children who were not fully vaccinated against influenza.

Respiratory Syncytial Virus (RSV)

Week ending 5/24/25

5/24/2025

CONNECTICUT

SOURCE: CT PH

RSV Current Week Case Count (Incomplete)

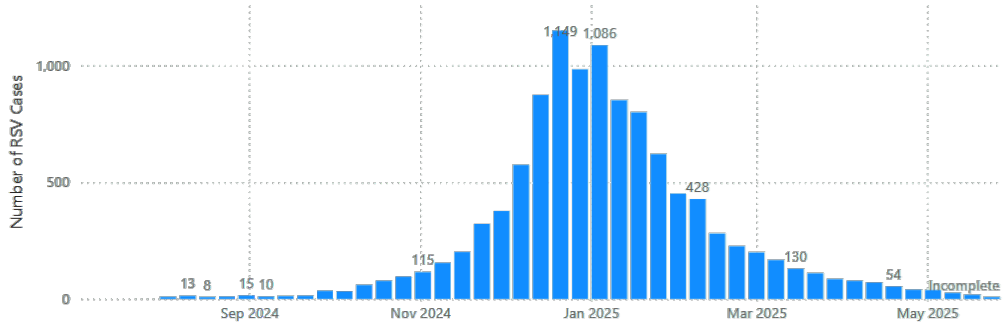
8

RSV Previous Week Case Count

18

Number of RSV Cases by Week

Current Week is Incomplete



5/24/2025

RSV Hospitalizations

For Week Ending 05/24/2025

Current Week (Incomplete)

0

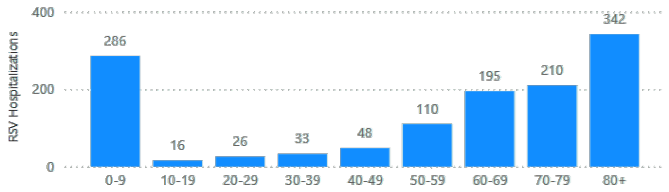
Previous Week

3

Season Total

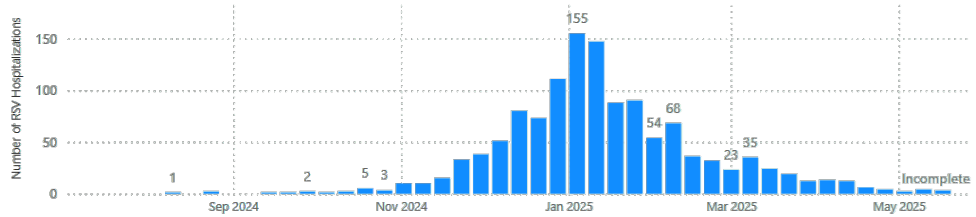
1,266

Total Number of Patients Hospitalized with Laboratory-Confirmed RSV



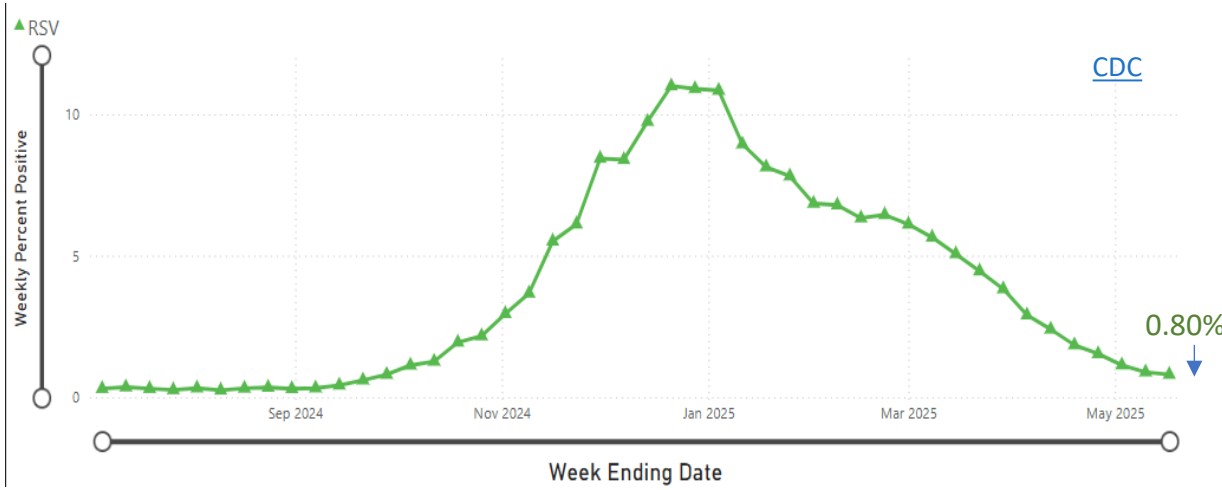
Total Number of Patients Hospitalized with Laboratory-Confirmed RSV by Week

