Utah Department of Health & Human Services

Respiratory syncytial virus (RSV)

Disease plan

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Last updated: April 8, 2025 by Leighana Luther

Questions about this disease plan?

Contact the Utah Department of Health and Human Services Office of Communicable Diseases: 801-538-6191.

Quick reference table

About the disease

Signs and symptoms

- Respiratory syncytial virus (RSV) infections can present with symptoms like runny nose, decreased appetite, coughing, sneezing, wheezing, and fever.
- RSV can cause secondary infections including bronchiolitis and pneumonia.

Period of communicability

How long is someone contagious?

- Patients are typically infectious for 3 to 8 days. However, young infants and children with suppressed immune systems can be infectious for 4+ weeks.

Incubation period

How long does it take to have signs and symptoms after being exposed?

- The incubation period for RSV is between 4 to 6 days on average.

Mode of transmission

How does the disease spread?

- RSV is primarily spread through droplets. Droplets come from the coughs or sneezes of a person who is infected.
- RSV can be spread through contact with contaminated surfaces and direct contact with the virus, such as through kissing the face of a child with RSV.[1]

Laboratory testing

Type of lab test

- Reverse transcription-polymerase chain reaction (RT-PCR) or antigen testing can be used to identify RSV.
- Whole genome sequencing (WGS) can be used to identify sublineages, study antigenic drift, and to identify potential outbreaks.

Type of specimens to collect

- Nasal washes, nasopharyngeal aspirates, nasal and nasopharyngeal swabs can be used as samples for lab tests.

Treatment recommendations

Type of treatment

- RSV is treated with supportive care. Supplemental oxygen and fluids should be used when needed. Severe cases may require intubation and ventilation.[1]
- RSV-targeted treatment such as Ribavirin may be considered for children who are severely

immunocompromised.[2]
Prophylaxis
How to reduce or prevent illness after exposure • Nirsevimab is a long-acting monoclonal antibody therapy. It should be administered to infants younger than 8 months, as well as those 8-19 months old at increased risk of severe RSV disease during RSV season (typically September through January, though it often occurs later in Utah).[3] If nirsevimab is unavailable, palivizumab (trade name Synagis) should be administered to high risk infants until nirsevimab becomes available.[1] • People who are 32 to 36 weeks pregnant during RSV season should receive one dose of maternal RSV vaccine (Abrysvo) to protect their babies.[4] • Adults 75 and older, as well as those 60-74 years old at increased risk for RSV, should receive a single dose of RSV vaccine. The best time to receive this vaccine is in late summer or early fall, before the start of RSV season.[5]
Case management
Isolation of case • Patients should voluntarily isolate from the time symptoms begin until the time symptoms are getting better overall and the patient has been fever-free for 24 hours without the use of fever-reducing medicines. Post-isolation precautions are recommended for the next 5 days.[6]
Infection control and prevention
• Patients infected with RSV should be placed on droplet precautions in healthcare settings.

Why is RSV important to public health?

Respiratory syncytial virus (RSV) can make people very sick, especially infants and older adults. RSV is the number one reason for hospitalization for infants.[8] It is common for RSV to spread within households, schools, and daycare centers.[9] RSV infections usually peak during the winter, when other respiratory illnesses are high. This can lead to a strain on healthcare capacity.[10]

Disease and epidemiology

Clinical description

RSV causes a cold-like respiratory illness. Symptoms can include runny nose, decreased appetite, coughing, sneezing, fever, and wheezing. Symptoms normally begin within 4–6 days after being

infected.[11]

RSV is very common. However, sometimes it can be hard to see the symptoms in an infant. Symptoms can include irritability, decreased activity, and breathing difficulties. Most children will experience at least one RSV infection by the time they are 2 years old. Children may have a runny nose and decreased appetite. After 1–3 days, they may develop a cough. In severe cases, bronchiolitis (inflammation of the small airways of the lung) and pneumonia may develop.[11]

Most adults who get RSV will have no symptoms or have mild cold-like symptoms. Adults who experience symptoms usually recover within 5 days. In severe cases, a lower respiratory tract infection can develop and cause pneumonia.[12]

People can be infected with RSV multiple times. However, the first infection is usually the most severe infection a person will have. It is important to prevent RSV in infants because they are very vulnerable to complications.[1]

