



# University of Louisville Journal of Respiratory Infections

## ORIGINAL RESEARCH

## The Incidence of Common Respiratory Viruses During the COVID-19 Pandemic: Results from the Louisville COVID-19 Epidemiology Study

Brian C. Bohn<sup>1\*</sup>, PharmD, BCIDP; Ashley M. Wilde<sup>1</sup>, PharmD, BCPS-AQ ID; Sarah E. Moore<sup>1</sup>, PharmD; Matthew Song<sup>1</sup>, PharmD, BCIDP; Clayton J. Patross<sup>1</sup>, PharmD, BCPS; Alan D. Junkins<sup>2</sup>, PhD, D(ABMM); Paul S. Schulz<sup>3</sup>, MD; Julio A. Ramirez<sup>4</sup>, MD; and the Center of Excellence for Research in Infectious Diseases (CERID) COVID-19 Study Group

<sup>1</sup>Norton Pharmacy Services, Norton Healthcare, Louisville, KY, USA, <sup>2</sup>Department of Microbiology, Norton Healthcare, Louisville, KY, USA, <sup>3</sup>Norton Infectious Diseases Specialists, Norton Healthcare, Louisville, KY, USA, <sup>4</sup>Division of Infectious Diseases, University of Louisville School of Medicine, Louisville, KY, USA

\*brian.bohn@nortonhealthcare.org

### Abstract

**Introduction:** Social distancing has been utilized during the COVID-19 pandemic to reduce the spread of SARS-CoV-2, which is also expected to reduce the spread of common respiratory viruses.

**Methods:** This retrospective, descriptive study assessed the rate of positivity of common respiratory viruses from commercially available respiratory pathogen panel, across a five-hospital health-system, during four-week periods within March to April of 2019 and 2020.

**Results:** During the four-week period in 2019, the percent positivity of common respiratory viruses from week one to week four decreased from 6 to 32% among the four included viruses. In the comparator period in 2020, a decrease ranging from 74 to 100% was observed from week one to week four.

**Conclusions:** These data indicate that the social distancing efforts implemented in Louisville, Kentucky, may be associated with a decrease in incidence of common respiratory viruses. This decrease in positivity of common respiratory viruses may serve as a surrogate marker for the effect of social distancing on the transmission of SARS-CoV-2.

### Introduction

Social distancing has become a key intervention in preventing the spread of SARS-CoV-2 during the COVID-19 pandemic. [1,2] Throughout March and April of 2020 several interventions aimed at reducing the spread of SARS-CoV-2 have been implemented by national, state, and local governments in a stepwise manner. In Louisville, Kentucky, these include limits on public gatherings (3/11), closure of schools (3/12), closure of non-essential businesses (3/23), and more. [3-5] We hypothesize that these interventions, which were intended to address the current pandemic, would have a significant impact on the droplet transmission of common respiratory virus including influenza, respiratory syncytial virus (RSV), rhinovirus, and common coronaviruses (HKU1, NL63, 229E, and OC43). [6] The objective of this study is to assess the effect of social distancing on the incidence of common respiratory viruses as a surrogate marker for the reduction in transmission of SARS-CoV-2.

### Methods

This was a retrospective, descriptive study examining the incidence of selected community respiratory viruses (influenza, RSV, rhinovirus, and common coronaviruses) detected by a multiplex molecular respiratory viral panel between 3/10/2019 to 4/6/2019 and 3/8/2020 to 4/4/2020 within the Norton Healthcare health-system. Norton Healthcare consists of five hospitals with over 1800 licensed beds, immediate care centers, and ambulatory medical practices throughout Louisville, Kentucky. A commercially available

### Recommended Citation:

Bohn, Brian C.; Wilde, Ashley M.; Moore, Sarah E.; Song, Matthew; Patross, Clayton J.; Junkins, Alan D.; Schulz, Paul S.; Ramirez, Julio A.; and the Center of Excellence for Research in Infectious Diseases (CERID) COVID-19 Study Group (2020). "The Incidence of Common Respiratory Viruses During the COVID-19 Pandemic: Results from the Louisville COVID-19 Epidemiology Study," *The University of Louisville Journal of Respiratory Infections*: Vol. 4, Iss. 1, Article 58.

