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To: Wisconsin Local Health Departments, Tribal Health Agencies, Health Care Providers, and Infection Preventionists

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Respiratory Syncytial Virus (RSV)-associated hospitalizations and RSV-associated Pediatric Deaths are Now Reportable Conditions in Wisconsin

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Summary

- Starting November 1, 2023 RSV-associated hospitalizations and RSV-associated pediatric deaths among Wisconsin residents are reportable to DHS.
- This change will bring RSV surveillance in alignment with influenza virus surveillance.

Background

RSV is an important cause of morbidity and mortality, particularly among young children under 5 years old and adults over 65 years old. RSV is the leading cause of hospitalization among infants in the United States, and infants born prematurely are at elevated risk for severe RSV disease.

According to data from the Centers for Disease Control and Prevention (CDC), each year in the United States, RSV leads to approximately:

- 2.1 million outpatient (non-hospitalization) visits among children younger than 5 years old.
- 58,000-80,000 hospitalizations among children younger than 5 years old.
- 60,000-160,000 hospitalizations among adults 65 years and older.
- 6,000-10,000 deaths among adults 65 years and older.
- 100–300 deaths in children younger than 5 years old.

To date, RSV has not been a reportable condition in Wisconsin. Unlike influenza and COVID-19, RSV-associated disease is not currently a nationally notifiable condition, yet it will likely become reportable in the future as the importance of accurate RSV surveillance is increasingly recognized and as effective interventions for prevention and treatment become more widely available. **The purpose of this memo is to notify all clinical, laboratory and public health partners of new requirements for reporting RSV-associated hospitalizations and RSV-associated pediatric deaths among Wisconsin residents.**

Current surveillance can only estimate RSV-associated deaths based on death certificates, which likely misses many deaths that occur outside of a hospital setting. Furthermore, the burden of disease among children older than 5 and young adults is not well-defined. In 2018, CSTE approved [a position statement](#) for a standard case definition for surveillance of RSV-associated mortality for all ages. Using this standard case definition will enhance our ability to detect RSV-associated mortality among children less than 18 years old, which is essential to improving our understanding of the overall burden of severe RSV infection among this age group. Surveillance for RSV-associated hospitalizations will be essential to improving our understanding of the overall burden of severe RSV infection among all age groups.

The goals of RSV surveillance include:

- Monitoring fatal outcomes to verify known risk factors and novel risk factors for severe RSV infection.
- Assessing the impact and efficacy of current treatment and prevention therapies.
- Addressing knowledge gaps regarding the optimal timing of current and future vaccinations and boosters among children, as well as during pregnancy for the passive protection of infants.

Reporting

Appendix A of [Wis. Admin. Code ch. DHS 145](#) states “any illness caused by an agent that is foreign, exotic or unusual to Wisconsin, and that has public health implications” is a reportable condition. Therefore, the Wisconsin Department of Health Services will include Respiratory Syncytial Virus-Associated Pediatric Mortality and Respiratory Syncytial Virus -Associated Hospitalizations as new category II reportable conditions for which general powers under Wis. Stat. [ch. 252](#) and [Wis. Admin. Code ch. 145](#) apply.

Starting November 1, 2023, and until further notice, all Wisconsin Acute Care Hospitals, Coroners and Medical Examiners should report:

- **RSV-associated hospitalizations**, defined as a patient who is hospitalized (>24 hours) as a result of a RSV compatible illness and with laboratory evidence for RSV.
- **RSV-associated pediatric mortality**, defined as a death of a person < 18 years as a result of RSV compatible illness and with laboratory evidence for RSV.

These should be reported to the Wisconsin Electronic Disease Surveillance System (WEDSS), or by mailing or faxing a completed Acute and Communicable Disease Case Report ([F-44151](#)) to the address on the form.

Outbreaks of any communicable disease, including RSV, are a category 1 reportable conditions.

This reporting change will bring RSV surveillance in alignment with influenza virus surveillance.

Specific details and case definitions can be found on DHS website:

- [Communicable Disease Case Reporting and Investigation Protocol: Respiratory Syncytial Virus-Associated Pediatric Mortality](#)
- [Communicable Disease Case Reporting and Investigation Protocol: Respiratory Syncytial Virus-Associated Hospitalizations](#)

References

- [Wisconsin Local and Tribal Health Departments](#)

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- [Wisconsin Department of Health Services, Division of Public Health, Respiratory Viruses Resistance webpage](#)