

PENNSYLVANIA DEPARTMENT OF HEALTH

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Increased Respiratory Syncytial Virus (RSV) Activity Nationally and in Pennsylvania

DATE:	10/27/2022
TO:	Health Alert Network
FROM:	Denise A. Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT:	Increased Respiratory Syncytial Virus (RSV) Activity Nationally and in Pennsylvania
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Advisory”: provides important information for a specific incident or situation; may require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, DENTAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

- Respiratory syncytial virus (RSV) activity is increasing in Pennsylvania and nationwide, and levels are higher than usual for this time of year.
- Clinicians and caregivers should be aware of age-related variations in the clinical presentation of RSV.
- Clinicians should consider testing patients presenting with acute respiratory illness who have a negative SARS-CoV-2 test for non-SARS-CoV-2 respiratory pathogens, such as RSV and influenza. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method of testing for respiratory viruses.
- Clinicians should report laboratory-confirmed RSV cases to Pennsylvania Department of Health (PA DOH) through Pennsylvania’s electronic reportable disease surveillance system, PA-NEDSS. Outbreaks or clusters of severe respiratory illness regardless of etiology should be reported to PA DOH or your local health department.
- Administer prophylactic palivizumab to high-risk infants and young children per [AAP guidance](#).
- Healthcare personnel, childcare providers, and staff of long-term care facilities should avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.
- Encourage parents and caregivers to keep young children with acute respiratory illnesses out of childcare, even if they have tested negative for SARS-CoV-2.
- Encourage all individuals to receive influenza and COVID-19 vaccines as soon as possible to protect themselves against those respiratory viruses and avoid associated complications.
- Clinicians can review weekly updates to the [NREVSS](#) website and refer to surveillance data collected by local hospitals and health departments for information on RSV circulation trends in Pennsylvania.
- If you have additional questions about this guidance, please contact DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Background

Respiratory syncytial virus (RSV) is a major cause of severe lower respiratory infections. Anyone can be infected, but RSV most often causes serious illness in infants, young children and older adults. RSV circulates in a seasonal manner, usually peaking during late fall and early winter. Respiratory viruses, including RSV, typically circulate during the cold months of the year when conditions allow these viruses to live longer and transmit more easily, and when people tend to gather indoors more often. Patients with RSV infection typically present with fever, cough, wheezing and runny nose. The symptoms might be atypical especially in very young children and infants younger than 6 months where symptoms of irritability, lethargy, and poor feeding may be present. Fever may or may not occur with illness presentation.

Each year in the United States, RSV leads to an average of approximately 58,000 hospitalizations and 100-500 deaths (1) among children younger than 5 years old and 177,000 hospitalizations and 14,000 deaths among adults aged 65 years or older (2). RSV bronchiolitis is the most common reason for hospitalization in infants. Infection in early life has been associated with an increased risk of wheeze-related illness throughout childhood. RSV is also a major cause of severe acute respiratory infections (SARI) in older adults (≥ 65 years old).

In Pennsylvania, RSV percent positivity has been higher over the past few weeks than would typically be expected for this time of year (Figure 1). This information is from data voluntarily collected by commercial laboratories, PA hospital laboratories and the PA Bureau of Laboratories and submitted to the National Respiratory and Enteric Virus Surveillance System (NREVSS).

Recommendations

Clinicians and providers should request laboratory testing for all patients that have typical symptoms of RSV and are negative for COVID-19. RT-PCR is the recommended method for testing for respiratory viruses.

Palivizumab is available to prevent severe RSV illness in certain infants and children who are at high risk for severe disease. This could include, for example, infants born prematurely or with congenital heart disease or chronic lung disease. The drug can help prevent serious RSV disease, but it cannot be used to cure or treat children already suffering from serious RSV disease, and it cannot prevent infection with RSV. There is no specific treatment for RSV and symptom management is the main treatment strategy.

The American Academy of Pediatrics (AAP) has [published interim guidance for using palivizumab during the current increase in RSV infection to prevent severe illness in high-risk infants and young children to supplement its standard recommendations for prophylaxis](#). The AAP continues to support the use of palivizumab in eligible infants in any region whenever rates of RSV activity are reach typical fall and winter levels.

Persons with acute respiratory symptoms should stay home while ill, especially those who work in health care, childcare, or long-term care, even if they have tested negative for SARS-CoV-2, to prevent exposing vulnerable and high-risk groups to RSV.

