

Sentinel sites

WHO RSV Pilot

Participating institutions of Argentina

Location / Institution	N patients
Buenos Aires City, CEMIC (Center for Medical Education and Research)	46
Chaco Province, Hospital "Dr. Julio C. Perrando"	212
Tucumán Province, Hospital of Clinics "Pte. Dr. Nicolás Avellaneda"	276
La Rioja Province, Hospital of Mother and Child	21

Total 555

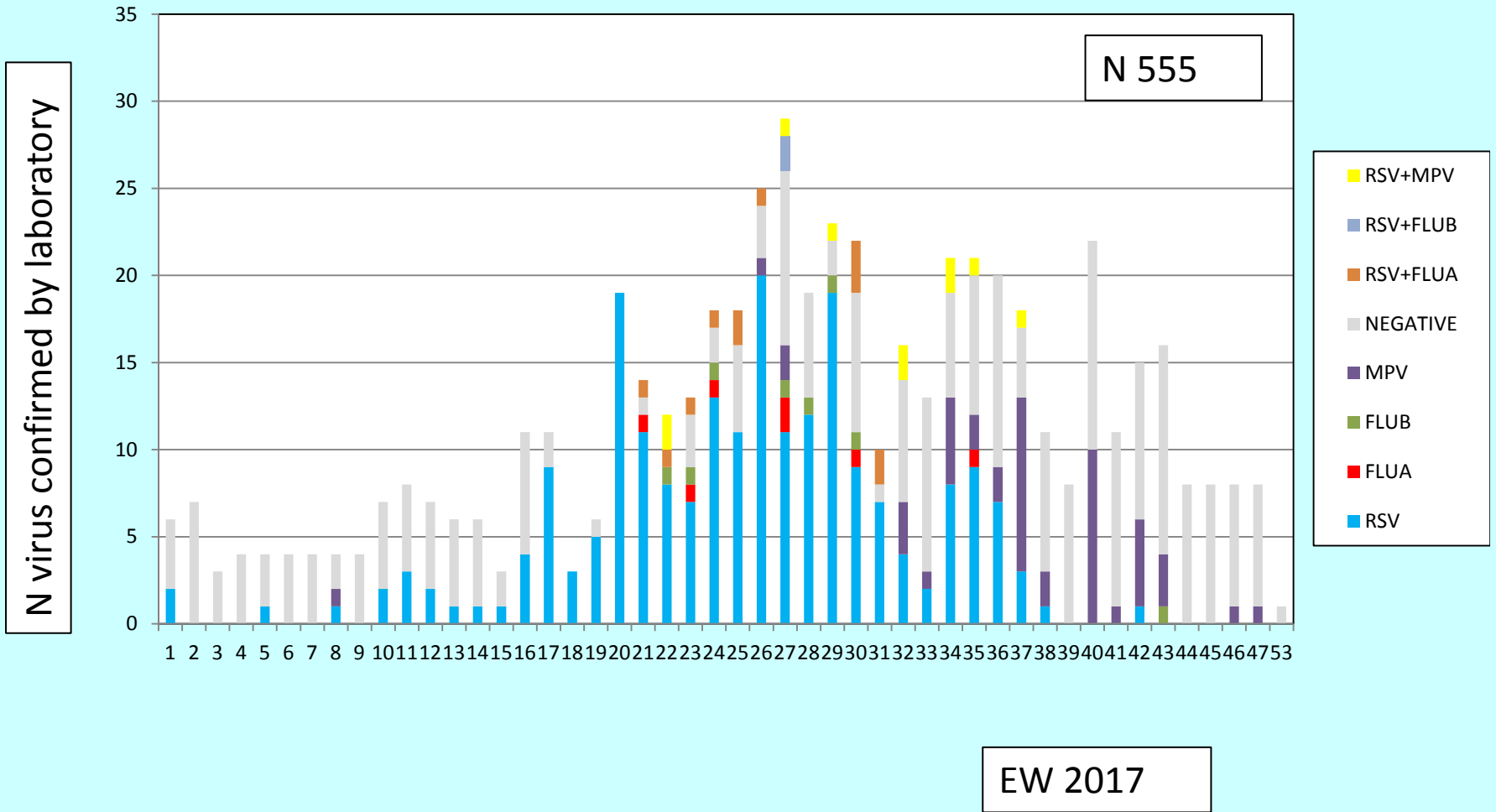
Age	N patients	RSV +	%RSV
< 2 y	408	204	50
2 - 5 y	74	23	31
5 - 14 y	10	1	10
14 - 44 y	6	1	16
44 - 64 y	9	3	33
>64	45	7	15.5
Total	552	290	52.5

