



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

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To: All North Carolina Providers  
From: Erica Wilson, MD, MPH, Medical Epidemiologist  
Subject: Out of Season Increases in RSV  
Date: July 30, 2021

This memo provides information and guidance to providers on out of season increases in cases of respiratory syncytial virus (RSV) in North Carolina and on Medicaid coverage of Palivizumab (Synagis) in high-risk infants for passive immunoprophylaxis against RSV.

### **Background**

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia in children under 1 year of age. Cases of RSV generally peak during late fall or early winter, with low incidence during the summer months. During 2020-2021 incidence of RSV remained low during the winter months, likely due to prevention measures put in place for prevention of COVID-19. However, in early June, increase out of season activity was detected across parts of the country, particularly the southeast. On June 10, 2021, The CDC and Health Alert Network (HAN) issued a [health advisory](#), notifying providers of the increase and making recommendations for increased awareness and testing.

North Carolina conducts sentinel surveillance for RSV in seven hospitals systems across the state. Sentinel surveillance showed an increase in positive RSV tests starting in late spring, with a rapid rise in cases in July reaching numbers of positive RSV tests normally seen during winter peaks.

### **Guidance for Clinicians**

Clinicians should be aware of the typical clinical presentation of RSV for different age groups and should consider testing patients with a negative SARS-CoV-2 test and acute respiratory illness for other respiratory pathogens, such as RSV. Real-time reverse transcription-polymerase chain reaction (rRT-PCR) is the preferred method for testing for respiratory viruses.

Reporting of individual RSV cases or RSV-positive results to public health is not required in North Carolina. However, clinicians should report suspected clusters of RSV or severe respiratory illness to their local health department or to the NC DPH Epidemiologist on call at 919-733-3419.

Healthcare personnel, childcare providers, and staff of long-term care facilities should avoid reporting to work while acutely ill – even if they test negative for SARS-CoV-2.

Clinicians can review weekly updates to the [NC Respiratory Surveillance Report](#) and the [NREVSS website](#) for information on RSV circulation trends in North Carolina.

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## **Palivizumab Prophylaxis**

American Academy of Pediatrics (AAP) guidance recommends that palivizumab be considered for use to decrease the risk of hospitalization in selected infants at significantly increased risk of severe RSV during the typical season. Due to out of season increases in RSV in 2021, [AAP strongly supports](#) consideration for use of palivizumab in patients who would normally be considered candidates in regions with high rates of RSV consistent with the typical fall-winter season.

Consistent with AAP guidance, [North Carolina Medicaid opened the coverage season](#) for palivizumab starting August 15, 2021, lasting through March 31, 2022 with coverage of up to eight monthly doses for those covered. Questions about North Carolina Medicaid coverage of palivizumab should be directed to Outpatient Pharmacy Services at 919-527-7658 and additional information can be found in the [Medicaid Bulletin](#).