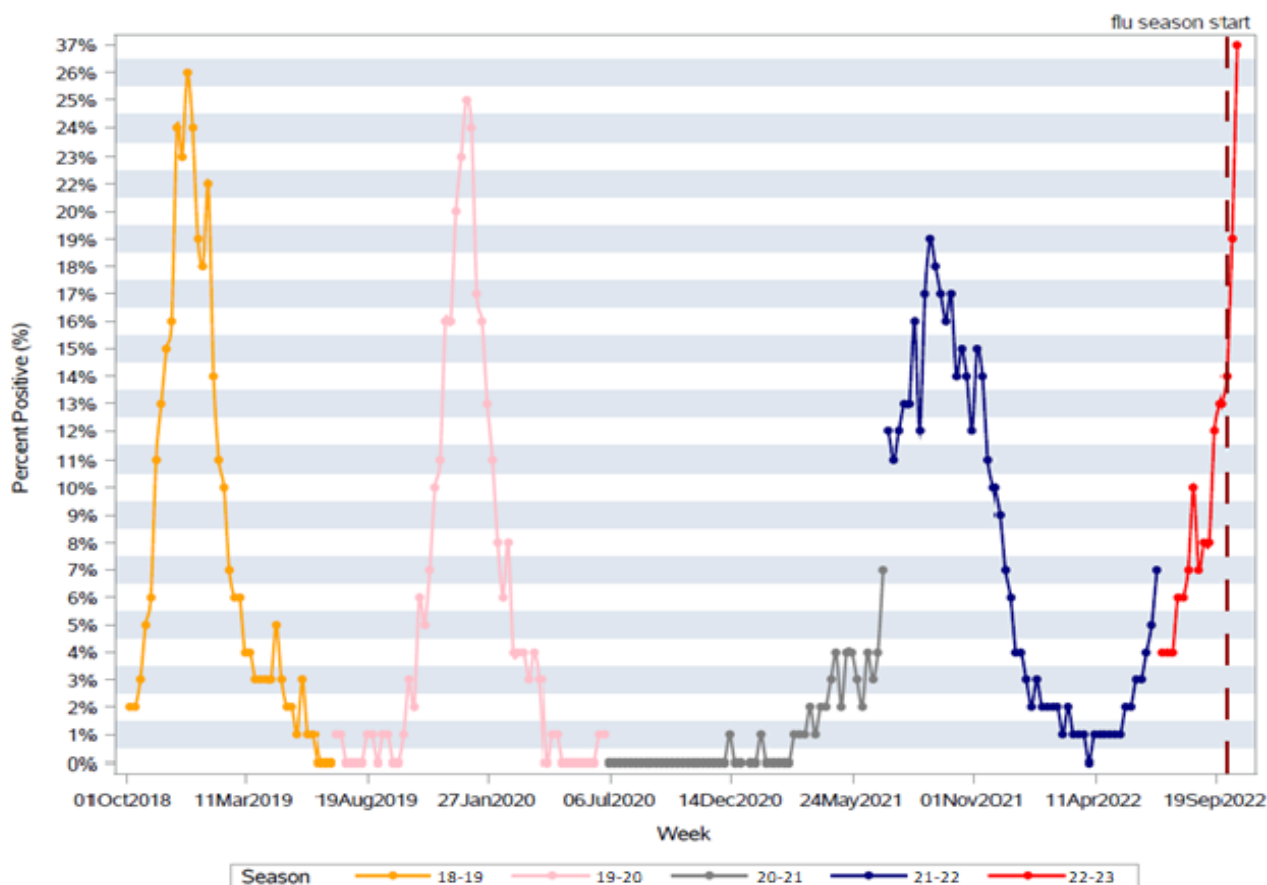
Long Term Care Facilities (LTCFs) should test any residents with ILI symptoms for SARS-CoV-2 and influenza and test for RSV and other respiratory viruses if the initial testing is negative. Testing will help identify the viruses circulating at the facility and guide infection and prevention control measures such as isolation, cohorting, and offering chemoprophylaxis when indicated. For detailed guidance on the prevention and control of respiratory outbreaks at LTCFs, review PA's [Influenza Outbreaks in Long-Term Care Facilities: Toolkit for Facilities](#).

While there are no vaccines yet to prevent RSV infections, PA DOH strongly recommends seasonal influenza vaccine and COVID-19 vaccine to help protect persons 6 months and older, especially individuals with high risk for complications of respiratory infections.

References:

- 1-Thompson WW, Shay DK, Weintraub E, Brammer L, Cox N, Anderson LJ, Fukuda K. Mortality associated with influenza and respiratory syncytial virus in the United States. JAMA. 2003 Jan 8;289(2):179-86. doi: 10.1001/jama.289.2.179. PMID: 12517228.
- 2-Falsey AR, Hennessey PA, Formica MA, Cox C, Walsh EE. Respiratory syncytial virus infection in elderly and high-risk adults. N Engl J Med. 2005 Apr 28;352(17):1749-59. doi: 10.1056/NEJMoa043951. PMID: 15858184.

Figure1: Percent positivity of RSV PCR tests reported to the National Respiratory and Enteric Virus Surveillance System (NREVSS) during the current season compared with the previous 4 seasons



Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of October 27, 2022 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.