

Florida RSV Review

Season: 2026-27

Week 40: October 4, 2026–October 10, 2026

Data are provisional and subject to change

RSV season information

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.

Individual cases of RSV are not reportable in Florida, with the exception of RSV outbreaks and RSV-associated pediatric deaths, which became nationally notifiable in 2026. The Florida Department of Health (DOH) will continue to make updates on the trends presented in this report as needed.

Season

DOH determines RSV activity onset using a standardized threshold established by the U.S. Centers for Disease Control and Prevention (CDC).

Florida's RSV season has an earlier onset and longer duration compared to the rest of the nation. Prior to 2020, RSV activity had distinct seasonal patterns in each of Florida's five RSV regions. During 2020-2022, atypical trend shifts for RSV were observed, producing an earlier RSV onset and later wane than previously observed. Following 2022, RSV trend patterns have shifted back to pre-2020 patterns, but onset and duration continue to shift season-to-season. Variability in timing, severity, and duration may occur since it is impossible to predict what each RSV season will be like in Florida.

Surveillance and investigation

Surveillance is conducted to monitor RSV activity, describe burden and magnitude among vulnerable groups, and support clinical decision-making for prophylaxis of premature infants. The determination of seasonal and geographic trends in RSV activity in Florida may have important implications for prescribing patterns for initiating prophylaxis to children at high risk for complications from RSV infection.

There are currently three vaccines (Arexvy, Abrysvo, and mResvia) and two antibody products (nirsevimab and clesrovimab) approved for the prevention of RSV-related illness. For more information, contact your health care provider.

RSV emergency
department visits**

No change

RSV positivity rate**

Increased

RSV admissions**

Increased

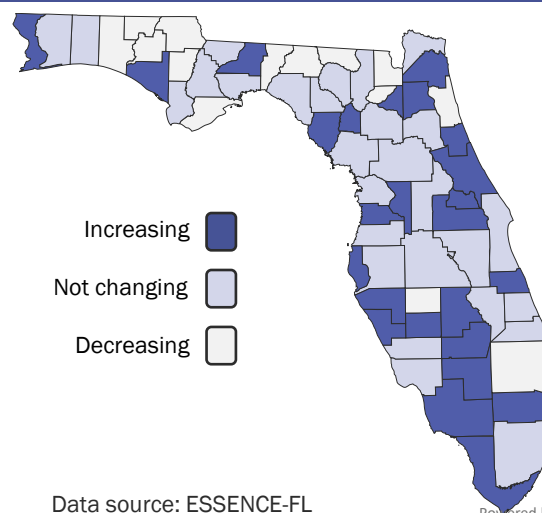
Outbreaks in the
current week*

0

*No counties with outbreaks in current week.

**Trend based on comparison to previous 3-week average.

County RSV activity trend



Data source: ESSENCE-FL

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RSV surveillance

Figures below show RSV visit data from emergency departments (EDs) participating in ESSENCE-FL statewide for the current year and the previous 3 years. Timeseries begin on MMWR Week 40 to align with Florida's Flu Review report.

2023-24

2024-25

2025-26

2026-27

Figure 1: Percent of ED visits with discharge diagnoses (DDs) of RSV didn't change from previous 3-week average

