

Respiratory Syncytial Virus (RSV)

Information for parents and/or caregivers

Welcome to the Southern Adelaide Local Health Network. This information sheet aims to answer any questions you may have about RSV.

What is RSV?

Respiratory Syncytial Virus (RSV) is a common cause of respiratory illness in children. It is the most common cause of bronchiolitis and pneumonia in babies.

Bronchiolitis is inflammation of small air passages in the lungs and pneumonia is inflammation of the lung tissue itself.

Who is affected by RSV?

- Most children under 2 years will have been infected by RSV. Re- infections can occur throughout life.
- Those most likely to need support through this illness are children under the age of 12 months, immunocompromised children, extremely premature babies, or children who have an underlying heart condition.
- Most children get little more than a 'cold' when infected with RSV; however about 3 in every 100 babies get bronchiolitis severe enough to warrant a stay in hospital.

The Virus

- RSV is able to survive on any surface for a few hours but is easily killed with soap and water.
- RSV is a virus and therefore antibiotics are not helpful.
- It is a seasonal virus and is usually widespread during the winter months.

How is it spread?

- RSV is highly infectious and spreads quickly and easily through children.
- Up to a million virus particles can be in one ml of respiratory secretions.
- Hands contaminated with these infectious secretions can pass on the virus by contact with the nose and eyes.
- Droplets from a cough or sneeze may also spread it to other people in close contact.

Signs and symptoms

The first signs and symptoms are usually:

- Fever
- Runny nose
- irritability and restlessness
- Poor feeding or food refusal in older children
- Coughing
- Wheezing
- Difficulty breathing
- Irregular or rapid breathing in young babies
- If RSV progresses quickly some children display symptoms such as rapid breathing using all their abdominal muscles

Incubation

The symptoms of RSV are similar to a cold initially.

- Day 2 to 3 the symptoms may become worse.
- The symptoms usually resolve over 5 to 7 days.
- Severe cases may require admission to hospital and may take up to 2-3 weeks to resolve completely.
- Children are contagious for at least a week while they have any symptoms.

Confirmation of RSV

A sample of mucus is needed to positively identify RSV.

A throat or nasal swab is ordered by the doctor and performed by a nurse or technician.

This test is done by inserting a small sterile cotton swab at the back of your throat or nasal passage to collect mucus.

Throat swabs do not hurt at all, but it might make your child gag a little when your doctor or nurse puts the swab in the back of their throat. This only takes a few seconds.

The specimen is then sent to the laboratory for testing.

Medical management

The only help that we can give to children with RSV infection is support while their immune system deals with the infection. The treatment depends on what symptoms the child has.

Whenever possible, children are placed in a room of their own, or with others with the same infection.

The head of the bed may be lifted (for comfort of breathing). If needed, oxygen may be given via a tube under the nose or a facemask. Fluid may be given by a tube inserted through the nose or by an intravenous drip.

Good hand washing after touching or caring for your child or handling their belongings is helpful.

This helps to prevent the spread of infection.

At Home Care

If your child has RSV:

- Exclude people with RSV from childcare, preschool, school and work until they are well.
- Don't allow infected children to share drinks, cutlery or toys (whenever possible) and ensure these are cleaned thoroughly with soap and water between uses.
- Encourage your child to cough and sneeze into a tissue. Throw the tissue away.
- It is very important that you/your child wash their hands once they have blown their nose to stop the germs from spreading.
- Wash your hands after having any contact with someone who has cold symptoms.
- Minimise close contact of anyone who has an infection with newborn babies or people who are immune suppressed.

Call your doctor if:

- your child has a high temperature (fever) and does not look well
- if the cough becomes worse, or your child starts coughing up yellow, green or grey mucus
- if your child is dehydrated
- if your baby refuses to breast or bottle feed and is very irritable

Dial 000 for an ambulance if your child is having trouble breathing, or is breathing very quickly, or their lips or fingernails look blue.

Key points to remember

- Your child can go to school if they feel well after their contagious period (about 10 days).
- RSV is very infectious, so good hand hygiene is important.
- Keep infected children away from newborn babies and immune suppressed people.
- Don't allow infected children to share cups, cutlery or toys.

For more information

See your family doctor

For 24 hour health advice call Health Direct Australia on 1800 022 222

Parent Helpline 1300 364 100

Local emergency department

For more information

Women's and Children's Division

Flinders Drive, Bedford Park, South Australia

Telephone: 8204 5511

www.sahealth.sa.gov.au/SALHN



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