



About Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) is a common virus that infects the airways and lungs. It is highly contagious and spreads easily. The main treatment for RSV infection is rest and plenty of fluids. Regular handwashing and good personal hygiene can stop RSV from spreading.



Cause & Transmission

RSV generally causes a mild, cold-like illness but it can cause breathing problems and lung problems like bronchiolitis and pneumonia.

RSV is the most common cause of bronchiolitis. Viruses (including RSV) are the most common causes of Community Acquired Pneumonia (CAP) in young children.

An infected person can transmit RSV by:

- Sneezing or coughing
- Touching a hard surface or a soft surface like the hands or a tissue

RSV can be picked up from an infected person by:

- Getting the particles from a cough or sneeze into the eyes and mouth
- Touching a surface with virus on it and then touching the face
- Having direct contact with someone with the virus by kissing their face

People with RSV are generally contagious for three to eight days. Some infants and people with impaired immune systems may be contagious up to four weeks after symptoms subside.

Most people recover from the infection within ten days.

How is RSV Treated?

Most cases of RSV are mild and can be treated at home with rest and hydration.



Bronchiolitis:

Most children presenting to the general practitioner with bronchiolitis have mild acute bronchiolitis and can be managed in the community.

Recommended management for all children with acute bronchiolitis:

- reassure carers
- educate carers about minimal handling
- provide carer information sheet [NB1] which is available from Royal Children's Hospital website
- advise carers to give patients small, frequent feeds.

For children with moderate to severe acute bronchiolitis, provide symptomatic care in hospital, including supplemental oxygen and nasogastric feeds or intravenous fluids.

For children with severe bronchiolitis, non-invasive ventilation (e.g. CPAP), high-flow nasal cannula therapy or invasive ventilation may be required.

Community Acquired Pneumonia:

If a viral cause is suspected, treat symptoms with paracetamol or ibuprofen for fever or pain. Keep fluids up to achieve and maintain adequate hydration.

Currently, there aren't any RSV vaccines available in Australia. Several vaccine candidates targeting disease prevention are in the late stage of development.



Keep up to date, scan QR code or go to:
www.immunisationcoalition.org.au/resources/rsv



Scan

RSV Prevention

Advise patients/carers that RSV can be prevented by various hygiene measures:

- washing hands with soap and water for at least 20 seconds
- keeping infected people away from others, especially babies and older people
- not sharing drinks, or cutlery with people who have colds
- covering the nose and mouth when sneezing or coughing
- throwing out tissues as soon as they've used them

Palivizumab is a recombinant monoclonal antibody directed against a protein in the RSV. It has been developed as one approach to preventing serious infections in high-risk infants. For patients who have been admitted to hospital for RSV infection, the incidence of an ICU admission related to RSV infection is decreased in patients receiving 4 weekly Palivizumab.



RSV in Young Children

RSV is a very infectious virus, and most children will get it at least once before they turn two years of age.

During 2006–2015, there were 63,814 hospitalisations with an RSV specific principal diagnostic code; 60,551 (94.9%) were of children under 5 years of age.

Children under three are at highest risk of serious illness.

RSV is associated with increased morbidity amongst preterm infants and babies born with chronic health conditions such as respiratory and/or cardiac complications.

RSV in Adults

RSV symptoms in adults and older healthy children are generally mild and mimic the common cold.

Older adults (especially those over 65 years of age), people with heart and lung disease, or people with weakened immune systems are at higher risk of complications and hospitalisation. They may develop pneumonia, more severe symptoms of asthma or COPD and congestive heart failure.

