

Understanding Respiratory Syncytial Virus



What is respiratory syncytial virus?

Respiratory syncytial virus (RSV) causes infections of the respiratory (breathing) passages, such as the nose, throat and lungs.

RSV is spread from person to person. When people with RSV sneeze or cough, they release droplets containing the virus into the air. If another person comes in contact with the droplets, he or she can become infected with RSV.

Who is at risk of RSV?

Children under the age of three years are at the highest risk of RSV. In Australia, infections peak in late autumn or winter. 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 of RSV?

Symptoms begin between 3 and 10 days after infection. In healthy babies older than 6 months, the symptoms of RSV are similar to the common cold;

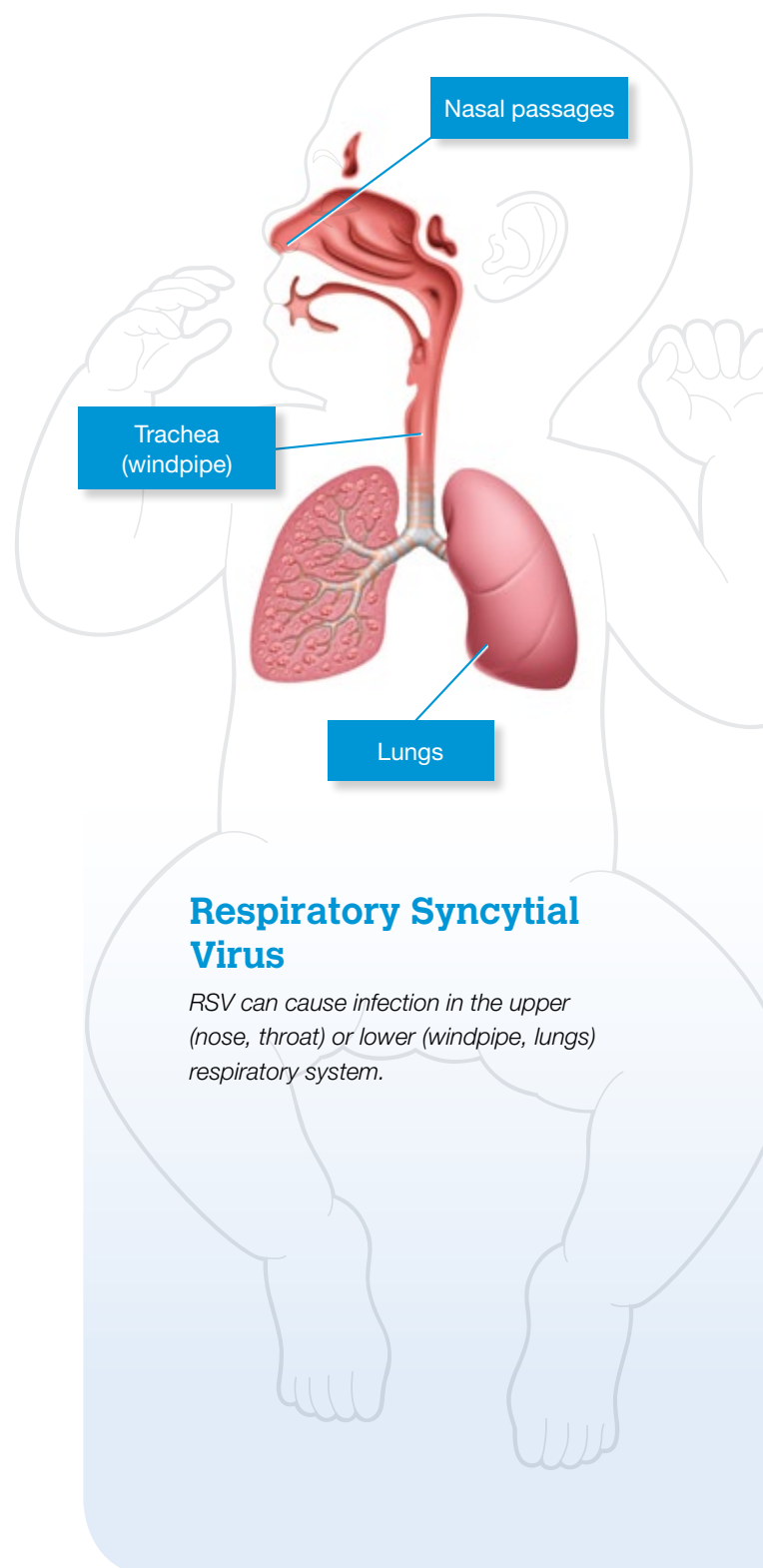
- Congestion
- Runny nose
- Sore throat
- Dry cough

In babies less than 6 months of age, premature babies, and babies with heart problems, lung problems, or weakened immune systems, RSV can cause more severe symptoms, including:

- High fever
- Severe cough
- Brief stops in breathing (apnoea)
- Wheezing
- Difficulty breathing or rapid breathing
- Irritability or fussiness
- Decreased activity
- Limited interest in eating

How serious is RSV?

Healthy babies more than 6 months old with RSV usually get better on their own in a week or two. In other babies, RSV can lead to more serious health problems.



Treating Respiratory Syncytial Virus

What are the complications of RSV?

In some babies, RSV can lead to **bronchiolitis** or **pneumonia**. These complications can result in hospitalisation.

Can RSV be prevented?

There is no vaccine against RSV. The best prevention is good hygiene. There are simple steps a parent can take such as:

- Washing hands with soap and water before touching your baby
- Avoiding people with a cold or fever
- Using a tissue when you cough or sneeze, and dispose of it immediately
- Keeping your baby away from other people with coughs and colds, particularly during the RSV season. If your child is at high risk try to avoid crowded environments
- Washing toys used by children who have symptoms of a cold
- Not exposing your baby to a smoky environment from cigarettes
- Seeing your doctor if symptoms persist

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

How is RSV diagnosed?

A diagnosis of RSV is usually necessary only if the baby has severe symptoms. In that case, doctors may use a nasal swab or nasal wash to collect a sample that can be checked for the virus. Doctors may also measure the level of oxygen in the blood stream, order blood tests, or perform a chest X-ray to look for pneumonia.

What treatment will my baby receive?

Babies with mild symptoms can be treated at home with fluids, rest, and medicines to reduce fever. Babies with more severe symptoms may need hospital care. Treatment may include:

- **Intravenous** (IV) fluids
- Medicines called **bronchodilators** to help with breathing
- Extra oxygen – usually given through a nasal tube or a mask
- **Mechanical ventilation**
- An antiviral medicine called ribavirin

Antibiotics do not work against viruses like RSV. However, these medicines may be used if a baby develops a bacterial infection, for example, an ear infection or bacterial pneumonia.

What will happen next?

Most babies respond well to treatment for RSV. Each baby is different. Talk to the healthcare team. They can answer any questions you have about your baby.

Glossary

Antibiotics

medicines that fight infections caused by bacteria

Apnoea

breathing stops for a short period of time

Bronchiolitis

inflammation of the small airways entering the lungs

Bronchodilators

medicines that open the airways to the lungs

Intravenous

through a vein

Mechanical ventilator

a machine that helps your baby breathe by moving air in and out of the lungs.

Pneumonia

infection of the lungs

**Ask the healthcare team
when you have questions
– they are there to help.**

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