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 the last page of this report.

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 seasons based on activity thresholds provided by the Centers for Disease Control and Prevention (see Figure 27). Currently, three of Florida’s regions are in RSV season.

To learn more about RSV in Florida, please visit: FloridaHealth.gov/RSV.

Week 15 (April 7-13, 2019) Activity Summary

In week 15, RSV activity in children <5 years old was stable. Levels were above those observed at this time in previous years.

No new possible RSV-associated pediatric deaths were identified in week 15. One possible RSV-associated pediatric death has been identified so far in 2019.

No new outbreaks of RSV were reported in week 15. A total of 10 outbreaks of RSV have been reported since October 2018.

Figure 28: In week 15, the percent of emergency department and urgent care center visits for RSV among children <5 years was stable. Levels were above those observed at this time in previous years.

*The overall trend displayed in Figure 28 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.
RSV & Other Respiratory Virus Surveillance

Figure 29: In week 15, the percent of specimens testing positive for RSV decreased and was slightly below levels observed at this time in previous years.

Figure 29 shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=5), week 30, 2015 to week 15, 2019. ▶

Figure 30: In week 15, the percent of specimens testing positive for rhinovirus increased and remained higher than other respiratory viruses under surveillance.

Figure 30 shows the percent of laboratory results testing positive for eight common respiratory viruses, as reported by laboratories participating in the National Respiratory and Enteric Virus Surveillance System (NRVESS) and laboratories reporting validated respiratory virus data to the Florida Department of Health via electronic laboratory reporting (n=5), week 30, 2018 to week 15, 2019.

Figure 31: MPV and coronavirus OC43 were detected by PCR among the specimens collected by ARIES providers in week 14 for testing at BPHL.

Figure 31 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 (BPHL), week 30, 2018 to week 14, 2019 (ending April 6, 2019). ▶

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.
Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) is a nationwide surveillance system composed of 17 participating jurisdictions. Florida has four sentinel providers enrolled in ARIES who submit weekly ILI counts, as well as submit ILI specimens to BPHL for testing.