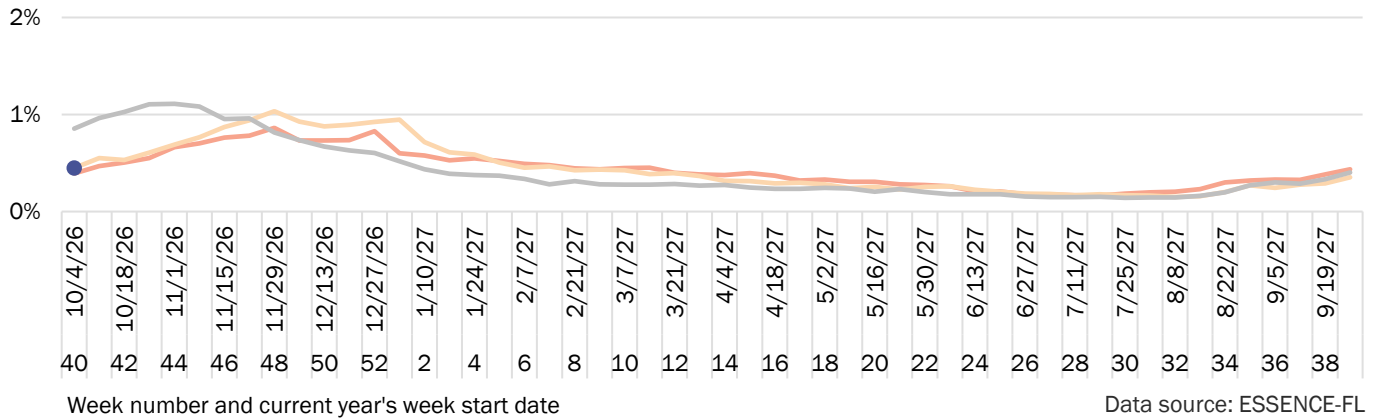


Figure 2: Percent of children <5 years with DDs of RSV increased from previous 3-week average

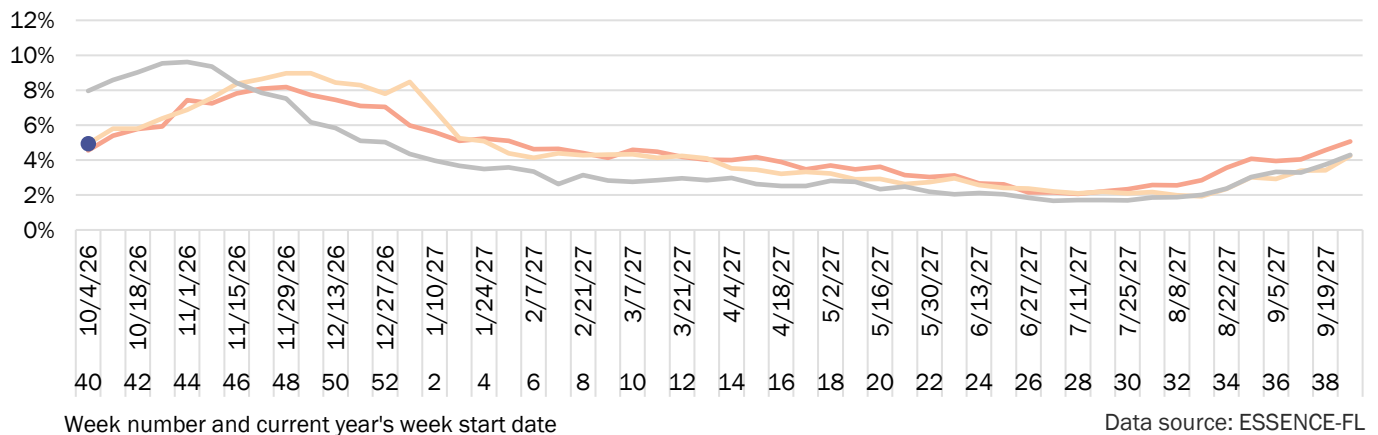
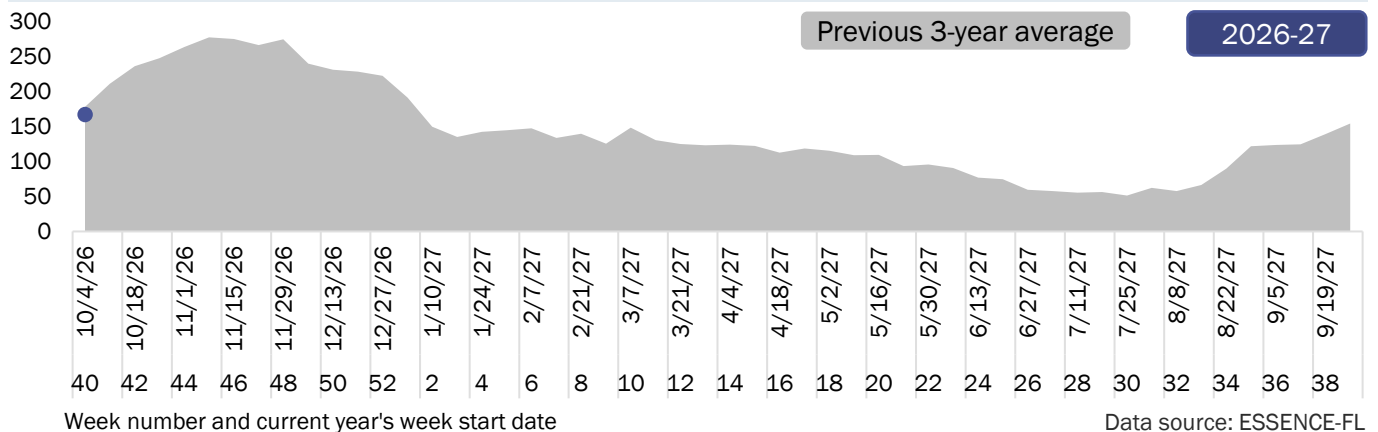


