

Working Group 3

Revisit strategy

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Case definition for RSV surveillance and target groups at risk

- As discussed in plenary, it doesn't make sense to change case definitions in the middle of the Pilot

Algorithm or selection of patients and specimens for RSV testing

Sampling strategy and year-round surveillance

- Some countries don't get 20 samples from suitable patients per week, and need to draw samples from influenza surveillance.
- Certain target groups need to be prioritized (very young and elderly)

Periodicity of reporting

- Laboratory data as “real-time” as possible
- Clinical data optimally weekly or bi-weekly
this is difficult to achieve for some countries, reports may be provided at longer intervals

Additional clinical data to assess case definition performance

- Case-definitions as of now may be too narrow, which makes it difficult to compare assess their ability to catch all RSV cases in the different target groups
- Oxygen saturation
- Prematurity (data might be poor from some countries)
- Malnutrition (height, weight)

Additional laboratory data; RSV typing; RSV sequencing

- Sequencing is not a primary objective of the Pilot
- Sending specimens and/or viruses to a reference laboratory for sequencing is expensive

- RSV typing is already done by some countries;
- Are suitable reagents available from CDC(multiplex-PCR)

Denominator

- Size of the catchment population for each site
- Total number of respiratory infections seen at each site
- All SARI admissions