

# Health Advisory: Increased RSV and Other Non-SARS-CoV-2 Viral Activity

Minnesota Department of Health, Mon, June 28 10:00 CDT 2021

## Action Steps

**Local and tribal health department:** Please forward to hospitals, clinics, urgent care centers, emergency departments, pharmacies, and convenience clinics in your jurisdiction.

**Hospitals, clinics and other facilities:** Please forward to occupational health and employee health leadership, infection preventionists, infectious disease physicians, emergency department staff, hospitalists, primary care clinicians, pharmacists, and all other health care providers who might see patients with respiratory illness.

**Health care providers:**

- Request viral laboratory testing for patients that have typical symptoms for RSV. Viral respiratory testing can be conducted either concurrently with SARS-CoV-2 test or after negative SARS-CoV-2 result. Consider alternative respiratory diagnoses besides COVID-19, including viruses that do not typically circulate during summer months in Minnesota.
- Encourage parents and caregivers to keep young children out of childcare when experiencing acute respiratory illness, even if they have tested negative for SARS-CoV-2.
- Discourage health care personnel, childcare providers, staff of long-term care facilities from reporting to work while acutely ill, even if they have tested negative for SARS-CoV-2.

## Background

Non-COVID-19 respiratory illnesses, including respiratory syncytial virus (RSV) and parainfluenza viruses, are circulating in the community at a higher rate than usual for this time of the year. Health care providers should consider testing symptomatic patients who are negative for COVID-19, for RSV. In some cases, such as severe illness, a respiratory virus panel that includes additional respiratory viruses, may be useful. Other infectious diseases with non-respiratory transmission routes (e.g., norovirus) are also seeing increases outside of their normal seasonality.

On June 10, 2021, CDC sent out a health alert to providers to notify them that the southern region of the US has high activity of RSV; the alert can be accessed at [CDC: Health Advisory: Increased Interseasonal RSV Activity in Part of the Southern United States](https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-443-Increased-Interseasonal-RSV-Activity-06.10.21.pdf) (<https://emergency.cdc.gov/han/2021/pdf/CDC-HAN-443-Increased-Interseasonal-RSV-Activity-06.10.21.pdf>)

Respiratory syncytial virus (RSV) is a major cause of severe lower respiratory infection in young children and elderly. Respiratory viruses, including RSV, typically circulate during the colder months of the year when conditions allow these viruses to live longer, transmit easier and when people tend to gather indoors more often. Mitigation efforts used to fight the COVID-19

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pandemic also helped to prevent transmission of these seasonal respiratory viruses this past fall/winter season in which these viruses circulated at unprecedented low levels.

RSV typically circulates during winter months, yet 52 RSV-associated hospitalizations have been reported to MDH since May, 2021 and influenza-like illness (ILI) in patients 0-4 years old has also increased. Data from the [National Respiratory and Enteric Virus Surveillance System \(NREVSS\)](https://www.cdc.gov/surveillance/nrevss/rsv/index.html) (<https://www.cdc.gov/surveillance/nrevss/rsv/index.html>) has also shown a marked increase in RSV activity both nationally and regionally.

Patients with RSV infection typically present with fever, cough, wheezing and runny nose. The symptoms might be atypical especially in very young children and infants younger than 6 months where symptoms of irritability, lethargy, poor feeding and with or without fever may be present.

Infection in early life has been associated with an increased risk of wheeze-related illness throughout childhood. The prophylactic medication palivizumab is available to prevent severe RSV illness in certain infants and children who are at high risk for severe disease. RSV can also cause of severe disease in older adults ( $\geq 65$  years old).

### For More Information

- [Respiratory Syncytial Virus Infection \(RSV\)](https://www.cdc.gov/rsv/index.html) (<https://www.cdc.gov/rsv/index.html>)
- [Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection](https://pediatrics.aappublications.org/content/134/2/415.full) (<https://pediatrics.aappublications.org/content/134/2/415.full>)

A copy of this HAN is available at: [MDH Health Alert Network](http://www.health.state.mn.us/han) (<http://www.health.state.mn.us/han>)

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.