



Respiratory Syncytial Virus Infection (RSV)

Frequently Asked Questions

What is RSV?

Respiratory Syncytial Virus is a common respiratory virus that usually causes mild, cold or flu-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for babies under 1 year and older adults.

What are the symptoms?

For most older children and adults they are the symptoms of the common cold with runny nose, decrease in appetite, coughing, sneezing, fever, and possibly wheezing for those with asthma. Young infants may experience poor feeding, irritability, decreased activity, and breathing difficulties.

How is RSV spread?

RSV can spread when an infected person coughs or sneezes and you get virus droplets from a cough or sneeze in your eyes, nose, or mouth.

It can spread when you have direct contact with the virus, like kissing the face of a child with RSV or by touching a surface that has the virus on it, like a doorknob, and then touch your face before washing your hands.

How long is it contagious?

People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness.

Who is at highest risk for severe disease?

People at highest risk for severe disease include, premature infants or babies under 1 year of age, young children with heart or lung disease from birth, young children with weakened immune systems, children with neuromuscular disorders, adults with compromised immune systems, and older adults especially with heart or lung diseases.

What complications could people experience with RSV?

People with asthma may experience asthma attacks as a result of RSV infection, and people with congestive heart failure may experience more severe symptoms triggered by RSV. RSV can also cause more severe infections such as bronchiolitis, an inflammation of the small airways in the lung, and pneumonia, an infection of the lungs. It is the most common cause of bronchiolitis and pneumonia in children younger than 1 year of age.

How is RSV treated?

Most RSV infections go away on their own in a week or two but for those requiring hospitalization, treatment is supportive to help with fevers, hydration, nutrition and breathing.

There is no specific treatment for RSV infection, though researchers are working to develop vaccines and antivirals (medicines that fight viruses).

Like for many respiratory viruses, treatment is supportive to help with fevers, hydration, and breathing.

Can this illness be treated at home?

Manage fever and pain with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.)

Drink enough fluids. It is important for people with RSV infection to drink enough fluids to prevent dehydration (loss of body fluids).

Talk to your healthcare provider before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

How can I prevent my child from contracting RSV?

There are steps you can take to help prevent the spread of RSV. Specifically, if you have cold-like symptoms you should:

- Wear a mask when doing anything over your baby where your droplets could easily get into their mouth and/or nose
- Cover your coughs and sneezes with a tissue or your upper shirt sleeve, not your hands
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact, such as kissing, shaking hands, and sharing cups and eating utensils, with others
- Clean frequently touched surfaces such as doorknobs and mobile devices
- A monoclonal antibody medication called Palivizumab is available for infants and young children who are at high risk for severe disease as prevention.

When should I take my child to the Emergency Department?

Healthy infants and children with RSV do not usually need to be hospitalized. But some people with RSV infection, especially older adults and infants younger than 6 months of age, may need to be hospitalized if they are having trouble breathing or are dehydrated. In the most severe cases, a person may require additional oxygen, or IV fluids (if they can't eat or drink enough), or intubation (have a breathing tube inserted through the mouth and down to the airway) with mechanical ventilation (a machine to help a person breathe). In most of these cases, hospitalization only lasts a few days.