Figure 3: Number of children <5 years admitted with RSV increased from previous 3-week average



RSV surveillance

Figure 4: Number of specimens tested and percent positive for RSV for the current RSV year

The most recent weeks may be incomplete since data are aggregated by the earliest date associated with the lab result.

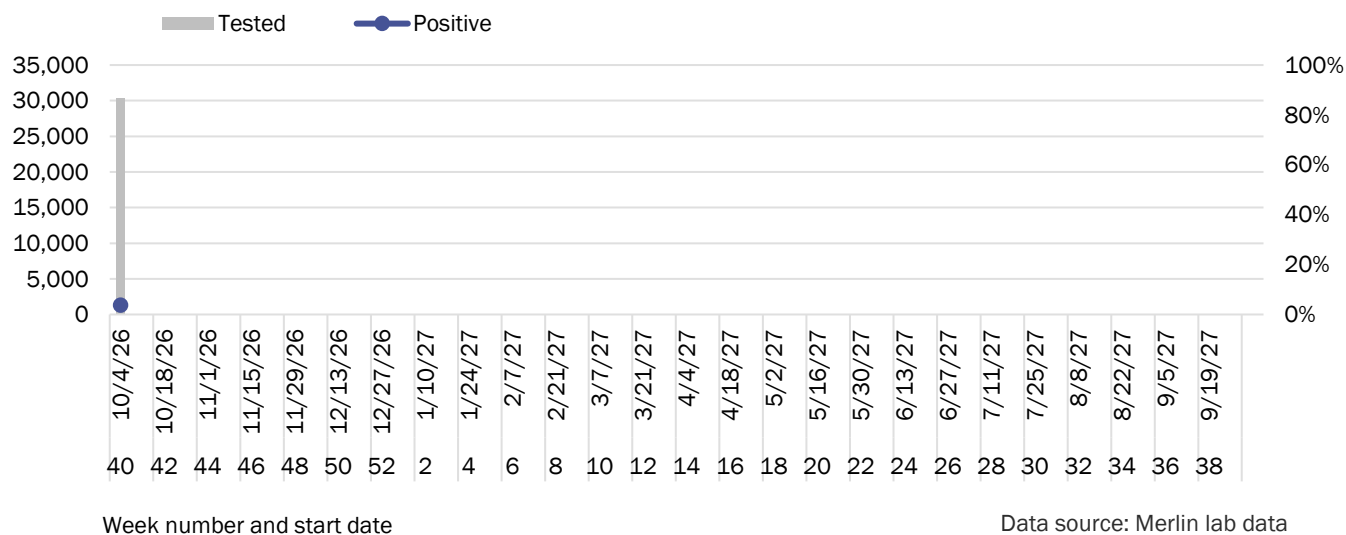


Figure 5: Number of specimens tested and percent positive for children <5 years for the current RSV year

