

**Note: Sidebar appears at the end of the release**

**CONTACTS:**

Amendola Communications for SDI

Jan Shulman, 480.664.8412, x12; [jshulman@acmarketingpr.com](mailto:jshulman@acmarketingpr.com)

Jodi Amendola, 480.664.8412, x11; [jamendola@acmarketingpr.com](mailto:jamendola@acmarketingpr.com)

**FOR IMMEDIATE RELEASE**

**STATE-BY-STATE TRACKING OF POTENTIALLY DANGEROUS RESPIRATORY  
SYNCYTIAL VIRUS NOW AVAILABLE ON CDC WEBSITE THROUGH DATA  
SHARING AGREEMENT WITH SDI**

*Redesigned CDC website provides more data on RSV activity to help parents  
and pediatricians know when RSV is present in their area*

**PLYMOUTH MEETING, Pa. – Jan. 3, 2008** – A data-sharing agreement with [Surveillance Data, Inc.](#) (SDI) has enabled the [Centers for Disease Control and Prevention](#) (CDC) to launch a redesigned [website](#) that provides data on respiratory syncytial virus (RSV) in the U.S. as a whole and by individual states. About 125,000 infants are hospitalized each year in the U.S. due to RSV infections or co-infections and an estimated 390 RSV-associated children's deaths occurred in 1999<sup>1</sup>. Low birth weight and prematurity significantly increase RSV-associated mortality rates.

Until now, RSV data were reported to the [CDC's National Respiratory and Enteric Virus Surveillance System](#) (NREVSS) by less than 100 clinical laboratories. The data were displayed for only four U.S. regions and Florida. The data-sharing agreement with SDI's Clinical Operations division provides the CDC with access to de-identified HIPAA-compliant SDI data from more than 600 laboratories, allowing the RSV data to be shown by state.

RSV is highly contagious and infects virtually all children by age 2. Most RSV infections cause only minor upper respiratory illnesses; however, RSV is the leading cause of bronchiolitis and pneumonia in infants and children under 1 year old, with or without chronic lung disease. Although RSV affects people of all ages, children at highest risk for RSV infection are premature infants with gestation of 35 weeks or less. The elderly and others with a compromised respiratory, cardiac or immune system are also at risk.

There is no treatment or vaccine for RSV. However, there is a drug that can help protect [high-risk babies](#) from severe RSV disease, but the monthly injections only work on uninfected infants. This means that physicians and parents may be able to prevent RSV from infecting their infants by initiating drug treatment as soon as the virus is detected in their area. RSV's "high season" varies by location. Florida, for example, has one of the longest RSV seasons in the U.S.

"More comprehensive data enable us to provide a better surveillance system and provides parents, physicians and public health officials with more reliable RSV data trends and estimates of when the RSV season begins and ends," said Cathy Panozzo, M.P.H, coordinator of NREVSS, a laboratory-based system that monitors patterns associated with the detection of RSV and other viruses. "We hope that public access to statewide RSV data leads to better patient management decisions."

The CDC published its annual report on RSV activity in the U.S. in the [Morbidity and Mortality Weekly Report](#) on December 7, 2007, which included, for the first time, data collected by SDI Clinical Operations.

"We are delighted that our data can help improve patient care for those who are most vulnerable to RSV and strengthen the country's RSV surveillance system" said Laurel Edelman, vice president of clinical accounts at SDI. According to Edelman, "Pediatricians and parents can consult the NREVSS site to determine when they should start injections for an at-risk infant and when they should take measures to prevent the spread of the disease."

In addition to RSV, SDI Clinical Operations conducts clinical surveillance programs for a number of other diseases and conditions including colds, respiratory illness; influenza and allergies based on anonymized, aggregated data collected weekly from hospitals, laboratories, physician offices, health centers, pharmacies, blood banks and public health offices around the country.

#### **About Surveillance Data, Inc. (SDI)**

Based in Plymouth Meeting, Pa., SDI is a leading provider of longitudinal patient-level data serving pharmaceutical, biotech and consumer product retail companies with healthcare data since 1982. The majority of SDI's 210 employees are dedicated to

patient-level data and sophisticated analysis and reporting. It has several divisions, including SDI Clinical Operations, which provides business insights and research enabling clients to make better informed business decisions. SDI takes a consultative approach to designing the best analyses for its clients, combined with expert study design and analytical expertise to produce superior insights. Its current client roster features the top 20 companies in the pharmaceutical/biotech sector. For more information, visit [www.survdata.com](http://www.survdata.com) or call 610-834-0800.

<sup>1</sup> Leader, S. and Kohlhase, K., "Recent trends in severe respiratory syncytial virus (RSV) among US infants, 1997 to 2000." *The Journal of Pediatrics*. November 2003:127-132

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## **SIDEBAR**

### **Tips for Preventing RSV from Spreading**

Respiratory syncytial virus (RSV) typically presents with cold-like symptoms, spreading from person to person through the air and from contact with infected surfaces. Because it can have a devastating impact, including death, on infants born prematurely, it is essential that parents act quickly to prevent their babies from becoming infected. As soon as RSV is detected in their area or other household members show cold-like symptoms parents must act immediately to protect at-risk infants by:

- Initiating preventive drug treatment
- Isolating the at-risk child from anyone with cold symptoms
- Washing hands, combs, towels and other household objects to get eliminate the virus, which can live on surfaces for six hours
- Keeping infants and children away from daycare centers

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