Current Week is Incomplete

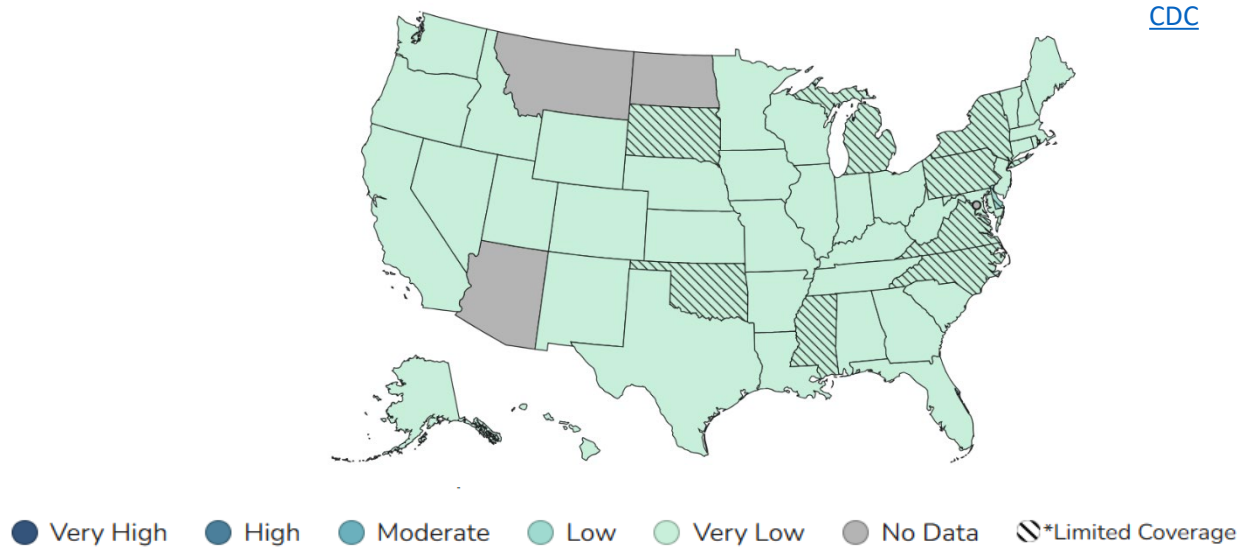


NATIONAL

WEEKLY PERCENT OF TEST POSITIVES FOR RSV REPORTED IN NREVSS - WEEK 19

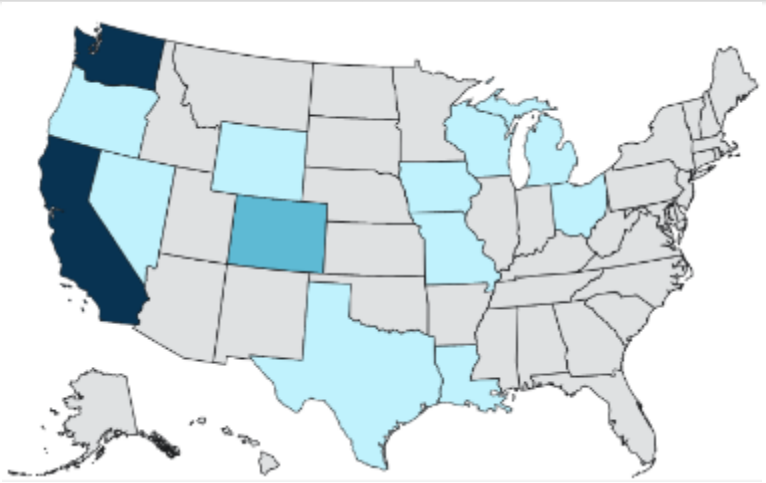


RSV IN WASTEWATER VIRAL ACTIVITY LEVELS – WEEK



H5N1 Bird Flu: Current Situation Summary

As of 5/27/2025



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

Wild Birds Detected

13,037 as of 5/22/2025 Full Report

Jurisdictions Affected

51

Poultry

Poultry Affected

171,554,878 as of 5/20/2025 Full Report

Jurisdictions/States Affected

51

Livestock Herds

State with Outbreaks om Cattle

17

Livestock Infected

1072 herds as of 5/21//2025 Full Report,

The ongoing spread and evolution of the Gs/Gd H5 lineage viruses, including H5N1 and other H5Nx subtypes, emphasize the serious threat these influenza viruses pose to animals, ecosystems, and human health. In a recent review published in the journal ***Nature Reviews Microbiology***, researchers reviewed the current knowledge on the evolution, global spread, and growing risks posed by this persistent and adaptable virus.

KEY FINDINGS

The study reported that the H5 viruses from the Gs/Gd lineage have undergone significant genetic evolution, enabling them to infect a broader range of species and persist globally. The virus initially circulated in poultry has now spread to wild birds and mammals, including rare spillovers into humans.

Most alarmingly, it has recently reached dairy cattle in the United States, spreading primarily due to the movement of infected animals between farms. Contaminated milking equipment facilitates transmission within farms and causes widespread infections.

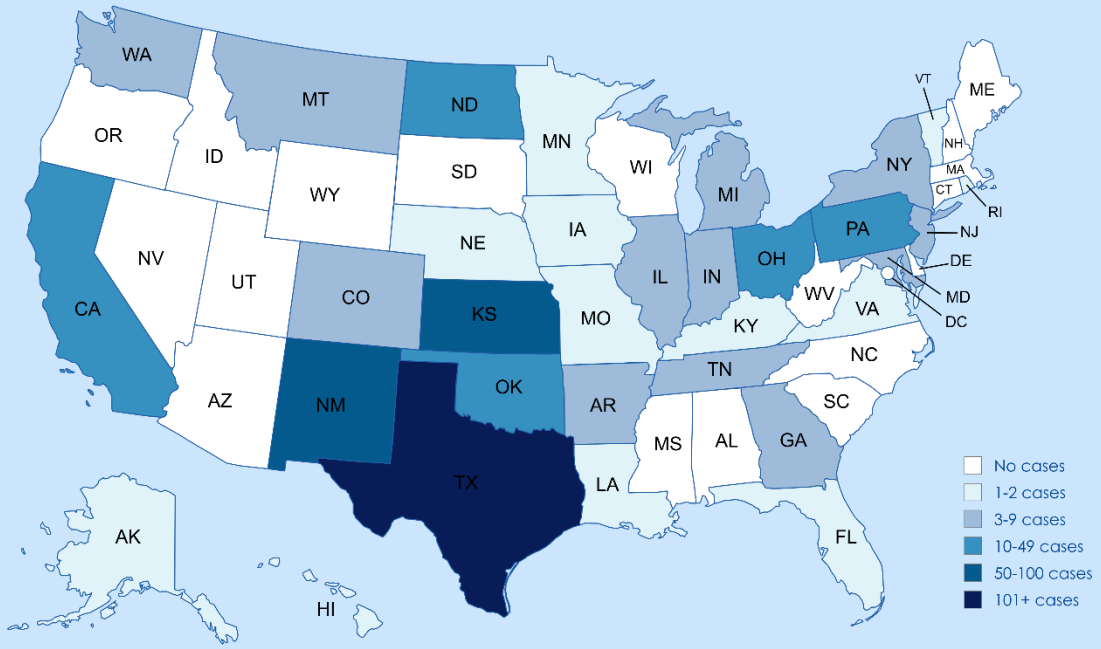
The virus has now been detected on every continent, including Antarctica, marking an unprecedented expansion. Its ability to reassort with other influenza viruses has also generated multiple variants, including those with new gene combinations that enhance adaptation to mammals. This genetic mixing has also improved the virus's ability to bind to human-like receptors and resist mammals' innate immune defenses.