**Received Date:** May 14, 2020

**Accepted Date:** August 7, 2020

**Published Date:** August 25, 2020

**Copyright:** © 2020 The author(s). This original article is brought to you for free and open access by ThinkIR: The University of Louisville's Institutional Repository. For more information, please contact [thinkir@louisville.edu](mailto:thinkir@louisville.edu). This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



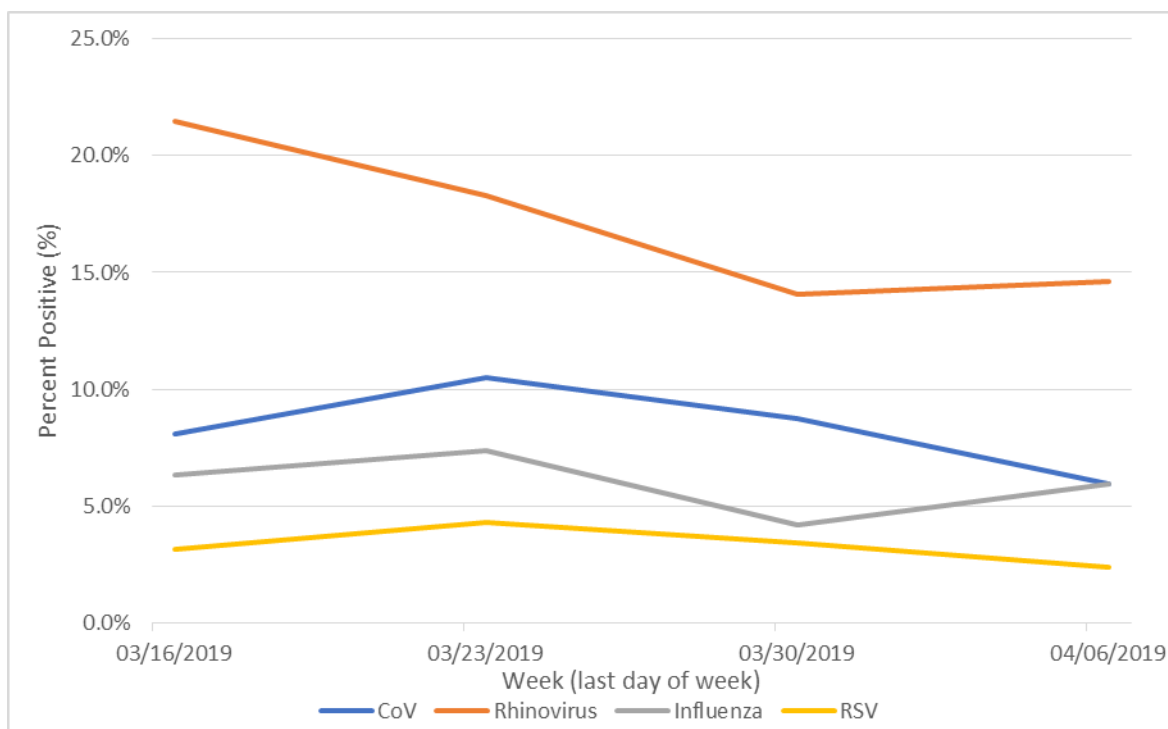
**Funding Source:** The author(s) received no specific funding for this work.

**Conflict of Interest:** All authors declared no conflict of interest in relation to the main objective of this work.

respiratory pathogen panel (RPP) performed in the system’s centralized microbiology laboratory is utilized to identify the previously listed common respiratory viruses. This panel is available year-round and can be ordered by any physician or advanced practice provider for work-up of suspected respiratory illnesses in inpatient and outpatient settings. During the study period all RPP results were recorded and a weekly percent positivity rate for each of the included common respiratory viruses was calculated and plotted on a line graph for each week.

