

# Technical Report: Respiratory Syncytial Virus (RSV)

Truveta Research

January 13, 2023

**Intended Audience:** This technical report is intended for scientific audiences.

## About this report

This report contains current hospitalization trends associated with respiratory syncytial virus (RSV). We used a subset of Truveta data to identify laboratory-confirmed RSV infections in children and adults. Truveta was formed and governed by US health systems with a shared vision of saving lives with data. Truveta's 25 members provide 16% of patient care in the United States in more than 20,000 clinics and 700 hospitals. Updated data are provided daily to Truveta. The subset of Truveta data used in this study was provided on January 12, 2023 and included de-identified patient care data primary located across ten states (Iowa, Washington, California, North Carolina, Michigan, Alaska, Texas, Missouri, Oregon, and Illinois).

The figures below are intended to describe trends and comparisons of RSV-associated hospitalizations in different demographic groups and across seasons. For the purposes of this report, seasons are defined as the period from October through September of the following year. Given the unadjusted nature of the data, the rates do not account for undertesting and other variability that exists across patient groups, providers, and systems. For further limitations, see the section below.

## Importance of this report

RSV is a leading cause of lower respiratory disease in infants, children, and older adults (Pastula et al., 2017; Shi et al., 2017). RSV can lead to hospitalization and death. Estimates indicate that RSV is associated with over 75,000 pediatric hospitalizations annually in the US (McLaughlin et al., 2022); however, representative and timely data to proactively monitor infections are scarce.

It is important for public health experts and clinical providers to understand the trends in RSV infection to inform decisions about public health, clinical care, and public policy. Connecting population-level trends with granular clinical information available in

Truveta can be very useful to more deeply understand which cohorts are most impacted.

This report is intended to supplement the RSV surveillance data provided by the CDC (Centers for Disease Control and Prevention, 2022a). This report includes additional information about geographic regions and clinical detail that is not captured in other reports.

## Data

### RSV case definition

A case is defined by laboratory-confirmed RSV in a person who:

1. Was hospitalized in a Truveta-associated health system AND
2. Tested positive for RSV 14 days before or after the start of the hospitalization

For the purposes of this report RSV test positivity is defined as a positive value for any LOINC code listed in Table S1.

### Data acquisition

Our study included hospitalized patients who tested positive for RSV within 14 days before or during the hospitalization from October 01, 2018 to December 31, 2022 in Truveta data.

RSV-associated hospitalizations have been grouped such that every hospitalization within 90 days of an RSV-associated hospitalization is considered to be the same infection and thus only counted once.

## Analysis

Our study population consists of 11,102 RSV-associated hospitalizations. No patient had more than one hospitalization. To align with seasonality in RSV transmission, time periods include October 1st through September 30th of the following year. The demographics of patients are as follows:

**Table 1: Demographics**

	2018/2019 (N=2,589)	2019/2020 (N=2,671)	2020/2021 (N=986)	2021/2022 (N=1,916)	2022/2023 (N=2,940)	Overall (N=11,102)
<b>Age Group</b>						
0 - <6 months	606 (23.4%)	556 (20.8%)	354 (35.9%)	461 (24.1%)	715 (24.3%)	2,692 (24.2%)
6 - <12 months	197 (7.6%)	237 (8.9%)	125 (12.7%)	159 (8.3%)	257 (8.7%)	975 (8.8%)
1 - <2 years	192 (7.4%)	204 (7.6%)	132 (13.4%)	186 (9.7%)	289 (9.8%)	1,003 (9.0%)
2 - 4 years	195 (7.5%)	153 (5.7%)	78 (7.9%)	151 (7.9%)	330 (11.2%)	907 (8.2%)
5 - 17 years	43 (1.7%)	48 (1.8%)	14 (1.4%)	49 (2.6%)	118 (4.0%)	272 (2.5%)
18 - 49 years	125 (4.8%)	135 (5.1%)	56 (5.7%)	169 (8.8%)	199 (6.8%)	684 (6.2%)
50 - 64 years	282 (10.9%)	292 (10.9%)	74 (7.5%)	196 (10.2%)	246 (8.4%)	1,090 (9.8%)
65+ years	949 (36.7%)	1,046 (39.2%)	153 (15.5%)	545 (28.4%)	786 (26.7%)	3,479 (31.3%)
<b>Sex</b>						
Female	1,330 (51.4%)	1,410 (52.8%)	501 (50.8%)	938 (49.0%)	1,486 (50.5%)	5,665 (51.0%)
Male	1,225 (47.3%)	1,234 (46.2%)	480 (48.7%)	962 (50.2%)	1,434 (48.8%)	5,335 (48.1%)
Unknown	34 (1.3%)	27 (1.0%)	5 (0.5%)	16 (0.8%)	20 (0.7%)	102 (0.9%)
<b>Race</b>						
White	1,835 (70.9%)	1,817 (68.0%)	635 (64.4%)	1,285 (67.1%)	1,822 (62.0%)	7,394 (66.6%)
Black or African American	239 (9.2%)	268 (10.0%)	134 (13.6%)	143 (7.5%)	236 (8.0%)	1,020 (9.2%)
Asian	71 (2.7%)	71 (2.7%)	15 (1.5%)	49 (2.6%)	99 (3.4%)	305 (2.7%)
American Indian or Alaska Native	28 (1.1%)	30 (1.1%)	8 (0.8%)	26 (1.4%)	24 (0.8%)	116 (1.0%)
Native Hawaiian or Other Pacific Islander	22 (0.8%)	20 (0.7%)	7 (0.7%)	24 (1.3%)	50 (1.7%)	123 (1.1%)

