



# Pan American Society For Clinical Virology

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**In this issue:**

- **23<sup>rd</sup> Clinical Virology Symposium and Molecular Workshop**
- **RSV Surveillance 2005-2006**
- **Letter from the President of ESCV**
- **Future Virology Meetings**
- **PASCV Officers and Council Members**
- **PASCV Membership form**

**23<sup>rd</sup> Clinical Virology Symposium**  
*And*  
**Annual Meeting of the  
Pan American Society for Clinical Virology**  
*April 29 – May 2, 2007*



*And*  
**14<sup>th</sup> Molecular Virology Workshop**  
*April 27-28, 2007*  
*Clearwater Beach, Florida*

Registration and further information on hotel reservations and speakers are available at:  
**[www.virologysymposium.org](http://www.virologysymposium.org)**

*The following was presented at the 22<sup>nd</sup> CVS and was submitted by the authors for inclusion in the newsletter. Inclusion in this newsletter does not constitute an endorsement by PASCV.*

**RSV SURVEILLANCE 2005-2006: A NATIONWIDE HOSPITAL AND OFFICE-BASED RSV EPIDEMIOLOGY PILOT STUDY**

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Respiratory syncytial virus (RSV) infections are the leading cause of U.S. hospitalization in the first year of life, resulting in significant morbidity and mortality. RSV bronchiolitis is estimated to account for up to 125,000 annual hospitalizations, and documented as the leading cause of hospital admissions for infants younger than 1 year of age (1, 2). RSV is a viral respiratory pathogen that produces epidemics that recur annually at regular, predictable intervals. The outbreaks vary in length from region to region, and from season to season, lasting on average upwards of five to six months throughout much of the U.S. Year-round epidemics have been reported in some parts of the U.S., such as in South Florida, Louisiana, and Chattanooga, Tennessee (3, 4, 5, 6, 7).

Substantial variation in timing of community RSV epidemics can limit the applicability of national or regional data to define or predict any one individual community outbreak (8,9). Nationwide RSV surveillance data is available from the CDC through the National Respiratory and Enteric Viral Surveillance System (NREVSS), but only provides results on a regional level and typically is reported with a significant lag time. Currently, there is no uniformity in RSV testing or timely, city level reporting (10,11), and thus, nationwide management of RSV infection prevention has not been optimized.

**Methods:**

A pilot program was initiated to track and report RSV surveillance test activity at the city level with timely reporting (RSV ALERT<sup>®</sup>)\*.

This program is designed to track significant RSV activity at the community level to support and potentially improve local decisions regarding RSV prevention and management. This program was initiated in January of 2004 and has reported nationwide RSV surveillance data for the past three winters. During the 2005-2006 RSV season, the RSV ALERT program collected and reported RSV tests performed in approximately 80 US designated market areas (DMA), combining both outpatient and laboratory data from 222 laboratory and 229 pediatric offices and clinics across the US. Sites were distributed throughout the U.S. based on 80 DMAs, representing ~78% of US population in 47 states (Figure 1).

