

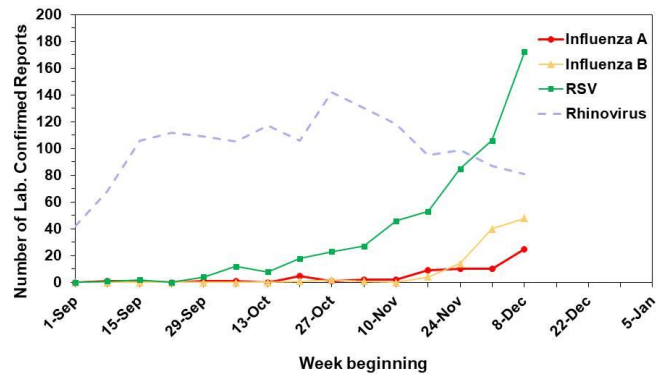
Health Advisory

2019–2020 Respiratory Virus Season Underway: Surveillance Updates and Reminders for Reporting and Prevention December 20, 2019

Over the last several weeks, clinical laboratories in Philadelphia have reported increased detections of respiratory viruses. Respiratory syncytial virus (RSV) is circulating at high levels and can cause severe illness in the elderly, immunocompromised persons, infants, children <2 years of age with chronic lung disease, and premature infants <35 weeks gestation at birth. In addition to RSV, rhinoviruses, coronaviruses, parainfluenza viruses, and adenoviruses are also circulating in the City. Importantly, influenza activity in our region is also increasing with widespread circulation in Pennsylvania. Similar to other areas of the US, an unusually early increase in influenza B activity has been detected and influenza A is now also occurring in the City. Rapid increases in influenza activity are expected in the coming weeks. Visit <https://hip.phila.gov> for weekly influenza and other respiratory virus surveillance updates from the Philadelphia Department of Public Health (PDPH).

Weekly Laboratory-Based Respiratory Virus Surveillance: Philadelphia, 2019-2020 Season

Based on data from select local hospital virology laboratories



Respiratory Virus Surveillance and Reporting: As part of respiratory virus surveillance activities in Philadelphia, healthcare providers and/or infection prevention practitioners should report the following cases to PDPH by phone at 215-685-6742 or fax at 215-238-6947 using either the influenza or other respiratory virus reporting forms (available at: <https://hip.phila.gov/DiseaseControlGuidance/DiseasesConditions/Influenza>). Hospitals may also submit reports electronically. Call PDPH at 215-685-6742 for more information.

- Hospitalized patients with laboratory-confirmed influenza (including rapid antigen tests)
- Patients admitted to the ICU with laboratory-confirmed influenza or other respiratory virus infections (RSV, rhinovirus, adenovirus, parainfluenza, human metapneumovirus, or enterovirus)
- Fatal cases of influenza 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 of any respiratory virus 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 those with
 - Detection of non-subtypeable Influenza A virus
 - Influenza-like illness without another known etiology **and** 1) direct or indirect exposure to swine or live poultry **or**, 2) travel to an area with ongoing avian influenza transmission within the week prior to symptom onset

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

- Stay home from work or school when sick with a fever and cough or sore throat
- Cough or sneeze into a tissue or their upper sleeve
- Wash hands with soap and warm water particularly after coughing or sneezing
- Avoid close contact with people who are sick
- Disinfect commonly touched surfaces including doorknobs and toys