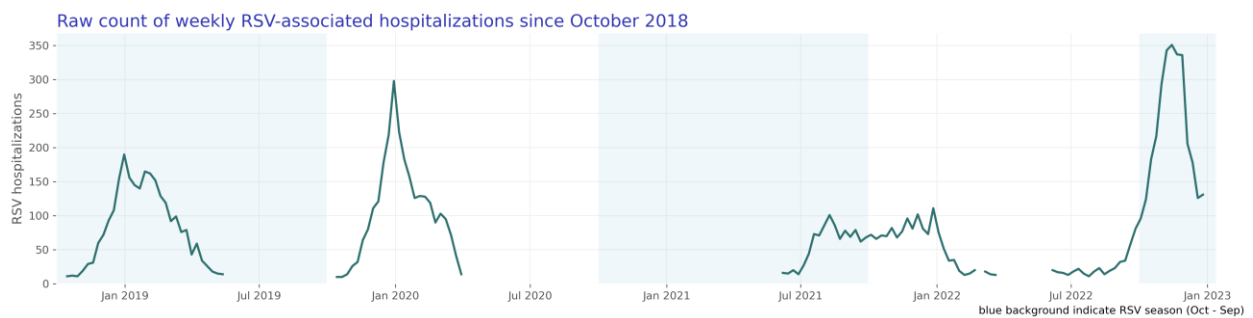
	2018/2019 (N=2,589)	2019/2020 (N=2,671)	2020/2021 (N=986)	2021/2022 (N=1,916)	2022/2023 (N=2,940)	Overall (N=11,102)
Other Race	219 (8.5%)	252 (9.4%)	81 (8.2%)	185 (9.7%)	298 (10.1%)	1,035 (9.3%)
Unknown	175 (6.8%)	213 (8.0%)	106 (10.8%)	204 (10.6%)	411 (14.0%)	1,109 (10.0%)
<b>Ethnicity</b>						
Hispanic or Latino	254 (9.8%)	269 (10.1%)	102 (10.3%)	246 (12.8%)	413 (14.0%)	1,284 (11.6%)
Not Hispanic or Latino	1,692 (65.4%)	1,690 (63.3%)	700 (71.0%)	1,307 (68.2%)	1,921 (65.3%)	7,310 (65.8%)
Unknown	643 (24.8%)	712 (26.7%)	184 (18.7%)	363 (18.9%)	606 (20.6%)	2,508 (22.6%)

In our population, 5,665 (51.0%) are female, while 5,335 (48.1%) are male. Since October 01, 2018, patients less than five years old makeup the largest age group in RSV-associated hospitalizations (5,577 (50.2%)). The second largest age group with RSV-associated hospitalizations are patients in the 65+ age group (3,479 (31.3%)). When only looking at the current RSV season (2022/2023), 1,591 (54.1%) are less than five years old, and 786 (26.7%) are 65+.

### Time series analysis

Figure 1 illustrates the count of RSV-associated hospitalizations in a given week.

