



Philadelphia Department of Public Health  
**Division of Disease Control**

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# ***Health Advisory***

## **Respiratory Syncytial Virus Circulating in Philadelphia Area September 25, 2006**

The Division of Disease Control, Philadelphia Department of Public Health monitors trends in the circulation of common respiratory viruses every year, from mid-September through late spring. Diagnostic laboratories report weekly aggregate totals of Influenza A and B, Respiratory Syncytial Virus (RSV), parainfluenza viruses, adenoviruses, and selected other respiratory viruses. During the week of September 18<sup>th</sup> 2006 one of the major viral diagnostic laboratories in the city reported that RSV had been identified in 12 clinical specimens to date. Although other regional laboratories have reported minimal or no RSV identification, it is prudent to assume that RSV is beginning to circulate locally.

RSV causes acute respiratory tract illness in patients of all ages, but is an important cause of bronchiolitis and pneumonia in infants and young children. It may also be associated with significant respiratory illness in the elderly. Children with congenital heart disease, underlying pulmonary disease, prematurity, and compromised immune systems are at greatest risk of severe RSV infection. Transmission of RSV occurs by direct or close contact with droplets or contaminated secretions that may persist for hours on environmental surfaces including hands. The incubation period is typically 4-6 days (range 2-8 days). Contact precautions are recommended for hospitalized infants and children, and hand hygiene and respiratory etiquette should be emphasized in all settings where there are individuals with respiratory infections.

Palivizumab (Synagis<sup>®</sup>, MedImmune Inc) and RSV Immune Globulin Intravenous (RSV-IGIV, RespiGam<sup>®</sup>, MedImmune Inc) are licensed by the U.S. Food and Drug Administration for prevention of RSV in selected high-risk situations. Healthcare professionals may wish to consider regional RSV activity when determining optimal timing for implementing prophylaxis with RSV-IGIV or palivizumab.

No cases of influenza A or B have been reported in Philadelphia to date. PDPH will provide regular summaries of respiratory virus transmission throughout the fall/winter respiratory virus transmission season.