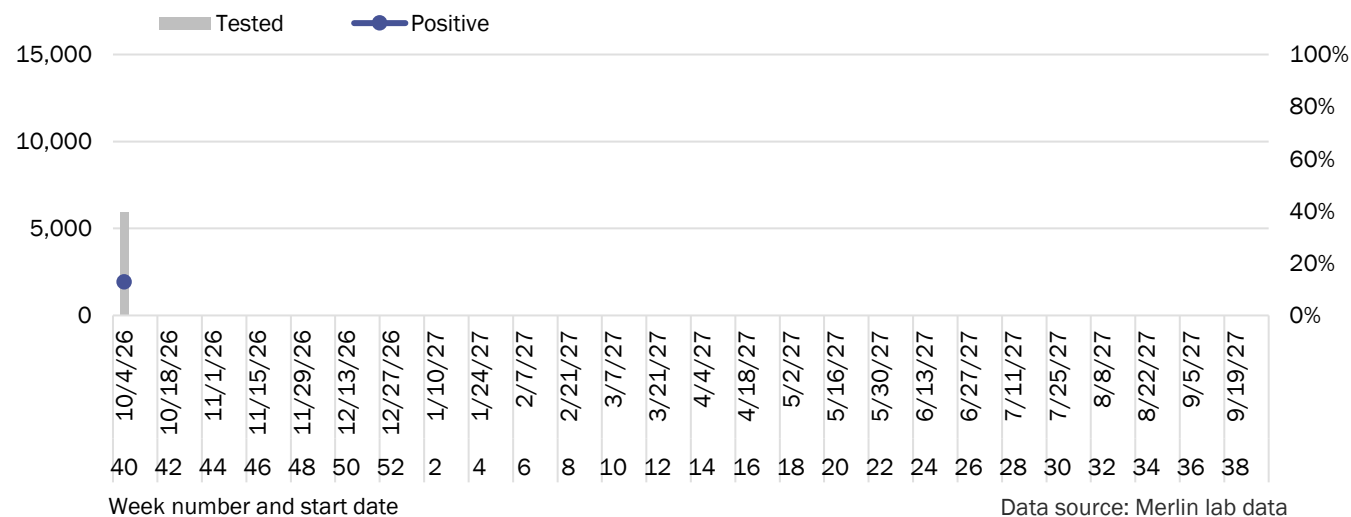


Figure 6: Admissions with RSV per 100,000 population for children <5 years for current and previous 3 years

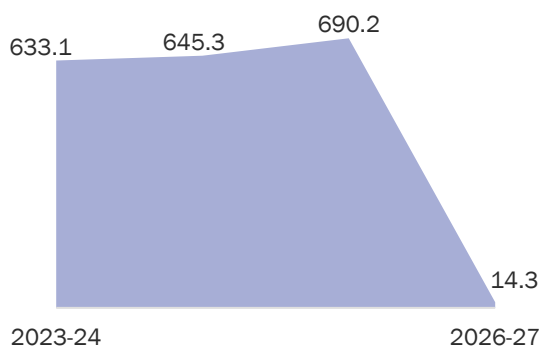
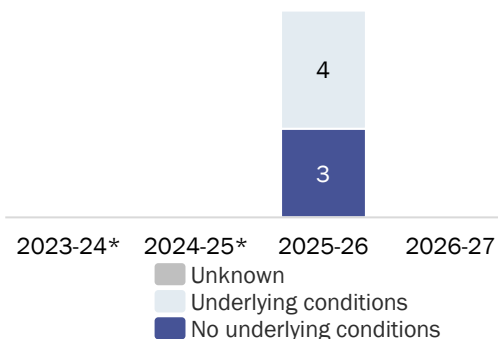


Figure 7: RSV-associated pediatric deaths by underlying medical condition status for current and previous 3 years



RSV outbreak surveillance

Since the 2022-23 season, RSV activity has steadily aligned with historical, pre-2020 trends. While the 2025-26 season saw a slightly later start compared to the previous season, it maintained a highly similar trajectory, further highlighting a return to trends observed pre-2020. Shifts in activity are ongoing and continuously monitored each season to track changes in patterns.