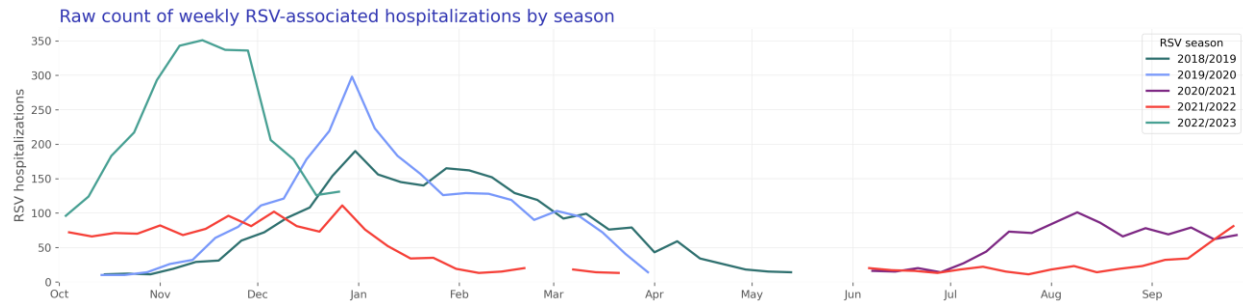
*Figure 1: Raw count of weekly RSV-associated hospitalizations since October 2018*



### Season over season

Figure 2 overlays RSV seasons, starting in October 01, 2018.

*Figure 2: Raw count of weekly RSV-associated hospitalizations by season*



## Infants and children (age 0-4)

Estimates of the hospitalization rate of infants and children (defined as individuals less than five years of age) with RSV are higher than other age groups (Centers for Disease Control and Prevention, 2022b). In Table 2, we report counts for demographic factors of this high-risk population. In the future, we plan to include high-risk comorbid states, such as congenital heart disease, chronic lung disease, preterm birth, asthma, and cystic fibrosis (Committee on Infectious Diseases and Bronchiolitis Guidelines Committee et al., 2014).

*Table 2: Table 1 for Infants and Children less than five*

	2018/2019 (N=1,190)	2019/2020 (N=1,150)	2020/2021 (N=689)	2021/2022 (N=957)	2022/2023 (N=1,591)	Overall (N=5,577)
<b>Age Group</b>						
0 - <6 months	606 (50.9%)	556 (48.3%)	354 (51.4%)	461 (48.2%)	715 (44.9%)	2,692 (48.3%)
6 - <12 months	197 (16.6%)	237 (20.6%)	125 (18.1%)	159 (16.6%)	257 (16.2%)	975 (17.5%)
1 - <2 years	192 (16.1%)	204 (17.7%)	132 (19.2%)	186 (19.4%)	289 (18.2%)	1,003 (18.0%)
2 - 4 years	195 (16.4%)	153 (13.3%)	78 (11.3%)	151 (15.8%)	330 (20.7%)	907 (16.3%)
<b>Sex</b>						
Female	533 (44.8%)	525 (45.7%)	315 (45.7%)	403 (42.1%)	706 (44.4%)	2,482 (44.5%)
Male	647 (54.4%)	616 (53.6%)	374 (54.3%)	548 (57.3%)	880 (55.3%)	3,065 (55.0%)
Unknown	10 (0.8%)	9 (0.8%)	0 (0%)	6 (0.6%)	5 (0.3%)	30 (0.5%)
<b>Race</b>						

	2018/2019 (N=1,190)	2019/2020 (N=1,150)	2020/2021 (N=689)	2021/2022 (N=957)	2022/2023 (N=1,591)	Overall (N=5,577)
White	710 (59.7%)	627 (54.5%)	424 (61.5%)	566 (59.1%)	869 (54.6%)	3,196 (57.3%)
Black or African American	127 (10.7%)	140 (12.2%)	90 (13.1%)	79 (8.3%)	115 (7.2%)	551 (9.9%)
Asian	43 (3.6%)	37 (3.2%)	7 (1.0%)	18 (1.9%)	47 (3.0%)	152 (2.7%)
American Indian or Alaska Native	15 (1.3%)	19 (1.7%)	5 (0.7%)	13 (1.4%)	15 (0.9%)	67 (1.2%)
Native Hawaiian or Other Pacific Islander	18 (1.5%)	13 (1.1%)	6 (0.9%)	15 (1.6%)	34 (2.1%)	86 (1.5%)
Other Race	167 (14.0%)	171 (14.9%)	68 (9.9%)	113 (11.8%)	193 (12.1%)	712 (12.8%)
Unknown	110 (9.2%)	143 (12.4%)	89 (12.9%)	153 (16.0%)	318 (20.0%)	813 (14.6%)
<b>Ethnicity</b>						
Hispanic or Latino	210 (17.6%)	208 (18.1%)	87 (12.6%)	146 (15.3%)	283 (17.8%)	934 (16.7%)
Not Hispanic or Latino	739 (62.1%)	695 (60.4%)	484 (70.2%)	637 (66.6%)	936 (58.8%)	3,491 (62.6%)
Unknown	241 (20.3%)	247 (21.5%)	118 (17.1%)	174 (18.2%)	372 (23.4%)	1,152 (20.7%)

## Time series analysis

The count of RSV-associated hospitalization for infants and children under five is shown in Figure 3. Figure 4 shows seasonality trends in the count of infants and children with RSV-associated hospitalizations. A rate of weekly RSV-associated hospitalizations compared to all hospitalizations was also calculated. Patients were included in this calculation on the first day of their hospitalization. If their stay was greater than one day, they were not counted in subsequent dates. Seasonal trends in this rate are shown in Figure 5.

