

RESPIRATORY SYNCYTIAL VIRUS

(Viral Respiratory Disease, RSV)

What is respiratory syncytial virus?

Respiratory syncytial virus (RSV) is a viral disease of the respiratory tract that occurs primarily during the winter and early spring.

Who gets RSV?

RSV is very common; almost everyone has an infection with this virus in their first few years of life. RSV is a cause of the common cold in persons of most ages. However, in infants and young children, it is the most important cause of inflammation of the bronchial tubes of the lungs and of pneumonia. For children under six months of age it can be a severe disease, especially if they have a condition such as prematurity, heart disease at birth, respiratory disease, or a disease or treatment affecting the immune system.

How is the virus spread?

Humans are the only source of infection. RSV may be spread by direct or close contact, which may involve droplets from the nose or mouth of an infected person. RSV may also be spread indirectly by hands, handkerchiefs, tissues, eating utensils, or other items soiled with the virus.

What are the symptoms of RSV?

Symptoms of RSV include inflammation of the lining of the nose, throat, tonsils, upper breathing tubes, or bronchial tubes of the lungs. Other signs include fever, chills, headache, general aching, tiredness, and a loss of appetite. In premature infants the signs may be minimal and often include lethargy, irritability, poor feeding, and apnea (temporary stops in breathing).

How soon do symptoms appear?

The first symptoms usually appear within one to ten days after being exposed, but the average time is five days after exposure.

How long can an infected person spread the virus?

A person is infectious just before the onset of the disease and for as long as they are ill. The period of viral shedding is usually two to eight days, but may be longer in young infants who may shed the virus for three to four weeks.

Can a person get RSV again?

Reinfection throughout life is common because we do not develop immunity. Infection in older children and adults usually causes cold symptoms and sometimes inflammation of the bronchial tubes.

What is the treatment for RSV?

Most healthy infants improve with only minimal home care within two to five days. However, if your child is having difficulty breathing or has a blue tint to their skin or has a sustained high fever, you should visit your doctor. Children with more severe RSV often require hospitalization and aerosol treatment with a drug called Ribavirin. The use of respiratory syncytial virus immune globulin has been shown to improve high-risk infants' outcomes when used in combination with Ribavirin.

How can the spread of RSV be stopped?

Breast-feeding offers some protection against respiratory infections for infants. Frequent handwashing by people in contact with infants is important. Hospital and day care employees with upper respiratory infections during the RSV season should not care for infants at risk for severe RSV. There is no vaccine to prevent RSV.

Where can I get more information?

- Your personal physician
- Your local health department, listed in your telephone directory
- The Utah Department of Health, Bureau of Epidemiology (801) 538-6191

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