Parainfluenza Viruses (Common Cold and Croup)

Illnesses requiring droplet precautions and contact precautions

What are parainfluenza viruses?
Human parainfluenza (HPIVs) viruses are a common cause of lower respiratory track illness in young children (second to respiratory syncytial virus – RSV) and can cause repeated infections throughout life. There is no vaccine to protect you from parainfluenza viruses.

What are the symptoms of parainfluenza viruses?
Symptoms usually are upper respiratory (cold and/or sore throat), but they can also cause serious lower respiratory tract disease with repeat infection (pneumonia, bronchitis, and bronchiolitis), especially among the elderly, and among patients with compromised immune systems.

There are four types of this virus:

- HPIV-1 and HPIV-2 are associated with croup. HPIV-1 is the leading cause of croup, whereas HPIV-2 is not detected as often. Both types can cause other upper and lower respiratory tract illness.
- HPIV-3 is more often associated with bronchiolitis and pneumonia.
- HPIV-4 is not detected very often, possibly because it is less likely to cause severe disease.

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

To learn more about parainfluenza viruses, visit this Web site:
www.cdc.gov/ncidod/dvrd/revb/respiratory/hpivfeat.htm
**How are parainfluenza viruses spread?**

Parainfluenza viruses spread in respiratory droplets produced by coughing and sneezing. These droplets may remain infectious for up to 1 hour. The viruses may also spread from person to person, through touching something with virus on it and then touching the mouth, eyes, or nose. The incubation period for HPIVs is from 1 to 7 days.

Please tell your healthcare provider if you think you have been exposed to a parainfluenza virus.

**How is it diagnosed?**

Infection can be confirmed by:

- Isolation and identification by the virology laboratory in cell culture by direct detection of the virus in respiratory secretions (usually, collected within one week of onset of symptoms).
- Paired blood tests, which can demonstrate a rise in specific IgG antibodies.
- A single specific IgM blood test.

**How are others protected from parainfluenza at the medical center?**

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

**What does it mean to be in droplet precautions?**

Healthcare 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 healthcare team to bring it to you.

**When can droplet precautions be stopped?**

Persons may shed parainfluenza viruses for extended periods of time. Your physician will recommend that precautions be discontinued based on your clinical condition and follow-up laboratory tests.