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September 30, 2024

TO: Healthcare Providers, Clinical Laboratories, Hospitals, Long Term Care Facilities, Healthcare Facilities, Pharmacists and Local Health Departments

FROM: NYSDOH Division of Epidemiology

**HEALTH ADVISORY:
RESPIRATORY SYNCYTIAL VIRUS (RSV) SURVEILLANCE AND REPORTING REQUIREMENTS,
2024-2025**

For healthcare facilities, please distribute immediately to the Infection Control Department, ICU Emergency Department, Infectious Disease Department, Director of Nursing, Medical Director, Director of Pharmacy, Laboratory and Pathology Service, and all inpatient and outpatient patient care areas.

PURPOSE

The New York State Department of Health (NYSDOH) will provide this document annually as a summary of Respiratory Syncytial Virus (RSV) prevention and reporting requirements for healthcare providers, clinical laboratories, local health departments (LHDs), hospitals, long-term care facilities, and other stakeholders.

RSV SURVEILLANCE AND REPORTING REQUIREMENTS

NYSDOH will conduct enhanced RSV surveillance beginning September 29, 2024, and continuing through the week ending May 17, 2025. Reporting requirements vary by setting and provider type; requirements are summarized in the table and are detailed below.

Reporting Requirements and/or Recommendations	Responsible Setting	How to Report	Page
RSV-associated pediatric mortality	All settings	Contact the LHD of the county where the child resided.	2
RSV laboratory test results (PHL § 576-c)	Laboratories	Electronic Clinical Laboratory Reporting System (ECLRS)	2
RSV hospitalizations and deaths (10 NYCRR 2.1)	Hospitals	Weekly RSV Hospitalizations Survey on the Health Electronic Response Data System (HERDS)	2-3
Healthcare facility-associated RSV outbreaks (10 NYCRR 2.1)	Hospitals and long-term care facilities regulated under Article 28	Nosocomial Outbreak Reporting Application (NORA) on HERDS and LHD where the facility is located.	3
RSV outbreaks in community or other settings (10 NYCRR 2.1)	State institutions Schools/colleges/daycare centers Assisted living facilities Group homes Adult homes Home care agencies Diagnostic & Treatment Centers Outpatient or ambulatory settings	Contact the LHD where the facility is located.	3

All Settings

- Suspected or confirmed **RSV-associated deaths in children aged <18 years** are reportable in New York State and must be reported to the LHD of the patient's county of residence.

Community or Other Ambulatory/Outpatient Settings

- Healthcare providers must report **outbreaks of RSV** in an ambulatory or outpatient setting to the LHD of the county in which the outbreak is occurring. Contact information for LHDs can be found at <https://www.nyscho.org/directory/>.
- Suspected or confirmed RSV-associated deaths in children aged <18 years are reportable in New York State and should be reported immediately to the LHD of the patient's county of residence.

Laboratories

- Permitted clinical laboratories¹ and limited-service laboratories² that perform RSV testing (i.e., detectable/positive laboratory report from a rapid diagnostic test (RDT), viral culture, reverse transcriptase-polymerase chain reaction (RT-PCR), or immunofluorescence (IFA or DFA) antibody staining) on New York State (NYS) residents are required to **report all positive RSV A, RSV B, and RSV unspecified test results**, excluding serology, to the NYSDOH Electronic Clinical Laboratory Reporting System (ECLRS). Reporting of negative test results is strongly encouraged.
- The ECLRS Help Desk (866-325-7743) or eccls@health.state.ny.us is available to answer questions and assist with reporting procedures.

Hospitals and Long-Term Care Facilities

Weekly Hospitalized Laboratory-Confirmed RSV Case Reporting (Hospitals only)

- Starting September 29, 2024, hospitals are required to report the weekly aggregate number of hospitalized cases and deaths with laboratory-confirmed RSV, by age group to the NYSDOH. Reporting is done via the **“Weekly Influenza and RSV Hospitalizations” survey** on the **HERDS** application located on the NYSDOH Health Commerce System (HCS) at: <https://commerce.health.state.ny.us/>.
 - Include all community-associated and healthcare facility-associated (nosocomial) RSV infections among hospitalized patients who have evidence of laboratory-confirmed RSV (see laboratory section for the type of confirmatory tests) or a written note or verbal report from a healthcare provider of a positive test (e.g., from a test performed on a prior admission). (Note: healthcare-facility-associated cases must also be reported as outlined below).
 - Hospitalized patients include:
 1. patients who were admitted to an inpatient unit of the hospital (an overnight stay is not required) OR
 2. Patients who were kept in observation for ≥ 24 hours.
 - Exclude patients who only visited the emergency department (except see information about deaths below) or patients previously reported by a different hospital and later transferred to your hospital.
 - Include all RSV-associated deaths in hospitalized patients who have evidence of laboratory-confirmed RSV.
 - An RSV-associated death is defined as a death resulting from a clinically compatible illness that was confirmed to be RSV by an appropriate laboratory test. There should be no period of complete recovery between the illness and death.
 - Include patients who died while in the emergency department.

¹ <https://www.wadsworth.org/regulatory/clep/approved-labs>

² <https://www.wadsworth.org/regulatory/clep/limited-service-labs>

- During which week must a patient be counted?
 - The surveillance week begins on Sunday at 12:01 AM and ends on Saturday at midnight.
 - Whenever possible, use RSV specimen collection date and time when determining in which week a patient is counted (previously submitted data can be revised directly in HERDS for the current reporting week and the previous 6 weeks).
 - For patients previously diagnosed with RSV (for example, outpatient provider office) and subsequently hospitalized, use the date of hospitalization to determine the reporting week.
 - Report each hospitalized individual patient only once, when first identified as a case, except if the patient dies during the same reporting week as the hospitalization. In that case, report them both as a hospitalized case and a death. Do not count the same hospitalized patient in multiple weeks, unless discharged and then readmitted for a new laboratory-confirmed RSV illness or unless the patient dies in a later week after previously being reported as a hospitalized case (readmission must be a minimum of 30 days from the initial hospitalization/test to be reported as a new admission).
- For surveillance program questions or concerns, please contact the Bureau of Communicable Disease Control (BCDC) at 518-473-4439. For technical difficulties with accessing or using HERDS, please contact the Office of Health Emergency Preparedness (OHEP) at 518-408-5163.

