

SEASONAL DISEASES

2022 respiratory syncytial virus (RSV) season has started and may be associated with higher than usual RSV circulation

Before the COVID-19 pandemic, the RSV season in South Africa usually preceded the influenza season with the usual average onset at the end of February (range early February – mid-March). However, since the start of COVID-19 pandemic, with non-pharmaceutical interventions to prevent SARS-CoV-2 transmission in place, RSV circulation has been disrupted, with fewer cases and out of season outbreaks reported.

In 2022 to date, among patients of all ages hospitalised with lower respiratory tract illness (LRTI) at sentinel pneumonia surveillance sites, RSV transmission started to increase from week 5 (week ending 13 February). Of the 31 patients testing positive for RSV among influenza-like-illness (ILI) surveillance cases at primary

health facilities, the majority were RSV subgroup A (97%, 30/31) and one was pending RSV subgroup results. Whereas among cases hospitalised with LRTI at sentinel pneumonia surveillance sites, the majority were RSV subgroup B (54%, 79/147), followed by RSV subgroup A (28%, 41/147), RSV subgroup results were inconclusive for three (2%) and pending results for 24 (16%).

The 2022 RSV season started in week 7 (week ending 20 February 2022) when the RSV detection rate breached the low threshold level and levels are currently moderate (using the Moving Epidemic Method (MEM), a sequential analysis using the R Language, to calculate the duration, start and end of the annual epidemic) (Figure 3).

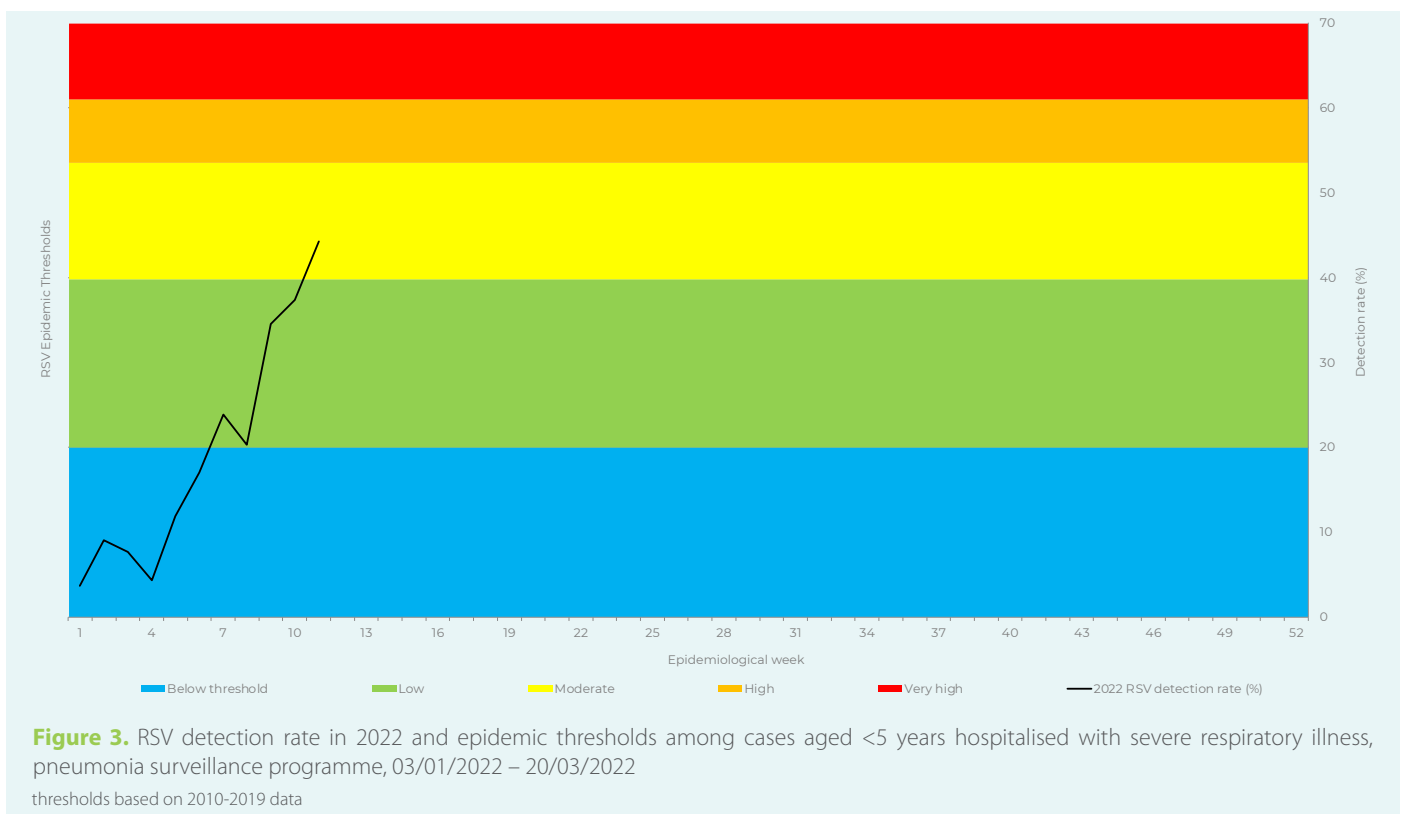


Figure 3. RSV detection rate in 2022 and epidemic thresholds among cases aged <5 years hospitalised with severe respiratory illness, pneumonia surveillance programme, 03/01/2022 – 20/03/2022
thresholds based on 2010-2019 data

During this period, clinicians should consider RSV in their differential diagnosis and anticipate an increase in paediatric admissions. This is particularly important in light of the results from a modelling study using surveillance data from South Africa, which has predicted a 32% increase in peak number of monthly hospitalisations compared to the average for 2015-2019, with an earlier than usual peak number of RSV-related hospitalisations in early April and largest percent increase in

hospitalisations among older children [1]. Healthcare providers may have to reallocate resources to paediatric patients to ensure adequate response to the anticipated surge in RSV cases.

1. Bents S, Viboud C, Grenfell B, Hogan A, Tempia S, Gottberg Av, et al. The impact of COVID-19 non-pharmaceutical interventions on future respiratory syncytial virus transmission in South Africa. medRxiv 2022:2022.2003.2012.22271872.