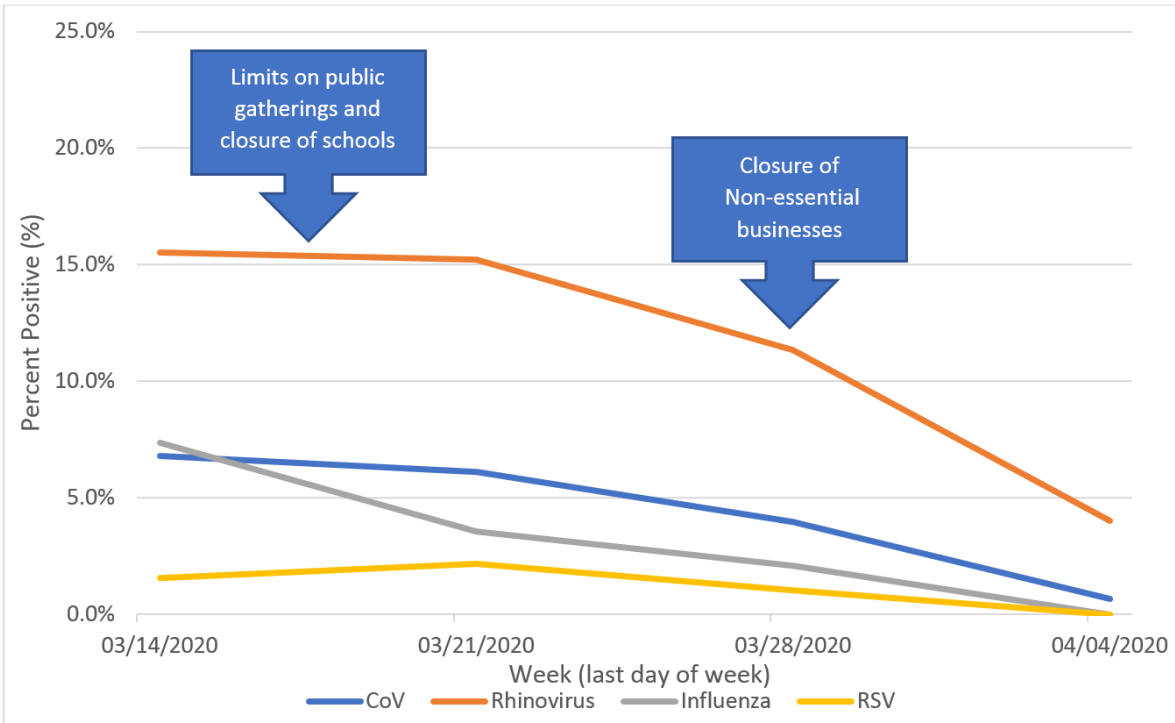
### Results

An average of 264 RPPs per week was obtained during the study period in 2019 and an average of 388 per week was obtained in 2020. There was no consistent trend in the incidence of common respiratory viruses during the four-week period in 2019 (**Figure 1**). In contrast, incidence of all common respiratory viruses showed a sharp decline over the same period in 2020 (**Figure 2**). The percentage decrease for common coronaviruses from weeks one to four in 2019 was 27% compared to 90% in 2020. The respective decreases were 32% in 2019 and 74% in 2020 for rhinovirus, 6% in 2019 and 100% in 2020 for influenza, and 25% in 2019 and 100% in 2020 for RSV (**Figure 3** and **Figure 4**).



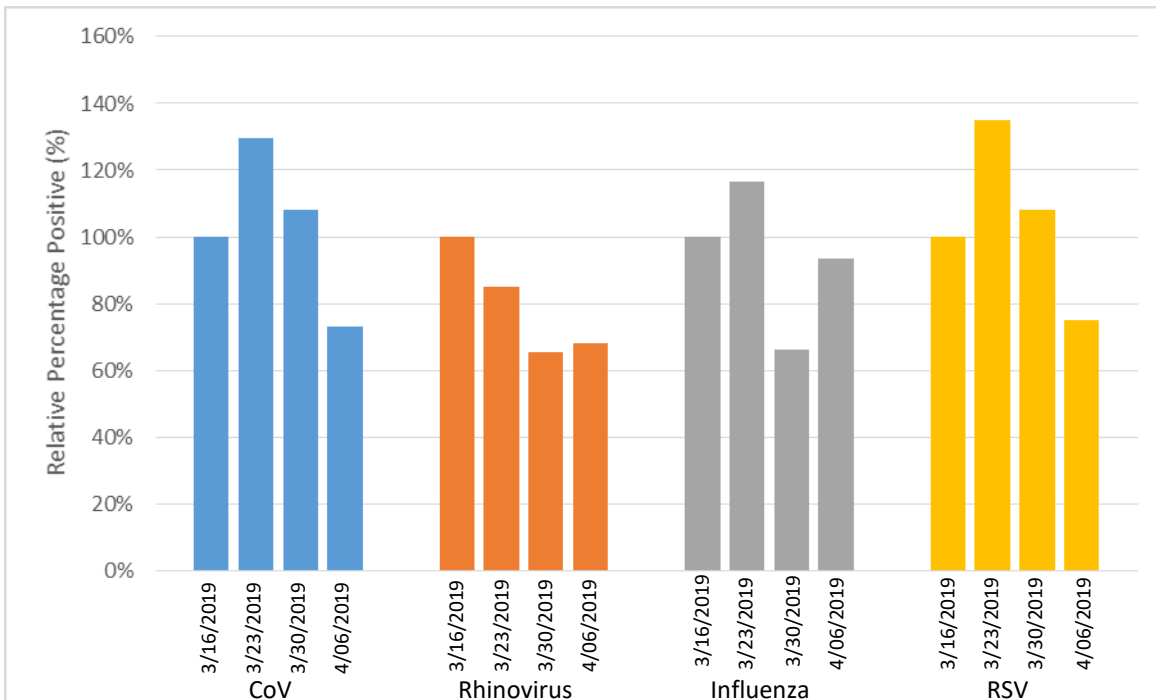
CoV=Coronaviruses (HKU1, NL63, 229E, and OC43); RSV=respiratory syncytial virus