Causative agent

RSV infection is caused by the human respiratory syncytial virus, an orthopneumovirus. There are 2 subgroup types of the virus: A and B. Both types can cause illness each year.[1]

Differential diagnosis

Illnesses that cause similar symptoms to RSV include: COVID-19, adenovirus, asthma, croup, human metapneumovirus, influenza, neonatal sepsis, human parainfluenza viruses, pediatric bronchitis, pediatric pneumonia, and other respiratory viruses.[13]

Laboratory identification

Rapid tests

Rapid antigen detection tests (RADTs) provide fast, accurate results and are simple to use at point-of-care.[14] Direct fluorescent antibody (DFA), enzyme or chromatographic immunoassays are used less often. These tests are most reliable in infants and young children. The tests are less sensitive in older children and adults, due to differences in viral shedding.[1]

Molecular testing

Reverse transcriptase-polymerase chain reaction (RT-PCR) are the most commonly used RSV tests. Some assays can test for multiple respiratory viruses using a single nasopharyngeal specimen. Some of these tests can also determine RSV A or B subgroup types.[1] The Utah Public Health Laboratory uses one such test, the Cepheid Xpert® Xpress CoV-2/Flu/RSV plus.

Other test types

Seroconversion and cell culture tests can also be done, but are not normally used.[1] Clinicians should consult with laboratory experts if they have further questions about which test or specimen to use.[12]

Specimen collection/submission

UPHL tests for respiratory syncytial virus (RSV) by RT-PCR. For testing at UPHL, samples should be submitted within 72 hours of collection. To order a test, use the specimen submission test request form and send the specimen via courier. UPHL has a limited capacity per day. As of April 2025, tests cost $68 each.

Treatment

RSV is treated with supportive care. There are no treatments that can shorten the disease duration or speed up recovery.[1] In severe cases, patients might need supplemental oxygen, IV hydration, or intubation.[11] Ribavirin, an RSV-targeted treatment, may be considered for children who are severely immunocompromised. Ribavirin is not recommended for previously healthy children because of the high cost and negative side effects.[2]

Case fatality

RSV deaths are most common among older adults, and occur less frequently in children. In adults older than age 65, there are around 6,000–10,000 deaths per year nationwide.[15] Among children younger than age 5, there are around 100–300 deaths per year nationwide. Most infants infected for the first time experience upper respiratory symptoms. 20-30% of infants develop lower respiratory symptoms, which can be more serious.[1] Only 2–3% of infected infants are typically hospitalized. However, RSV is the number one reason for hospitalization among this age group.[8,12]

Reservoir

There are many strains of RSV that affect animals. However, human RSV is only transmitted between humans.[1,16]

Transmission

RSV is spread through droplets in the air (from coughs and sneezes) or through contact with contaminated surfaces.[1] On hard surfaces, the virus can survive 6 hours or more. On skin, it can survive for around 20 minutes.[17] The virus can also spread through direct contact, like by kissing the face of a child who has RSV.[9] The attack rate, or the portion of a population that will catch the illness during a certain time period, varies by population. It is likely underestimated due to low

levels of testing. It can range from 1.6%–7.6% among older adults,[18,19] 3.5%–9.4% among children younger than age 5,[20] and 0.2%–2.5% among pregnant women.[21] Outbreaks often happen where people are closely gathered, such as nursing homes, schools, and daycare centers.[9]

Susceptibility

Two groups of people are most at risk for severe RSV symptoms: babies younger than 1 year old and adults older than 60, especially those who have comorbidities (multiple medical conditions).

Conditions that increase risk in children:

- Prematurity
- Chronic lung disease or congenital heart disease
- Immunosuppression
- Neuromuscular disorders
- Congenital anomalies, including conditions that cause difficulty swallowing or clearing mucus secretions
- Severe cystic fibrosis[12]

Conditions that increase risk in adults:

- Older age
- Lung disease, including chronic obstructive pulmonary disease (COPD) and asthma
- Chronic cardiovascular diseases, including congestive heart failure and coronary artery disease
- Diabetes
- Neurologic conditions
- Kidney, liver, and hematologic disorders
- Immunosuppression
- Other underlying conditions identified by a healthcare provider
- Living in a nursing home or other long-term care facility[12]

