



Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Kansas and United States

July 20, 2021

Current Situation:

The Kansas Department of Health and Environment (KDHE) is issuing a health advisory to notify clinicians and caregivers about increased interseasonal respiratory syncytial virus (RSV) activity in Kansas. Due to this increased activity, KDHE 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. In Kansas and the United States, RSV infections primarily occur during the cold and flu season in fall and winter. Beginning the week of June 11, 2021, Kansas syndromic surveillance has detected a three week increase of RSV cases.

According to the Centers for Disease Control and Prevention (CDC), due to reduced circulation of RSV during the winter months of 2020-2021, older infants and toddlers might now be at increased risk of severe RSV-associated illness since they have likely not had typical levels of exposure to RSV during the past 15 months. In infants younger than six 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. Symptoms in adults are typically consistent with upper respiratory tract infections, including rhinorrhea, pharyngitis, cough, headache, fatigue, and fever. There is no specific treatment for RSV infection other than symptom management.

Recommendations:

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. Multiplex real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.
3. Clinicians should report suspected clusters of severe respiratory illness to local and state health departments. Individual laboratory-confirmed cases are not a reportable condition to KDHE.
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.

For questions regarding RSV or to report a suspected cluster, contact the KDHE Epidemiology Hotline at 877-427-7317.