

Respiratory Syncytial Virus

Revision Dates

Case Definition	January 2013
Reporting Requirements	July 2018

Case Definition

Confirmed Case

Clinical illness^(A) with laboratory confirmation of infection:

- Detection of respiratory syncytial virus (RSV) nucleic acid (e.g., PCR) in an appropriate clinical specimen (e.g., nasopharyngeal swab or aspirate, throat swab, or auger suction)^(B)

OR

- Detection of RSV viral antigen in nasopharyngeal cells by Immunofluorescence Assay(IFA) or Enzyme Immunoassay (EIA)

OR

- Isolation of RSV from respiratory secretions in cell culture.

**This probable case definition is provided as a guideline to assist with case finding and public health management, and should not be reported to Alberta Health.*

Probable Case*

Clinical illness^(A) in a person who is epidemiologically linked to a confirmed case.

^(A) Primary infection manifests as pneumonia, bronchiolitis, tracheobronchitis or upper respiratory tract illness (often accompanied by fever and otitis media). The infection is very rarely asymptomatic.

^(B) Refer to the [Provincial Laboratory for Public Health \(ProvLab\) Guide to Services](#) for current specimen collection and submission information.

Reporting Requirements

1. Laboratories

All laboratories shall report all positive laboratory results by mail, fax or electronic transfer within 48 hours (two business days) to the:

- Chief Medical Officer of Health (or designate), and
- Medical Officer of Health (or designate) of the zone.

2. Alberta Health Services and First Nations and Inuit Health Branch

- Laboratory surveillance only.
- Completion of a Notifiable Disease Report is not required.

Superseded