US Measles Outlook

As of 5/27/2025

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)

1,084*



The increase in measles cases can be attributed to falling vaccination rates and increased importation of travel-related cases, which occur when unvaccinated people acquire measles abroad and bring it back to the U.S.

STATE	CASES
TEXAS **	755
NEW MEXICO	79
KANSAS	59
OHIO	34
NORTH DAKOTA	23
OKLAHOMA	17
PENNSYLVANIA	13
CALIFORNIA	11
MICHIGAN	9
MONTANA	9
ILLINOIS	8
INDIANA	8
NEW YORK	7
ARKANSAS	6
TENNESSEE	6
WASHINGTON	6
COLORADO	5
GEORGIA	4
MARYLAND	3
NEW JERSEY	3
ALASKA	2
FLORIDA	2
HAWAII	2
LOUISIANA	2
MINNESOTA	2
MISSOURI	2
VIRGINIA	2
IOWA	1
KENTUCKY	1
NEBRASKA	1
RHODE ISLAND	1
VERMONT	1
TOTAL	1084

OUTBREAKS

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

An outbreak of measles is defined as three or more laboratory-confirmed cases that are temporally related and epidemiologically or virologically linked.

As of 1600 hours on May 27, 2025, EDT, there are approximately 1.084 measles cases (including confirmed and suspected cases) across 32 states.

This year, there have been **13 measles outbreaks**:

1. **Texas**, involving 34 counties
2. **New Mexico**, 6 counties
3. **Oklahoma**, and the Cherokee Nation in Oklahoma
4. 8 counties in **Kansas**
5. Ashtabula and Knox Counties, **Ohio**
6. Erie County**, Pennsylvania**
7. Allen County, **Indiana**
8. Bergen County, **New Jersey**
9. metro Atlanta, **Georgia**
10. Gallatin County, **Montana**
11. Montcalm County, **Michigan** (linked to Ontario Outbreak)
12. Upper Cumberland region – **Tennessee**
13. Williams County – **North Dakota**

**** TEXAS CASES NOT ASSOCIATED WITH OUTBREAK: 24**

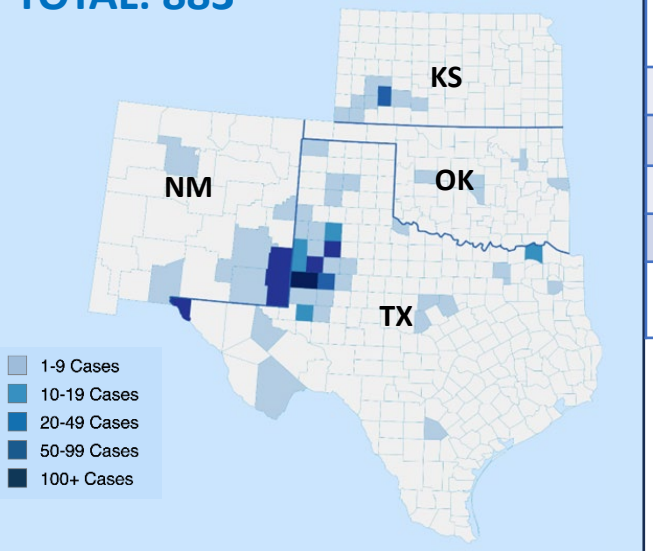
- 1 case – Brazoria County
- 2 case – Collin County
- 2 case - Denton
- 1 case – Adult, Fort Bend (travel-related)
- 4 cases – Harris County
- 1 case - Harrison County.
- 1 case - Hays County
- 1 case - McLennan County
- 2 case – Randall County
- 1 case – Adults, Rockwall County (travel-related)
- 1 Case – Scurry County
- 1 case – Shackelford
- 2 cases - Tarrant
- 2 case – Travis County

