Respiratory syncytial virus (RSV) season has arrived in Alaska. RSV causes acute respiratory tract illness in patients of all ages and occurs in annual epidemics of variable extent during winter and early spring in temperate climates. Severe RSV illness is more likely to occur in infants and young children, especially those with chronic lung disease and prematurely born infants with or without chronic lung disease.

While RSV infection is not reportable in Alaska, outbreaks of an unusual number of any infectious disease are reportable to the Alaska Section of Epidemiology. Since January 1 of this year, health care providers at Samuel Simmonds Memorial Hospital have reported an outbreak of RSV in North Slope Borough communities that resulted in the hospitalization of 46 infants and young children. Of the 44 hospitalized children, 19 (41%) required mechanical ventilation and medical transport to Anchorage for intensive care.

RSV is circulating in other communities in Alaska as well. Between December 2006 and March 13, 2007, the Alaska State Virology Laboratory in Fairbanks reported RSV in specimens from Anchorage (4), Fairbanks (42), Ft. Wainwright (35), Juneau (6), and Kotzebue (7).

Diagnosis of RSV infection can be confirmed by virus isolation, detection of viral antigens, detection of viral RNA, demonstration of a rise in serum antibodies, or a combination of these tests. Most clinical laboratories use antigen detection assays to diagnose infection. Specimens for RSV testing may be submitted to the ASVL for testing, free-of-charge. Providers should consider sending respiratory specimens for viral culture if they wish to confirm RSV in their patient or community or if no RSV has been identified in their community.

Current prevention strategies include:

- Wash hands frequently, or when running water is not available, use an alcohol-based hand sanitizer.
- Practice respiratory etiquette (e.g. cover your cough and wash after touching respiratory secretions).
- Avoid sharing items such as cups, glasses, and utensils with persons with respiratory illnesses.
- Avoid taking infants and children at high risk for serious RSV disease to public gatherings when RSV is circulating in the community.
- RSV-IGIV or the anti-RSV humanized murine monoclonal antibody (palivizumab) can be given during the RSV outbreak season to prevent serious complications of infection in some infants and children at high risk for serious RSV disease.
- In a hospital setting, RSV transmission can be prevented by strict attention to contact precautions, such as hand washing and wearing gowns and gloves.

Child care or school exclusion of children with afebrile colds or other respiratory illnesses will probably not decrease transmission of RSV, since it is often spread in the early stages of illness. The use of masks in non-health care settings is not recommended to prevent RSV transmission.

Go to [http://www.epi.hss.state.ak.us](http://www.epi.hss.state.ak.us) for fact sheets, a poster, and other information about RSV.

**References:**
A brief report: respiratory syncytial virus activity – United States, 2005—2006; at [http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5547a5.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5547a5.htm)
Guidelines for preventing health-care–associated pneumonia; at [http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm)