



Respiratory Syncytial Virus (RSV) in the Child Care Setting

What is it?

As indicated by its name “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 can be very serious and may even cause death.

Who gets it?

Almost 100 percent of children in the child care setting get infected in the first year of their life. Nearly every child in the United States gets RSV before the age of three. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications.

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 from person to person. Once one child in your care is infected, spread to others is rapid and inevitable. RSV is spread by direct contact with infectious discharges or toys, surfaces, and other objects smeared or contaminated by such discharges. 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. In young infants, this period is most frequently 1 to 2 weeks, but may sometimes be 3 weeks or longer. In older children and adults, shedding of the virus is for 3 to 7 days.

What are the symptoms?

In most children, symptoms appear similar to a cold or mild respiratory infection with nasal stuffiness and discharge, cough, and difficulty breathing. About half of the infections result in pneumonia and ear infection. 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 explode across the United States only in winter. In summer, cases of RSV are practically nonexistent. Standard tests are also available to diagnose RSV disease.

Severe cases of RSV infection may require hospitalization which sometimes involves breathing assistance, and in high-risk cases, administration of antiviral drugs.

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.

References

Infection Control in the Child Care Center and Preschool, Leigh G. Donowitz, Third Edition, 1996.

The ABCs of Safe and Healthy Child Care, A Handbook for Child Care Providers, Centers for Diseases Control and Prevention (CDC), 1997.

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