Incubation period

The time between the exposure and the start of symptoms is 4 to 6 days on average.[1]

Period of communicability

Individuals are typically infectious for 3 to 8 days. However, infants and children with suppressed immune systems can be infectious for 4+ weeks, even if their symptoms have resolved. Individuals may be infectious for up to 2 days before symptoms begin.[1,9]

Epidemiology

RSV typically follows a seasonal pattern similar to influenza. Cases rise in the fall and reach their highest point in the winter. The RSV season is loosely defined as October to March. The duration and onset of disease trends can vary by region and from year to year. Seasonal patterns are affected by the climate of the region. Utah and surrounding states in the Mountain West region typically have a delayed onset of the RSV season, and a later peak in disease activity compared to other regions. This pattern was disrupted by the COVID-19 pandemic in 2020 and has been abnormal in recent years.[15,22]

Public health control measures

Public health responsibility

- Promote vaccination to reduce illness and hospitalization in the community and severe disease outcomes for those at elevated risk.
- Provide education to the general public about disease transmission.
- Provide education to clinicians about disease diagnosis, reporting, and prevention.
- Monitor disease trends, particularly trends in pediatric RSV-associated mortality.
- Provide support during outbreaks as needed, especially in daycare and long term care facility settings.

RSV surveillance in Utah is conducted using these systems:

Viral surveillance and geographic disease trends

- National Respiratory and Enteric Virus Surveillance System (NREVSS)[23]

Outpatient illness surveillance

- National Syndromic Surveillance Program (NSSP)

Hospitalization surveillance

- Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-NET)[24]

Mortality surveillance

- Office of Vital Records and Statistics (OVRS)
- Office of the Medical Examiner (OME)
- Department of Health and Human Services (DHHS)

Prevention

Vaccine

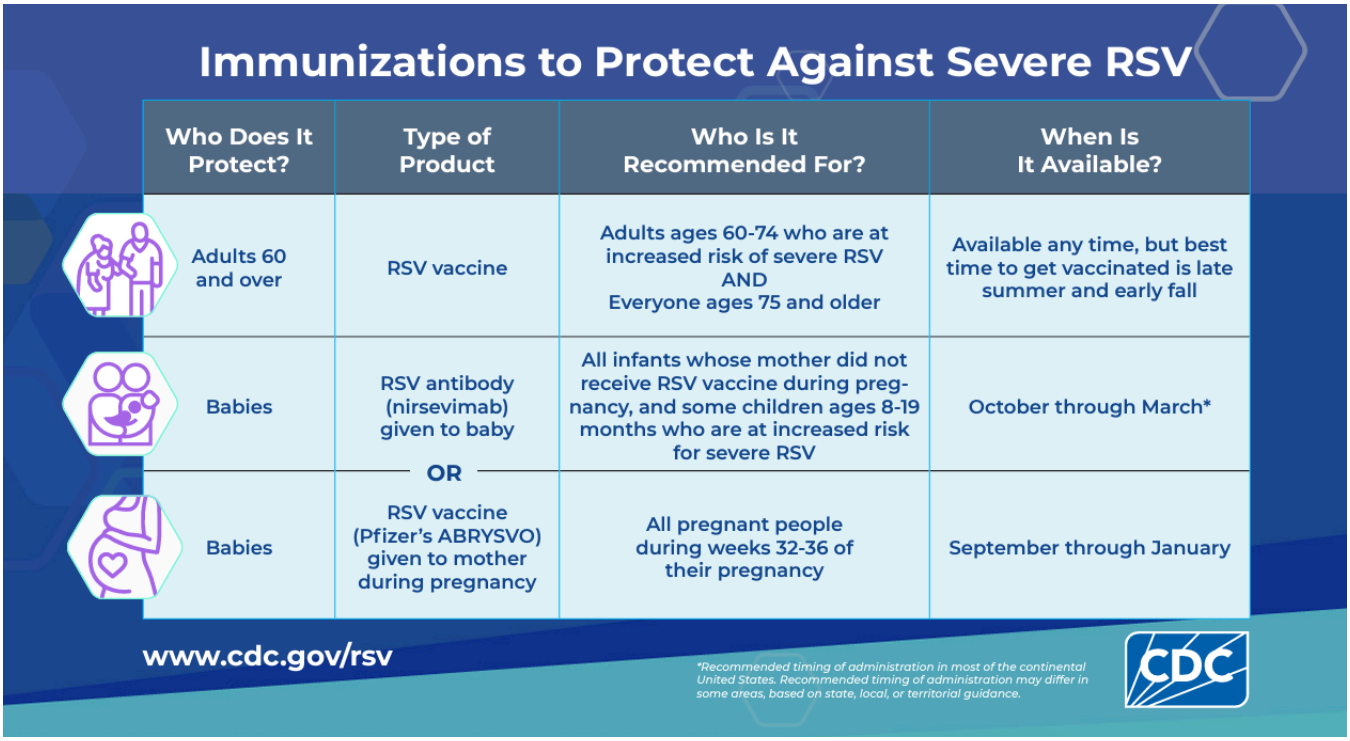
Several options are available for certain high-risk groups. See more details in the "immunizations" section below.