TEXAS CASES ASSOCIATED WITH THE OUTBREAK: 731

Measles: The Southwest Outbreak

As of 5/27/2025

TOTAL: 883



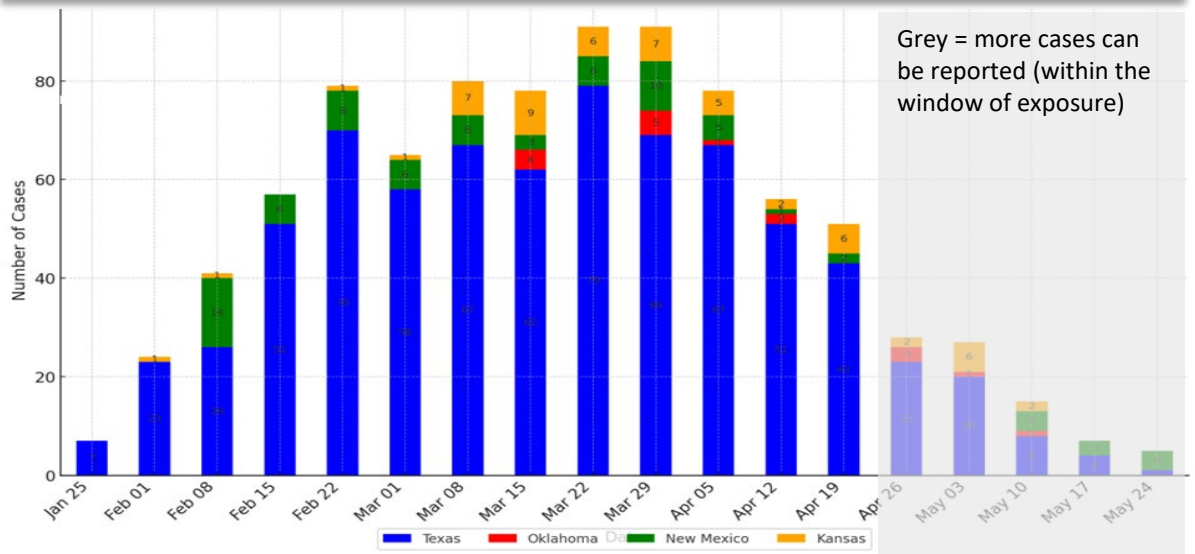
MORBIDITY AND MORTALITY

STATE	CASES	HOSPITALIZATIONS	DEATHS
TX	731(+2)*	94	2
NM	79 (+1)	7	1
OK	17	0	0
KS	56	2	0
TOTAL	883	103	3

The outbreak in Texas appears to be slowing down. Health officials said less than 1%, or fewer than 10, of the confirmed cases are considered "actively infectious."

* New cases posted from El Paso

SOUTHWEST MEASLES OUTBREAK – EPI CURVE (WEEK ENDING 5/24/25)



AGE OF CASES

WEST TEXAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
216 (+2) (29.5%)	273 (+1) (37.57%)	238 (32.46%)	4 (0.55%)	781

NEW MEXICO OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
23 (+1) (26.8%)	20 (28.2%)	36 (+3) (45.1%)	0	79

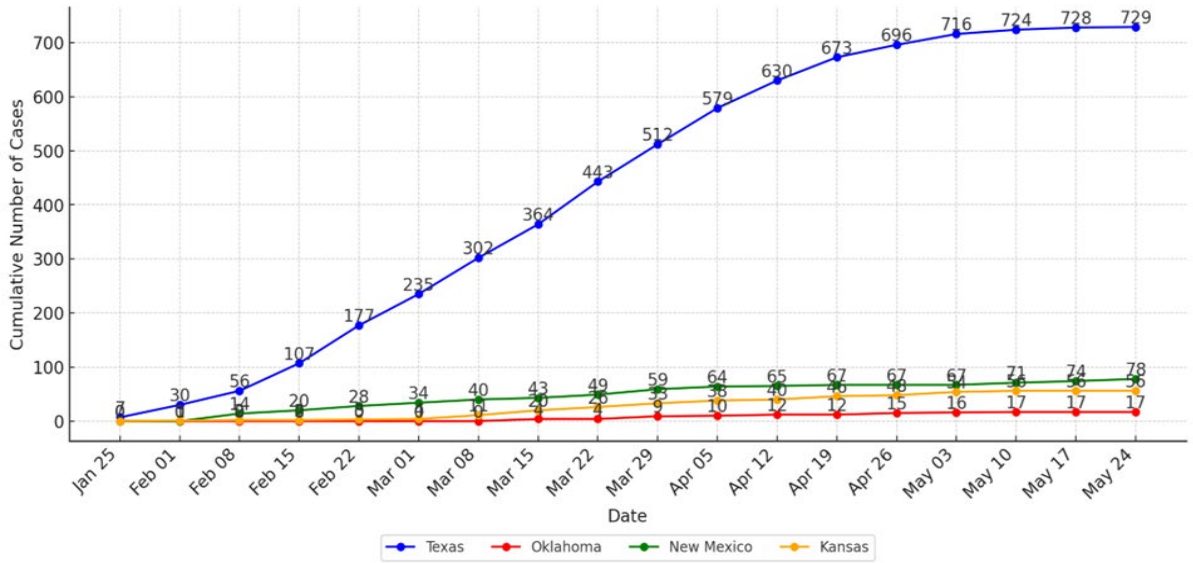
KANSAS OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
18 (33.3%)	26 (46.3%)	12 (2.14%)	0	56

