

Hospitals across the US experience an alarming surge of respiratory viruses

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Hospitals throughout the United States are experiencing an alarming surge of respiratory viruses in infants, children and adults, most predominantly respiratory syncytial virus (RSV). An increase in influenza and COVID-19 are also being seen. Most pediatric hospitals are operating at or above capacity due to the rapid spread of RSV.

According to reports, 76 percent of the nation's pediatric beds were occupied as of November 7 and the number of intensive care unit (ICU) beds for the sickest children are at or above capacity as greater numbers of children are being hospitalized.

According to the US Centers for Disease Control and Prevention (CDC), RSV is a seasonal virus that almost all children get by the time they are two years old. Most cases of RSV will cause mild, cold-like symptoms, but it can also cause severe illness such as bronchiolitis (inflammation of the small airways in the lung) or pneumonia (infection of the lungs). The CDC estimates that each year RSV has led to the hospitalizations of 58,000-80,000 children younger than five years old and 100 to 300 deaths.

Infants are especially vulnerable to RSV. The respiratory virus causes the body to produce excess mucus which can block the tiny airways of babies, who may need help to breathe. RSV poses the greatest risk to premature infants, infants less than six months old, children younger than two years old with chronic lung disease or congenital (present at birth) heart disease, immunocompromised children and children who have neuromuscular disorders.

An uptick of RSV cases in seniors is also being seen this season. According to a report by CNN Health, 6 out of every 100,000 seniors have been hospitalized with RSV. RSV infections in older adults can also be dangerous and cause issues like those seen in infants.

The CDC estimates that each year between 60,000 and 120,000 older adults in the US are hospitalized with RSV and 6,000-10,000 of them die from the infection. Adults 65 years and older are at highest risk for severe infection as are older adults with chronic heart and lung disease and those with weakened immune systems. The report also states that

while the rate of RSV infection in seniors is lower than the rate for children, it is still uncharacteristically high.

Hospitals across the nation are being inundated with respiratory cases. Many have reached capacity due to pediatric RSV but are now starting to experience an increase in influenza and COVID-19 cases as well. Many hospitals have reached capacity and have had to set up overflow tents to meet patient demand.

California Health and Human Services Secretary Mark Ghaly announced the state is dealing with three threats: RSV, influenza and COVID-19. He said test positivity rates for RSV rival peaks from other years and, in early November, 33 percent of children's tests in the state were positive. Health officials from the Department of Public Health announced the first death of a child under five years of age from influenza and RSV.

A similar situation has unfolded in Michigan. According to an ABC News report, a 6-year-old boy in the Detroit area died after developing complications from RSV. There have been numerous warnings by experts of the coming surges of RSV, influenza and COVID-19, but nothing has been done to prepare.

In Colorado, pediatric hospitals are experiencing an unprecedented surge of RSV cases. There are fewer than five beds available statewide for children who need intensive care. At Children's Hospital Colorado tents have been set up outside to care for less severely ill kids when the emergency department is full.

In San Diego County, California, Scripps Memorial Hospital Encinitas, Jacobs Medical Center at UCSD Health in La Jolla and Sharp Grossmont Hospital in La Mesa have begun using overflow tents outside their ED [emergency department] buildings to handle the influx of respiratory cases.

A similar situation is unfolding throughout the country, including on the East Coast. In Pennsylvania, Dr. Raymond Pitetti, director of the emergency department at UPMC Children's Hospital of Pittsburgh, announced through social media that it had set up a tent with eight to 10 beds outside

the ED to treat children coming to the emergency room with respiratory symptoms.

Nurse Reed, a nurse on the West Coast who works in an ED, told the *World Socialist Web Site* that things have gotten worse in the last few months, and in the last few years since COVID. “I worry about going into this winter, with RSV, flu, colds, and COVID on the rise,” she said. “We are also struggling with staffing, and so a couple of times I have found myself getting more patients per shift than normal.

“I still work at the bedside in a small ER [emergency room] that has much better support and culture than my previous hospital, but with the increased risk to me of pathogen transmission, and with possibly increasing nurse:patient ratios, I have considered leaving.”

Julia from Ohio, whose name has been changed to protect her identity, told the WSWS, “I’m an emergency charge nurse at an urban safety net hospital. Conditions are bleak, especially with the influx of RSV. We’re burning out new nurses and seasoned veterans at an alarming rate. The entire system is teetering on collapse.”

“We need help,” she said. “We have 110 beds in our level one trauma center. Boarding has reached crisis levels with no relief in sight. There are 30-50 boarders on any given day. This is not sustainable. It’s not an option for us to defer patients. We’re drowning every day.

“Our director was one of us at one point. She really does try to fight for us. We’re hiring travelers, looking for more ancillary staff, and offering a 3x incentive for overtime. Even with the incentive, nurses have stopped picking up [shifts]. We’re a closed unit. On the rare occasion we have a float nurse, they refuse to come back.”

Julia described how understaffing is affecting all departments in the hospital. “Prevention of this crisis is a complicated task. We are understaffed in all departments, it’s a snowball effect. There’s not enough floor nurses to take the patients upstairs, enough transport to move the patients, EVS [environmental services] is imploding and rooms aren’t getting clean for hours. They built a new hospital... with fewer beds. It’s pretty, but nowhere near the capacity we call for.”

Hospitals throughout the South are also being flooded with respiratory cases. In Alabama, public schools in Marshall County were forced to go to remote learning because of an increase in flu cases among staff and students. In a Twitter post, school officials announced they were unable to operate due to staffing shortages and would transition to remote learning November 7-10 to allow time to mitigate the spread of the flu virus.

Nurses are also posting on social media about their desperate working conditions. In one post a nurse describes how her local children’s hospital and all pediatric intensive

care units (PICUs) in the state are full and boarding patients. “I work adult intensive care unit (ICU) (we are also full),” she said, “but we have just been informed that due to the state of PICUs we are going to start accepting PICU patients.

“In addition to this, we received an email with one slideshow of how to care for the pediatric ICU patient and told to just ‘two RN verify any meds.’ No one on my shift today is PALS [Pediatric Advanced Life Support] certified or has worked peds. The ICU nurse today who volunteered to take our two peds is a new grad. They took them because they like kids. How is any of this acceptable? For the millionth time ... health care is doomed.”

The overlapping surge of multiple viruses circulating in the population could have been prevented. There were numerous warnings by experts of the coming surges of RSV, influenza, and COVID-19, but nothing was done to prepare.

The unfolding catastrophe is the result of the “forever COVID” policy now being pursued by the Biden administration and every state government, which over the past year have systematically dismantled all anti-COVID protection measures based on science. Unlike 2020 and 2021, nearly all school districts, workplaces and public facilities had dropped their mask mandates and followed the “let it rip” policy of the government.

All public health measures during the pandemic have been subordinated to the profit interests of corporations, resulting in the unnecessary loss of millions of lives. The overcrowding of EDs and hospitals during the present surge of respiratory viruses is a direct consequence of these criminal policies. It stands as an indictment of the capitalist system and its brutal treatment of the working class and society’s youngest and most vulnerable members.



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