CDC advises broader testing for RSV due to regional spikes

by Alyson Sulaski Wyckoff, Associate Editor

Clinicians are being advised to broaden their testing for respiratory syncytial virus (RSV) in patients with acute respiratory illness who test negative for SARS-CoV-2, following a recent spike in areas of the South.

In a health alert advisory issued today, the Centers for Disease Control and Prevention (CDC) also is reminding health care personnel, child care 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.

While RSV activity remained low from May 2020 to early March 2021, the CDC has noticed an increase in RSV cases reported since late March to the National Respiratory and Enteric Virus Surveillance System (NREVSS), a laboratory-based surveillance network.

Increases have been observed in laboratory detections and in the percentages of positive detections for both antigen and polymerase chain reaction testing in parts of region 4 of the U.S. Department of Health and Human Services (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina and Tennessee) and region 6 (Arkansas, Louisiana, New Mexico, Oklahoma and Texas). Due to limited testing outside of the typical RSV season, data are limited in some jurisdictions and may be incomplete for the most recent weeks.

Since this elevated interseasonal activity is a deviation from the typical circulation patterns for RSV, it is not possible to anticipate the likely spread, peak or duration of activity, according to the CDC advisory.

Due to reduced circulation of RSV during the winter months of 2020-'21, older infants and toddlers might now be at increased risk of severe RSV-associated illness since they likely have not had typical levels of exposure to RSV during the past 15 months. In infants younger than 6 months, RSV infection may result in symptoms of irritability, poor feeding, lethargy and/or apnea with or without fever. In older infants and young children, rhinorrhea and decreased appetite may appear one to three days before cough, often followed by sneezing,
fever and sometimes wheezing.

There is no specific treatment for RSV infection other than symptom management.

CDC guidance includes the following recommendations:

- Clinicians and caregivers should be aware of the typical clinical presentation of RSV for different age groups.
- Clinicians should consider testing patients with a negative SARS-CoV-2 test and acute respiratory illness or the age-specific symptoms listed above for non-SARS-CoV-2 respiratory pathogens, such as RSV. Real-time reverse transcription-polymerase chain reaction is the preferred method to test for respiratory viruses.
- 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.
- 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 is the most common cause of bronchiolitis and pneumonia in children under a year old. The virus leads to about 58,000 hospitalizations annually, with 100 to 500 deaths among children younger than 5 years.

Resources

- Information from the CDC on RSV
- Information from the AAP Red Book on RSV
- AAP News article on surge in RSV cases in New York hospital
- Information for parents from HealthyChildren.org on RSV