

Going Home

Children can usually return to their child care setting one week after diagnosis or when symptoms have stopped and the child feels better. The cough may last for a period of time in some children despite them being very well otherwise.



Dispose of all tissues used in a rubbish bin. Avoid sharing cups, glass, cutlery with the affected child until they are well.

Avoid being in contact with young infants, frail older people, and those with weakened immune systems until the symptoms are gone.

Please remember to wash your hands or use hand gel when visiting the hospital and continue to practice good hand hygiene at home to prevent the spread of the virus.



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Respiratory Syncytial Virus (RSV)

Information for Patients, Parents and Carers

Infection Prevention and Control Team

Main Hospital Number

01 878 4200



What is it?

RSV causes acute respiratory tract (airways/ lungs) illness in patients of all ages. RSV is the most common cause of bronchiolitis and pneumonia in babies and young children.

Symptoms

Lethargy (lack of energy), irritability and poor feeding are the most common symptoms. Most previously healthy infants infected with RSV do not need to stay in hospital, and many who do stay, improve days and are sent home within 5 days.

Children with heart conditions or underlying respiratory conditions such as complications associated with prematurity may be more severely affected by RSV.

Some of these children may need to be cared for in the Paediatric Intensive Care Unit (PICU) to assist them with their breathing. Infection with RSV in older children usually presents as a cough /cold and occasionally bronchitis.

Spread

RSV is spread by direct or close contact with secretions. RSV can live on surfaces such as toys for many hours and for half an hour or more on hands. Hand washing and room cleaning should help minimise the risk of spread.

The incubation period ranges from 2 to 8 days.



Diagnosis

Diagnosis is made by detection of the virus in secretions taken from the back of the nose.

During normal working hours results are available the same day.

Treatment

Treatment may include hydration (drip or oral fluids) and oxygen therapy. Some children may need antibiotic therapy if they also have a bacterial chest infection.

Some children who are at risk of RSV infection and its complications may be offered a RSV vaccine every month during the peak RSV season

Isolation

Isolation of children with RSV infection is recommended. This may be carried out in a single room or in a ward area where children with confirmed RSV infection are nursed together in the same ward environment.

Patients with RSV infection shed the virus usually between 3 to 8 days.