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Respiratory Syncytial Virus

About RSV

Respiratory syncytial virus (RSV), which causes infection of the lungs and breathing passages, is a major cause of respiratory illness in young children.

In adults, it may only produce symptoms of a common cold, such as a stuffy or runny nose, sore throat, mild headache, cough, fever, and a general feeling of being ill. But in premature babies and kids with diseases that affect the lungs, heart, or immune system, RSV infections can lead to other more serious illnesses.

RSV is highly contagious and can be spread through droplets containing the virus when someone coughs or sneezes. It also can live on surfaces (such as countertops or doorknobs) and on hands and clothing, so it can be easily spread when a person touches something contaminated.

RSV can spread rapidly through schools and childcare centers. Babies often get it when older kids carry the virus home from school and pass it to them. Almost all kids are infected with RSV at least once by the time they're 2 years old.

RSV infections often occur in epidemics that last from late fall through early spring. Respiratory illness caused by RSV — such as bronchiolitis or pneumonia — usually lasts about a week, but some cases may last several weeks.

Doctors typically diagnose RSV by taking a medical history and doing a physical exam. Generally, in healthy kids it's not necessary to distinguish RSV from a common cold. But if a child has other health conditions, a doctor might want to make a specific diagnosis; in that case, RSV is identified in nasal secretions collected either with a cotton swab or by suction through a bulb syringe.

Preventing RSV

Because RSV can be easily spread by touching infected people or surfaces, frequent hand washing is key in preventing its transmission. Try to wash your hands after having any contact with someone who has cold symptoms. And keep your school-age child with a cold away from younger siblings — particularly infants — until the symptoms pass.

To prevent serious RSV-related respiratory disease, at-risk infants can be given a monthly injection of a medication consisting of RSV antibodies during peak RSV season (roughly November to April). Because its protection is short-lived, it has to be given in subsequent years until the child is no longer at high risk for severe RSV infection. Ask the doctor if your child is considered high risk.

Treating RSV

Fortunately, most cases of RSV are mild and require no specific treatment from doctors. Antibiotics aren't used because RSV is a virus and antibiotics are only effective against bacteria. Medication may sometimes be given to help open airways.

In an infant, however, an RSV infection can be more serious and may require hospitalization so that the baby can be watched closely. He or she may require fluids and possibly treatment for breathing problems.

At home, make a child with an RSV infection as comfortable as possible, allow time for recovery, and provide plenty of fluids. The last part can be tricky, however, because babies may not feel like drinking. In that case, offer fluids in small amounts at more frequent intervals than usual.

To help your child breathe easier, use a cool-mist vaporizer during the winter months to keep the air moist — winter air can dry out airways and make the mucus stickier. Avoid hot-water and steam humidifiers, which can be hazardous and can cause scalding. If you use a cool-mist humidifier, clean it daily with household bleach to discourage mold.

If your child is uncomfortable and too young to blow his or her own nose, use a nasal aspirator (or bulb syringe) to remove sticky nasal fluids.

Treat fever using a nonaspirin fever medicine like acetaminophen. Aspirin should **not** be used in children with viral illnesses, as such use has been associated with Reye syndrome, a life-threatening illness.

When to Call the Doctor

Call the doctor if your child has any of these symptoms:

- high fever with ill appearance
- thick nasal discharge
- worsening cough or cough that produces yellow, green, or gray mucus
- signs of dehydration
- trouble breathing

In infants, besides the symptoms already mentioned, call the doctor if your baby is unusually irritable or inactive, or refuses to breastfeed or bottle-feed.

Seek immediate medical help if you feel your child is having difficulty breathing or is breathing very rapidly, is lethargic, or if his or her lips or fingernails appear blue.

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Note: All information is for educational purposes only. For specific medical advice, diagnoses, and treatment, consult your doctor.