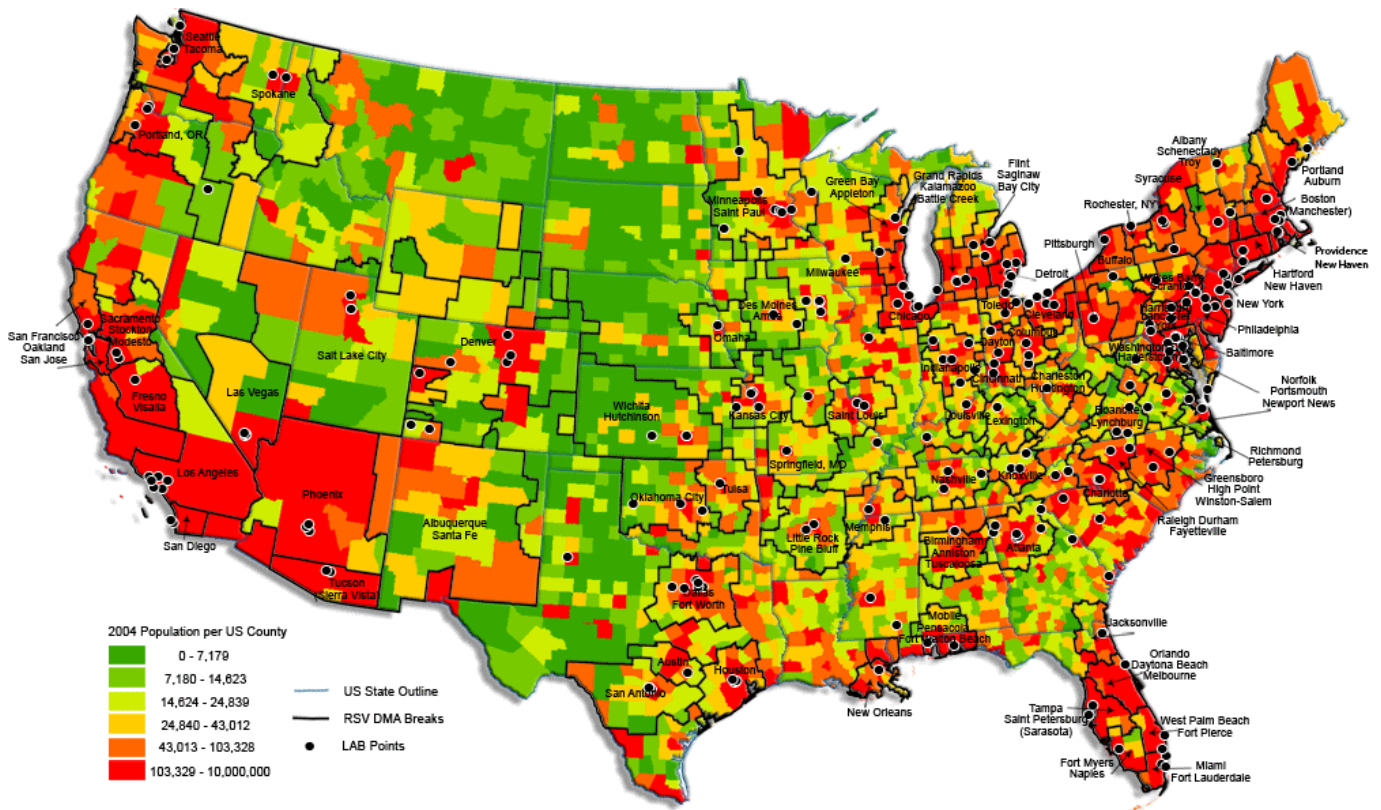
\*RSV Alert<sup>®</sup> is administered and managed by Surveillance Data Inc. and funded by MedImmune, Inc.

Recruitment strategies were designed to achieve balanced surveillance from both inpatient/laboratory and outpatient sites in each DMA to maximize cross-validation of results (Table 1). Laboratory site recruitment was focused on children's hospitals and those with at least 15 pediatric or neonatal intensive care beds. Weekly data on test results included type of test, hospital department where test performed, and patient age. Outpatient sites were recruited based on a history of onsite RSV testing by CPT billing codes\*\*. The outpatient protocol was to administer rapid RSV antigen tests (Binax<sup>®</sup>NOW RSV) to patients less than 24 months of age presenting with symptoms consistent with lower respiratory tract infection. Weekly data on test results included patient age (gestational and chronological), birth weight, history of previous RSV, symptoms of RSV infection, and treatment/therapy after test.

**\*\* RSV CPT Billing Codes**

- 86756: Antibody; respiratory syncytial virus
- 87280: Infectious agent antigen detection, by immunofluorescent technique; respiratory syncytial virus
- 87420: Infectious agent antigen detection, by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; respiratory syncytial virus
- 87807: Infectious agent antigen detection, by immunoassay with direct optical observation; respiratory syncytial virus

**Figure 1: US Population Distribution Map with RSV Alert Laboratories**



**Results:**

Data were collected from participating sites is presented in **Table 1**. Twenty-two percent of participating laboratories are part of the National Association of Children's Hospitals and Related Institutions (NACHRI), and 14% of participating laboratories report into the CDC NREVSS program. Thirty-nine percent of laboratory sites performed less than or equal to 10 tests/week, 33% performed between 11 and 29 tests per week, and 28% reported performing greater than or equal to 30 tests/week.

