

Urgent Action Needed: Tackling Pune's Post-Monsoon RSV Surge

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Sir,

Pune's 2025 post-monsoon season has seen an alarming surge in Respiratory Syncytial Virus (RSV) cases, overwhelming paediatric intensive care units (PICUs) and straining hospital resources. With reports of a 40% rise in paediatric respiratory cases, this outbreak is not a routine seasonal spike; it is a significant public health emergency threatening the region's children and demanding an immediate, strategic response.

Hospitals report a sharp rise in admissions, leaving families struggling to access care as PICUs are stressed and demand for mechanical ventilation increases.¹ Unusually, this outbreak is causing significant morbidity not just in infants, but in children up to six years old. This atypical age distribution suggests a change in local viral epidemiology, a pattern seen elsewhere after disruptions in circulation.²

The outbreak's scale is underscored by high positivity rates, reaching 41% in one sample group. This suggests a syndemic, where the virus is amplified by environmental factors.³ Pune's dense population and rapid urbanization likely accelerate transmission. This viral surge is compounded by post-monsoon humidity trapping air pollutants like PM2.5 and a deteriorating regional Air Quality Index (AQI), which

further irritate airways and increase infection susceptibility.⁴

A critical gap in India's public health infrastructure the absence of routine, specific RSV surveillance is aggravating this situation. This gap creates a data blind spot, hampering early detection and making it impossible to gauge the true disease burden.⁵ Relying on general syndromic surveillance for Influenza-Like Illness (ILI) is insufficient, as RSV's distinct paediatric impact requires a dedicated monitoring strategy.⁶

Addressing these challenges requires a prioritized, multi-pronged response. We urge health authorities to integrate pathogen-specific RSV surveillance into the national Integrated Disease Surveillance Programme (IDSP) for real-time monitoring.⁷ It is also required to issue clear public advisories on hygiene, ventilation, and recognizing warning signs (e.g., rapid breathing, oxygen saturation <95%). There is also need to collaborate with environmental agencies on strategies to mitigate air pollution, a key contributing factor.⁴

As a longer-term goal, policy discussions are crucial to evaluate the cost-effectiveness and implementation of new preventive tools like maternal vaccines and monoclonal antibodies.⁸

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Pune's RSV crisis exposes the severe limits of a reactive, hospital-focused approach. To protect our children, India must shift to a proactive, data-driven, and environmentally-informed strategy. The time for this action is now.

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