Figure 8: RSV outbreaks during the current RSV year and previous 3 years

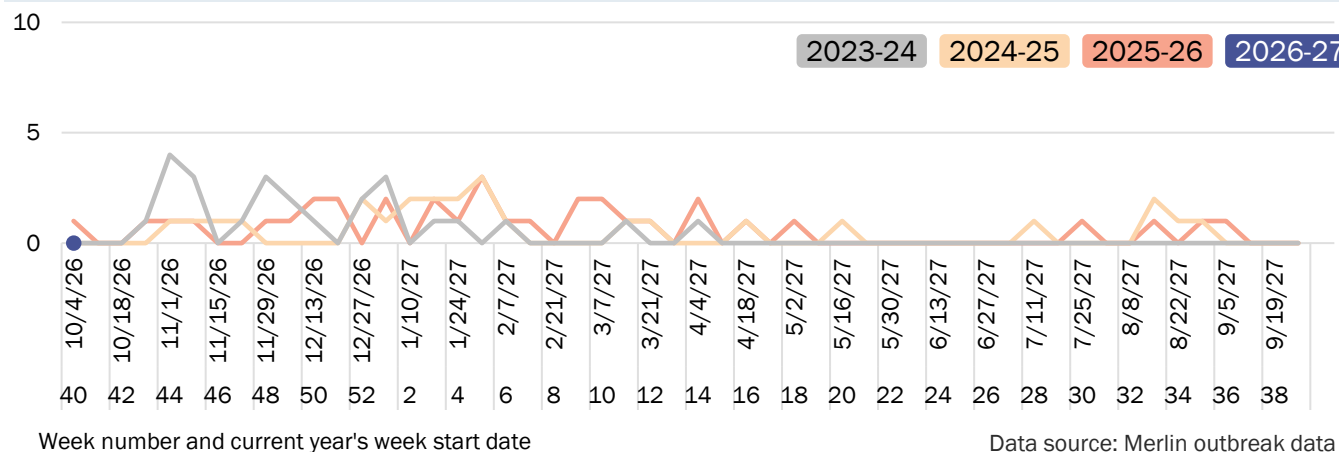


Figure 9: There have been a total of 0 outbreaks of RSV in the current season with 0 new outbreaks in the current week