Healthcare Facility Outbreak Reporting

- Hospitals and long-term care facilities must report all single cases and clusters of confirmed or suspected **healthcare facility-associated** RSV³ to the NYSDOH Bureau of Healthcare-Associated Infections (BHAi) via the **Nosocomial Outbreak Reporting Application (NORA)**, an activity within the HERDS application located on the HCS at: <https://commerce.health.state.ny.us/>.
 - If you need access to NORA, please contact your facility’s HCS Coordinator and ask to be assigned to the “Infection Control Practitioner” role in the HCS Communications Directory, which will immediately include access to NORA. Until you have access to NORA, a paper NORA report must be completed and submitted by fax to 518-402-5165. This form can be accessed at: <http://www.health.ny.gov/forms/doh-4018.pdf>.
 - For questions regarding healthcare facility-associated reporting, contact the appropriate NYSDOH Regional Epidemiology office:

Western Regional Office: 716-847-4503	Central New York Regional Office: 315-477-8166
Capital District Region: 518-474-1142	Metropolitan Area Regional Office: 914-654-7149

RSV Outbreaks in Community or Other Facility Settings

- **Outbreaks of RSV** occurring in community or other facility settings such as state institutions, daycare centers, schools, colleges, assisted living facilities, group homes, adult homes, home care agencies, diagnostic & treatment centers, and other ambulatory or outpatient facilities must be reported by the director of the facility to the LHD in which the facility is located.⁴ Contact information for LHDs can be found at <https://www.nysacho.org/directory/>.

³ In hospitals and long-term care facilities, an RSV outbreak is defined as one or more **healthcare facility-associated** case(s) of confirmed RSV among patients, residents, and/or staff.

⁴ In ambulatory, outpatient, community, or other facility settings, an outbreak is defined as an increase in the number of persons ill with laboratory-confirmed RSV above a commonly observed baseline in the community.

Local Health Departments (LHDs)

- Pursuant to 10 NYCRR 2.6, LHDs must promptly investigate **community outbreaks of RSV** and report them to their NYSDOH Regional Epidemiology office.⁵
- The NYSDOH Bureau of Surveillance and Data Systems (BSDS) creates RSV case reports on the NYSDOH **Communicable Disease Electronic Surveillance System (CDESS)** from ECLRS laboratory reports that meet the NYSDOH RSV case definition.
 - LHDs should **not** dismiss ECLRS RSV reports that use one of the ECLRS RSV disease descriptions (e.g., RSV A, RSV B, etc.). However, if an LHD sees an ECLRS RSV report in the “Not Otherwise Specified” (NOS) ECLRS disease description, the LHD can:
 - Create a CDESS investigation if the NOS ECLRS report indicates a positive RSV result, or
 - Dismiss the report if the NOS ECLRS report indicates negative RSV results.
 - LHDs may modify CDESS case supplemental information but should **not** modify the case status. LHDs are not required to complete CDESS RSV case supplementals except in the event of a pediatric RSV-associated death (see below).
 - Questions regarding ECLRS/CDESS RSV reporting; please call the Bureau of Surveillance and Data Systems (BSDS) at 518-402-5012.
- LHDs should promptly report suspected or confirmed **RSV-associated deaths in children aged <18 years** to their NYSDOH Regional Epidemiology office.⁶
 - LHDs should investigate the case and complete a CDESS case report under “RSV Pediatric Death.” Regional Epidemiology office staff will assist LHD staff as needed.
 - LHDs may be asked to follow up with laboratories or medical examiner offices to request that pre- or post-mortem specimens be forwarded to the Wadsworth Center and/or CDC for additional testing.

Additional Information

- General resources on RSV, including vaccine information, are available on the NYSDOH public website at: https://www.health.ny.gov/diseases/communicable/respiratory_syncytial_virus/ the CDC website at: <https://www.cdc.gov/rsv/about/index.html>
- Additional information regarding laboratory reporting and specimen submission requirements is available at: https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf
- This guidance document, as well as other NYSDOH guidance documents for the RSV season, are available on the NYSDOH public website at: https://www.health.ny.gov/diseases/communicable/respiratory_syncytial_virus/
- Contact information for NYSDOH Regional Epidemiology Offices can be found at: https://www.health.ny.gov/professionals/diseases/reporting/communicable/infection/regional_epi_staff.htm
- Contact information for LHDs can be found at: <https://www.nysacho.org/directory>
- For additional information or consultation, please contact BCDC at 518-473-4439 or the Division of Vaccine Excellence (DOVE) at 518-474-1142

⁵ While the primary responsibility for reporting rests with the clinician (public health law (PHL) § 2101; 10 NYCRR 2.10) and laboratories (PHL §. 2102; 10 NYCRR 2.12), other individuals and entities also have reporting requirements, including, but not limited to: school nurses as well as day care center directors (PHL § 2101; 10 NYCRR 2.12), nursing homes, hospitals, and state institutions (PHL § 2105; 10 NYCRR 2.10).

⁶ Please note: Pursuant to 10 NYCRR 2.1, LHDs must report any laboratory confirmed RSV cases to NYSDOH.