



病人教材

传染病的预防及控制



呼吸道合胞体病毒症 (RSV)

一种需要预防飞沫传染的疾病

此简介为您提供有关呼吸道合胞体病毒 (RSV) 的资讯，以及何人易受感染。亦为您解说此疾病是如何传播的，并提供预防他人被感染的措施。

如需要更多有关呼吸道合胞体病毒(RSV)的资讯请参看下列网站：

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

何谓呼吸道合胞体病毒？

呼吸道合胞体病毒 (RSV) 是引起一岁以下的幼儿支气管炎及肺炎的主因。目前尚无疫苗。

呼吸道合胞体病毒症有那些症状？

一般的症状是发烧、流鼻涕、咳嗽、或带有哮喘。最初被呼吸道合胞体病毒感染的婴儿及幼儿，其中 25% 到 40% 有支气管炎或肺炎的症状。而 0.5% 到 2% 的患者需要住院。大多数呼吸道合胞体病毒症的患者在 8 至 15 日可自行痊愈。而数需要住院的患者多半是 6 个月以下的儿童。

呼吸道合胞体病毒也会引起终生复发性的炎症，一般属于中度或严重类似感冒的症状。但严重的下部呼吸道疾病也可能发生在任何年龄；特别是对年长、心脏、肺脏、或免疫系统较弱的人身上。

有症状的患者到诊所就诊时应当遵守“呼吸道卫生”条例：如戴口罩、经常洗手、将用过的纸巾丢在垃圾桶内。可向询问处及各个诊所的前台索取免费的“口罩”。

呼吸道合胞体病毒是如何传播的？

呼吸道合胞体病毒是经由呼吸道的分泌物传播。或因太靠近患者或接触到被感染的物件而被感染。

当接触到被感染的物件后，再接触眼睛内膜、口腔或鼻腔。也可能因为吸入患者咳嗽或打喷嚏时散播微小飞沫而被感染。经常洗手、不与患者共用茶杯、眼镜、餐具以减少呼吸道合胞体病毒传播的机会。

如您认为已被呼吸道合胞体病毒症感染时，请告知您的医护人员。

疑问？

请电：206-598-6122

您的疑问是非常重要的。当有疑问或顾虑时，请致电您的医生或医护人员。华大医院诊所的工作人员也可随时给您协助。

传染病预防及控制科：
206-598-6122

如何诊断呼吸道合胞体病毒？

呼吸道合胞体病毒可由病毒分离、检查有无病毒抗原体及鉴定病毒、血清的抗体有无升高、或使用上述所有的方法来诊断。大部分的化验室采用探测病毒抗原体的方法来诊断炎症。

在医疗中心如何保护他人不被呼吸道合胞体病毒感染？

在华大医疗中心，我们在病者的病房门口放置“预防飞沫传染”的牌子，来提醒医护人员、及访客在照顾病者时，遵照特别加强的防护措施，以保护他人不被呼吸道合胞体病毒感染。

什么是“预防飞沫传染病”的措施？

医护人员及照顾者在护理时必须戴口罩、眼罩、穿医院的袍子、及戴手套。

对有高风险被感染的访客；必须穿戴保护配备一戴口罩、眼罩穿医院的袍子及戴手套。

特别注意以酒精洗手液洗手最少 15 秒钟。以及加强周围环境的清洁。

除非需要到其他部门接受治疗，病者必须留在自己的病房内。如要走出病房，病者必须穿黄色的外袍、戴手套、及口罩。

病者在隔离期间请勿进入营养室，如需要点心或饮料可请医护人员为您服务。

何时可以解禁？

医生将以患者（患病期间）的症状来决定，及/或再做一次检验作决定。

UNIVERSITY OF WASHINGTON
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Healthcare Epidemiology
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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
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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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