

Respiratory Syncytial Virus



Respiratory syncytial virus (RSV) is also referred to as Bronchiolitis. RSV is a very common virus and almost all children will have been infected by the time they are two years old. In older children and adults RSV may cause a **cough** or **cold**, but in young children it can cause **bronchiolitis**.

What are the symptoms?

Most children with bronchiolitis have mild symptoms and recover within two weeks but occasionally complications such as breathing difficulties can occur. The early symptoms of bronchiolitis tend to appear within a few days of becoming infected and are usually similar to those of a **common cold**, such as:

- Blocked or runny nose
- Cough
- Slightly high temperature (fever)

The symptoms usually get worse during the next few days before gradually improving. During this time the child may develop some of the following symptoms:

- A rasping and persistent dry cough
- Rapid or noisy breathing (wheezing)
- Brief pauses in their breathing
- Feeding less and having fewer wet nappies
- Vomiting after feeding
- Being irritable

Although most cases of RSV are not serious, these symptoms can be very worrying and parents should be advised to seek medical attention if they have any concerns.

Who is most at risk?

Bronchiolitis is very common in infants and is usually mild. However, there are several things that can increase chances of developing the condition. These include:

- Being born prematurely (before week 37 of pregnancy)
- Being under two months of age
- Having **congenital heart disease** (a birth defect that affects the heart)
- Having chronic lung disease of prematurity (when injury to the lungs causes long-term respiratory problems in premature babies)
- Being breastfed for less than two months or not at all
- Being exposed to smoke, for example if parents smoke

- Having brothers or sisters who attend school or nursery, as they are more likely to come into contact with a virus and pass it on

Is it infectious?

Yes, the virus is spread through the respiratory route by tiny droplets of liquid from the coughs or sneezes of someone who is infected. If the infected person doesn't cover his or her mouth and nose, people nearby can be infected. RSV can also be spread by direct contact of the mucous membranes of the nose, mouth and throat with virus, for example from the hands of infectious people who have rubbed their noses. RSV can survive on a surface for up to 24 hours so toys and other 'high contact' areas such as desks and chairs can also lead to infection

An infected child can remain infectious for up to three weeks, even after the symptoms have gone.

How can spread be prevented?

RSV is very common and easily spread but the following measures can reduce the risk:

- Encourage good respiratory hygiene (covering noses and mouths with disposable tissues when coughing or sneezing and discarding it after use)
- Good hand hygiene should also be encouraged (after using the toilet and before eating as per usual but also after coughing, sneezing or assisting others with respiratory hygiene)
- Additional environmental cleaning should be implemented which includes 'high contact' areas such as door handles, flush handle, light switches
- Wash and dry eating utensils after use
- Wash or wipe toys and surfaces regularly
- Keep newborn babies away from people with colds or flu, particularly during the first two months of life or if they were born prematurely (before week 37 of pregnancy)
- Exclude any symptomatic individuals until they have recovered
- Encourage parents to seek medical review if their child is under 12 weeks old or has an underlying health problem, such as a congenital (present from birth) heart or lung condition. While it is unusual for children to need hospital treatment for RSV, the symptoms can get worse very quickly.



Call 999 for an ambulance if:

- The individual has severe breathing difficulties or exhaustion from trying to breathe
- The individual has a rapid breathing rate
- The individual is unarousable (unable to wake) or if roused, they do not stay awake
- The individual's breathing stops for a long period (more than 10 seconds at a time), or there are regular shorter pauses in breathing of 5-10 seconds

- The individual's skin begins to turn very pale or blue, or the inside of their lips and tongue are a blue colour (known as **cyanosis**).

Contact the health protection team if any further advice is required.