



Prevention of Respiratory Syncytial Virus (RSV)

Date: August 4, 2023

Public Health Message Type: Alert Advisory Update Information

Intended Audience: All public health partners Healthcare providers

Infection preventionists Local health departments Schools/child care ACOs

Animal health professionals Other: Parents

BACKGROUND:

- Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults.
- RSV can spread under the following circumstances:
 - 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, like kissing the face of a child with RSV.
 - You touch a surface that has the virus on it, like a doorknob, and then touch your face before washing your hands.
- People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start 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.
- Although most people with RSV will have a mild illness and recover in a week or two, some people are more likely to suffer severe infection and need to be hospitalized. Severe infections include bronchiolitis (an inflammation of the small airways in the lung) and pneumonia. RSV can also make chronic health problems worse.
- The following are at high risk for severe RSV infection.
 - Infants and young children
 - 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 the 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
- Clinical symptoms of RSV are nonspecific and can overlap with other viral respiratory infections, as well as some bacterial infections. Several types of laboratory tests are available for confirming RSV infection. These tests may be performed on upper and lower respiratory specimens. The following are the most used types of RSV clinical laboratory tests:
 - Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR), which is more sensitive than culture and antigen testing.
 - Antigen testing, which is highly sensitive in children but not sensitive in adults.

PREVENTION

- On June 21, 2023, the Advisory Committee on Immunization Practices (ACIP) recommended that adults aged ≥60 years may receive a single dose of RSV vaccine, using shared clinical decision-making. The decision to vaccinate a patient should be based on a discussion between the health care provider and the patient. The decision should be based on the patient's risk for severe illness and their characteristics, values, and preferences; the provider's clinical discretion; and the characteristics of the vaccine.
- For both vaccine products, (Arexvy, GSK and Abrysvo, Pfizer), vaccination with a single dose demonstrated moderate to high efficacy in preventing symptomatic RSV-associated lower respiratory tract disease.

PREVENTING SEVERE RSV IN CHILDREN

- Two monoclonal antibody products – nirsevimab (Beyfortus) and palivizumab (Synagis) – can help protect babies and young children from severe disease from an RSV infection. Monoclonal antibodies are not vaccines. They provide an extra layer of defense that helps fight RSV infections and protect children from getting very sick.

TREATMENT

- Antiviral medication is not routinely 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.
- **Manage fever and pain** with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.)
- **Drink enough fluids.** It is important for people with RSV infection to drink enough fluids to prevent dehydration (loss of body fluids).

- **Talk to your healthcare provider** before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

ACTION ITEMS FOR HEALTH CARE PROVIDERS

Healthcare providers should:

- Consider RSV in patients with respiratory illness, particularly during the RSV season which typically begins in the fall and peaks in the winter.
- Consider vaccination for those who are aged 60 and older (particularly people who have a chronic health condition, weakened immune system, and/or are residents of nursing homes or long-term care facilities).
- Promote RSV, Flu, and COVID-19 vaccines to eligible patients since these vaccines can be co-administered and help protect against respiratory illnesses.
- Evaluate the need for monoclonal antibodies for young children.

ACTION ITEMS FOR THE PUBLIC

- Wash hands often.
- Keep hands off your face.
- Avoid close contact with sick people.
- Cover coughs and sneezes.
- Clean and disinfect surfaces.
- Stay home when sick.
- Call your health care professional if you or your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.
- Talk to your child's health care provider to determine if one of these monoclonal antibody products might be right for your child.

RESOURCES AND REFERENCES

- Centers for Disease Control and Prevention (CDC), Respiratory Syncytial Virus (RSV) [cdc.gov/rsv/index.html](https://www.cdc.gov/rsv/index.html)
- Melgar M, Britton A, Roper LE, et al. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. MMWR Morb Mortal Wkly Rep 2023;72:793–801. DOI: [dx.doi.org/10.15585/mmwr.mm7229a4](https://doi.org/10.15585/mmwr.mm7229a4).
- New Jersey Department of Health, Respiratory Syncytial Virus (RSV) nj.gov/health/rsv/

CONTACT INFORMATION

Please contact the Communicable Disease Service at 609-826-5964 with any questions.