



Severe and Fatal Pediatric RSV: Reporting and Investigation

The New Jersey Department of Health (NJDOH) is requesting reports of severe or fatal pediatric respiratory syncytial virus (RSV) cases. Health care providers and facilities should report cases meeting the following clinical and laboratory criteria.

Clinical

- Pediatric patient (i.e., less than 18 years of age) with confirmed laboratory evidence for RSV **AND**
- Severe illness defined as admission to an intensive care unit for RSV-associated illness **OR**
- Death in an individual <18 years of age resulting from an illness clinically compatible with RSV, and there was no period of complete recovery between the RSV illness and death and there is no alternative agreed-upon cause of death.

Laboratory

RSV Confirmatory Laboratory Evidence:

- Isolation of respiratory syncytial virus (RSV) by tissue cell culture
- Detection of respiratory syncytial virus (RSV) nucleic acid by reverse-transcriptase polymerase chain reaction (RT-PCR) or other nucleic acid detection assay
- Detection of respiratory syncytial virus (RSV) antigen by immunofluorescent antibody staining (direct or indirect)
- Detection of respiratory syncytial virus (RSV) antigens by immunochromatographic or similar rapid laboratory test
- Detection of respiratory syncytial virus (RSV) antigens from autopsy specimens by immunohistochemical (IHC) staining

Cases meeting reporting criteria should be created and/or updated in CDRSS by the acute care facility or by the local health department where the patient resides by the next business day following discharge or death. If cases needing updates are closed in CDRSS, email CDS.RESP@doh.nj.gov and request the case be opened. The [Pediatric RSV-Associated Mortality Case Report Form](#) must also be completed and submitted for fatal cases.

At a minimum, the following information should be entered into CDRSS for reported cases:

- **Disease Information**
 - Select Disease: RESPIRATORY SYNCYTIAL VIRUS (RSV)
 - Enter the illness onset date (date when signs/symptoms began)

- Select the appropriate case and report status.
- **Patient Personal Information**
 - Enter patient first and last name, date of birth, sex for clinical use, race, and ethnicity
- **Addresses**
 - Enter primary address where patient resides
- **Laboratory and Diagnostic Test Information**
 - Include laboratory testing information
- **Comments**
 - Enter relevant notes associated with the investigation
- **Outbreak Information**
 - If case is associated with an outbreak, enter outbreak information
- **Clinical Status**
 - List any pre-existing conditions
 - Indicate whether patient died, date of death, and cause of death if known
- **Immunization Information**
 - Enter immunization (antibodies) information if known
 - In comments, if case is an infant less than 6 months of age, indicate whether mother received maternal RSV vaccine during pregnancy if known.
- **Medical Facility and Provider Information**
 - Enter admission and discharge dates
 - Enter provider information, including contact information
 - Indicate whether patient was admitted to ICU and ICU admission/discharge dates
 - Indicate whether patient was placed on mechanical ventilation
- **Risk Factors**
 - Answer all questions and enter attributes if applicable
 - If case is less than 6 months of age, indicate whether mother received maternal RSV vaccine during pregnancy
- **Signs and Symptoms**
 - Select 'Yes', 'No', 'Unknown', 'Not Asked', 'Refused to Answer' for each sign and symptom
 - Select attribute if applicable.