

Use of Palivizumab Due to Off-Season Respiratory Syncytial Virus (RSV) Activity

On June 10th the Centers for Disease Control and Prevention (CDC) issued a health advisory to notify clinicians and caregivers about increased inter-seasonal 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.

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. The Midwest region, including Iowa, is experiencing a similar, unexpected off-season surge in some respiratory viruses including RSV. As always, clinicians should use their discretion in evaluating and managing patients presenting with signs and symptoms of respiratory illness. However, given the recent off-season RSV activity, the Iowa Department of Public Health 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. Updates will be provided as new information becomes available.

Summary:

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.
3. Clinicians should report suspected clusters of severe respiratory illness to local and state health departments according to their routine reporting requirements.
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.

RSV information from CDC

<https://www.cdc.gov/rsv/index.html>

Regional Respiratory Virus Surveillance Information

<https://www.cdc.gov/surveillance/nrevss/rsv/region.html>

Iowa Respiratory Virus Surveillance Information (included at end of influenza reports)

<https://idph.iowa.gov/influenza/reports>