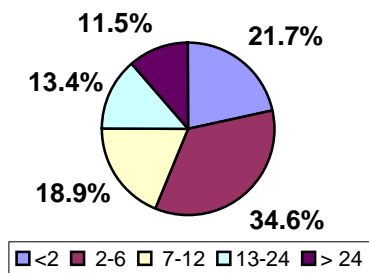
**Table 1: RSV Test Results Reported**

Test Results	Number of Sites	Dates of Data Collection	Weeks of Data Collection	Total Tests Reported	Total Positives Reported	Percent Positive
Laboratory	220	09/09/05-09/01/06	52	162,334	29,445	18
Outpatient	229	09/09/05-05/31/06	38	11,358	3,424	30

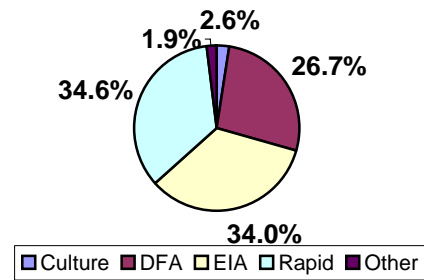
Additionally, a short survey (9 questions) was sent to laboratory directors at all participating laboratory sites (n=210) to determine the types, timing, and methods for RSV testing protocols. 28 surveys were returned (61% return rate). Ninety-five percent of survey respondents are set up to perform rapid antigen tests, and 83% offer year round testing. Only 22% follow a policy, protocol or guideline for which months rapid tests are performed, and 21% of sites perform routine respiratory panels on all specimens. The majority of sites (76%) reported that less than 5% of RSV tests are run on patients greater than 18 years of age.

For the laboratory reported test results, the majority of positive RSV tests reported were performed on patients less than 24 months of age (~90%). Similarly, the majority of RSV tests performed by these sites were by a rapid RSV test, including DFA and EIA (~95%) (Figures 2 and 3).

**Figure 2: Positive Test Results by Age Group (months)**



**Figure 3: Type of Laboratory Test Performed**



Based on weekly laboratory test results, DMAs reporting greater than or equal to 3 positive tests and greater than or equal to 10% positive tests were ranked as detecting widespread RSV activity. Beginning and ending week dates for widespread RSV activity reported in the 2005-2006 RSVAlert program are included in the table below, along with national RSV activity reported by NREVSS (Table 2). NREVSS defines national RSV activity as the first of two consecutive two weeks during which 50% of participating laboratories report RSV detections and the mean percentage of specimens positive by antigen detection is > 10% (3).

**Table 2. National RSV Activity Detection**

RSV Activity Detection	Week Beginning Date	Week Ending Date
NREVSS	11/19/05	04/01/06
RSV Alert	11/11/05	04/07/06

Widespread RSV Activity detection in the RSV Alert outpatient sites began the week of 11/04/05 and continued through 05/05/06 nationally.

**Conclusions:**

Analysis of weekly laboratory reported RSV test data for the 2005-2006 was consistent with national CDC RSV detection (3). Differences in participating laboratory sites, geographical location distribution, testing practices, and patient

populations tested contribute to differences in virology patterns, and may relate to the variations in the onset and offset of national RSV activity between the RSV Alert and CDC NREVSS programs. Although the onset and offset of widespread RSV activity documented in the outpatient setting varied compared to the data from laboratory sites, data reliability was limited by significantly fewer tests that were performed. Enhanced outpatient RSV testing may have the potential to aid in viral surveillance by providing population-based, active community surveillance with laboratory confirmation of cases. More consistent RSV surveillance should allow for more accurate characterization of yearly RSV epidemics and improve availability of city level data to physicians. These data suggest that a standardized, real-time RSV infection reporting mechanism has the potential to improve local decisions regarding RSV prevention and management.

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## Letter from the President of ESCV

Dear ESCV Members,

Time is passing, and I would like to update you a little bit on our activities. Two important events will take place within the next half-year.

The first is the Meeting on Respiratory viruses taking place in Lyon between May 24-25, 2007. There has been a general feeling that we need some updating on methodology and the significance on respiratory viruses in general, because much has been published recently. We need to discuss the importance of new viruses, when we should look for them and by which technique. We also need an update on the progress concerning the more traditional respiratory viruses, including influenza. Bruno Lina and his colleagues have accepted to arrange a meeting on behalf of ESCV in connection with the next Virgil meeting. There will be a minimum of 10 travel grants of €500 each for young students submitting an abstract. We hope for a good mixture of experienced and young ESCV members at the meeting. You will find further information on the Lyon meeting on our home page ([www.escv.org](http://www.escv.org)) through a link to the home page of the congress.

