

Health Advisory

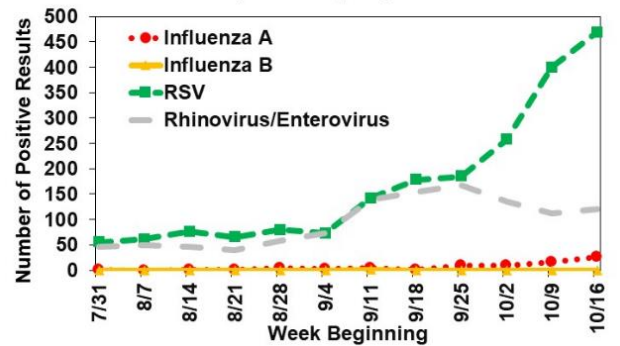
2022–2023 Respiratory Virus Season Underway: Surveillance Updates and Reminders for Reporting and Prevention

October 28, 2022

Similar to national trends, clinical laboratories in Philadelphia have reported increased respiratory syncytial virus (RSV) detections in recent weeks, particularly among pediatric patients (Figure). Infants, children <2 years of age with chronic lung disease or congenital heart disease, premature infants <35 weeks gestation at birth, children who have neuromuscular disorders, the elderly, immunocompromised persons, and adults with chronic heart or lung disease are at highest risk for severe RSV-related illness.

In addition to RSV, rhinoviruses/enteroviruses continue to circulate at higher seasonal levels in the City. While influenza detections remain low in Philadelphia, states in the southeast and south-central US are currently experiencing high levels of influenza activity. In Philadelphia, influenza activity is expected to rapidly increase in the coming weeks. For seasonal influenza and other respiratory virus surveillance updates from the Philadelphia Department of Public Health (PDPH), visit <https://hip.phila.gov>.

Weekly Laboratory-Based Respiratory Virus Surveillance, Pediatric Facilities, Philadelphia, 2022-2023 Season



Respiratory Virus Surveillance and Reporting: As part of respiratory virus surveillance activities in Philadelphia, healthcare providers or infection preventionists should report the following cases to PDPH by phone at 215-685-6741 or fax at 215-238-6947 using the newly consolidated severe respiratory virus case report form (https://hip.phila.gov/document/2993/SevereRespiratoryVirusCRF_FinalFillable_2223.pdf). Hospitals may also submit reports electronically.

- Hospitalized patients with laboratory-confirmed influenza or COVID-19 (including rapid antigen tests)
- Patients admitted to the ICU with laboratory-confirmed influenza, COVID-19, or other respiratory virus infections (RSV, rhinovirus, adenovirus, parainfluenza, human metapneumovirus, or enterovirus)
- Fatal cases of influenza, COVID-19, or other respiratory virus infections
- Institutional outbreaks of respiratory illness, including those occurring in long-term care facilities, schools, childcare centers, and shelters. Outbreaks are defined as 1 laboratory-confirmed case or ≥ 2 persons with influenza-like illness (temperature $\geq 100^{\circ}\text{F}$ and cough and/or sore throat) in a facility.
- Suspect novel influenza A cases including detection of non-subtypeable influenza A virus or influenza-like illness without a known etiology **and** an exposure of concern (i.e., contact with swine, live poultry, etc.).

Prevention of Respiratory Virus Infections: Ensuring your patients receive influenza vaccine and COVID-19 vaccine this season remains the optimal way to prevent complications from these respiratory virus infections. For prevention of severe RSV infections, select high-risk children <24 months may benefit from palivizumab, the RSV monoclonal antibody preparation given monthly during RSV season. Also advise patients to:

- Stay home from work, school, and childcare when sick with cold symptoms
- Cough or sneeze into a tissue or their upper sleeve
- Perform hand hygiene often with soap and warm water or alcohol-based hand rub
- Avoid close contact with people who are sick
- Disinfect commonly touched surfaces including doorknobs and toys
- Adhere to masking recommendations at healthcare facilities (staff, patients, and visitors)
- Encourage ill persons particularly infants and children to consume enough fluids to prevent dehydration