General preventive measures

To keep their families and communities safe, people who are sick with RSV should be encouraged to practice "respiratory etiquette." To practice respiratory etiquette:

- Stay away from other people when you are sick.
- Don't go to work, school, church, or other places where people gather if you are sick.
- Cover your mouth and nose when you cough or sneeze. Use a disposable tissue and throw it away when you are done.
- Wash your hands with soap and warm water or use alcohol-based hand sanitizers frequently.
- Avoid touching your eyes, nose, or mouth.Immunizations

Figure 1. CDC graphic detailing immunizations to protect against severe RSV[4]



Nirsevimab is a long-acting monoclonal antibody. It is recommended by ACIP (Advisory Committee on Immunization Practices) and CDC for all infants younger than 8 months who are born during or entering their first RSV season. It is also recommended for infants 8–19 months who are at increased risk of severe RSV disease and are entering their second RSV season.[3] Nirsevimab is the

preferred preventative medicine for both of these groups, but if there are difficulties obtaining it, palivizumab (trade name Synagis) should be administered to high risk infants until nirsevimab becomes available.[1]

RSVpreF vaccine (trade name Abrysvo) is recommended as a one-time dose by ACIP and CDC for pregnant women who are between 32–36 completed weeks' gestation during the typical Utah RSV season. Either maternal RSVpreF vaccination or nirsevimab administration are recommended for all infants. In most cases, infants do not need both.[25]

ACIP recommends all adults aged ≥75 receive a single dose of an FDA-approved RSV vaccine. Additionally, adults aged 60–74 who are at increased risk of severe RSV disease should receive a RSV vaccine. The 3 FDA-approved vaccines for older adults are Abrysvo, Arexvy, and MResvia. Full details regarding vaccine recommendations for older adults can be found here.[5]

Isolation and quarantine requirements

Voluntary isolation

People who are sick with RSV should not attend work, school, or go to other public places. They should stay home from the time they begin feeling sick until they meet this criteria:

- Symptoms are getting better overall
  AND
- They are fever free (without the use of fever-reducing medicines) for 24 hours

After their isolation at home, they should follow this guidance for the next 5 days. Practice hand hygiene, use face masks, use physical distancing, and take steps for cleaner air (such as using an air purifier, opening a window, or gathering outdoors).[6]

Healthcare facilities

Infection control recommendations can be adapted from CDC's Influenza Infection Control in Health Care Facilities. In healthcare facilities, patients should be placed on droplet precautions until 24 hours after their fever resolves.[26]

Quarantine: Not applicable.

Case investigation

Reporting

RSV is a reportable condition in Utah. The Communicable Disease Rule requires that laboratories, providers, and other entities that report electronically must report all laboratory results for RSV to DHHS.[7]

Case definition: RSV-associated hospitalizations

Hospitalization definition

- Positive test for RSV (using a laboratory-based molecular, antigen, serology, or antibody test) within 14 days before or during hospitalization[24]

Laboratory criteria

Evidence of a positive RSV test by at least one of the following methods:

- Molecular assays (including RT-PCR)
- Rapid antigen tests
- Serology or antibody tests
- Immunofluorescence antibody staining, including direct (DFA) and indirect (IFA) fluorescent antibody tests
- Viral culture[24]

RSV testing is recommended for hospitalized patients with a suspected viral respiratory infection, particularly infants and those older than age 60.

