



Respiratory Syncytial Virus (RSV)

An illness requiring droplet precautions

This handout describes the respiratory syncytial virus (RSV) and its symptoms. It also explains how this disease can be spread and offers steps to prevent others from getting it.

To learn more about RSV, visit this Web site:

www.cdc.gov/ncidod/aip/research/rsv.html#what_is_rsv

What is the respiratory syncytial virus (RSV)?

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis and pneumonia among infants and children under 1 year of age. There is no vaccine.

What are the symptoms of RSV?

Illness begins most often with fever, runny nose, cough, and sometimes wheezing. During their first RSV infection, between 25% and 40% of infants and young children have signs or symptoms of bronchiolitis or pneumonia, and 0.5% to 2% require hospitalization. Most children recover from RSV in 8 to 15 days. Most children who are hospitalized for RSV infection are under 6 months of age.

RSV also causes repeated infections throughout life, usually associated with moderate-to-severe cold-like symptoms. However, severe lower respiratory tract disease may occur at any age, especially among the elderly or among those with compromised cardiac, pulmonary, or immune systems.

Symptomatic persons should practice “respiratory hygiene” by wearing a mask, washing their hands often, and disposing of tissues in wastebaskets when coming into a health care facility. Free “Cover Your Cough Kits” are available at the Information Desk and at clinic intake areas.

How is RSV spread?

RSV is spread from respiratory secretions through close contact with infected persons or contact with contaminated surfaces or objects.

Questions?

Call 206-598-6122

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff is also available to help at any time.

Healthcare
Epidemiology and
Infection Control:
206-598-6122

Infection can occur when infectious material contacts mucous membranes of the eyes, mouth, or nose, and possibly through breathing in droplets spread by a sneeze or cough.

Frequent hand washing and not sharing items such as cups, glasses, and utensils with persons who have RSV illness helps to decrease the spread of RSV to others.

Please tell your health care provider if you think you have been exposed to RSV.

How is it diagnosed?

Diagnosis of RSV infection can be made by virus isolation, detection of viral antigens, detection of viral RNA, demonstration of a rise in serum antibodies, or a combination of these approaches. Most clinical laboratories use antigen detection assays to diagnose infection.

How are others protected from RSV at the medical center?

At University of Washington Medical Center, we place a “Droplet Precautions” sign near the doorway of your room to alert health care workers and your visitors to observe expanded precautions when caring for you to protect other patients from “catching” the RSV infection.

What does it mean to be in droplet precautions?

Health care workers and caregivers wear masks, eye protection, gowns, and gloves when providing care.

Visitors are at risk of acquiring disease. They are required to wear the protective gear—masks, eye protection, gowns and gloves.

Hand washing for 15 seconds, using alcohol hand gels, and environmental cleanliness are emphasized.

You will be asked to stay in your room unless you need to go to other departments in the hospital for treatment. If you leave your room, you will be asked to wash your hands and to wear a yellow gown, gloves, and a mask.

Please do not use the nutrition rooms while you are “in isolation.” When you want a snack or ice water, ask a member of your health care team to bring it to you.

When can droplet precautions be stopped?

Your doctor will recommend that precautions be discontinued based on your clinical condition (duration of illness) and/or follow-up laboratory tests.

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