OKLAHOMA OUTBREAK

0-4 Years	5-17 Years	18+ Years	Pending	Total
14 Cases Confirmed, 3 Probable – no ages provided			3	17

SOUTHWEST MEASLES OUTBREAK TOTALS OVER TIME (WEEK ENDING 5/24/2025)



News Updates

COVID

COVID VARIANT NB.1.8.1 HITS U.S. WHAT TO KNOW ABOUT SYMPTOMS, NEW BOOSTER VACCINE RESTRICTIONS CBS NEWS: Cases of the new COVID-19 variant NB.1.8.1, linked to a large surge in China, have been detected in multiple locations across the United States, according to the Centers for Disease Control and Prevention. "CDC is aware of reported cases of COVID-19 NB.1.8.1 in China and is in regular contact with international partners," a CDC spokesperson said in a statement last week. The spokesperson said that, so far, too few U.S. sequences have been reported of NB.1.8.1 to be included in the agency's variant estimates dashboard. (Moniuszko, 5/26)

WHY ARE MORE THAN 300 PEOPLE IN THE US STILL DYING FROM COVID EVERY WEEK? - ABC NEWS: More than five years after the first cases of COVID-19 were detected in the United States, hundreds of people are still dying every week. Last month, an average of about 350 people died each week from COVID, according to data from the Centers for Disease Control and Prevention (CDC). While high, the number of deaths is decreasing and is lower than the peak of 25,974 deaths recorded the week ending Jan. 9, 2021, as well as weekly deaths seen in previous spring months, CDC data shows. (Kekatos, 5/24)

AFTER HOSPITALIZATION FOR PNEUMONIA, COVID-19 PATIENTS REPORT LASTING SYMPTOMS CIDRAP: A multicenter study published yesterday in Emerging Infectious Diseases shows significant long-term symptoms among adults hospitalized for pneumonia during acute COVID-19 infection a full year after hospitalization. (Soucheray, 5/21)

TICKBORNE DISEASES

TICKS AREN'T MULTIPLYING, BUT THE DISEASES THEY CARRY ARE – STUDY FIND:

- Tick populations in much of the Northeast have remained stable over the past two decades. Still, the percentage of ticks carrying dangerous pathogens, such as Lyme disease, anaplasmosis, and babesiosis, has significantly increased.
- In some areas, more than half of adult blacklegged ticks now carry *Borrelia burgdorferi*, the bacteria that cause Lyme disease, and similar upward trends were seen for other tick-borne pathogens.
- The rising risk of infection isn't just about how many ticks are out there; it's about how many are carrying disease, meaning even a single tick bite is now more likely to make you sick.

A multi-state research team led by scientists from Dartmouth College compiled and analyzed over three decades of tick surveillance data from Connecticut, Maine, New Hampshire, New York, and Vermont from 1989 to 2022. Their findings, published in *Parasites & Vectors*, help explain why reported cases of tick-borne diseases like anaplasmosis and babesiosis have more than doubled nationally in recent years, while Lyme disease cases have remained relatively stable in many areas despite all three being transmitted by the same tick species.

