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 pre-approval 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 30). Currently, all of Florida’s five regions are in RSV season.

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

Week 11 (March 13, 2022–March 19, 2022) Activity Summary

In week 11, RSV activity in children <5 years remained stable and was below levels observed at this time during typical seasonal activity.

No new RSV-associated outbreaks were reported in week 11. A total of 6 RSV-associated outbreaks have been reported since week 30, 2021 (beginning on July 25, 2021).

Figure 31: In week 11, the percent of emergency department visits for RSV among children <5 years remained stable and was below levels observed at this time during typical seasonal activity.

*The overall trend displayed in Figure 31 has been validated through review of hospital discharge data collected by the Agency for Health Care Administration.
Figure 32: In week 11, the percent of specimens testing positive for RSV increased slightly. Levels were below those observed at this time during typical seasonal activity.

Figure 32 shows the percent of specimens testing positive for respiratory syncytial virus (RSV), as reported by hospital laboratories (n=4), week 30, 2018 to week 11, 2022.

RSV-Associated Outbreaks in week 11:

0 Outbreaks

Summary of RSV-Associated Outbreaks:

Since week 30, 2021, 6 RSV-associated outbreaks have been reported. For RSV outbreak definitions, see page 16.

Figure 33: In week 11, no new RSV-associated outbreaks were reported. The majority of outbreaks reported since week 30 have been reported in facilities serving children.

Figure 33 shows the number of RSV-associated outbreaks by setting and week as reported by county health departments in Merlin, week 30, 2021 to week 11, 2022.

Figure 34: In week 11, no RSV-associated outbreaks were reported. Since week 30, 6 outbreaks have been reported in Florida’s southeast, central, and north regions.*

Figure 34 shows a summary of RSV-associated outbreaks by region* as reported by county health departments in Merlin, week 30, 2021 to week 11, 2022.

*Regions defined in figure 30.
Other Respiratory Virus Surveillance

Figure 35 shows the number of unique times a pathogen was associated with a respiratory outbreak for outbreaks reported from week 30, 2021 to week 11, 2022.

- Enterovirus unspecified
- Enterovirus D68
- Parainfluenza 1
- Parainfluenza 2
- Parainfluenza 3
- Coronavirus NL63
- Coronavirus HKU1
- Coronavirus OC43
- Coronavirus 229E
- Human metapneumovirus
- Adenovirus
- Group A Streptococcus
- Other

Figure 36* shows the number of PCR-positive laboratory findings for enterovirus unspecified, enterovirus D68, and rhinovirus by week** among specimens submitted to the Bureau of Public Health Laboratories (BPHL) for extended respiratory panel testing.

Figure 37* shows the number of PCR-positive laboratory findings for parainfluenza 1-3 by week** among specimens submitted to BPHL for extended respiratory panel testing.

Figure 38* shows the number of PCR-positive laboratory findings for seasonal coronaviruses NL63, HKU1, OC43, and 229E by week** among specimens submitted to BPHL for extended respiratory panel testing.

Figure 39* shows the number of PCR-positive laboratory findings for human metapneumovirus and adenovirus by week** among specimens submitted to BPHL for extended respiratory panel testing.

*Data shown in figures 36–39 include results for specimens submitted by Optional Influenza Surveillance Enhancements Program (OISE) providers (n=4) as reported by BPHL.

**Results are organized by week based on "lab event date" (defined as the earliest of the following dates associated with testing at the laboratory: date specimen collected, date received by the laboratory, date reported or date inserted).
No notable outbreaks were reported in week 11, 2022.

*For the purposes of this report, notable outbreaks are defined as influenza-associated, RSV-associated or ILI outbreaks with one or more deaths, or 30 or more cases. Outbreaks with COVID-19 identified as an additional etiology to influenza or RSV will also be included here. For more information on how outbreaks are defined, see page 16.
Outbreak Reporting in Merlin

Outbreak investigations are tracked in Merlin (Florida’s reportable disease surveillance system) by investigating CHDs. Outbreak reports include implicated viruses or bacteria, the outbreak setting and recommendations made to mitigate the spread of disease (among other data elements). All outbreak data are considered preliminary and subject to change. As such, outbreak counts may increase or decrease as additional information is received.

- ILI outbreaks in facilities serving adults aged ≥65 years (assisted living facilities, nursing facilities and long-term care facilities) are defined as two or more individuals with ILI (fever and cough or fever and sore throat in the absence of positive laboratory results). ILI outbreaks in facilities serving children (primary/secondary schools and child daycares) are defined as three or more epidemiologically linked individuals with ILI.
- Influenza-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for influenza. Influenza-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for influenza. Testing may be conducted by the Bureau of Public Health Laboratories (BPHL), commercial laboratories, hospitals or private health care providers.
- RSV-associated outbreaks in facilities serving adults aged ≥65 years are defined as two or more individuals with respiratory symptoms, where at least one individual tests positive for RSV. RSV-associated outbreaks in facilities serving children are defined as three or more epidemiologically linked individuals with respiratory symptoms, where at least one individual tests positive for RSV. Testing may be conducted by BPHL, commercial laboratories, hospitals or private health care providers.
- Notable outbreaks include influenza-associated, RSV-associated or ILI outbreaks in any setting with 30 or more cases, or one or more cases who died. Outbreaks with COVID-19 identified as an additional etiology to influenza or RSV are also included as notable.
- Household clusters are not counted as outbreaks.

BPHL performs testing and subtyping on surveillance specimens from sentinel providers, outbreak investigations, patients with severe or unusual influenza presentations and medical examiners. Sentinel providers include both ILINet and Acute Respiratory Infection Epidemiology and Surveillance Program (ARIES) providers. Some laboratories also routinely submit pre-screened influenza-positive specimens for testing at BPHL for surveillance purposes.

Case-Based Influenza Surveillance Data source for figures 26 and 27

Death in a child whose laboratory-confirmed influenza infection has been identified as a contributing to the child’s death is a reportable condition in Florida. Influenza-associated pediatric deaths are documented by CHDs in Merlin.

In addition, an individual of any age suspected as being infected with non-seasonal or pandemic influenza A is reportable condition in Florida. Such cases are referred to as cases of ‘novel influenza A.’ Novel influenza A cases are documented by CHDs in Merlin.

For more information about reportable diseases and conditions, please visit FloridaHealth.gov/DiseaseReporting.