**Figure 1.** Incidence of Common Respiratory Viruses in a Four Week Period in 2019



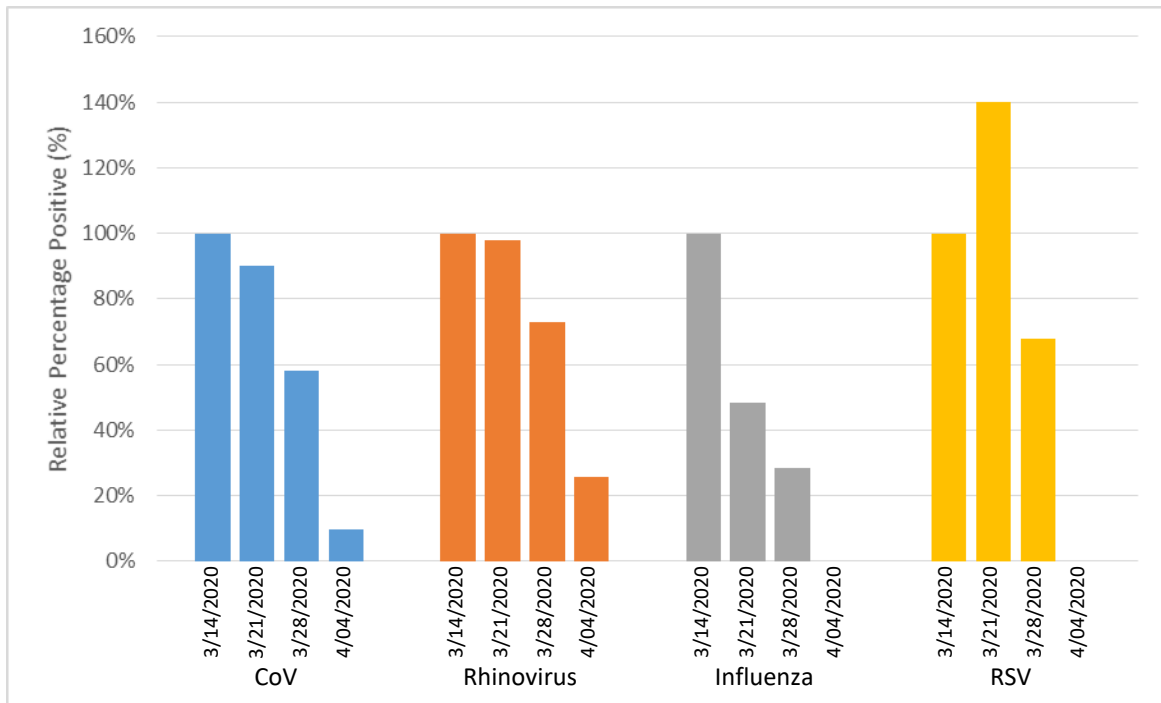
CoV=Coronaviruses (HKU1, NL63, 229E, and OC43); RSV=respiratory syncytial virus

