Minnesota Department of Health

# Health Advisory: Palivizumab and Early Season RSV Activity

Minnesota Department of Health, Tue, Oct 4 09:00 CDT 2022

## Action Steps

***Local and tribal health department***: Please forward to hospitals, urgent care centers, clinics, travel clinics and convenience clinics in your jurisdiction.  
***Hospitals, clinics and other facilities***: lease forward to pediatricians, 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***:

* Treat infants and young children who are at greater risk for severe disease with prophylactic medication palivizumab according to the AAP guidance listed below.
* Consider alternative respiratory tests and diagnoses besides COVID-19, such as RSV.
* 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

Respiratory syncytial virus (RSV) is a major cause of severe lower respiratory infection in young children and elderly. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age. Typically, RSV circulates during the colder months of the year. However, an increase in outpatient visits and hospitalizations due to RSV has occurred early this fall, with 103 hospitalizations reported in the Twin Cities metropolitan area in September (48 in July and 52 in August). From Sept. 11 - 17, 3.6% of respiratory virus panel PCRs were positive for RSV, this increased to 5.2% positive from Sept. 18 - 24. Data on RSV hospitalizations in the Twin Cities and respiratory pathogen testing in Minnesota can be found at [Weekly Influenza & Respiratory Activity: Statistics (https://www.health.state.mn.us/diseases/flu/stats/index.html#flustats1)](https://www.health.state.mn.us/diseases/flu/stats/index.html#flustats1)

Additional data from the Centers for Disease Control and Prevention (CDC) on RSV activity in the Midwest region can be found at [RSV Census Regional Trends: Region 2 Midwest https://www.cdc.gov/surveillance/nrevss/rsv/region.html#midwest](https://www.cdc.gov/surveillance/nrevss/rsv/region.html#midwest).

Patients with RSV infection typically present with fever, cough, wheezing and runny nose. Atypical symptoms, especially in very young children and infants younger than 6 months, include irritability, lethargy, poor feeding, and fever (although fever may not be present in many cases). RSV can also cause severe disease in older adults (65 years and older). Consider RSV when evaluating patients who have symptoms consistent with RSV, particularly when there are patients with respiratory symptoms who test negative for COVID-19.

Patients with acute respiratory symptoms should stay home while ill. This is especially important for people who work in health care, childcare and in long-term care. Children with suspected or confirmed RSV should not attend childcare.  
The prophylactic medication palivizumab is available to prevent severe RSV illness in certain infants and young children who are at high risk for severe disease. See AAP guidance for information on use: [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)

## 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)
* [Updated Guidance: Use of Palivizumab Prophylaxis to Prevent Hospitalization From Severe Respiratory Syncytial Virus Infection During the 2022-2023 RSV Season (aap.org)](https://www.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/interim-guidance-for-use-of-palivizumab-prophylaxis-to-prevent-hospitalization/?_ga=2.247432068.1820559852.1664570195-2028791577.1654206825)
* [Weekly Influenza & Respiratory Activity: Statistics](https://www.health.state.mn.us/diseases/flu/stats/index.html#flustats1) ([https://www.health.state.mn.us/diseases/flu/stats/index.html#flustats1](https://www.health.state.mn.us/diseases/flu/stats/index.html%23flustats1)).

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.