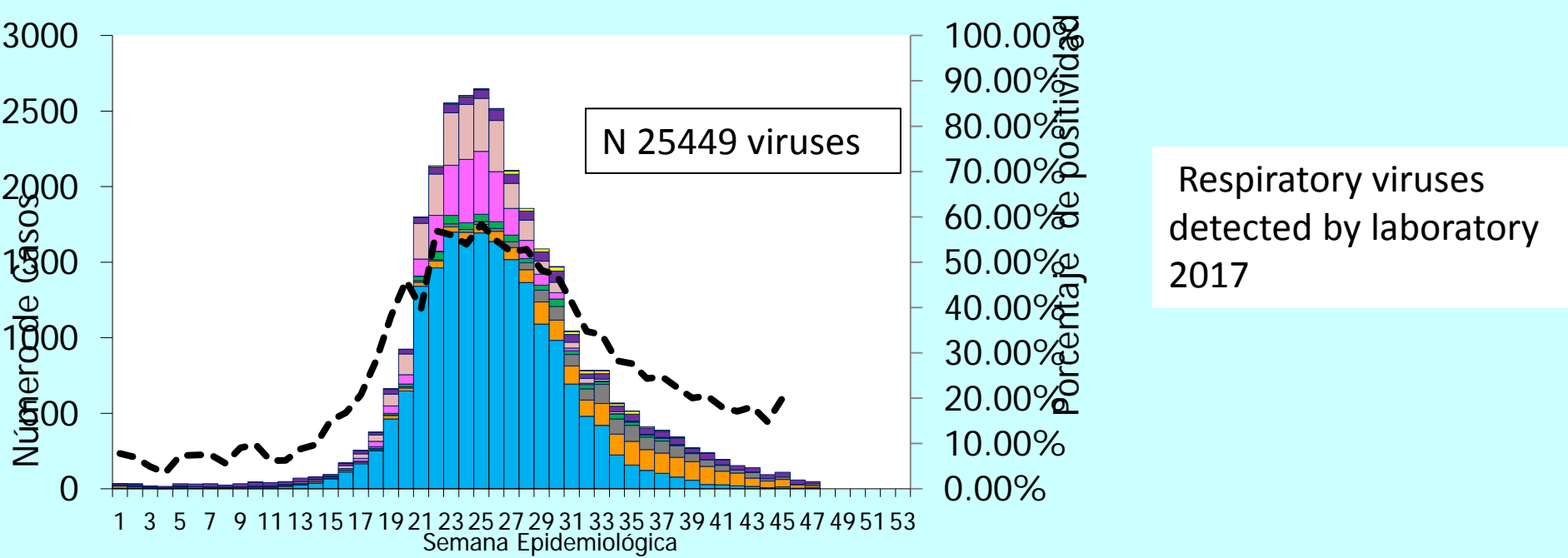
Virus detected	N	%
RSV	217	39
FLU A	7	1.3
FLU B	8	1.4
hMPV	50	9
RSV+ FLU A	12	2
RSV+ FLU B	2	0.4
RSV+ hMPV	10	18
Total virus detected	306	55
Negatives	249	45
Total RSV detections	241	43
Total samples	555	

Sex	N patients	%	N RSV+	% RSV
Fem	255	46	118	49
Male	300	54	123	51
Total	555	100	241	