*Figure 3: Raw count of weekly RSV-associated hospitalizations since October 2018 for infants and children under five*

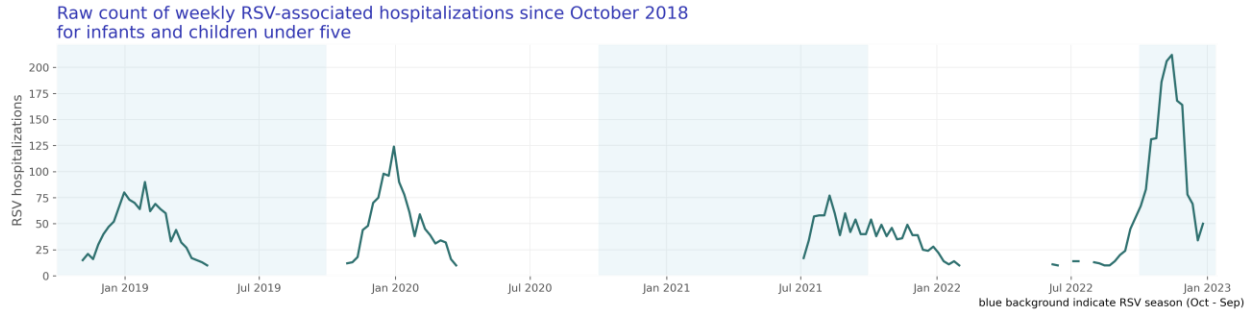


Figure 4: Raw count of weekly RSV-associated hospitalizations by season for infants and children under five

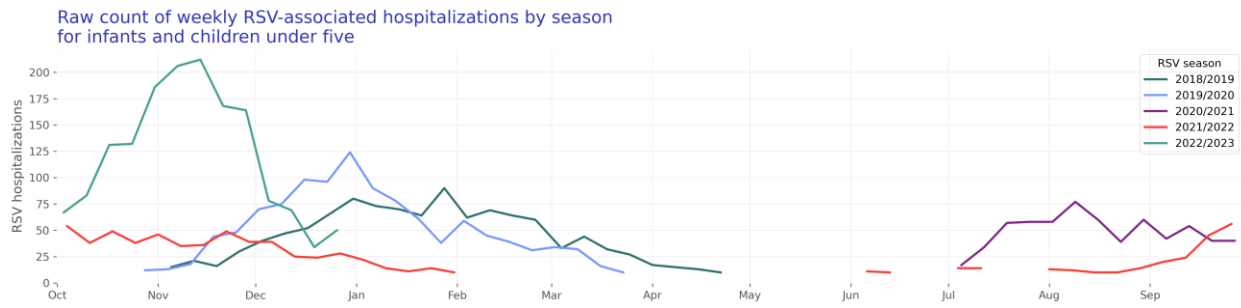
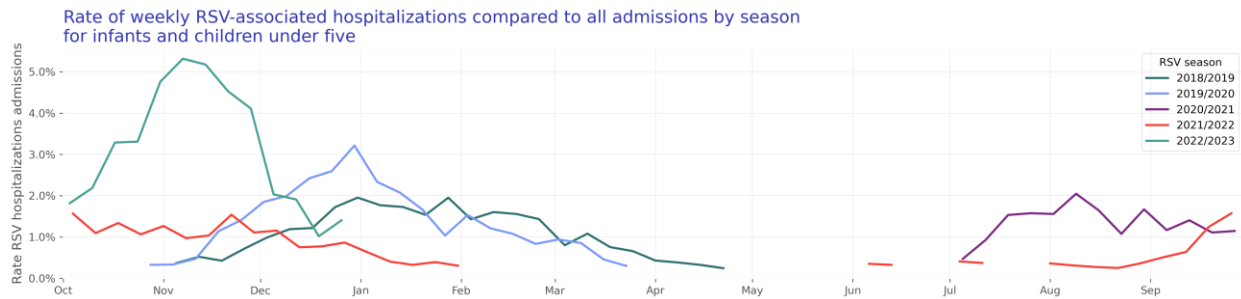


Figure 5: Rate of weekly RSV-associated hospitalizations compared to all admissions by season for infants and children under five



## Older adults (age 65 and over)

RSV is also a major source of infection and hospitalizations in older adults (defined here as patients  $\geq 65$  years of age). Incidence of RSV in older adults has been estimated between 3-10% annually (Boyce et al., 2000).

