



Guidance for Mitigation of Respiratory Syncytial Virus (RSV) in Community Congregate Settings

Background

Respiratory syncytial (sin-SISH-uhl) virus, or [RSV](#), is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV and need hospitalization. Vaccines are available to protect older adults from severe RSV. Additionally, pregnant women between 32-36 weeks are eligible to receive an RSV vaccine to prevent serious illness in their infants post-delivery. Monoclonal antibody products are available to protect infants and young children from severe RSV. Almost all children will have had an RSV infection by their second birthday.

Symptoms Associated with RSV:

[Symptoms](#) associated with RSV 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.

How long does it take from exposure to onset of symptoms?

People will begin to show symptoms anywhere from 2 to 8 days following exposure, with most exposed individuals showing symptoms during the 4-to-6-day window. These symptoms usually appear in stages. Individuals with RSV can be contagious a day or two before signs of illness and typically lasts around 3 to 8 days following symptom development.

Risk Factors Associated with Contracting RSV:

[Risk factors](#) for becoming infected with RSV include:

- Infants and young children (under the age of two)
- Older adults (over the age of 60)

RSV can cause more serious illness in some cases. Severe infections include bronchiolitis (an inflammation of the small airways in the lung) and pneumonia. RSV can also make chronic health problems worse. Those at risk for severe illness include:

- Premature infants
- Infants up to 12 months, especially those who are younger than six months
- Children younger than two years with chronic lung disease or congenital (present from birth) heart disease

- Children with weakened immune systems
- Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions

Most children are able to fight an RSV infection on their own, however there are two monoclonal antibody products that can help babies and young children from developing a severe infection. Please refer the case/guardians of a case to a healthcare provider to discuss whether the use of monoclonal antibodies is appropriate for the currently infected individual.

Immediate Next Steps for Case Treatment and Monitoring:

Upon the identification of a resident or staff with symptoms consistent with RSV:

1. Ask the staff member to return home. All staff should be excluded from work for the duration of the illness. If staff member or resident is immunocompromised, they should stay under contact precautions for longer, depending on recommendations for the diagnosing provider. If a resident is displaying symptoms, they should be referred to a healthcare provider for proper diagnosis and treatment (specifically for symptoms of upper respiratory illness, as there are several illnesses with like symptoms). Isolation should take place for the duration of infection, which can take place from 3-8 days following onset. If isolation is not available, individuals who are ill should be cohorted with others that share the same diagnosis and wear a surgical mask. All resident cases should be referred to a healthcare provider and follow up with the Special Populations team at CDPH to determine length of isolation needed and ensure proper treatment/symptom management is taking place. **Any residents whose symptoms are significantly progressing in severity or showing signs of difficulty breathing should be transported for emergent medical care immediately.**
2. Following a diagnosis, residents should be placed under [droplet and standard precautions](#) (all staff should wear gloves when handling or cleaning any bodily fluids) and avoid contact with other residents for the duration of their illness.
3. Ensure proper cleaning and disinfection of high touch surfaces (especially hard surfaces) is taking place throughout the congregate setting and that there are increased opportunities for proper hand hygiene (placing hand sanitizer throughout the building and ensuring soap dispensers are always filled). Many routine disinfectants, including sodium hypochlorite (0.1%), chlorhexadine digluconate (1.0%), and benzylalkonium chloride (1.0%) are effective against RSV.
4. Contact the Special Populations team at the Chicago Department of Public Health to report two or more laboratory confirmed cases of RSV within a 14-day period within a community congregate setting here: <https://redcap.link/specpopreport>

Preventing RSV:

You can take steps to [prevent RSV](#) within community congregate settings including:

- Getting vaccinated against RSV. There is currently a vaccine approved for those 60 and older and those who between 32 and 36 weeks pregnant.
- Talking to a Pediatrician regarding the eligibility for infants and young children living within a congregate setting to receive monoclonal antibodies as directed.
- Promote others to follow respiratory etiquette, including covering their coughs
- Provide many opportunities for staff and residents to preform proper hand hygiene
- Remind staff and residents to avoid close contact with others (especially infants, young children, and older adults) such as kissing, shaking hands, and sharing cups and eating utensils.
- Clean and disinfect high touch surfaces regularly with the correct products and contact time

RSV Vaccines and Monoclonal Antibodies:

Vaccines are designed to trigger an immune response within your body that then leads to your immune system developing their own antibodies in the event that the specific infectious pathogen attempts to invade the body. RSV vaccines can be given at the same time as other vaccines (i.e. COVID-19 and influenza vaccines).

Monoclonal antibodies are designed to send a onetime group of antibodies into the bloodstream so that if you become infected with an infectious pathogen, your body already has the antibodies to bind to the pathogen and clear the infection before progressing to severe illness.

| RSV Vaccines | | |
|---------------------|---|---|
| Name | Eligible Age Group | When it Should Be Administered |
| Abrysvo™ | <i>60 years and older</i> | Single dose given once when within the age range |
| | <i>32-26 weeks gestational age of pregnancy</i> | Single dose injection given during each pregnancy |
| Arexvy™ | <i>60 years and older</i> | Single dose given once when within the age range |

| RSV Monoclonal Antibodies | | |
|----------------------------------|---|---|
| Name | Eligible Age Group | When it Should Be Administered |
| Nirsevimab (Beyfortus™) | <i>Infants up to 8 months old</i> | <ul style="list-style-type: none"> For infants during or entering their first RSV season For a small group between 8-19 months entering their second RSV season who are at high risk for severe disease |
| Palivizumab (Synagis™) | <i>Infants and young children who are at increased risk for severe RSV based on gestational age and certain underlying medical conditions</i> | Monthly injections during RSV season |

Learn more about RSV here: <https://www.cdc.gov/rsv/index.html>

| Organization | Contact Information: |
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| CDPH Community Congregate Settings Team | Email: SpecialPops@cityofchicago.org Reporting Link: https://redcap.link/specpopreport |

