



## **Reporting Criteria for RS virus infection**

### **(1) Definition**

Acute respiratory disease caused by RSV (respiratory syncytial virus) infection. Typical pathological pictures are bronchiolitis and pneumonia.

### **(2) Clinical manifestations**

The incubation period is 2-7 days (generally 4-5 days). Among infants infected by RSV for the first time, the early manifestation is upper respiratory tract symptoms (rhinorrhea, cough, etc.), then lower respiratory tract symptoms appear occasionally associated with fever of 38-39°C. Bronchitis and pneumonia signs are observed in 25-40% of infants. Very often dyspnea and serious respiratory symptoms appear among babies <1 year of age (particularly <6 months of age), infants with underlying cardiopulmonary disease(s) and infants born prematurely. These cases require hospitalization and respiratory control. Stridor caused by bronchitis is typically observed among infants. In later stages of infection, appear symptoms like tachypnea and retractive breathing and pneumonia. Newborn babies and babies <2-3 months of age may develop apnea.

Among infants with RSV infection history, bronchiolitis and pneumonia are rare. Frequent is upper respiratory tract inflammation often associated with otitis media.

### **(3) Reporting criteria**

#### **a) Patients (confirmed cases)**

In compliance with Article 14 paragraph 2 of the Infectious Diseases Control Law, if a physician at a designated sentinel medical institution suspects RSV infection in a patient with clinical characteristics as described in (2), and diagnoses RSV infection based on the laboratory diagnosis as described on the left side of the Table in (4), the administrator of the designated sentinel medical institution must notify the case on a weekly basis on the Monday following the week of the diagnosis.

Clinical specimens for the laboratory diagnosis should be chosen from the list on the right side of the Table in (4), which correspond to the laboratory diagnosis method chosen.

#### **b) Deceased**

In compliance with Article 14 paragraph 2 of the Infectious Diseases Control Law, if a physician at a designated sentinel medical institution has suspects RSV infection in a deceased patient with clinical characteristics as described in (2), and diagnoses that the death was due to RSV infection based on the laboratory diagnosis as described on the left side of the Table in (4), the administrator of the designated sentinel medical institution must notify the case on a weekly basis on the Monday following the week of the diagnosis.

Clinical specimens for the laboratory diagnosis should be chosen from the list on the right side of the Table in (4), which correspond to the laboratory diagnosis method chosen.

**(4) Laboratory diagnosis required for notification;**

Laboratory method	Specimen
Detection of pathogen by isolation and identification	Nasal cavity aspirate, nasal cavity swab, throat swab
Detection of antigen(s) of the pathogen by rapid diagnostic kit	
Detection of antibody by neutralizing test or complement fixation test [The case will be definitively positive if sero-conversion or increase of antibody titer is confirmed by comparing the acute phase serum and recovery phase (2-3 weeks after) serum]	Serum