Respiratory Syncytial Virus

What is RSV?

Respiratory Syncytial Virus, abbreviated RSV, is one of many respiratory viruses that cause respiratory infections every year in the late fall, winter, and early spring months. It is a contagious virus that is spread from person to person through contact with infected saliva, mucus, or nasal secretions. Children frequently contract the infection at school and then bring it home to infect the adults, infants, and younger children in the household.

For most healthy older children and adults RSV infection will cause a "common cold"-type illness with nasal congestion, sneezing, coughing, headache, and possibly some fever. However, there are groups of individuals who may be prone to more severe illness when they become infected with the RSV virus:

- Infants who contract RSV may develop a more serious lower respiratory illness called bronchiolitis. Infants who were born prematurely are at greatest risk. Infants with RSV often need to be seen in emergency rooms and/or hospitalized. RSV is the leading cause of hospitalization in children under 1 year of age.
- Infants and children with underlying heart disease, lung disease, neuromuscular disease, or weakened immune systems may develop serious illness with RSV.
- Some adults are also at increased risk of severe RSV infection. The highest risk groups include those with lung disease, heart disease, weakened immune system, severe diabetes, severe obesity, age 75 or older, and those who live in long-term care or nursing homes. RSV infection may cause these vulnerable adults to develop pneumonia, bronchiolitis, congestive heart failure, or worsening of their underlying asthma or other chronic lung disease.

Want to learn more about RSV; here are some resources:

Click here to learn more about RSV infection, treatment and prevention in infants: RSV: When It's More Than Just a Cold - HealthyChildren.org.

To learn more about RSV infection and vaccination of older adults, click here: Vaccines for Adults Ages 60 and Over | RSV | CDC.

To learn more about all aspects of RSV disease, click here: About RSV | RSV | CDC.

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What does RSV infection look like in infants?

RSV infection in infants usually begins with common cold symptoms which can last for 1-2 weeks; these symptoms involve the upper respiratory tract:

- Fever
- Cough
- Congestion/ runny nose/ sneezing
- Fussiness
- Poor feeding

Some infants will go on to develop symptoms of bronchiolitis which is a more severe illness and involves the lower respiratory tract and there will be signs of respiratory distress:

- Fast breathing.
- Nostrils flaring or head bobbing up and down with breathing.
- Grunting sounds.
- Retractions: movement of the belly in and out, outlining of the ribs with each breath, sucking in at the neck with each breath.
- Wheezing- high pitched whistling sound.

When to call the doctor or go to an emergency room:

- Symptoms of bronchiolitis are seen (see above)- difficulty breathing.
- Breathing problems have interfered with the infant's ability to drink which could cause dehydration.
- Skin/lip/nail bed color has changed to gray, pale, or blue.
- Alertness or activity level has decreased.

How is RSV treated at home?

There is no specific treatment for RSV and antibiotics will not help. Some things that can help to make a child or infant more comfortable:

- Humidify the air.
- Keep the infant or child hydrated by offering smaller amounts of liquids more frequently and help them to feed slowly.
- Use saline in the nose and gently suction to remove mucous and clear the nasal passages.
- For children 6 months of age or older, acetaminophen or ibuprofen can be given for fever. Younger infants should see their medical provider for fever.

How is RSV treated at the hospital?

There is no specific treatment, but infants are given supportive care to help them breath more easily and keep them hydrated while they are fighting the infection:

- Some infants may require supplemental oxygen.
- Some infants may require IV fluids during the period when they cannot safely drink enough to stay hydrated.
- Occasionally other medications are used.

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How can RSV be prevented?

Over the last couple of years, new strategies for preventing RSV infection in vulnerable groups have become available:

1) RSV vaccination (Abrysvo) for pregnant women:

A single dose of RSV vaccine (Abrysvo) can be given to pregnant women during weeks 32-36 of pregnancy in September through January. This vaccine will protect the baby for the first 6 months of life.

2) RSV preventive antibody injection (Nirvesimab) for healthy infants:

If the mother was not given a dose of RSV vaccine during pregnancy, an RSV preventive antibody can be given to infants who are under 8 months of age from October through March. It is given as a single injection in the primary care provider's office.

3) RSV preventive antibody injection (Nirvesimab) for some young children ages 8-19 months:

- If an older infant or young child (ages 8-19 months) is at high risk of severe RSV disease, they can receive an injection of RSV preventive antibody. This is given in the primary care provider's office.
- Children who qualify are those with:
  - chronic lung disease associated with prematurity.
  - severe immune system problems.
  - severe cystic fibrosis.
  - American Indian or Alaska Native ancestry.

4) RSV vaccination of vulnerable adults. There are three RSV vaccines available for older adults: AREXVY, mRESVIA, and ABRYSVO.

- A single dose of RSV vaccine is currently recommended for:
  - All adults aged 75 and older.
  - Adults ages 60-74 who are at high risk for severe RSV disease.

Other ways to prevent RSV disease:

- Limit a baby's exposure to crowds.
- Keep children home from daycare and school when they are ill.
- Teach children to cover their coughs and sneezes.
- Wash hands with soap and water often.
- Disinfect surfaces often.