SNOHOMISH COUNTY HEALTH DEPARTMENT

Respiratory Syncytial Virus (RSV)

Child Care Health Outreach Program

You are being provided with this fact sheet:

☐ **because you or your child may have been exposed to Respiratory Syncytial Virus (RSV).** If you believe your child has developed RSV, contact your health care provider. Notify your child care provider or preschool a diagnosis of RSV.

☐ **for informational purposes only.**

What is Respiratory Syncytial Virus?
Respiratory Syncytial Virus, or RSV, is a common virus causing respiratory illness in young children. It is the most frequent cause of lower respiratory infections, such as bronchiolitis and pneumonia, in children under one year. It is one of the most common diseases found in young children. It is typically mild but can be severe in infants.

What are the symptoms of RSV?
The time between exposure to the virus and the development of symptoms is usually between 2 and 8 days. Symptoms in most children and adults resemble a cold and begin with fever*, runny nose, congestion, cough, and sometimes wheezing. In very young children, particularly premature infants, symptoms may include lethargy, irritability, poor feeding, and breathing difficulty. Most children recover from the illness within a week or two.

For more information on RSV, please see the CDC's website: RSV (Respiratory Syncytial Virus) | CDC

How is RSV spread?
RSV is spread by respiratory droplets either directly through the air or indirectly by hands, tissues, or mouthed toys. RSV can live for hours on surfaces; people can become infected if they touch those surfaces and then touch their face. Most outbreaks occur in winter or early spring.

Who is at risk from RSV?
Virtually all children are infected by two years of age. Re-infection throughout life is common and is usually associated with moderate-to-severe cold-like symptoms. However, RSV in premature and very young infants (under 6 months) is especially dangerous. Elderly persons and or young children with weakened immune systems or chronic lung or heart conditions are also at risk for developing complications.

How is RSV diagnosed?
A health care provider can take a swab of the nose or throat to find the virus. Blood tests may also be done to identify an RSV infection. For most cases, however, this is not necessary.

How is RSV treated?
Most people with RSV recover without treatment. General comfort measures are all that is needed for most cases of RSV. Fever reducing medication, such as acetaminophen or ibuprofen, may be given if the child has a fever. *Do not give aspirin to a child,* as this has been associated with Reye's Syndrome. Severe RSV symptoms may result in hospitalization in some cases

How can the spread of RSV be reduced?

- RSV vaccines are now available for pregnant women between 32-36 weeks to help protect infants and for adults 60+ years old, for more information on these vaccines talk to your health care provider.
- Infections can be prevented through proper handwashing, especially after sneezing, coughing, or nose wiping.
- Dispose of facial tissues properly and teach children to cover their mouth and nose with their sleeve or elbow when they cough or sneeze.
- Cleaning and sanitizing toys or other objects children put into their mouths can also limit the spread of RSV.
- Frequent cleaning and sanitizing of surfaces help remove RSV droplets that can remain contagious on surfaces for hours.
- Ensure that cribs are spaced 30 inches apart. Older children on mats or cots should be at least 18" apart on mats and sleep head-to-toe or toe-to-toe.
- Provide a clean smock for infant room staff and change it daily. Infant room teachers should have an extra set of clothes available while at the child care.
- People with colds or bronchitis should avoid contact with infants.
- Premature infants and infants with chronic lung disease who have had contact with someone with RSV may benefit from treatment to prevent RSV infection.
- Breastfeeding has been shown to help protect infants from RSV.

Exclude from group setting?

No, unless the child shows signed of labored or rapid breathing, has cyanotic (blue tinged) episodes (These symptoms are an emergency, and the child should be referred to their medical provider or emergency room immediately. Or the child has other symptoms of exclusion, including fever*.

* Fever is defined as a temperature above 101°F (38.3°C) by any method or 100.4°F (38.0°C) for infants less than 2 months old.

References:

American Academy of Pediatrics

- Managing Infectious Diseases in Child Care and Schools, 6th ed.

American Academy of Pediatrics

- *Healthychildren.org: RSV: When It's More Than Just a Cold.* *Accessed December 2023*
- Red Book: 2021-2024 Report of the Committee on Infectious Diseases, 32nd ed.

Centers for Disease Control and Prevention

- Respiratory Syncytial Virus Infection (RSV). Accessed December 2023. RSV (Respiratory Syncytial Virus) | CDC.

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