Observed Interseasonal Respiratory Syncytial Virus Surge in Missouri

On June 10th CDC issued a health advisory to notify clinicians and caregivers about increased interseasonal respiratory syncytial virus (RSV) activity across parts of the Southern United States.

Each year in the United States RSV leads, on average to approximately 2.1 million outpatient visits and 58,000 hospitalizations with 100-500 deaths among children younger than 5 years old, and 177,000 hospitalizations and 14,000 deaths among adults 65 years and older.

Missouri is experiencing a similar, unexpected off-season surge in RSV cases. According to national RSV surveillance data, as well as data from Missouri’s children’s hospitals across the state, the increase in RSV cases continues statewide. Infection rates are currently comparable to the regular RSV season levels seen in previous years. Typically, the RSV season onset ranges from mid-September to mid-November; peak season ranges from late-December to mid-February, and season offset ranges from mid-April to mid-May in most of the country.

Missouri DHSS recommends extending monthly preventive palivizumab for infants at risk for severe RSV disease in order to ensure continued protection during this unexpected surge. Since the duration of this surge cannot be predicted, extension of the palivizumab preventive treatment coverage for the period of July-August, 2021 is indicated.

CDC encourages broader testing for RSV among patients presenting with acute respiratory illness who test negative for SARS-CoV-2, the virus that causes COVID-19. RSV can be associated with severe disease in young children and older adults. This health advisory also serves as a reminder to healthcare personnel, childcare providers, and staff of long-term care facilities to avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.
Additional recommendations include:

1. Clinicians and caregivers should be aware of the typical clinical presentation of RSV for different age groups.
2. Clinicians should consider testing patients with a negative SARS-CoV-2 test and acute respiratory illness or the age-specific symptoms presented above for non-SARS-CoV-2 respiratory pathogens, such as RSV. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.
3. Clinicians should report laboratory-confirmed RSV cases and suspected clusters of severe respiratory illness to local and state health departments according to their routine reporting requirements. ONLY outbreaks are reportable in Missouri.
4. 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.
5. Clinicians can review weekly updates to the NREVSS website and refer to surveillance data collected by local hospitals and health departments for information on RSV circulation trends in their area.

***Missouri healthcare providers and public health practitioners: Please contact your local public health agency or the Missouri Department of Health and Senior Services’ (DHSS’) Bureau of Communicable Disease Control and Prevention at 573-751-6113 or 800-392-0272 (24/7) with questions regarding this Advisory.***