



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

June 15, 2021

Dear Colleagues,

We are writing to notify you that the Centers for Disease Control and Prevention (CDC) has issued a health advisory regarding increased interseasonal respiratory syncytial virus (RSV) activity in parts of the Southern United States. Clinicians are encouraged to test more broadly for RSV among patients with acute respiratory illness who test negative for COVID-19. Additionally, healthcare personnel, and others, are reminded to avoid reporting to work while ill, even if they test negative for SARS-CoV-2.

The advisory is available online at <https://emergency.cdc.gov/han/2021/han00443.asp>.

Background

- In the United States, RSV infections occur primarily during the fall and winter cold and flu season. In April 2020, RSV activity decreased rapidly, likely due to the adoption of public health measures to reduce the spread of COVID-19. Compared with previous years, RSV activity remained relatively low from May 2020 to March 2021.
- Since late March, CDC has observed an increase in RSV detections reported to the National Respiratory and Enteric Virus Surveillance System (NREVSS), a nationwide passive, laboratory-based surveillance network.
- In Maryland, there has also been a recent increase in RSV hospitalizations, with 19 RSV hospitalizations April 2021-June 2021, compared to only 8 RSV hospitalizations October 2020-March 2021.
- 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.

Symptoms, Prophylaxis, and Treatment

- 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.

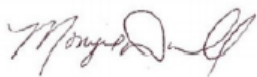
- For information about the use of Palivizumab for RSV prophylaxis, including links to American Academy of Pediatrics guidance, see [For Healthcare Professionals: RSV \(Respiratory Syncytial Virus\) | CDC](#).
- There is no specific treatment for RSV infection other than symptom management.
- As always, use your clinical judgment regarding clinical management decisions.

CDC Recommendations

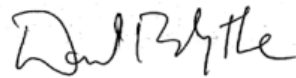
1. Clinicians and caregivers should be aware of the typical clinical presentation of RSV for different age groups.
2. Clinicians should consider testing patients with a negative SARS-CoV-2 test and acute respiratory illness or the age-specific symptoms presented above for non-SARS-CoV-2 respiratory pathogens, such as RSV. 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.
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.

Per CDC, since this elevated interseasonal activity is a deviation in the typical circulation patterns for RSV, at this time it is not possible to anticipate the likely spread, peak, or duration of activity with any certainty. For questions, please contact the Infectious Disease Surveillance and Outbreak Response Bureau at 410-767-6700.

Sincerely,



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