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### What is Respiratory Syncytial Virus?

Respiratory Syncytial (sin-SISH-uhl) Virus (RSV), is a common respiratory virus that usually causes mild, cold-like symptoms including runny nose, cough, sneezing, and fever. It affects the lungs and breathing passages.

### Who gets Respiratory Syncytial Virus?

Anyone can be infected with RSV at any age and more than once in a lifetime. RSV can be serious, especially for infants and older adults. People who are at increased risk include very young infants, premature babies, young children with lung or heart diseases, older adults, and people with a weakened immune system.

RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than one year of age in the United States. For most people, RSV infections are mild and clear on their own. Almost all children will have an RSV infection by their second birthday.

### What are the symptoms of Respiratory Syncytial Virus?

The symptoms of RSV usually appear in stages and not all at once. Symptoms of RSV infection usually include:

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

In very young infants with RSV, the only symptoms may be irritability, decreased activity, and breathing difficulties. Call your healthcare provider if you or your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.

### How soon after exposure do symptoms appear?

Individuals infected with RSV usually show symptoms within four to six days after becoming infected. These symptoms usually appear in stages and not all at once.

One of the first signs of a more serious illness can be rapid breathing or a wheezing cough. It means that the virus has spread to the lower respiratory tract. This causes inflammation of the small airways in the lungs, which can lead to pneumonia or bronchiolitis.

## **How is Respiratory Syncytial Virus spread?**

RSV can spread from person to person in the following ways:

- 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, like kissing the face of child infected with RSV
- You touch a surface that has the virus on it (such as a doorknob) and then touch your face before washing your hands

Individuals infected with RSV are usually contagious for three to eight 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 four weeks. RSV can survive for many hours on hard surfaces (such as tables and crib rails). However, it typically lives on soft surfaces (such as tissues and hands) for shorter amounts of time.

## **How is Respiratory Syncytial Virus diagnosed?**

RSV infection can be confirmed using different types of tests performed at a doctor's office, for example, through a swab in the nose.

## **What is the treatment for Respiratory Syncytial Virus?**

Most RSV infections go away on their own in a week or two. There is no specific treatment for RSV infection, though researchers are working to develop vaccines and antivirals (medicines that fight viruses). People with RSV can often be treated at home with rest, fever-reducing medication (such as acetaminophen or ibuprofen) and drinking plenty of fluids. Never give aspirin to children and talk to your healthcare provider before giving your child nonprescription cold medicines, as some of these medicines contain ingredients that are not good for children.

- Call your healthcare provider if you or your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.

## How can Respiratory Syncytial Virus be prevented?

Take the following steps to prevent the spread of RSV, specifically if you have cold-like symptoms:

- Cover coughs and sneezes with a tissue or your upper shirt sleeve
- Wash your hands often with soap and water for at least 20 seconds
- Avoid close contact such as kissing, shaking hands, sharing cups, and eating utensils with others
- Clean frequently touched surfaces such as toys, doorknobs, and mobile devices often
- Stay at home when you are sick

Individuals with cold-like symptoms should not interact with children and others who are at increased risk for severe RSV disease. If your child is at increased risk for developing severe RSV disease, help your child by:

- Avoiding close contact with sick people
- Washing their hands often with soap and water for at least 20 seconds
- Avoiding touching their face with unwashed hands
- Limiting the time they spend in childcare centers or other potentially contagious settings during periods of high RSV activity

In 2023, new [RSV immunizations](#) became available to prevent severe RSV disease.

- In May 2023, two new vaccines were approved to prevent severe RSV disease in adults aged 60 years and older. One vaccine is named [Arexvy](#), and the other [Abrysvo](#). People aged 60 years and older who are thinking about getting one of these vaccines should speak with their healthcare provider first to see if RSV vaccination is right for them. The Centers for Disease Control and Prevention (CDC) expresses no preference for one vaccine over another. If used, either vaccine should be given before the start of the RSV season, which usually runs from September through March.
- In July 2023, a new monoclonal antibody immunization (nirsevimab; brand name [Beyfortus](#)) was approved to prevent severe RSV disease in infants and toddlers. Monoclonal antibodies are not a vaccine but laboratory-made proteins that mimic the immune system's ability to fight off harmful pathogens, such as viruses. Nirsevimab is not meant for the treatment of a child with RSV.
- In August 2023, Abrysvo was approved for use in pregnant people to prevent severe RSV disease in infants in the first 6 months of life. The vaccine is approved to be administered between 32 through 36 weeks of pregnancy, which would trigger the development of maternal antibodies that would be passed to the newborn(s).

Currently, there are no RSV vaccines available for infants and toddlers. Another monoclonal antibody product ([palivizumab](#); brand name [Synagis](#)) is available to prevent severe RSV infection in certain high-risk infants who are born prematurely, and young children with certain lung or heart diseases. If you are concerned about your child's risk for severe RSV infection, please talk with your child's healthcare provider.

## How can I learn more about Respiratory Syncytial Virus?

- If you have concerns about RSV, contact your healthcare provider.
- Call your local health department. A directory of local health departments is located at the [VDH Local Health Districts page](#).
- Visit [the CDC webpage on RSV](#).

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