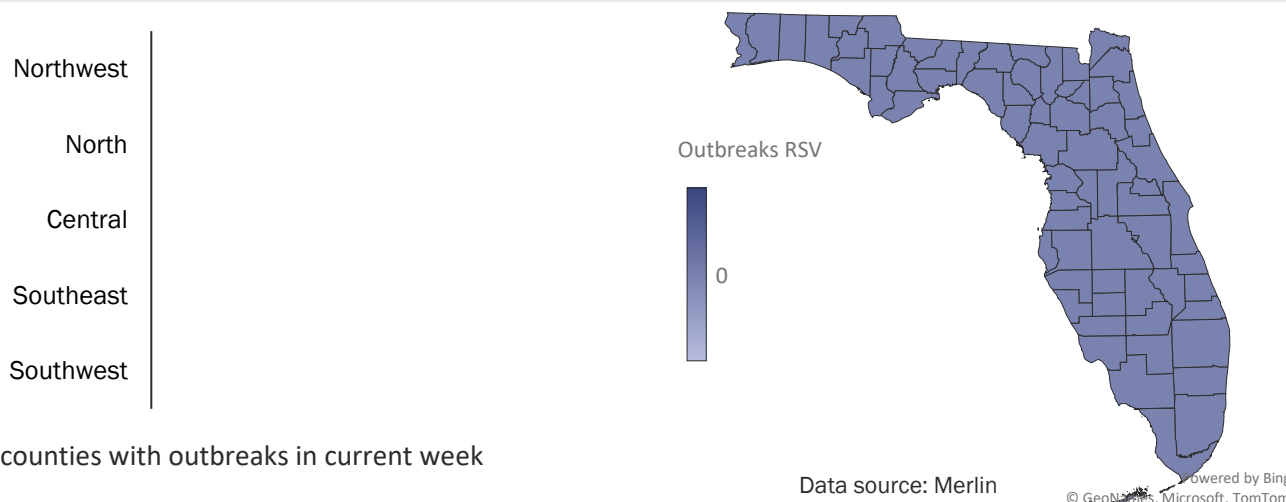
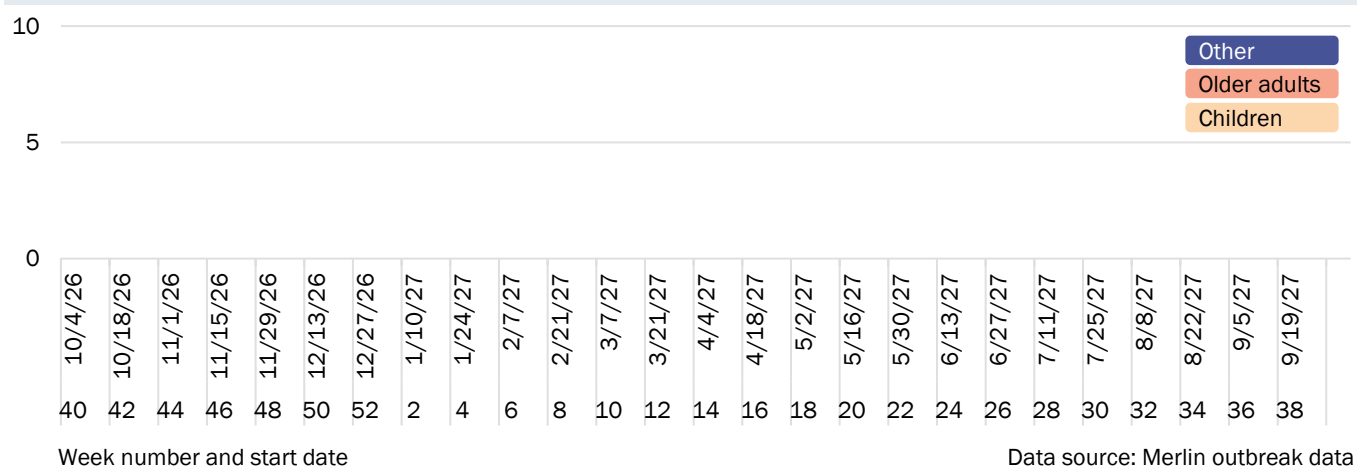


Figure 10: Number of RSV outbreaks by facility's primary age group served for the current RSV year



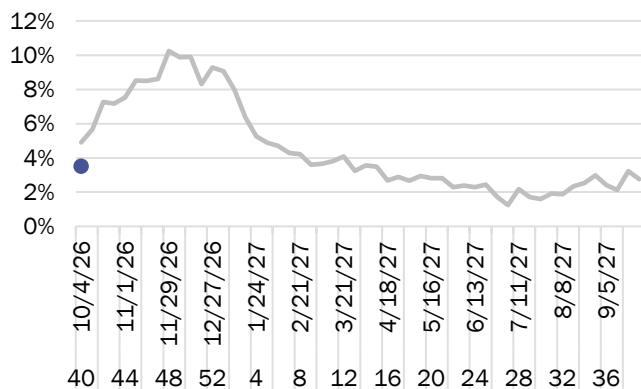
Regional RSV activity for children <5 years

Figures below show the percent of ED visits with a DD of RSV for facilities participating in ESSENCE-FL by region for the current RSV year and the previous 3-year average.

