Respiratory Syncytial Virus Surveillance

Background:

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Young children and older adults, especially those with certain underlying health conditions, are at higher risk for severe illness from RSV. Prophylaxis is available for children who qualify. For more information, contact your health care provider.

RSV Surveillance:

A statewide RSV surveillance system was implemented in Florida to support clinical decision-making for prophylaxis of premature infants. The determination of unique seasonal and geographic trends of RSV activity in Florida has important implications for prescribing patterns for initiating prophylaxis to children at high risk for complications from RSV infection. The American Academy of Pediatrics currently recommends preapproval for prophylactic treatment be made based on state surveillance data. For more information on RSV surveillance systems used in Florida, see page 17.

Florida’s RSV season is longer than the rest of the nation and has distinct regional patterns. The Florida Department of Health established regional RSV regions and seasons based on activity thresholds provided by the Centers for Disease Control and Prevention (see Map 5). Currently, all five of Florida’s regions are in RSV season.

To learn more about RSV in Florida, please visit: www.floridahealth.gov/rsv.

Week 40 (September 30–October 6, 2018) Activity Summary:

In week 40, RSV activity in children <5 years increased statewide, but remained within levels observed at this time in previous years.

No outbreaks of RSV were reported.

No new possible RSV-associated pediatric deaths were identified in week 40; one possible RSV-associated pediatric death was identified in week 39. A total of three possible RSV-associated pediatric deaths have been identified so far in 2018 and one of those deaths was investigated and ruled out. Investigations will occur to determine if the remaining two deaths meet case definition.

Figure 23: In week 40, the percent of emergency department and urgent care center visits for RSV among children <5 years increased but remained within levels observed at this time in previous years.

The overall trend displayed in Figure 23 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.
**Figure 24:** In week 40, the percent of specimens testing positive for RSV increased but was below levels observed at this time in previous years.

**Figure 25** (to the right) shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=4), week 30, 2015 to week 40, 2018.

**Figure 25:** In recent weeks, the percent of specimens testing positive for rhinovirus decreased but remained higher than other respiratory viruses under surveillance.

**Figure 26:** In week recent weeks, rhinovirus was the non-influenza respiratory virus most frequently identified in specimens submitted by ARIES providers.

**Figure 26** (to the right) shows the number of specimens submitted by Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers (n=4) testing positive for 12 common respiratory viruses as reported by the Bureau of Public Health Laboratories, week 30, 2018 (beginning July 22, 2018) to week 39, 2018. (ending September 29, 2018).

Note: The most recent data available are displayed here. Laboratory results for submitted specimens that have not yet been tested in full will be included in future reports.
For more information about reportable diseases, please visit www.Floridahealth.gov/diseasereporting.