



Philadelphia Department of Public Health Division of Disease Control

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Health Update

Respiratory Virus Surveillance Report—Nov. 25, 2008

Respiratory Syncytial Viruses Circulating in Philadelphia Area

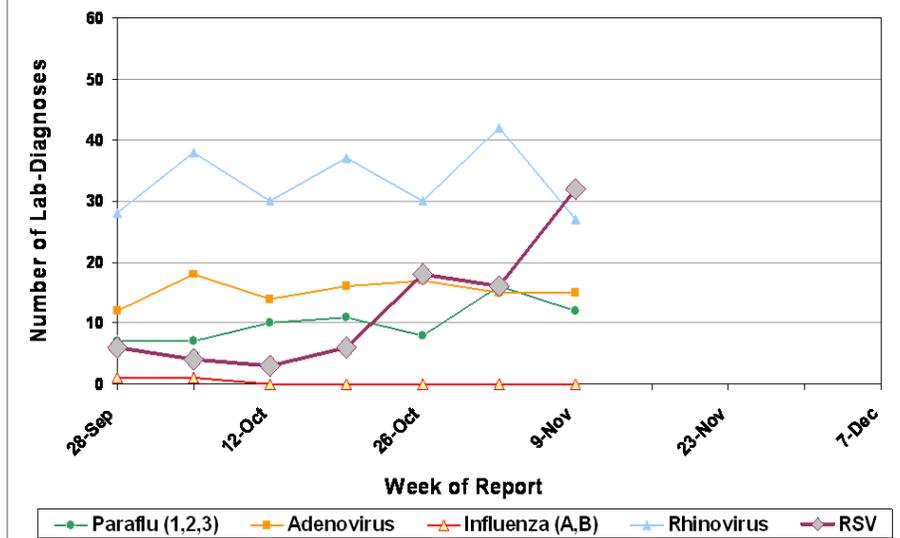
The Division of Disease Control (DDC) of the Philadelphia Department of Public Health monitors trends in the circulation of common respiratory viruses throughout each year. During the past 3 weeks, reports of respiratory syncytial virus (RSV) in respiratory specimens have increased substantially (figure). Several laboratories have detected RSV in over 10% of specimens submitted. The Pennsylvania Department of Health (PA-DOH) also describes similar increases in RSV transmission elsewhere in the state. Those at high risk for severe RSV-related illness include the elderly, immunocompromised persons, infants, children under 2 years of age with chronic lung disease, and premature infants < 35 weeks gestation at birth. Selected high-risk children ≤24 months of age may benefit from Palivizumab, the RSV monoclonal antibody preparation given monthly during RSV season to prevent RSV lower respiratory tract disease. For detailed information, please consult the *Red Book 2006 Report of the Committee on Infectious Diseases*. 27th ed. American Academy of

Pediatrics; 2006: 560-566 or please visit the website <http://aapredbook.aappublications.org/>.

In addition to RSV, rhinoviruses, parainfluenza viruses (all types) and adenoviruses are also circulating in the metropolitan area. **No confirmed cases** of influenza A or B have been reported in Philadelphia to date. However, PA-DOH has identified two confirmed cases of influenza A in the state, one of which occurred in Bucks County. Influenza vaccine should be offered to individuals who have not yet received it this season.

Nationally, twenty-one states have reported sporadic influenza activity while the rest have reported none. Activity has been greatest on the west coast and in west central states. In the last week, 1772 respiratory specimens were submitted to World Health Organization-affiliated laboratories. Sixteen were positive for influenza. Of the 16, eight were influenza A (not subtyped) isolates, 5 were influenza A (H1) isolates and 7 were influenza B isolates.

Laboratory-Based Surveillance for Influenza, RSV, Parainfluenza, Adenovirus, and Rhinovirus: Philadelphia, Fall of 2008



To report institutional outbreaks, pediatric mortality due to influenza, or if you have questions or comments please contact DDC at (215) 685-6740.