Previous 3-year average

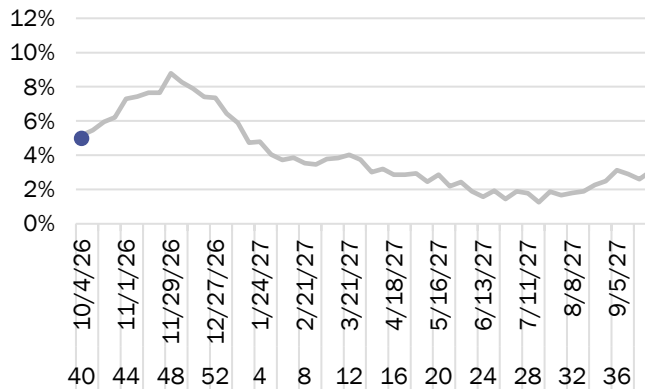
2026-27

Figure 11: ED visits in northwest region 1 increased



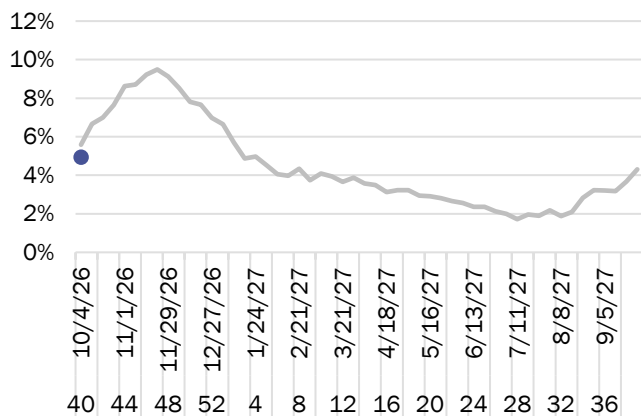
Week number and current year's week start date

Figure 12: ED visits in north region 2 increased



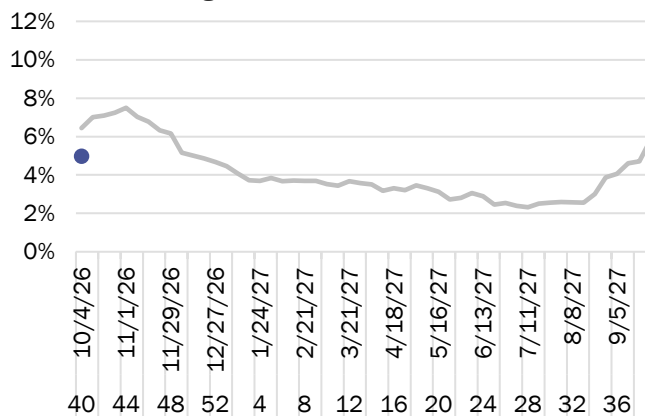
Week number and current year's week start date

Figure 13: ED visits in central region 3 increased



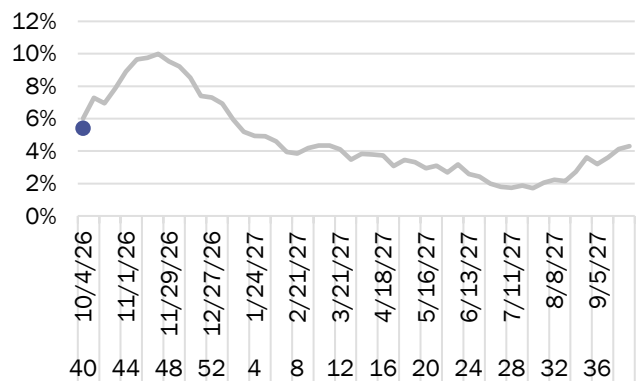
Week number and current year's week start date

Figure 14: ED visits in southeast region 4 didn't change



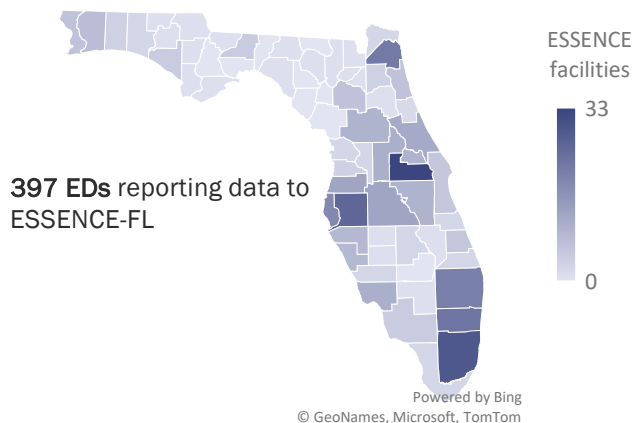
Week number and current year's week start date

Figure 15: ED visits in southwest region 5 increased



Week number and current year's week start date

Figure 16: Facilities reporting data to ESSENCE-FL



Data source notes

All data are preliminary and subject to change.

