

Respiratory Syncytial Virus (RSV) in the Child Care Setting



What is it?

“Respiratory Syncytial Virus” or RSV is a viral infection of the respiratory system. It is the most frequent cause of respiratory infections in infants and children under 2 years of age. RSV disease causes cold-like symptoms in most children but can be very serious, especially for children with weakened immune systems, prematurity or heart or lung problems.

Who gets it?

RSV infection is common and most children in the United States get RSV before the age of 2. Child care providers are frequently exposed to children with RSV and may get repeated RSV infections. RSV can recur throughout life. Adults most vulnerable to infection are those who have undergone chemotherapy or organ transplants, as well as those with weak immune systems.

How is it spread?

RSV is highly contagious and spreads easily from person to person by direct contact with nose and mouth secretions. The virus can live on surfaces, toys and hands and infected children shed the virus before symptoms appear. Droplets from a cough or sneeze may also spread infection. RSV infections occur throughout the year, but there are typically widespread outbreaks during the winter months, peaking in January and February.

When is it contagious?

RSV is contagious when the virus is shedding in the discharge from the mouth and nose. The virus can be shed for 3-8 days and in young infants, this period may last 3 to 4 weeks.

What are the symptoms?

In most children, cold-like symptoms of nasal stuffiness and discharge, cough, difficulty breathing, irritability, and decreased activity appear. Respiratory problems include wheezing and pneumonia. In older children and adults, RSV causes upper respiratory infection involving the nose, throat or sinuses.

One way to tell the difference between RSV and a cold is the time of infection. Cases of RSV are most

common across the United States in winter and early spring, but can occur year round. Standard tests are also available to diagnose RSV disease.

Severe cases of RSV infection may require hospitalization. Premature infants, children less than 2 years of age with congenital heart or chronic lung disease, and children with weakened immune systems due to a medical condition or medical treatment are at highest risk for severe disease and can be given a monthly injection of a medication consisting of RSV antibodies during peak RSV season (roughly November to April).

Should the child stay home?

Frequently, a child is infectious before symptoms appear. Therefore, an infected child does not need to be excluded from child care unless he or she is not well enough to participate in usual activities.

How can we limit the spread?

Proper and frequent handwashing is the best way to limit the spread of RSV and other respiratory viral infections. Make sure that procedures regarding hygiene, disposal of tissues used to clean nasal secretions, and cleaning and disinfection of toys are followed.

Resources and References

Aronson, S. and Shope, T. (Eds.) (2009) *Managing Infectious Diseases in Child Care and Schools*, American Academy of Pediatrics.

Respiratory Syncytial Virus Infection. www.cdc.gov/rsv.

What Child Care Providers Should Know about Respiratory Syncytia Virus (RSV) at www.ucsfchildcarehealth.org/pdfs/illnesses/RSV_0509.pdf.

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