Case definition: RSV-associated pediatric mortality

Pediatric deaths caused by RSV are rare. It is important for public health to investigate these cases.

Clinical criteria

- Death in a person age 18 years or younger resulting from a clinically compatible illness, such as:
    - Signs and symptoms of upper or lower respiratory tract infection **or**
    - Signs of respiratory distress, such as apnea
- AND illness confirmed to be RSV by autopsy or any of the below laboratory findings within 60 days of death:

Laboratory criteria

Evidence of a positive RSV test by at least one of the following methods:

- Tissue cell culture
- Molecular assays (including RT-PCR)
- Rapid antigen tests
- Serology or antibody tests
- Immunofluorescence antibody staining, including direct (DFA) and indirect (IFA) fluorescent antibody tests
- Immunochromatographic rapid laboratory tests
- Immunohistochemical (IHC) staining
- Viral culture[24]

The OME collects a nasopharyngeal sample during autopsy for all infants and toddlers, except in cases of traumatic deaths. A respiratory pathogen test is conducted via PCR. Most pediatric RSV-associated deaths are first identified through the OME. When classifying a case as an RSV-associated pediatric death, many factors are taken into account. Those factors are the autopsy report, hospitalization records, medical history, and case classification.

Case investigation process

RSV cases do not need to be investigated. However, the state will investigate CMRs that involve a death within 90 days of a RSV lab being received or a CMR automatically created for patients <18 years old to determine if the death was RSV-associated. The determination is made on a case by case basis, following CSTE guidance.[27]

Outbreaks

The peak of the RSV season occurs in the winter in Utah. This is when localized outbreaks are most likely to occur. There is not a specific number of cases that defines an outbreak. Group settings, such as LTCFs, schools, daycares, and correctional facilities, are more likely to experience outbreaks because of close contact and decreased hygiene habits of younger children. Daycares in particular are susceptible to outbreaks during the RSV season. The rate of RSV infection is highest among those aged 0–4.

Teaching children appropriate hygiene and respiratory etiquette and instituting isolation policies for sick children during RSV season can help control the spread of disease. General measures to control activity during RSV season include immunization for those eligible, practicing respiratory etiquette, and staying home when sick. See CDC's general respiratory virus guidance and infection

control guidance for preventing transmission of viral respiratory pathogens in healthcare settings for more recommendations for outbreak control.[28,29]

Support from public health, including guidance and additional testing capacity, may be needed in some cases. LHDs may reach out to Utah DHHS for support.

Identifying case contacts

Contacts of RSV cases are not typically traced or investigated. Certain situations may call for contact tracing, such as an exposure in a setting with high risk contacts. The decision to contact trace should be made by public health authorities and should follow CDC guidelines.

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Version control

April 2025: Created the RSV disease plan. Written by Josh Benton and Leighana Luther.

Minimum data required for reporting cases on EpiTrax

"Respiratory syncytial virus (RSV) activity"

Minimum Data Set:

- Patient name
- Patient ID
- Date of birth
- Gender
- Race
- Ethnicity
- Patient address
- Patient city
- Patient state
- Patient zipcode
- Patient telephone
- Date reported
- Performing lab
- Ordering provider name
- Ordering provider telephone
- Ordering provider address
- Condition LOINC and description
- Test result
- Specimen accession
- Reference range
- Abnormal flag
- Specimen source
- Test status
- Collection date
- Lab test date

Rules for entering laboratory test results

Note that rules below are specific to informatics as a way to standardize what labs are entered into EpiTrax. They should not be used when investigating a case.

The following rules describe how laboratory results reported to public health should be added to new or existing events in EpiTrax. These rules have been developed for the automated processing of electronic laboratory reports, although they apply to manual data entry, as well.

Whitelist rules

Whitelist rules describe how long an existing event can have new laboratory data appended to it. If a laboratory result falls outside the whitelist rules for an existing event, it should not be added to that event, and should be evaluated to determine if a new event (CMR) should be created.

- RSV Morbidity: 60 days
- RSV contact: 14 days

Graylist rule

We often receive laboratory results through ELR that cannot create cases, but can be useful if a case is created in the future. These laboratory results go to the graylist. The graylist rule describes how long an existing event can have an old laboratory result appended to it.

- RSV: 30 days before event date, 7 days after event date for condition of Respiratory Syncytial Virus (RSV) Activity