

Respiratory syncytial virus (RSV)



Frequently Asked Questions

What are the symptoms of RSV?

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms such as:

- Runny nose
- Decrease in appetite
- Coughing
- Sneezing
- Fever
- Wheezing

People infected with RSV usually show symptoms within 4 to 6 days after getting infected. Symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties.

Who gets RSV?

Virtually all children get an RSV infection by the time they are 2 years old. However, anyone can get an RSV infection at any age and you can become infected more than once in your lifetime. Infants, young children, and older adults are more likely to get serious complications if they get sick with RSV.

How is RSV spread?

Children are often exposed to and infected with RSV outside the home, such as in school or childcare centers. They can then transmit the virus to other members of the family.

RSV can spread when:

- An infected person coughs or sneezes
- You get virus droplets from a cough or sneeze in your eyes, nose, or mouth
- You have direct contact with the virus, such as kissing the face of a child with RSV
- You touch a surface that has the virus on it and then touch your face before washing your hands

RSV can survive for many hours on hard surfaces such as tables and crib rails. It typically lives on soft surfaces such as tissues and hands for shorter amounts of time. People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before showing signs of illness. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms (for as long as 4 weeks).

Who is at risk for serious illness?

People at greatest risk for severe illness from RSV include:

- Premature infants
- Infants (especially those 6 months and younger)
- Children younger than 2 years old with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

Adults at highest risk for severe RSV infection include:

- Older adults (especially those 65 years and older)
- Adults with chronic heart or lung disease
- Adults with weakened immune systems

How is RSV diagnosed?

A healthcare provider may suspect RSV based on medical history, time of year, and a physical exam. A swab of the nose to look for viruses may be performed. In severe RSV cases that require hospitalization, additional testing will be needed.

What is the treatment for RSV?

Currently, there are no approved antiviral medications (medicines that fight viruses) recommended to fight infection. Most RSV infections go away on their own in a week or two. However, RSV can cause severe illness in some people. Antibiotics will not cure RSV infections because antibiotics only kill bacteria, not viruses.

What can be done to prevent severe RSV infections?

- There are two RSV vaccines (Arexvy, GSK and Abrysvo, Pfizer) licensed for use in adults aged ≥ 60 years. The Centers for Disease Control and Prevention (CDC) recommends that adults aged ≥ 60 years receive a single dose of the RSV vaccine. The decision to vaccinate a patient should be based on a discussion between the health care provider and the patient based on the patient's risk for severe illness.
- Two products are available to help protect infants from lower respiratory tract disease:
 - ◊ Either maternal vaccination with RSV vaccine (Abrysvo) or use of nirsevimab (Beyfortus) in the infant is recommended to prevent RSV lower respiratory tract infection, but administration of both products is not needed for most infants. In very rare situations, some infants born to vaccinated mothers will be recommended to receive nirsevimab to help boost their protection.
 - ◊ Pregnant people should be aware that both maternal vaccination and nirsevimab are options.
 - ◊ The vaccine is recommended to be administered to pregnant persons at 32 through 36 weeks of pregnancy, with seasonal administration during September through January in most of the continental United States.
 - ◊ Nirsevimab is recommended for infants aged < 8 months born during or entering their first RSV season and for infants and children aged 8–19 months who are at increased risk of severe RSV disease entering their second RSV season.

Where can I get more information?

- Your healthcare provider
- The NJ Department of Health nj.gov/health
- Centers for Disease Control and Prevention cdc.gov/rsv/index.html

This information is intended for educational purposes only and is not intended to replace consultation with a health care professional. Adapted from Centers for Disease Control and Prevention