

Respiratory Syncytial Virus (RSV)

Questions and answers

What is Respiratory Syncytial Virus?

Respiratory Syncytial Virus (RSV) is one of the common viruses that cause coughs and colds in winter.

It usually causes a mild respiratory infection in adults and children, but it can be severe in infants who are at increased risk of acute lower respiratory tract infection. RSV is the most common cause of bronchiolitis in children aged under 2 years.

The RSV season in the UK typically begins in the autumn, earlier than the adult flu season, and runs through winter.

Who is most at risk of severe illness?

Children can be at higher risk of severe illness from common respiratory infections like RSV.

Most cases are not serious and clear up within 2 to 3 weeks, but the symptoms can be very worrying for parents.

For some infants and babies, such as those born prematurely or with a heart condition, respiratory infections can be more severe. Your GP can offer advice if you have concerns.

It is perfectly okay for parents to ask people with colds to keep away from newborn babies, particularly in the first two months, and for babies born prematurely.

How transmissible is RSV?

RSV is a very common virus that usually spreads widely in the autumn and winter months.

It is highly infectious, which is why it's important to stick to basic hand and respiratory hygiene practices to help prevent it spreading.

What was last year's season like?

Levels of respiratory illness were lower than average last year as COVID-19 restrictions gave the virus less opportunity to spread.

This means that many people, especially young children will have "missed" having an infection and not developed immunity.

We are seeing higher levels of RSV at the moment as restrictions ease and people mix more, and we expect levels to stay high as we progress into the autumn and winter months.

What is available in terms of medical prevention and intervention?

Good respiratory and hand hygiene practices will prevent the spread of respiratory infections such as RSV.

This means washing your hands regularly, using a tissue to catch coughs or sneezes and washing your hands afterwards, and staying away from others if you feel unwell.

How can I tell whether my child has RSV/bronchiolitis/flu or COVID-19?

The early symptoms of many respiratory infections like colds, flu, RSV or bronchiolitis can be similar to those of COVID-19, such as a runny nose and a cough.

Symptoms of severe respiratory infection in children include a high temperature of 37.8°C or above (fever), a dry and persistent cough, difficulty feeding, rapid or noisy breathing (wheezing). Most cases of respiratory illness are not serious and clear up within 2 to 3 weeks, but you should contact your GP for advice.

Dial 999 for an ambulance if:

- your baby is having difficulty breathing.
- your baby's tongue or lips are blue.
- there are long pauses in your baby's breathing.

Does the relaxing of restrictions mean that people have been put at greater risk of other severe respiratory infections?

It is normal and expected for other respiratory viruses to circulate every year.

After a season of low numbers of respiratory viruses such as flu, it is expected that we will see higher numbers of respiratory viruses as restrictions ease and people mix more.

Good respiratory and hand hygiene behaviours will prevent the spread of COVID-19 and other seasonal respiratory illnesses.

There are robust systems in place to track and predict the spread of other seasonal respiratory infections and put preventative measures in place accordingly.

What causes bronchiolitis?

Bronchiolitis is caused by the virus known as respiratory syncytial virus (RSV), which is spread through tiny droplets of liquid from the coughs or sneezes of someone who's infected.

The infection causes the smallest airways in the lungs (the bronchioles) to become infected and inflamed. The inflammation reduces the amount of air entering the lungs, making it difficult to breathe.

Who's affected?

Around 1 in 3 children in the UK will develop bronchiolitis during their first year of life. It most commonly affects babies between 3 and 6 months of age. By the age of 2, almost all infants will have been infected with RSV and up to half will have had bronchiolitis.

Bronchiolitis is most widespread during the winter (from November to March). It's possible to get bronchiolitis more than once during the same season.

How is bronchiolitis treated?

There's no medication to kill the virus that causes bronchiolitis, but the infection usually clears up within 2-3 weeks without the need for treatment.

Most children can be cared for at home in the same way that you'd treat a cold.

Make sure your child gets enough fluid to avoid dehydration. You can give infants paracetamol or ibuprofen to bring down their temperature if the fever is upsetting them. Always follow the dosage instructions on the packaging.

About 2-3% of babies who develop bronchiolitis during the first year of life will need to be admitted to hospital because they develop more serious symptoms, such as breathing difficulties.

This is more common in premature babies (born before week 37 of pregnancy) and those born with a heart or lung condition.

Can you prevent bronchiolitis?

It's very difficult to prevent bronchiolitis, but there are steps you can take to reduce your child's risk of catching it and help prevent the virus spreading.

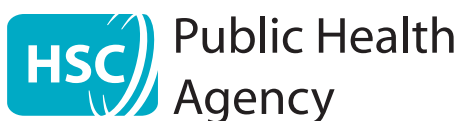
You should:

- wash your hands and your child's hands frequently
- wash or wipe toys and surfaces regularly
- keep infected children at home until their symptoms have improved
- keep newborn babies away from people with colds or flu
- avoid smoking around your child, and do not let others smoke around them

Some children who are at high risk of developing severe bronchiolitis may have monthly antibody injections, which help limit the severity of the infection.

For more information on bronchiolitis go to: www.nidirect.gov.uk/conditions/bronchiolitis

Adapted from the RSV Toolkit published by Public Health England.



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