

What is RSV?

Respiratory syncytial virus (RSV) is a common respiratory virus that most people recover from in about one to two weeks. However, RSV can be serious, especially for infants and older adults. RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs) in children younger than 1 year of age in the United States. Almost all children will have had an RSV infection by their second birthday.

What are the symptoms?

Symptoms of RSV include: runny nose, a decrease in appetite, coughing, sneezing, fever and wheezing. These symptoms usually appear in stages and not all at once. In very young infants with RSV, the only symptoms may be irritability, decreased activity and breathing difficulties.

How long does this disease last?

An individual usually gets sick within 2-8 days after being infected. The contagious period is variable, from the day before symptoms until 3 to 8 days or longer; may last up to 3 to 4 weeks.

How is RSV spread?

Droplet: Virus droplets from a cough or sneeze land in the eyes, nose or mouth, touching a surface that has the virus on it (ex. a doorknob), then touching the face before washing your hands, and direct contact with the virus such as kissing the face of a child with RSV. RSV can survive for many hours on hard surfaces like tables and crib rails, whereas it typically lives on soft surfaces like tissues and hands for shorter amounts of time. People infected with RSV are usually contagious for 3 to 8 days. However, some infants and people with weakened immune systems can continue to spread the virus even after they stop showing symptoms for as long as 4 weeks.

Who is at risk for RSV infection?

Most persons infected with RSV will have mild illness and will recover in 1 to 2 weeks. However, some people, are more likely to have severe RSV infection that requires hospitalization. Examples of severe infections include bronchiolitis and pneumonia. Chronic health problems such as asthma can be worsened by RSV infection which may trigger asthma attacks, and people with congestive heart failure may also experience more severe symptoms triggered by RSV.

What preventive measures and treatments are available?

There is no vaccine to prevent RSV. Proper respiratory hygiene and infection control can help mitigate spread in the childcare setting.



Treatment is limited to supportive care and includes getting enough rest, drinking plenty of fluids, and using fever-reducing medications such as acetaminophen when needed.

What should schools do?

- Teach children to wash hands often with soap and water for at least 20 seconds.
- Encourage children and staff to cover coughs and sneezes with a tissue or the upper shirt sleeve, not their hands.
- Clean frequently touched surfaces such as doorknobs and mobile devices.
- Prevent children from sharing utensils or drinking supplies.
- Refer pregnant women to their healthcare provider.
- Report clusters of unusual size or severity to CDPH.

What are recommendations for exclusion?

No exclusion unless febrile or other symptoms meeting exclusion criteria are present. In times of outbreaks, encourage parents who are experiencing copious nasal discharge to stay home.

For more information, visit [RSV \(Respiratory Syncytial Virus\) | CDC](#) or [RSV in Infants and Young Children | CDC](#).