There are comorbidities that are associated with increased hospitalization risk for older adults, such as congestive heart failure and chronic lung disease (Lee et al., 2013). Further, asthma, COPD, and congestive heart failure can exacerbate RSV infections. Here we report counts for a selection of high-risk medical conditions: congestive heart failure, immunocompromised (immunocompromising conditions), chronic lung diseases, chronic obstructive pulmonary disease, and asthma. In the future, we plan to include other high-risk groups.

**Table 3: Table 1 for Older Adults (65 years of age and older)**

	2018/2019 (N=949)	2019/2020 (N=1,046)	2020/2021 (N=153)	2021/2022 (N=545)	2022/2023 (N=786)	Overall (N=3,479)
<b>Age Group</b>						
65 - 74 years	347 (36.6%)	362 (34.6%)	65 (42.5%)	211 (38.7%)	286 (36.4%)	1,271 (36.5%)
75 - 85 years	325 (34.2%)	395 (37.8%)	55 (35.9%)	195 (35.8%)	290 (36.9%)	1,260 (36.2%)
85+ years	277 (29.2%)	289 (27.6%)	33 (21.6%)	139 (25.5%)	210 (26.7%)	948 (27.2%)
<b>Sex</b>						
Female	562 (59.2%)	626 (59.8%)	97 (63.4%)	318 (58.3%)	452 (57.5%)	2,055 (59.1%)
Male	376 (39.6%)	408 (39.0%)	55 (35.9%)	223 (40.9%)	326 (41.5%)	1,388 (39.9%)
Unknown	11 (1.2%)	12 (1.1%)	1 (0.7%)	4 (0.7%)	8 (1.0%)	36 (1.0%)
<b>Race</b>						
White	805 (84.8%)	860 (82.2%)	131 (85.6%)	437 (80.2%)	615 (78.2%)	2,848 (81.9%)
Black or African American	55 (5.8%)	57 (5.4%)	9 (5.9%)	21 (3.9%)	44 (5.6%)	186 (5.3%)
Asian	20 (2.1%)	25 (2.4%)	3 (2.0%)	20 (3.7%)	26 (3.3%)	94 (2.7%)
American Indian or Alaska Native	4 (0.4%)	2 (0.2%)	0 (0%)	5 (0.9%)	2 (0.3%)	13 (0.4%)
Native Hawaiian or Other Pacific Islander	2 (0.2%)	4 (0.4%)	0 (0%)	2 (0.4%)	4 (0.5%)	12 (0.3%)
Other Race	31 (3.3%)	52 (5.0%)	3 (2.0%)	34 (6.2%)	53 (6.7%)	173 (5.0%)
Unknown	32 (3.4%)	46 (4.4%)	7 (4.6%)	26 (4.8%)	42 (5.3%)	153 (4.4%)
<b>Ethnicity</b>						
Hispanic or Latino	23 (2.4%)	22 (2.1%)	6 (3.9%)	34 (6.2%)	46 (5.9%)	131 (3.8%)
Not Hispanic or Latino	627 (66.1%)	652 (62.3%)	111 (72.5%)	380 (69.7%)	607 (77.2%)	2,377 (68.3%)
Unknown	299 (31.5%)	372 (35.6%)	36 (23.5%)	131 (24.0%)	133 (16.9%)	971 (27.9%)
<b>Congestive Heart Failure</b>	266 (28.0%)	322 (30.8%)	29 (19.0%)	153 (28.1%)	247 (31.4%)	1,017 (29.2%)

