THIS IS AN OFFICIAL WEST VIRGINIA HEALTH ALERT NUMBER WV 175-07-06-2021
Distributed via the WV Health Alert Network – July 6, 2021

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR PUBLIC HEALTH

HEALTH ADVISORY #175

Atypical Circulation of Respiratory Viruses including the Respiratory Syncytial Virus (RSV)

TO: **West Virginia Healthcare Providers, Hospitals and Other Healthcare Facilities**

FROM: **Ayne Amjad, MD, MPH - Commissioner and State Health Officer**
West Virginia Department of Health and Human Resources, Bureau for Public Health

DATE: **July 6, 2021**

LOCAL HEALTH DEPARTMENTS: PLEASE DISTRIBUTE TO COMMUNITY HEALTH PROVIDERS, HOSPITAL-BASED PHYSICIANS, INFECTION CONTROL PREVENTIONISTS, LABORATORY DIRECTORS, AND OTHER APPLICABLE PARTNERS

OTHER RECIPIENTS: PLEASE DISTRIBUTE TO ASSOCIATION MEMBERS, STAFF, ETC.

During June 2021, respiratory syncytial virus (RSV), a non-influenza, non-COVID-19 respiratory virus, began circulating in West Virginia at a higher rate than usual for this time of the year. This increase was detected utilizing syndromic surveillance data which tracks symptoms of patients in emergency departments and urgent care centers.

RSV is a major cause of severe lower respiratory infection in young children and the elderly that circulates in a seasonal manner, typically during late fall and winter. Prevention measures to reduce transmission of SARS-CoV-2, the virus that causes COVID-19, resulted in reduced circulation of RSV and other respiratory viruses during the winter months of 2020-2021. Because of this lower level of exposure to respiratory viruses, older infants and toddlers may now be at an increased risk of severe RSV-associated illness.

RECOMMENDATIONS

- Clinicians and caregivers should be aware of the typical clinical presentation of RSV for different age groups. Clinicians should request laboratory testing for respiratory viruses (real-time PCR is preferred) among patients that have typical symptoms for RSV and are negative for COVID-19 and/or influenza.
- Providers participating in Electronic Lab Reporting (ELR) are required to report evidence of acute RSV infection to the West Virginia Electronic Disease Surveillance System (WVEDSS). RSV related deaths in children five years of age or younger is a Category IV disease, which is reportable to the local health department (LHD) within one week of diagnosis via case report form. Outbreaks of RSV should also be reported to the LHD.
- Because RSV can be associated with severe disease in young children and older adults, healthcare personnel, childcare providers, and staff of long-term care facilities should avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.
- Clinicians should consider Palivizumab to prevent severe RSV illness in infants and children at high risk for severe disease, including infants born prematurely or infants and children with congenital heart disease or chronic lung disease. While Palivizumab can help prevent serious RSV disease, it cannot prevent RSV infection or cure children that are already infected. The American Academy of Pediatrics developed RSV prophylaxis guidelines that can be found at https://pubmed.ncbi.nlm.nih.gov/25070315.

For more information, contact the Office of Epidemiology and Prevention Services, Division of Infectious Disease Epidemiology (DIDE) at (304) 558-5358 extension 2, or the 24/7 answering service at (304) 342-5151.

CDC HAN 443: https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-443-Increased-Interseasonal-RSV-Activity-06.10.21.pdf

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