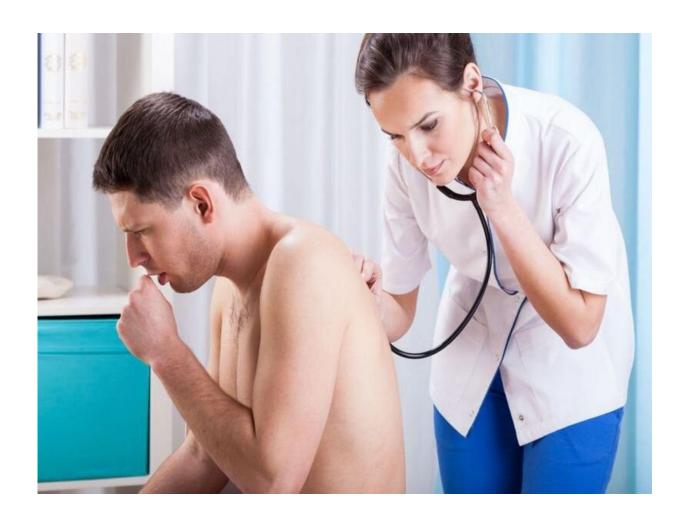


## Respiratory virus detections decreased during COVID-19

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(HealthDay)—Respiratory virus detections decreased during the



COVID-19 pandemic period, according to a research letter published online June 21 in *JAMA Internal Medicine*.

Alexander J. Lepak, M.D., from the University of Wisconsin School of Medicine and Public Health in Madison, and colleagues conducted a prepost study including a pre-COVID-19 pandemic period (July 2018 to February 2020), a one-month run-in period in March 2020, and a COVID-19 pandemic period (April 2020 to February 2021). Weekly statewide surveillance polymerase chain reaction data for influenza, respiratory syncytial virus, human parainfluenza virus, human metapneumovirus, seasonal coronavirus, adenovirus, and enterovirus/rhinovirus were provided by the Wisconsin State Laboratory of Hygiene.

The researchers found that during the prepandemic, but not the pandemic period, there was seasonal variation in respiratory virus detections. Compared with 4,800 per month in previous seasons, winter seasonal viruses currently average 12 per month. There was also a decrease seen in other respiratory virus detections, from 560 per month prepandemic to 228 per month during the pandemic. Antibiotic prescribing rates increased during winter respiratory viral seasons during the prepandemic period, whereas prescribing rates decreased in the short term and remained low throughout the pandemic period. Monthly antibiotic prescriptions for respiratory tract infections decreased 79 percent, from 10.5 to 2.2 per 1,000 patient encounters after adjustment for seasonality.

"The data suggest that COVID-19 transmission mitigation strategies may help curb respiratory viral diseases beyond SARS-CoV-2 and, indirectly, decrease antibiotic prescribing," the authors write. "These findings may have important implications for future stewardship and <u>public health</u> strategies."



Several authors disclosed financial ties to the biopharmaceutical and publishing industries.

**More information:** Abstract/Full Text

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