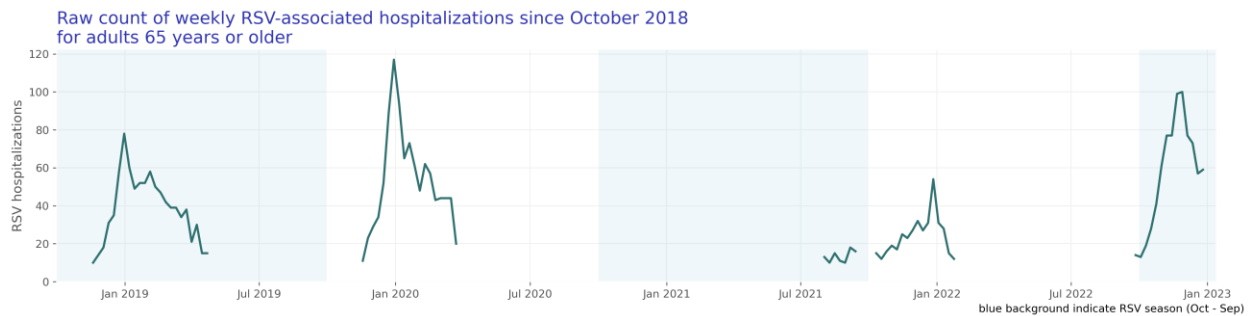


	2018/2019 (N=949)	2019/2020 (N=1,046)	2020/2021 (N=153)	2021/2022 (N=545)	2022/2023 (N=786)	Overall (N=3,479)
Immunocompromised	89 (9.4%)	90 (8.6%)	13 (8.5%)	50 (9.2%)	85 (10.8%)	327 (9.4%)
Chronic Lung Disease	169 (17.8%)	177 (16.9%)	24 (15.7%)	87 (16.0%)	127 (16.2%)	584 (16.8%)
Obstructive Pulmonary Disease	363 (38.3%)	372 (35.6%)	59 (38.6%)	195 (35.8%)	290 (36.9%)	1,279 (36.8%)
Asthma	159 (16.8%)	166 (15.9%)	18 (11.8%)	100 (18.3%)	149 (19.0%)	592 (17.0%)

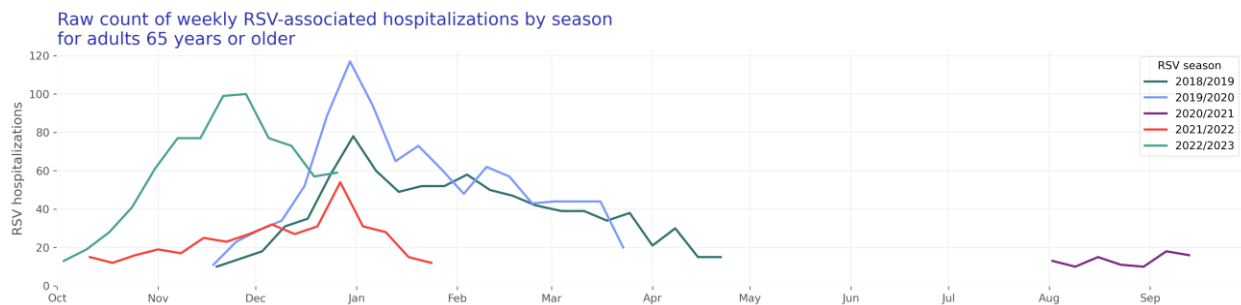
## Time series analysis

The count of RSV-associated hospitalization for adults 65 and over is shown in Figure 6. Figure 7 shows seasonality trends for the population of adults 65 and older. Similar to the analysis completed for infants and children, a rate of weekly RSV-associated hospitalizations compared to all hospitalizations was also calculated. Patients were only included once, independent of their length of stay. Seasonal trends in this rate are shown in Figure 8.

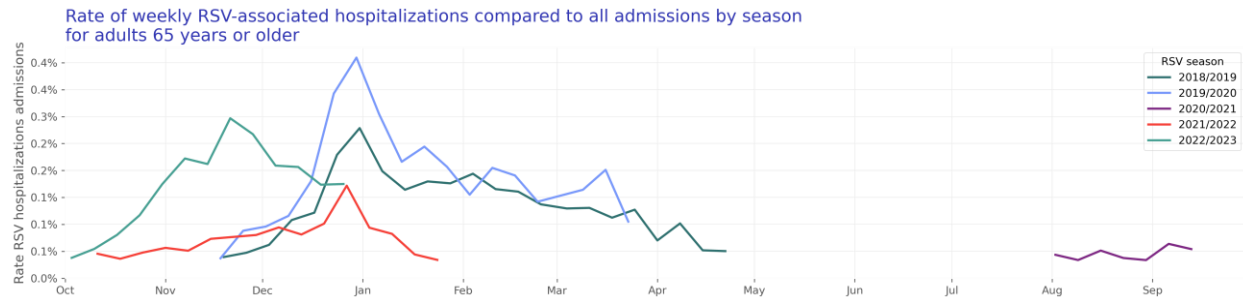
**Figure 6: Raw count of weekly RSV-associated hospitalizations since October 2018 for adults 65 years or older**



**Figure 7: Raw count of weekly RSV-associated hospitalizations by season for adults 65 years or older**



**Figure 8: Rate of weekly RSV-associated hospitalizations compared to all admissions by season for adults 65 years or older**



## Trends in surveillance

Data from November and December 2022 indicate that overall counts of RSV-associated hospitalizations peaked at a higher level and earlier in this season than during the 2019/2020 season. The 2019/2020 season was chosen as a comparison as the season occurred before the COVID-19 pandemic. RSV-associated hospitalization counts remained low throughout the beginning of the COVID pandemic both for the overall population and for the specific age groups investigated.

