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



▲ Figure 27 shows Florida's RSV regional season breakdown. Regions that are currently in RSV season are marked with orange stars.

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, one of Florida's regions is in RSV season.

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

Week 18 (April 28-May 4, 2019) Activity Summary

In week 18, RSV activity in children <5 years old decreased. Levels were similar to those observed at this time in 2018.

No new possible RSV-associated pediatric deaths were identified in week 18. One possible RSV-associated pediatric death has been identified so far in 2019.

Figure 28: In week 18, the percent of emergency department and urgent care center visits for RSV among children

No new outbreaks of RSV were reported in week 18. A total of 11 outbreaks of RSV have been reported since October 2018.



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Figure 28 shows the percent of emergency department and urgent care center visits with discharge diagnoses that include respiratory syncytial virus (RSV) or RSV-associated illness among children <5 **years***, as reported in ESSENCE-FL, week 30, 2015 to week 18, 2019.

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





Figure 29: In week 18, **the percent of specimens testing positive for RSV was stable.** Levels were similar to those observed at this time in previous years.





Figure 30: In week 18, the **percent of specimens testing positive for parainfluenza 1-3 increased notably.** The percent of specimens testing positive for parainfluenza 1-3 or rhinovirus was higher in week 18 compared to 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=6), week 30, 2018 to week 18, 2019.

Figure 31: Thus far, **parainfluenza 3**, MPV, **enterovirus**, and **coronavirus 229E** were detected by PCR among specimens collected by ARIES providers in week 17 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 17, 2019 (ending April 27, 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.

