

RSV

(respiratory syncytial virus)
your questions answered

fact file



RSV (respiratory syncytial virus)

What is RSV?

RSV is a virus which causes cold-like symptoms and can cause breathing difficulties if the lower respiratory tract (the lungs) become involved.

What time of year is RSV most common?

Most children become infected between October and March each year. However, the virus exists all year round.

Is my baby at risk of catching the virus?

RSV affects a large proportion of all babies. Around two-thirds get RSV before they are one year old. If your baby was born prematurely, is prone to getting lung infections or was born with a congenital heart problem, he/she could be at greater risk of being made more seriously ill were he/she to become infected with RSV. A baby who was dependent on additional oxygen for several months or who may have gone home receiving extra oxygen is also at particular risk.



How can I tell if my baby has RSV?

In the early stages, RSV has similar symptoms to a common cold – snuffles, blocked nose, sneezing and fever. If the lower airways are affected, one or more of the following symptoms would develop:

- worsening coughing
- wheezing – a sort of whistling sound during breathing
- difficulty or increasing distress with breathing
- difficulty with feeding and drinking because of the distress with breathing.

What should I do if my baby becomes unwell with these signs?

See your GP. You should give your baby paediatric paracetamol suspensions (such as Calpol) to reduce the fever. If your baby is becoming distressed with breathing difficulties, he/she may need to be admitted to hospital.

Is RSV easy to catch?

RSV passes easily between people. It is carried on hands and this is a particularly common way of it spreading. However, as with an ordinary cold, the virus can be spread in droplets produced by coughing and sneezing. Because of this, it is likely to spread more easily in places where there are groups of young children, such as nurseries, day-care centres, GP waiting rooms or schools. If your baby is at high risk, try to avoid



crowded places where there are lots of young children or any overcrowded public place. On public transport, try to travel at times when it is less busy.

Is RSV infectious?

Yes, and the virus can survive for several hours on toys and work surfaces making hand spread all the more common. Therefore extra care should be taken washing and drying hands during the RSV season.

What can I do to reduce the chance of my baby catching RSV?

Parents, relatives and friends can reduce the chance of your baby catching RSV by:

- washing hands thoroughly with soap and warm water and drying them thoroughly, before and after touching your baby
- trying to avoid or reduce contact if you have a cold or fever
- trying to keep other children and adults with coughs, colds and runny noses away from your baby
- making sure your baby is not exposed to smoking
- discussing RSV with your clinician before the RSV season (October to March).

How long can RSV last?

In most babies RSV infection lasts between one and three weeks. More severely ill babies need to be admitted to hospital, usually for two or three days. A baby with underlying lung problems may need to be in longer.

Will my baby need to be admitted to hospital?

This will depend on how badly he/she is affected by the virus. The reason babies with RSV are admitted to hospital is because of increasing breathing difficulties. You should always encourage your baby to drink extra fluids/juice whenever feverish, or at the first signs of a cold.

Treatment for RSV symptoms if your baby is in hospital

Your baby will need plenty of fluids, paediatric paracetamol suspension (Calpol) for fever, possibly oxygen, and possibly respiratory support if severe breathing problems develop. Drugs to help with breathing may be given which sometimes help.

If your baby is too distressed to drink, fluid may be given via a small tube through the nose to

the stomach or directly into a vein (intravenous).

Treatment for RSV symptoms if your baby is at home

As said earlier, your baby should be encouraged to drink often and paediatric paracetamol suspension (Calpol) should be given if he/she develops a fever. Sometimes your doctor may wish to try an inhaled drug to reduce the wheezing.



If my baby has already had an infection with RSV, can he/she become infected again?

Unfortunately being infected once does not protect your baby from becoming infected again with RSV.



However, re-infection usually results in a less severe infection. Babies with underlying lung or heart problems may still need to come into hospital with a second infection.

Will RSV infection have any long-term effects on my baby?

Again, this will depend on what problems, if any, your baby had before the infection and on how bad the effects of the infection were on the lungs.

RSV is a major cause of the illness called bronchiolitis which is associated with the baby making a wheezing sound as he/she breathes. After recovering

from an RSV lung infection, babies often remain wheezy or become wheezy with subsequent 'colds' that they may pick up. There is also some evidence that RSV infection is associated with later onset of asthma.

Long-term prevention – the aims

It is certainly hoped that a vaccine to protect babies from getting RSV infection will eventually be developed. A preventative therapy is now available and has been recommended for use by the Joint Committee on Vaccination and Immunisation in children and babies under two years with severe chronic lung disease, who are on home oxygen during the

RSV season. It is also recommended in certain cases for babies with congenital heart disease or rare conditions, such as multiple congenital abnormalities, or for certain babies with severe immunodeficiency.

The therapy involves antibodies directed against RSV. It is not strictly speaking a vaccine. A vaccine (active immunisation) against the virus stimulates the body to produce its own antibodies and the body will respond when it contracts that virus in the future. The treatment for RSV works in a different way. As a passive immunisation, it is an antibody injection which can be given monthly over the RSV season to give protection against severe RSV infection. As the level of antibody falls after each injection, it has to be given to the baby monthly so that he/she will continue to be protected.

Availability of the treatment varies throughout the UK, and there is currently considerable discussion taking

place in the field of neonatology around RSV prevention.

In the meantime, if your baby was born prematurely and developed serious lung disease, then you should discuss with your specialist whether this type of preventative therapy would be of benefit for your baby. This discussion should take place before the beginning of the RSV season which starts in October.

If you have further queries about RSV, it is important that you discuss them with your baby's specialist, with the staff on the neonatal unit or with your GP.



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