



RSV: Understanding Respiratory Syncytial Virus

RSV is a virus that can cause a common cold or lead to severe breathing problems in some babies.

What is RSV?

RSV stands for respiratory syncytial virus. RSV is a very common virus that usually causes a cold with runny nose, sore throat and/or fever. In a small number of children, RSV can cause pneumonia and bronchiolitis (inflammation of the bronchioles or smallest airways of the lungs). This leads to severe breathing problems. Most children have mild symptoms and do not need treatment. Most RSV infections occur between November and April.

Who gets RSV?

Nearly all children have been infected with RSV by the time they are 2 years old. Most children are less than 6 months of age when they become infected. While most children get cold symptoms, there are children who are more likely to develop severe RSV infections:

- premature babies under 6 months of age
- children with chronic lung or heart disease
- children with immune deficiencies

How is the virus spread?

When someone sneezes or coughs, the virus spreads in droplets in the air. The droplets land on surfaces that people touch, and then they may touch their eyes or nose. The virus stays alive on skin for as long as 8 hours, on counter tops or door handles for up to 6 hours and on Kleenex for about 30 minutes. It takes 3 to 7 days from contact with the virus (exposure) to the first signs of illness.

How is RSV treated?

Most children with the mild cold-like symptoms need no treatment other than over-the-counter medicines to relieve symptoms. However, RSV can become more serious. 125,000 children are hospitalized each year with RSV. There is no medicine given to treat RSV; we just give supportive care when a child is hospitalized. We don't treat RSV with antibiotics because it is caused by a virus. Antibiotics only work against bacteria; they have no affect on viruses.

What increases my child's risk of getting RSV?

- Attending a daycare with more than 6 children
- Having older siblings either in daycare or school
- Being near cigarette smoke
- Multiple births (such as twins or triplets)
- Being born early (prematurity)

To Learn More

- Contact your child's healthcare provider
- www.seattlechildrens.org

Free Interpreter Services

- In the hospital, ask your child's nurse.
- From outside the hospital, call the toll-free Family Interpreting Line 1-866-583-1527. Tell the interpreter the name or extension you need.
- For Deaf and hard of hearing callers 206-987-2280 (TTY)

How will I know my child has RSV?

- Your child will develop symptoms that can include fever, cough, runny or stuffy nose, or an earache.
- After several days, a more serious lung infection may develop.
- New symptoms include increased breathing effort, faster breathing, apnea (long pauses without breathing) or wheezing.
- Infants may have difficulty feeding and/or they may vomit.
- Your child may be cranky.
- If your child has these more serious symptoms, they need to be seen by your healthcare provider right away.

If my baby has RSV, when can she go back to daycare?

Once your child is feeling better (eating, playing, and sleeping normally) she can go ahead and return to childcare. Most people including babies and children are most likely to spread the RSV germs before they have symptoms or even know they are sick. Your baby or child is not likely to spread germs now more than any other child. RSV is everywhere, so exposure can happen anywhere.

How can I keep my child from getting RSV?

Prevention is the key:

- Keep your child away from other children with cold symptoms.
- Avoid activities that involve crowds, close contact with other children or anyone with respiratory symptoms – for example, a runny nose or cough.
- Frequent hand washing is the best way to stop the spread of RSV.
- Encourage hand washing by all family members and anyone else before touching your baby.
- Cover your mouth and nose when sneezing or coughing. Quickly throw away used tissue, and wash your hands.
- Discourage sharing of cups in the family during the viral season.
- Each week clean all toys and bedding your baby uses.

Seattle Children's offers interpreter services for Deaf, hard of hearing or non-English speaking patients, family members and legal representatives free of charge. Seattle Children's will make this information available in alternate formats upon request. Call the Family Resource Center at 206-987-2201.

This handout has been reviewed by clinical staff at Seattle Children's. However, your child's needs are unique. Before you act or rely upon this information, please talk with your child's healthcare provider.

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