

## Health Advisory: Increased Interseasonal Respiratory Syncytial Virus (RSV) Activity in Texas June 24, 2021

### Background

In Texas, 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<sup>1</sup>. However, since late March 2021, DSHS has observed an increase in RSV detections reported to the National Respiratory and Enteric Virus Surveillance System (NREVSS). While DSHS Region 8 and Bexar County have not identified increases in RSV locally, providers are encouraged to consider testing for RSV and other respiratory pathogens in patients with a negative SARS-CoV-2 test.

RSV is primarily spread via respiratory droplets when a person coughs or sneezes, and through direct contact with a contaminated surface. 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.

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. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.
3. Clinicians should report clusters of laboratory-confirmed RSV cases and clusters of suspected severe respiratory illness to respective local health department (contact information below).
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.

### For More Information

[Texas DSHS – Respiratory Syncytial Virus](#)

[Texas RSV Data by Health Service Region, 2020-2021 Season, 06/08/21 Report](#)

**For questions or to report clusters/outbreaks of RSV, please contact your local health department:**

#### **Bexar County Residents:**

San Antonio Metropolitan Health District  
Epidemiology Program  
Phone: (210) 207-8876  
Fax: (210) 207-8807

#### **Residents of Other Counties:**

Texas Department of State Health Services  
Public Health Region 8  
Phone: (210) 949-2121  
Fax: (210) 692-1457

<sup>1</sup>Haddadin Z, *et al.* Acute Respiratory Illnesses in Children in the SARS-CoV-2 Pandemic: Prospective Multicenter Study. *Pediatrics*. 2021 May 13:e2021051462. doi: 10.1542/peds.2021-051462. Epub ahead of print. PMID: 33986150.