The researchers found that while blacklegged tick (also known as a deer tick) numbers have remained consistent in southern New England and New York, the percentage of these ticks carrying disease-causing pathogens has increased significantly. For example, the prevalence of *Borrelia burgdorferi*, the bacterium that causes Lyme disease, in adult ticks increased from approximately 31% to nearly 54% in New York between 2007 and 2021. (5/20/25)

CONNECTICUT HEALTH OFFICIALS URGE RESIDENTS TO AVOID TICKS TO PREVENT LYME AND OTHER DISEASES – CT NEWS JUNKIE: Dr. Gourdarz Molaei, a medical entomologist, research scientist, associate professor at the Yale School of Public Health, and director of the Connecticut Agricultural Experiment Station's tick testing laboratory, says that although the state's tick population this year is not the worst, it is slightly higher than average. Some are blaming the increase on an abundance of acorns, which has impacted the number of mice and rodents in the area, and they carry ticks. Molaei added that although there were periods of very cold weather during the past winter, the traditionally milder winters in Connecticut have now led to ticks being active year-round in the state. (Garrity, 5/24/2025)

VACCINES

VACCINE ADVISERS TO THE FDA RECOMMENDED CHANGES TO COVID VACCINES - NPR: The companies that make COVID-19 vaccines should update the shots again to target a variant closer to the strains currently on the rise, a committee of independent advisers to the Food and Drug Administration unanimously recommended Thursday. Moderna, Pfizer/BioNTech and Novavax should target strains related to the JN.1 variant with their vaccines for next fall and winter because that strain is closer to the new variants of the virus that are circulating, the advisers voted after a day-long meeting. (Stein, 5/22)

VACCINE INTEGRITY PROJECT SAYS NEW FDA RULES ON COVID-19 VACCINES SHOW LACK OF CONSENSUS, CLARITY - CIDRAP: Yesterday the Vaccine Integrity Project (VIP), a panel of leading public health and policy experts, published a viewpoint on the Food and Drug Administration's (FDA's) decision this week to issue new, more restrictive, COVID-19 vaccine recommendations via an opinion piece in the New England Journal of Medicine (NEJM). (Soucheray, 5/22)

A SURGE OF TEXAS PARENTS FOUGHT MEASLES OUTBREAK BY STEPPING UP VACCINE EFFORT - NBC NEWS: New data from Truveta, a health care and analytics company, shows that the percentage of 6-month-old babies in Texas getting their measles vaccination in April increased by more than 30 times the prior year's average. "That means parents aren't just getting the vaccine early, they're getting it as early as they can," Nina Masters, a senior scientist at Truveta and part of the research team, said in an interview with NBC News. (Edwards and Murphy, 5/21)

MODERNA PULLS LICENSING SUBMISSION FOR COMBO FLU-COVID VACCINE - CIDRAP: Today, vaccine maker Moderna announced it voluntarily pulled its licensing submission for the combination seasonal influenza–COVID–19 mRNA vaccine candidate, mRNA-1083, so that it can submit efficacy data. The news comes a day after the US Food and Drug Administration announced that seasonal COVID-19 boosters would now be recommended only for adults aged 65 and older or for those at risk for severe COVID-19 due to underlying health conditions. (Soucheray, 5/21)

CT DR SHORTAGE

A CT DOCTOR SHORTAGE MADE WORSE -THE CT MIRROR: The United States is currently in the grips of a massive physician shortage estimated to be over 60,000. As the workforce ages, the Association of American Medical Colleges estimates the physician shortage will increase to over 86,000 physicians by 2036. Connecticut is not immune with almost 20% of residents already living in designated Health Professional Shortage Areas (HPSAs) with fewer than one primary care physician per 3,500 residents. (Dr. Anthony Yoder and Ryan Englander, 5/27)

TIANEPTINE

FDA ISSUES WARNING ON 'GAS STATION HEROIN' TIANEPTINE – MEDSCAPE: The US Food and Drug Administration (FDA) has issued a health warning regarding products containing tianeptine, which is often called "gas station heroin" because of its easy availability at gas station stores. The FDA noted that tianeptine is associated with an increasing number of adverse events, including death, and called its use "a dangerous and growing health trend facing our nation," especially for youth. Other associated adverse events cited by the agency include coma, agitation, confusion, hypertension, respiratory depression, tachycardia, and vomiting. The FDA recommends that healthcare professionals discuss these products with patients and encourage their avoidance. Tianeptine may not be identified in routine drug-screening panels. Those who believe a patient is experiencing a related adverse event should contact PoisonHelp.org (External Link Disclaimer) and can visit the FDA's MedWatch website to submit a report.