**Figure 2.** Incidence of Common Respiratory Viruses in a Four Week Period in 2020



CoV=Coronaviruses (HKU1, NL63, 229E, and OC43); RSV=respiratory syncytial virus

**Figure 3.** Percentage Positivity Relative to Baseline in the Four Week Period from 2019



CoV=Coronaviruses (HKU1, NL63, 229E, and OC43); RSV=respiratory syncytial virus

**Figure 4.** Percentage Positivity Relative to Baseline in the Four Week Period from 2020

## Discussion

These data display a significant decrease in the incidence of common respiratory virus detected by the RPP starting on the week of 3/22/2020. While there were decreases noted from week to week among the different common respiratory viruses in 2019, there was no consistent decline across all noted common respiratory viruses as seen in 2020. Furthermore, the percentage decreases across the four-week period observed in 2020 were a significantly greater magnitude, ranging from 74% to 100%, than those observed in 2019 which ranged from 6% to 32%.

The observed decrease in common respiratory viruses in 2020 coincided with the closure of all non-essential retail businesses in Kentucky, which was the most significant step to date in social distancing. The noted decline in incidence of common respiratory viruses in the third and fourth weeks of these data suggest that the implemented social distancing efforts had an impact on common respiratory virus transmission. These data also emphasize the importance of avoiding contact with others when ill in pandemic and non-pandemic scenarios.

While these data highlight the effect of social distancing on common respiratory viruses, it is expected that efforts also led to a reduction in SARS-COV-2 transmission as intended. As of 4/20/2020, Kentucky had fewer reported COVID-19 cases than all but one (West Virginia) of the seven states it borders. [7] Without the effect of the social distancing efforts enacted swiftly in Kentucky, it is likely that the case burden would be significantly higher and may have resulted in the overwhelming the healthcare system.

In conclusion, the rate of positivity on the RPP of a select group of common respiratory viruses declined simultaneously with the implementation of strict social distancing guidance in Kentucky. The decline occurred more precipitously in 2020 than it did over the same time period in 2019, and was demonstrable in all of the viruses studied, suggesting that the demonstrated decline was likely not due to an expected end to the respiratory virus season, but was instead a result of factors unique to 2020. These data indicate the potential effectiveness of social distancing in reducing common respiratory virus incidence and thus may serve as a surrogate marker for efficacy in reducing the transmission of SARS-CoV-2 as well.

## Appendix: CERID COVID-19 Study Group

Available upon request.

---

### References

1. NCIRD. Coronavirus Disease 2019 (COVID-19) [Internet]. Atlanta: Centers for Disease Control and Prevention; 2020 [updated 2020 Jul 15]. Division of Viral Diseases. Social Distancing: keep a safe distance to slow the spread; 2020 [cited 2020 Aug 1]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>
2. Kentucky Public Health. Novel Coronavirus (COVID-19) Guidance for Residents of Kentucky [guide on the Internet]. Frankfort: Cabinet for Health and Family Services; 2020 [revised 2020 Mar 13; cited 2020 Aug 1]. Available from: <https://chfs.ky.gov/agencies/dph/covid19/guidanceforkentuckyresidentscovid19.pdf>
3. Office of the Governor. Gov. Beshear provides guidance on public events, schools, prisons as state continues preparations and response to COVID-19 [press release] (2020 Mar 11) [cited 2020 Aug 1]. Available from: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=85>
4. Office of the Governor. Gov. Beshear recommends public, private schools ceasing in-person classes in response to COVID-19 [press release] (2020 Mar 12) [cited 2020 Aug 1]. Available from: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=87>
5. Office of the Governor. Gov. Beshear issues new guidance to help halt the spread of COVID-19 [press release] (2020 Mar 22) [cited 2020 Aug 1]. Available from: <https://kentucky.gov/Pages/Activity-stream.aspx?n=GovernorBeshear&prId=101>
6. Bennett JE, Dolin R, Blaser MJ. Mandell, Douglas, and Bennett's principles and practice of infectious diseases: 2-volume set. Elsevier Health Sciences; 2014 Aug 28.
7. NCIRD. Coronavirus Disease 2019 (COVID-19) [Internet]. Atlanta: Centers for Disease Control and Prevention; 2020 [updated 2020 Aug 12]. Division of Viral Diseases. Cases, data & surveillance: cases in the U.S.; 2020 [cited 2020 Aug 1]. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>