



Respiratory Syncytial Virus (RSV)

RSV is:

- A respiratory virus causing upper (URTI) & lower respiratory tract infections (LRTI)
- The most common cause of bronchiolitis and pneumonia in children ≤ 1 year
- An important cause of respiratory illness in older adults
- A common cause of hospital acquired infection

RSV is more common in the late fall, winter and spring and is found globally

Did You Know... Most children have been infected with RSV by their 2nd birthday but only a small percentage will develop severe disease. After an infection, children can shed the virus for a week. There is no immunity after an infection.

RSV can survive on:

- Hands for 30 minutes
- Surfaces (i.e. toys, doorknobs) for many hours

Clinical Features

RSV infections usually begin with a URTI and, in 50% of cases, it progresses to a LRTI.

Common symptoms include: coughing, runny nose, sneezing, pharyngitis, bronchitis, headache, fatigue and fever.

Symptoms in young children may be limited to:

- irritability,
- decreased activity,
- breathing difficulties

Severe infection may develop in premature infants or those ≤ 1 year, the elderly, immunocompromised individuals and those with respiratory or cardiac histories.

Illness begins 2 to 8 days after exposure and usually last 1 to 2 weeks.



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Transmission

A person with RSV is contagious just before symptoms begin and while symptomatic, usually 3 to 8 days

Some infants and people with weakened immune systems can be contagious after their symptoms end—for as long as 4 weeks.

RSV is most likely transmitted through close direct contact with infectious secretions and/or large-particle aerosols, for example by:

- Breathing contaminated air after a person with RSV has sneezed or coughed
- Touching infectious secretions from the nose, mouth or eyes
- Touching surfaces contaminated with the virus

When infants and children are exposed to RSV for the first time, 25% to 40% of them have signs or symptoms of bronchiolitis or pneumonia, and 0.5% to 2% will require hospitalization.

Infection Prevention & Control

- Hospitalized patients should be placed on droplet precautions
- Frequent hand hygiene should be practiced
- Hard and high-touch surfaces should be cleaned frequently (i.e. doorknobs, keyboards, counters, phones)
- Cups or eating utensils should not be shared
- Practice respiratory etiquette. Those with RSV should:
 - Cover their mouth/nose when coughing or sneezing to prevent spread of RSV
 - Clean their hands often

Treatment

As RSV is a virus, the treatment is primarily supportive. Symptoms, such as fever are treated. Individuals with more severe symptoms and who are immunocompromised or have a secondary underlying disease may be hospitalized. For these patients, intravenous (IV) fluids, humidified oxygen or a nebulized bronchodilator may be given.

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