Respiratory Syncytial Virus

Revision Dates

Case Definition	January 2013
Reporting Requirements	January 2013

Case Definition

Confirmed Case

Clinical illness^[1] 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)^[2]

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.

Probable Case*

Clinical illness^[1] in a person who is epidemiologically linked to a confirmed case.

*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.



^[1] 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.

^[2] Refer to the <u>Provincial Laboratory for Public Health (ProvLab) Guide to Services</u> for current specimen collection and submission information.

View the current version of the publication at https://open.alberta.ca/publications/respiratory-syncytial-virus

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Reporting Requirements

1. Laboratories

Section 23(a)(ii) of the *Public Health Act* requires that all laboratories, including regional laboratories and the ProvLab, shall report all positive laboratory results by mail, fax or electronic transfer within 48 hours (two days) to the:

- Chief Medical Officer of Health (or designate),
- Medical Officer of Health (or designate) and
- Attending/ordering physician.

2. Alberta Health Services

Laboratory surveillance only. Completion of an NDR is not required.