The second important event is European virology congress in Nürnberg, September 1-5, 2007. As you know, this congress is a forum for all kind disciplines of virology. Many scientific organizations are involved, and in Nürnberg it is also the 10th Annual Meeting of ESCV. For Nürnberg, we have more than 20 travel grants available for ESCV members, including the ESCV awards. We are convinced that the meeting will attract a lot of our members, so that we can really have a fruitful and informal exchange of expert knowledge in Clinical virology. More detailed information on the meeting you will find under [www.eurovirology.org](http://www.eurovirology.org)

The 11th annual ESCV meeting will place in Sarisälke in northern Finland between March 12–15, 2008. Again there will be travel grants available for young participants. Participants loving exotic winter activities will be especially pleased with the venue.

It is not only our impression, but also evaluation of our annual meetings by questionnaires showed that they provide the kind of broad update in virology that makes the attendant a better clinical virologist. This aim is achieved by lectures but also by being a forum for scientific and personal contacts. The meeting in Birmingham last September, perfectly arranged by Sue Skidmore and collaborators, was a very good example. The organization of meetings is major task of ESCV, but we try to promote clinical virology also in other

ways. For example close collaboration with QCMD is an ongoing activity and this field is constantly expanding. Awards and training grants are other ways to promote clinical virology. For more information please consult our home page.

We are also fighting for a better appreciation of microbiology in ECDC. We have written to the director, pointing out the importance of having also microbiologists involved in the lead of tasks in epidemiology. ECDC will have a meeting with all European organizations in the field of infectious epidemiology at the end of February. We will then point out that we need a European education program for microbiologists like the Epiet program for epidemiologists. In the mean time, anyone interested can register as an expert at ECDC. Please visit the homepage, [www.ecdc.eu.int](http://www.ecdc.eu.int) and proceed to call for tenders. We have to participate actively if we want that our knowledge as experts will influence the development of microbiology in Europe.

Last but not least, you recently obtained the request form our treasurer to pay your annual fee for the next year. Please pay your membership fee and try to recruit new members. As an active society we are strong.

Kind regards,

Annika Linde  
President

## Future Virology Meetings

### Clinical Virology Symposium (Clearwater Beach, FL)

23<sup>rd</sup> Clinical Virology Symposium  
April 29 – May 2, 2007

24<sup>th</sup> Clinical Virology Symposium  
May 4-7, 2008

25<sup>th</sup> Clinical Virology Symposium  
May 10-13, 2009

### Molecular Virology Workshop

April 27-28, 2007 Clearwater Beach FL

### Other Virology Meetings:

11<sup>th</sup> International Cytomegalovirus/Betaherpesvirus  
Workshop  
May 13-17, 2007 Toulouse, France

European Society for Clinical Virology (ESCV)  
Meeting on Respiratory Viruses  
May 24-25, 2007 Lyon, France

2<sup>nd</sup> International Conference on  
Avian Influenza in Humans:  
Recent Developments and Perspectives  
Institut Pasteur – Paris, France  
May 31- June 1, 2007

Options for the Control of Influenza VI Conference  
June 17-23, 2007  
Toronto, Ontario, Canada

32<sup>nd</sup> Annual International Herpes Workshop  
July 7-July 12, 2007  
Asheville, North Carolina

Third European Congress of Virology and  
10<sup>th</sup> Annual ESCV Meeting  
September 1-5, 2007 in Nürnberg, Germany

Segundo Simposio Internacional de Virologia  
Clinica  
(South American Clinical Virology Symposium)  
November 13-14, 2007 in Pucon, Chile  
Contact Dr. Marcela Ferrés for further details.  
([mferres@med.puc.cl](mailto:mferres@med.puc.cl))

11<sup>th</sup> Annual European Society for Clinical Virology  
Meeting  
March 12-15, 2008 in Saariselkä, Lapland, Finland

## Softball Anyone?



Diagnostic Hybrids will again be sponsoring a softball game at the Clinical Virology Symposium in Clearwater Beach. The game will take place Saturday, April 28. Buses will leave the Hilton at 3:30 pm. Everyone is invited to come and play or just watch and cheer.

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# Pan American Society for Clinical Virology Membership Form

*Please type or print all information*

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Organization or Hospital Affiliation:

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E-mail: \_\_\_\_\_

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Renewal of Membership \_\_\_\_\_ \$25      New Member (\$25) \_\_\_\_\_

**Members from U.S. and Canada:**

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Signature: \_\_\_\_\_

Return completed form with check or credit card information to:

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