

# Respiratory Syncytial Virus (RSV)

## What is respiratory syncytial virus?

- A virus that causes the common cold and other respiratory signs or symptoms
- Most common in winter and early spring, but can occur year-round

## What are the signs or symptoms?

- Cold-like signs or symptoms for most children.
- Very young infants exhibit
  - ~ Irritability.
  - ~ Poor feeding.
  - ~ Lethargy.
  - ~ Cyanosis (ie, turn blue with cough or brief periods of no breathing).
- Respiratory problems include
  - ~ Bronchiolitis (ie, wheezing from narrowed airways in the lungs).
  - ~ Pneumonia.
- Children with weakened immune systems, prematurity, or heart or lung problems have greater difficulty when ill with this infection.

## What are the incubation and contagious periods?

- Incubation period: 2 to 8 days; 4 to 6 days is most common.
- Contagious period: The virus can be shed for 3 to 8 days (3 to 4 weeks in young infants, usually beginning a day or so before signs or symptoms appear).

## How is it spread?

- Direct or close contact with mouth or nose secretions.
- The virus can live on surfaces for many hours and 30 minutes or more on hands.
- Before signs or symptoms appear, the infected person starts to shed virus that may infect others.

## How do you control it?

- Hand washing.
- Prevent contact with respiratory secretions. Teach children and caregivers/teachers to cover their noses and mouths when sneezing or coughing with a disposable facial tissue if possible, or with a shoulder if no facial tissue is available in time (“give your cough or sneeze a cold shoulder”). Teach everyone to remove any soil, change or cover contaminated clothing, and wash their hands right after using facial tissues or having contact with mucus to prevent the spread of disease by contaminated hands.

- Dispose of used facial tissues that contain nasal secretions after each use.
- Although separation of ill children and use of gowns and masks is not practical in child care and school settings, based on studies of control of this infection in hospital settings, several measures may be considered.
  - ~ Make sure that hand washing facilities are close at hand to encourage hand hygiene (see “Hand Washing Steps” on page 17), especially before and after any activity involving food or touching the mouth, nose, and eyes.
  - ~ Sanitize commonly touched surfaces more frequently during the winter and early spring when outbreaks can be expected.
  - ~ Caregivers/teachers who are likely to get nasal secretions on their clothing through close contact with children may help reduce the spread by keeping a spare shirt or smock handy to change into if their clothing becomes contaminated.

## What are the roles of the caregiver/teacher and the family?

- Report the infection to staff designated by the child care program or school for decision making and action related to care of ill children. That person, in turn, alerts possibly exposed family members and staff to watch for symptoms.
- Practice control measures at home and in group care settings.

## Exclude from group setting?

### No, unless

- Child exhibits rapid or labored breathing or cyanotic (blue) episodes.
- The child is unable to participate and staff determine that they cannot care for the child without compromising their ability to care for the health and safety of the other children in the group.
- The child meets other exclusion criteria, such as fever with behavior change (see “Conditions Requiring Temporary Exclusion” on page 28).

## Readmit to group setting?

When exclusion criteria are resolved, the child is able to participate, and staff determine that they can care for the child without compromising their ability to care for the health and safety of the other children in the group

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