ESSENCE-FL

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE-FL) evaluates trends in RSV and RSV-related visits from EDs, free-standing emergency departments (FSEDs), and urgent care centers (UCCs). Facilities are continually onboarded in ESSENCE-FL, meaning the denominator updates with the most available data by calendar year. This report includes only patients residing in Florida.

DDs of RSV: people visiting participating EDs and FSEDs who have a DD of RSV. Florida developed the query. This is presented in the report as a percentage of all visits to participating EDs and FSEDs for the week.

Hospital admissions with RSV diagnoses: people who were hospitalized with a DD of RSV. Florida developed the query. Only data from EDs are included in these figures. Report figures use a rate per 100,000 population.

Merlin lab data

All RSV results, including positive and negative, are reportable in Florida for all laboratories participating in electronic laboratory reporting. The DOH's Bureau of Public Health Laboratories (DOH-BPHL) performs testing on surveillance specimens from sentinel providers, outbreak investigations, and medical examiners.

Merlin outbreak data

RSV outbreaks are reportable in Florida. Reported outbreaks are investigated and documented in Merlin by local county health departments (CHDs) to track activity throughout the year compared to previous years.

RSV outbreaks are defined by setting type with at least one individual testing positive for RSV. These can include outbreaks with multiple etiologies where RSV is identified. Definitions by setting type include:

Facilities serving adults ≥65 years (long-term care facilities (LTCFs) [nursing homes and skilled nursing facilities] and other long-term care facilities (OLTCFs) [assisted living facilities and intermediate care facilities for individuals with intellectual disabilities (ALFs & ICFs/IIDs)]): ≥2 ill individuals with symptoms within 72 hours, where ≥1 individual tests positive for RSV.

Facilities serving children (primary/secondary schools and daycares): ≥3 ill individuals with symptoms within 72 hours who are epidemiologically linked (see below for definition), where ≥1 individual tests positive for RSV.

Other settings: ≥2 ill individuals with symptoms within 72 hours, where ≥1 individual tests positive for RSV.

Household clusters are not counted as outbreaks.

Epidemiological linkage: individuals were present in the setting during the same time period (e.g., same classroom) and there is not a more likely source of exposure for identified cases (e.g., same household).

Merlin case data for RSV-associated pediatric deaths

RSV-associated pediatric deaths are investigated in Florida as of the 2025-26 respiratory season, and will become nationally notifiable in January 2027. RSV-associated pediatric deaths are defined as a child <18 years old with clinically compatible symptoms and a laboratory-confirmed RSV infection identified as a contributing factor to the child's death.

Death certificate data are queried for the terms respiratory syncytial, RSV, and ICD9/ICD10 codes J12, J210. Deaths with any of these terms are excluded: coronavirus, COVID, SARS, aspir, pneumonitis, parainfluenza, influenzae, H1N1, influenza, and ICD9/ICD10 codes U07.1, U071, J09, J10, J11, J219, J212, J213, J128, J123, J120. Deaths are aggregated by date of death.

RSV activity threshold

Prior to the 2026-27 RSV season, onset of RSV activity was determined using a threshold of 10% based on the volume of antigen results reported. Moving forward, RSV activity will be determined by calculating percent positivity of PCR testing, in place of antigen testing, at a 3% threshold, aligning with activity thresholds set by the CDC.

RSV activity trends

The following criteria are used to assess trends for RSV emergency department visits and lab positivity.

Increasing: current week is >0.001 higher than the previous 3-week average (i.e., 0.1%)

Decreasing: current week is >0.001 lower than the previous 3-week average

No change: current week is within +/-0.001 of the previous 3-week average

The "increase" or "decrease" of the current week's data is in comparison to the previous 3-week average, not just comparison to the previous week, which could have a different trend direction.