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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Sara Robinson, MPH, Infectious Disease Epidemiology Program Director
Subject: **Increased Respiratory Syncytial Virus (RSV) Activity in Maine**
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Increased Respiratory Syncytial Virus (RSV) Activity in Maine

Summary:

Respiratory syncytial virus (RSV) is circulating in Maine at a higher rate than usual for this time of year. Health care providers should consider testing patients with acute respiratory illness for RSV. To prevent transmission of RSV and other respiratory viruses, people with respiratory symptoms should refrain from in-person work, school, or daycare while acutely ill. This recommendation applies even if they have tested negative for SARS-CoV-2, the virus that causes COVID-19.

Background:

Respiratory viruses, including respiratory syncytial virus (RSV), typically circulate during the winter months. Mitigation efforts used to fight the COVID-19 pandemic also helped to prevent transmission of these seasonal respiratory viruses this past fall/winter season, during which these viruses circulated at unprecedented low levels. However, there has been a recent marked increase in RSV activity both nationally and in Maine, as noted from data submitted voluntarily by public and commercial laboratories to the National Enteric and Respiratory Virus Surveillance System (NERVSS).

RSV is primarily spread via respiratory droplets when a person coughs or sneezes, and through direct contact with contaminated surfaces. RSV is the most common cause of bronchiolitis and pneumonia in children under one year of age in the United States. Infants, young children, and older adults with chronic medical conditions are at risk of severe disease from RSV infection. These include “infants and children, especially those born at less than 29 weeks’ gestation, infants with chronic lung disease of prematurity, infants with certain types of hemodynamically significant congenital heart disease, infants and young children with certain immunodeficiency states, and infants with pulmonary abnormalities or neurological and neuromuscular conditions that impair ability to clear secretions from the upper airway.”¹

¹ American Academy of Pediatrics, [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread, Updated 8/10/2021](#).

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.

Though there is no specific treatment other than symptom management, the American Academy of Pediatrics (AAP) recently issued interim guidance for the use of palivizumab prophylaxis to prevent hospitalization from severe RSV infection. The AAP policy adopted in 2014 states that palivizumab, a humanized monoclonal antibody directed against the fusion protein of RSV, may be considered for use to decrease the risk of hospitalization in selected infants at significantly increased risk of severe RSV disease during the typical season. Up to 5 monthly doses are recommended to provide serum levels associated with protection for the approximately 6 months that comprise the typical RSV season.

Given the current atypical interseasonal change in RSV epidemiology, which may represent a delayed onset of the 2020-2021 season, the AAP strongly supports consideration for use of palivizumab in patients who would be candidates per current eligibility recommendations. This recommendation applies to regions experiencing high rates of RSV circulation consistent with a typical fall-winter season, such as Maine.

Recommendations:

- Providers should be aware of the increasing circulation of RSV and the typical clinical presentation of RSV for different age groups.
- Providers 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.
- Health care 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.
- Providers should 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.
- For high-risk infants, consider specialist consultation regarding potential prophylaxis with palivizumab and timing of medication.

Reporting requirements:

Outbreaks of RSV and other respiratory illness are notifiable in Maine. All suspect outbreaks should be reported to Maine CDC by phone to 1-800-821-5821 or fax to 1-800-293-7534.

For more information:

- Federal CDC's RSV webpage: <https://www.cdc.gov/rsv/index.html>
- National Enteric and Respiratory Virus Surveillance System RSV state trends: <https://www.cdc.gov/surveillance/nrevss/rsv/state.html>
- American Academy of Pediatrics, [Interim Guidance for Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the Current Atypical Interseasonal RSV Spread.](#)