

RSV most often affects young children and can cause bronchiolitis. Symptoms are usually mild but in some babies it can be very serious, requiring hospital treatment. There is no vaccine for RSV.

Respiratory syncytial virus (RSV)

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What is RSV?

Respiratory syncytial virus, or RSV, is a virus that causes respiratory infections. Illness is common in children under 2 years of age. In this age group RSV can cause bronchiolitis (inflammation of the small breathing tubes of the lung) and pneumonia (infection of the lung). Infections peak in late autumn or winter in NSW.

Almost all children will have been infected by the age of 3 years, but symptoms are often only mild. Recovery from the illness results in immunity to further infection but this is not long-lasting.

What are the symptoms?

Symptoms begin between 3 and 10 days after infection. Most cases are mild, with symptoms of a runny nose, cough and fever. Sometimes an ear infection can follow. Symptoms can be more severe in babies under 6 months with wheezing and shortness of breath, irritability and poor feeding.

How is it spread?

RSV can spread easily from person to person through droplets from a sneeze or cough.

People can also be infected by touching their nose or eyes after touching a person with RSV or contaminated items.

A person is usually infectious for up to 10 days after symptoms begin.

Who is at risk?

Children under the age of 3 years are at the highest risk. Babies under 6 months old, especially if they were born prematurely or have weak immune systems, can have more severe infections.

RSV can sometimes cause significant illness in adults, especially in older people.

How is it prevented?

There is no vaccine against RSV. The best way to prevent spread of the infection is to always practice good respiratory hygiene, especially people with symptoms that might be due to RSV (or other respiratory viruses).

When you have the symptoms of a cold or cough:

- cover your nose and mouth when coughing or sneezing
- wash your hands regularly with soap and running water for at least 10 seconds, especially after coughing, sneezing or blowing your nose, and before touching other people
- avoid sharing cups, and eating utensils
- avoid contact with infants, the elderly and frail until you are better, and only after you have washed your hands carefully.

In hospitals, RSV can be prevented by separating RSV-infected patients from infants and others at risk, and using special infection control procedures.

Where a toy is shared among children, wash it in warm water and detergent at the end of the day or after it has been sneezed upon or mouthed. Let it dry in the sun.

Sick children should stay away from childcare until their symptoms have resolved.

How is it diagnosed?

Most children with severe RSV infection can be diagnosed by their doctor on the symptoms and signs of the illness alone. The diagnosis can be confirmed by laboratory tests for the virus in samples taken from the nose and throat, or by a blood test for antibodies to the virus.

How is it treated?

In most cases of RSV, the body's immune system will fight off the infection. Sometimes children need to be hospitalised and treated with intravenous fluids and extra oxygen. In severe cases, intensive care may be required and an antiviral drug named ribavirin may be used. Antibiotics will not help the infection.

What is the public health response?

RSV is not a notifiable disease. Trends in reports from selected laboratories are monitored each winter and reported in NSW Health Influenza Surveillance Reports along with surveillance data on presentations of bronchiolitis to emergency departments.

Further information

For further information please call your local public health unit on **1300 066 055** or visit the New South Wales Health website www.health.nsw.gov.au .