RSV subtype	N	% subtype
A	217	90
B	24	10

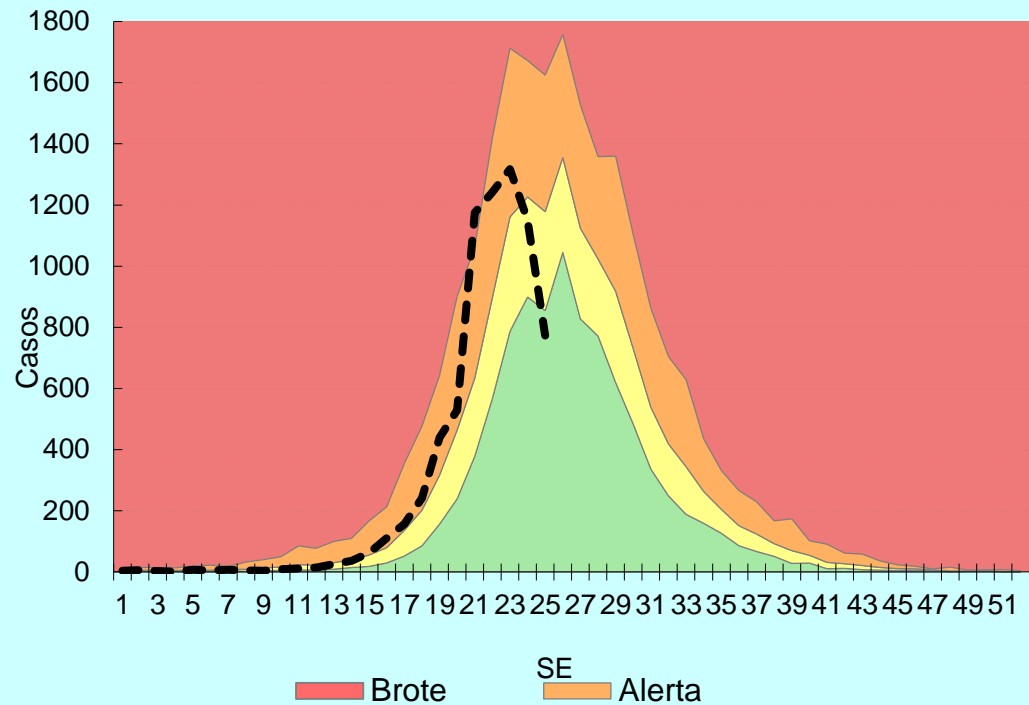
Distribution of viral agents detected during 2017. WHO RSV Pilot. Argentina.





Argentina National Respiratory viruses surveillance

Epidemiologic corredor for RSV



Characteristics	N pat/data available	RSV+	%RSV+
Shortness	133/163	59	44
Cogh	405/555	195	48
Sorethroat	29/144	15	51
Cold	385/451	182	47
Chest indraw	36/80	11	30
Sepsis	3/555	1	33

SARI	N patients	N RSV+	% RSV
SARI WHO Def	242	100	41
SARI Without F	144	77	53
Total SARI	386	177	46

<2	SARI F	SARI NoF	
RSV+	78	71	149
RSV-	78	41	119
	156	112	268

>64	SARI F	SARI NoF	
RSV+	2	3	5
RSV-	19	16	35
	21	19	40

Started in May, 2017 because there were some difficulty to clear from customs the RSV PTPanel and the realtime RSV reagents. We had to reactivate the protocol at the different sites in the middle of Flu season.

There are some difficult to get all the clinical data. There are no difficulties in reporting clinical data if the data were collected. It is more difficult to try to get the data retrospectively.

There is no difficult to upload RSV data to FluMart.

Sentinel site staff acceptance of RSV surveillance and recognize the importance of RSV surveillance.

Very good staff acceptance of integration of RSV testing, also subtyping and sequencing.

Up to now, no impact on influenza surveillance was observed.

Implementation of a multiplex real time PCR to carry out RSV, influenza and ORV co-detection is a challenge.