The most recent complete data suggest RSV-associated hospitalization counts have decreased substantially since they peaked in November 2022. This trend is seen in both age groups of interest. Infants and children made up a larger proportion of the overall population with RSV-associated hospitalized this RSV season (2022/2023) compared to pre-COVID era trends (2019/2020), and this difference is most pronounced in the 2–4-year-old age group. Older adults made up a smaller proportion of the RSV-associated hospitalized population this season when compared to prior seasons.

## Limitations

- All data are preliminary and may change as additional data are obtained. These findings are consistent with data pulled January 12, 2023.
- These are raw counts and post-stratification methods have not been conducted. Therefore, data may not be representative of the U.S. population.
- Patients hospitalized with RSV who were not tested for RSV or were tested later in their medical care (when laboratory tests results would have returned a negative result) would be missed in this analysis.
- The unknowns in this report either indicate the value was not included in the individual's electronic health record or that it was excluded from the data to protect an individual's identity as a part of Truveta's commitment to privacy (Truveta, 2022).

## Suggested citation

Suggested citation: "Truveta Technical Report: Respiratory Syncytial Virus Hospitalization, Truveta Inc. Truveta.com/research. Accessed on DATE".

## References

Boyce, T. G., Mellen, B. G., Mitchel, E. F., Wright, P. F., & Griffin, M. R. (2000). Rates of hospitalization for respiratory syncytial virus infection among children in Medicaid. *The Journal of Pediatrics*, 137(6), 865–870. <https://doi.org/10.1067/mpd.2000.110531>

Centers for Disease Control and Prevention. (2022a, October 25). RSV-NET Interactive Dashboard Print. <https://www.cdc.gov/rsv/research/rsv-net/dashboard.html>

Centers for Disease Control and Prevention. (2022b, October 28). RSV in Infants and Young Children. <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>

Committee on Infectious Diseases and Bronchiolitis Guidelines Committee, Brady, M. T., Byington, C. L., Davies, H. D., Edwards, K. M., Jackson, M. A., Maldonado, Y. A., Murray, D. L., Orenstein, W. A., Rathore, M. H., Sawyer, M. H., Schutze, G. E., Willoughby, R. E., Zaoutis, T. E., Ralston, S. L., Lieberthal, A. S., Meissner, H. C., Alverson, B. K., Baley, J. E., ... Hernández-Cancio, S. (2014). Updated Guidance for Palivizumab Prophylaxis Among Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection. *Pediatrics*, 134(2), e620–e638. <https://doi.org/10.1542/peds.2014-1666>

Lee, N., Lui, G. C. Y., Wong, K. T., Li, T. C. M., Tse, E. C. M., Chan, J. Y. C., Yu, J., Wong, S. S. M., Choi, K. W., Wong, R. Y. K., Ngai, K. L. K., Hui, D. S. C., & Chan, P. K. S. (2013). High Morbidity and Mortality in Adults Hospitalized for Respiratory Syncytial Virus Infections. *Clinical Infectious Diseases*, 57(8), 1069–1077. <https://doi.org/10.1093/cid/cit471>

McLaughlin, J. M., Khan, F., Schmitt, H.-J., Agosti, Y., Jodar, L., Simões, E. A. F., & Swerdlow, D. L. (2022). Respiratory Syncytial Virus–Associated Hospitalization Rates among US Infants: A Systematic Review and Meta-Analysis. *The Journal of Infectious Diseases*, 225(6), 1100–1111. <https://doi.org/10.1093/infdis/jiaa752>

Pastula, S. T., Hackett, J., Coalson, J., Jiang, X., Villafana, T., Ambrose, C., & Fryzek, J. (2017). Hospitalizations for Respiratory Syncytial Virus Among Adults in the United States, 1997–2012. *Open Forum Infectious Diseases*, 4(1), ofw270. <https://doi.org/10.1093/ofid/ofw270>

Shi, T., McAllister, D. A., O'Brien, K. L., Simoes, E. A. F., Madhi, S. A., Gessner, B. D., Polack, F. P., Balsells, E., Acacio, S., Aguayo, C., Alassani, I., Ali, A., Antonio, M., Awasthi, S.,

Awori, J. O., Azziz-Baumgartner, E., Baggett, H. C., Baillie, V. L., Balmaseda, A., ... Nair, H. (2017). Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in young children in 2015: A systematic review and modelling study. *The Lancet*, 390(10098), 946–958.

