Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus, known as RSV, is a contagious virus that is a frequent cause of the common cold.

It can affect people of all ages and is one of the commonest causes of respiratory infections and breathing problems in children. Almost all children will have had an RSV infection by the age of three years. It is also possible to have multiple RSV infections throughout life.

Infections typically peak in late autumn or winter in the ACT.

Symptoms

After exposure to RSV, symptoms typically begin around five days later and generally last about 10 days. Most RSV infections are associated with mild cold-like symptoms. These symptoms may include:

- runny nose
- fever
- cough
- wheezing.

Ear infections can also occur.

In infants under one year of age, RSV can cause bronchiolitis (inflammation of the small breathing tubes of the lung), which can cause wheezing, difficulty breathing, lethargy, irritability, and poor feeding.

Babies, children and adults who have lowered immunity, or chronic heart or lung disease may also get breathing problems and pneumonia (lung infection).

In people with asthma, RSV infection can trigger their asthma symptoms.

How RSV is spread

RSV spreads very easily from person-to-person through small droplets that are produced when an infected person coughs, talks or sneezes. It can be spread by breathing in these droplets from the air.

The virus can also survive between 4-7 hours on surfaces so can also be spread by touching your nose or eyes after touching these surfaces (such as toys, door handles and handrails) or someone's hands that have been contaminated with droplets.

A person is typically infectious for 3-8 days after their symptoms begin but this can be longer in someone with a weakened immune system.

Who is at risk of infection

RSV can affect anyone but some people are at increased risk of severe illness including:

- babies younger than six months old, especially if they have a weakened immune system, lung or heart disease, or were born prematurely
- older adults and people who have a weakened immune system, or chronic heart or lung disease.

Diagnosis

Most cases of RSV do not require testing and can be managed at home as a mild respiratory illness. RSV can be diagnosed by a laboratory test (PCR test) on a nose or throat swab.

Treatment

Most cases of RSV are mild and do not require treatment. The best management for mild cases is to rest and drink plenty of fluids. Babies with RSV need regular, small amounts of fluid (breastmilk, formula, or water).

Sometimes children and adults with more severe infection may also require hospitalisation for support with hydration and extra oxygen.

Antibiotics are not helpful as the infection is caused by a virus. However, your doctor may recommend antibiotics if there is a secondary bacterial infection.

Call an ambulance (000) or visit your nearest hospital emergency department urgently if your child is turning blue, having difficulty breathing or is breathing very fast.

See your local doctor if your child:

- develops a high temperature (fever) and does not appear well
- has a worsening cough, or they start to cough up mucus
- is dehydrated
- is a baby and refusing to breast or bottle feed and is irritable
- causes you to be worried in any way.

Prevention

There is currently no vaccine available to protect against RSV.

The best way to prevent the spread of infection is by practicing good hygiene, especially if you have cold or flu-like symptoms. Good hygiene practices include:

- staying home and minimising contact with others until symptoms have resolved. Children should not attend childcare or school until they are well
- washing your hands with soap and water, or using hand sanitiser regularly
- covering your nose and mouth when coughing and sneezing with a tissue or your arm, and throw out tissues as soon as they are used (then clean your hands)
- avoiding sharing toys, cups, glasses, and eating utensils
- washing toys shared between children with warm water and detergent, particularly if they are sneezed upon or mouthed
- avoiding contact with high-risk people, such as infants, older people and people with weakened immune systems until your symptoms have improved
- wearing a mask if you need to visit crowded places or visiting high risk settings such as aged care facilities or hospitals.

Outbreaks

Public Health Officers monitor trends in laboratory reported RSV cases in the ACT and support outbreak prevention and management in high-risk settings, such as residential aged care facilities.

More information

RSV is a notifiable disease. For more information about RSV, contact your doctor or call the Health Protection Service Communicable Disease Control Information Line during business hours on 02 5124 9213.

Acknowledgements

- NSW Health, 2016. Respiratory Syncytial Virus (RSV).
- SA Health, 2020. Respiratory Syncytial Virus Infection.
- Department of Health, 2000. Respiratory Syncytial Virus laboratory case Definition. Department of Health | Respiratory Syncytial Virus Laboratory Case Definition (LCD)
- The Royal Children's Hospital Melbourne. 2018. Respiratory syncytial virus (RSV). Kids Health Information : Respiratory syncytial virus (RSV) (rch.org.au)

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