



Respiratory Syncytial Virus (RSV)

Dear Parent or Guardian,

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 medical provider. Notify your child care provider, school, or preschool immediately after the diagnosis has been made.

for informational purposes only.

What is Respiratory Syncytial Virus?

Respiratory Syncytial Virus, or RSV, is a 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 1 year of age.

What are the symptoms of RSV?

The time between exposure to the virus and 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, cough, and sometimes wheezing. In very young children, and particularly with premature infants, symptoms may include lethargy, irritability, poor feeding, and breathing difficulty. Most children recover from illness in 8 to 15 days.

How is RSV spread?

RSV is spread by respiratory droplets either directly through the air or indirectly by hands, tissues, or mouthed toys. Most outbreaks occur in winter or early spring.

Who is at risk from RSV?

Virtually all children are infected by 2 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 of age) 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 a RSV infection.

How is RSV treated?

Most people with RSV recover without treatment. General comfort measures are all that are 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 with fever*, as this has been associated with Reye Syndrome. Children with severe RSV symptoms may need to be hospitalized.

* Fever is defined as: temperature of 101°F (38.3°C) or higher.

Skagit County Public Health

700 S 2nd Street, STE 301 ■ Mount Vernon, WA 98273 ■ tel: 360 - 416 -1500 ■fax: 360-416-1515

Adapted from the Snohomish Health District



How can the spread of RSV be reduced?

- The virus is easily removed with soap and water. 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 when they cough or sneeze.
- Cleaning and sanitizing toys or other objects children put into their mouths can also limit the spread of RSV.
- Ensure that cribs are spaced 30 inches apart. Older children should be at least 18" on mats or sleep head to toe with adequate space between mats.
- 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 center.
- 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.

Exclude from group setting?

Children with RSV do not need to be excluded from child care or school, unless they are unable to participate in activities or meet other exclusion guidelines, such as fever with behavior change.

Reference:

American Academy of Pediatrics

- Managing Infectious Diseases in Child Care and Schools, 5th Edition. pages 147-148

Centers for Diseases Control & Prevention

- Respiratory Syncytial Virus Infection (RSV) website

This document was printed from Skagit County Public Health by your child care or school. It is for information only and is not meant as a substitute for consultation with your health care provider. This document was last reviewed 10/2022