Respiratory Syncytial Virus

Australian national notifiable diseases case definition

This document contains the surveillance case definition for respiratory syncytial virus (RSV), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
1.1	Addition of clarifying statement around point of care testing as laboratory evidence.	CDNA June 2023	1 July 2023
1.0	Initial CDNA case definition	CDNA 11 June 2021	1 July 2021

Reporting

Only **confirmed** cases should be notified.

Confirmed cases

A confirmed case requires **laboratory definitive evidence** only.

Laboratory definitive evidence

1. Isolation of respiratory syncytial virus by cell culture

   OR

2. Detection of respiratory syncytial virus by nucleic acid testing[1]

   OR

3. Detection of respiratory syncytial virus antigen

   OR

4. Seroconversion, or a significant increase in antibody level such as a fourfold or greater rise in titre, to respiratory syncytial virus between paired sera of immunoglobulin G (IgG) or total antibody

[1] The use of point-of-care tests in the context of this case definition are for the purposes of surveillance. These point-of-care tests for detecting respiratory syncytial virus must be listed on the *Australian Register of Therapeutic Goods* and administered by appropriately trained persons in-line with National Pathology Accreditation Advisory Council's (NPAAC) *Requirements for Point-of-Care Testing*. Because point of care tests are sometimes used outside of a quality management governance environment or an accredited pathology laboratory (as described by NPAAC), the *Public Health Laboratory Network (PHLN) Respiratory syncytial virus laboratory case definition* does not apply to tests performed in these settings.