

Health Advisory

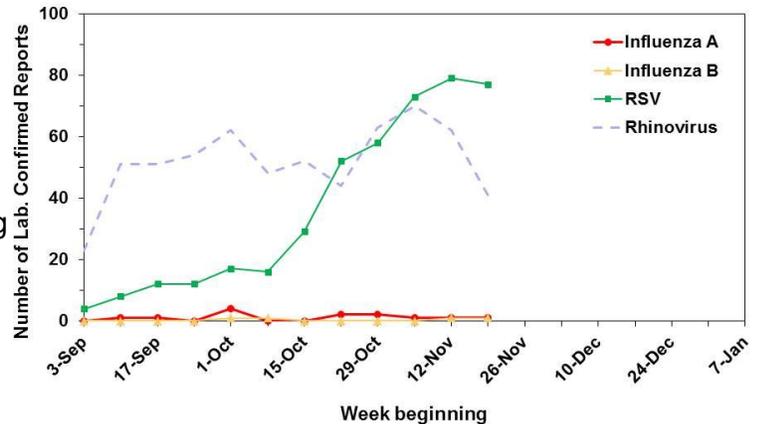
2017–2018 Respiratory Virus Season Underway: Surveillance Updates and Reminders for Reporting and Prevention December 5, 2017

Over the last several weeks, clinical laboratories throughout Philadelphia have reported increased detections of respiratory syncytial virus (RSV). The elderly, immunocompromised persons, infants, children <2 years of age with chronic lung disease, and premature infants <35 weeks gestation at birth are at highest risk for severe RSV-related illness.

In addition to RSV, rhinoviruses, coronaviruses, parainfluenza viruses, and adenoviruses are currently circulating in the City. Low levels of influenza are being detected, but that is expected to increase in the near future. Now through the end of respiratory virus season, 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, 2017-2018 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>).

- 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 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** report: 1) direct or indirect exposure to swine or live poultry **or**, 2) travel to an area with ongoing transmission of avian influenza 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