[https://doi.org/10.1016/S0140-6736\(17\)30938-8](https://doi.org/10.1016/S0140-6736(17)30938-8)

Truveta. (2022). Truveta's Approach to Patient Privacy. <https://resources.truveta.com/patient-privacy>

## Supplementary material

Table S1: LOINC codes for RSV lab test

Code System	Concept Code	Concept Name
LOINC	5874-3	Respiratory syncytial virus Ag [Presence] in Throat by Immunoassay
LOINC	5875-0	Respiratory syncytial virus Ag [Presence] in Throat by Immunofluorescence
LOINC	5876-8	Respiratory syncytial virus Ag [Presence] in Specimen by Immunoassay
LOINC	5877-6	Respiratory syncytial virus Ag [Presence] in Specimen by Immunofluorescence
LOINC	30075-6	Respiratory syncytial virus A RNA [Presence] in Specimen by NAA with probe detection
LOINC	30076-4	Respiratory syncytial virus B RNA [Presence] in Specimen by NAA with probe detection
LOINC	31949-1	Respiratory syncytial virus Ag [Presence] in Throat
LOINC	31950-9	Respiratory syncytial virus Ag [Presence] in Specimen
LOINC	32040-8	Respiratory syncytial virus Ag [Presence] in Nose by Immunofluorescence
LOINC	33045-6	Respiratory syncytial virus Ag [Presence] in Nose
LOINC	40988-8	Respiratory syncytial virus RNA [Presence] in Specimen by NAA with probe detection
LOINC	50329-2	Respiratory syncytial virus Ag [Presence] in Tissue by Immune stain
LOINC	60271-4	Respiratory syncytial virus RNA [Presence] in Isolate by NAA with probe detection
LOINC	68966-1	Respiratory syncytial virus Ag [Presence] in Nasopharynx by Immunoassay
LOINC	72885-7	Respiratory syncytial virus Ag [Presence] in Nasopharynx by Rapid immunoassay
LOINC	76088-4	Respiratory syncytial virus RNA [Presence] in Bronchoalveolar lavage by NAA with probe detection
LOINC	76089-2	Respiratory syncytial virus RNA [Presence] in Nasopharynx by NAA with probe detection
LOINC	77022-2	Respiratory syncytial virus A RNA [Presence] in Nasopharynx by NAA with probe detection
LOINC	77023-0	Respiratory syncytial virus B RNA [Presence] in Nasopharynx by NAA with probe detection
LOINC	77389-5	Respiratory syncytial virus Ag [Presence] in Bronchoalveolar lavage by Immunofluorescence
LOINC	77390-3	Respiratory syncytial virus Ag [Presence] in Nasopharynx by Immunofluorescence
LOINC	80597-8	Respiratory syncytial virus A 5' UTR RNA [Presence] in Nasopharynx by NAA with probe detection
LOINC	80598-6	Respiratory syncytial virus B F gene [Presence] in Nasopharynx by NAA with probe detection
LOINC	82176-9	Respiratory syncytial virus RNA [Presence] in Nasopharynx by NAA with non-probe detection
LOINC	85479-4	Respiratory syncytial virus RNA [Presence] in Upper respiratory specimen by NAA with probe detection

Code System	Concept Code	Concept Name
LOINC	88595-4	Respiratory syncytial virus A RNA [Presence] in Lower respiratory specimen by NAA with probe detection
LOINC	88597-0	Respiratory syncytial virus B RNA [Presence] in Lower respiratory specimen by NAA with probe detection
LOINC	88909-7	Respiratory syncytial virus Ag [Presence] in Lower respiratory specimen by Immunofluorescence
LOINC	91133-9	Respiratory syncytial virus RNA [Presence] in Lower respiratory specimen by NAA with probe detection
LOINC	91794-8	Respiratory syncytial virus B RNA [Presence] in Upper respiratory specimen by NAA with probe detection
LOINC	91795-5	Respiratory syncytial virus A RNA [Presence] in Upper respiratory specimen by NAA with probe detection
LOINC	92131-2	Respiratory syncytial virus RNA [Presence] in Respiratory specimen by NAA with probe detection
LOINC	92957-0	Respiratory syncytial virus RNA [Presence] in Lower respiratory specimen by NAA with non-probe detection

***Table S1: LOINC Codes for RSV lab test***

This material contains content from LOINC (<https://loinc.org>). LOINC is copyright © 1995-2022, Regenstrief Institute, Inc. and the Logical Observation Identifiers Names and Codes (LOINC) Committee and is available at no cost under the license at <https://loinc.org/license>. LOINC® is a registered United States trademark of Regenstrief Institute, Inc.