

RSV (Respiratory Syncytial Virus)

What is RSV?

Respiratory syncytial virus (RSV) causes acute respiratory illness in people of all ages. In the United States, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs) in children under one year of age. On average, RSV leads to over 50,000 hospitalizations in children under five years old in the United States each year. Most children are infected with the virus by their second birthday, but a small percentage of those who are infected develop severe disease resulting in hospitalization (0.5% - 2%).

Who is at risk for severe illness?

Premature infants, children less than two years of age with congenital heart or chronic lung disease, and children with compromised (weakened) immune systems are at the highest risk for severe disease. Adults with compromised immune systems and those 65 and older are also at increased risk of severe disease.

What are the symptoms of RSV?

Symptoms of RSV infection are similar to other respiratory diseases. A person with an RSV infection might have a cough, sneezing, runny nose, fever, or decreased appetite. Wheezing may also occur. In young infants, irritability, reduced activity, and breathing difficulties may be the only symptoms of infection. Healthy individuals infected with RSV generally do not need hospitalization. Recovery from the illness usually occurs in about one to two weeks.

How soon after RSV infection do the symptoms appear?

Illness usually begins four to six days after exposure with a runny nose and decrease in appetite. Coughing usually develops one to three days later, which may be followed by sneezing, fever, and wheezing.

How is RSV spread?

RSV can be spread when an infected person coughs or sneezes. Coughing and sneezing send virus-containing droplets into the air, where they can infect a person who inhales the droplets. Infection can also result from direct and indirect contact with nasal or oral secretions from infected persons. Direct contact with the virus can occur, for example, by kissing the face of a child with RSV. Indirect contact can occur if the virus gets on an environmental surface, such as a doorknob, that is then touched by other people. Direct and indirect transmission of the virus usually occurs when people touch a contaminated surface and then touch their eyes, mouth, or nose.

How long is a person able to spread RSV?

Most commonly, people with RSV are contagious for three to eight days after the onset of illness. However, some infants and individuals with weakened immune systems can be contagious for up to four weeks.

Does infection with RSV make a person immune?

No. Re-infection can occur throughout life, but subsequent infections are often milder than the original infection.

What are the complications associated with RSV?

Complications may include bronchiolitis and pneumonia. In most cases, including those who need hospitalization, a full recovery from illness takes about one to two weeks with supportive care.

Is there a vaccine for RSV?

No, there is no vaccine that protects against RSV, but a drug called palivizumab (say “pah-lih-VIH-zu-mahb”) is available to prevent severe RSV illness in certain infants and children who are at high risk for complications. It cannot help cure or treat children already suffering from serious RSV disease, and it cannot prevent infection with RSV. If your child is at high risk for severe RSV disease, talk to your healthcare provider about this medication.

What can be done to prevent the spread of RSV?

People who have cold-like symptoms should:

- Cover their coughs and sneezes
- Wash their hands frequently and correctly (with soap and water for 20 seconds)
- Avoid sharing cups and eating utensils with others
- Refrain from kissing others

In addition, cleaning contaminated surfaces (such as doorknobs) may help stop the spread of RSV.

Information adapted from the CDC (<https://www.cdc.gov/rsv/>)

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