



Philadelphia Department of Public Health Division of Disease Control

JOHN F. DOMZALSKI, MPH, JD
Health Commissioner

JOSEPH C. CRONAUER
Executive Deputy

CAROLINE C. JOHNSON, M.D.
Director, Division of Disease Control

Health Update

Respiratory Virus Surveillance Report—Oct. 29th, 2007

Respiratory Syncytial Virus, Rhinovirus, & Parainfluenza Circulating in Philadelphia Area

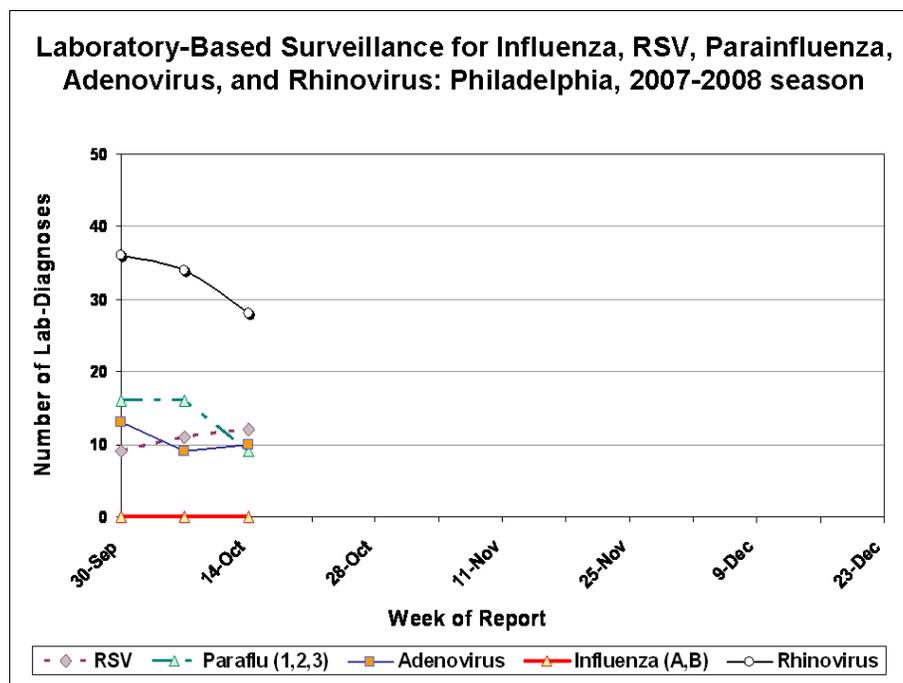
The Division of Disease Control (DDC) of the Philadelphia Department of Public Health (PDPH) monitors trends in the circulation of common respiratory viruses every year, from late September through early May. Several local clinical laboratories report weekly aggregate counts of influenza A and B, respiratory syncytial virus (RSV), parainfluenza viruses, adenoviruses, and selected other respiratory viruses.

During the past 3 weeks, several local labs have detected RSV in respiratory specimens. Clinical laboratories in other parts of the state have reported similarly low, but rising, RSV transmission to the Pennsylvania Department of Health. The American Academy of Pediatrics recommends the use of palivizumab to prevent RSV lower respiratory tract infections in selected infants and children with chronic lung disease of prematurity, a history of pre-term birth, or with congenital heart disease. Palivizumab is administered every 30 days, typically

beginning by early November, with 4 subsequent monthly doses (a total of 5 doses). In addition to RSV, rhinoviruses, parainfluenza (all types) and adenoviruses are also circulating in the metropolitan area.

No cases of influenza A or B have been reported in Philadelphia or elsewhere in Pennsylvania thus far this season. Influenza vaccine is readily available and should be offered to eligible individuals who have not yet received it this season.

Nationally, twelve states have reported sporadic influenza activity while the rest reported none. Influenza activity has been greatest in the south Atlantic, Mountain, and Pacific regions. In the last week, 21 influenza viruses were isolated by the World Health Organization laboratory. Fourteen were influenza A (not subtyped); there were also 5 influenza A (H1) isolates, one influenza A (H3) and 1 influenza B isolate.



To report institutional outbreaks, pediatric mortality due to influenza, or if you have questions or comments please contact DDC at (215) 685-6740.