

RSV, Explained

November 18, 2022

This document was prepared on November 18, 2022 by Natalie Garrison. Natalie works for North Yorkers for Disabled Persons as an Outreach Communication Facilitator, Information Referral and Resources Support. She can be reached at natalie.nydp@gmail.com.

Officials in Ontario and Quebec say that the pediatric health system is under extraordinary pressure because of a “perfect storm” of three viruses: COVID-19, the flu, and respiratory syncytial virus (RSV) ([source](#)). The shortage of pain and fever medication makes the situation even worse ([source](#)).

At this point, we know about the flu and COVID-19, but what is RSV? How can we prevent it and identify it, and treat it?

Most of this information came from the Canadian Pediatric Society ([source](#)). The accuracy of this information was verified by Canada’s Infectious Diseases and Immunization Committee ([source](#)). Other sources include SickKids’ healthcare education hub ([source](#)) and a similar American website that shares doctor-reviewed information on children’s diseases ([source](#)).

What is RSV?

Respiratory syncytial virus (RSV) is the most common virus that can infect the lungs and breathing tubes ([source](#)). RSV infection is most serious in young babies. Almost all children get the virus at least once before they are 2 years old ([source](#)). Older children and adults also get RSV at least every few years, but do not usually get very sick from it ([source](#)).

How long has RSV been widespread throughout the province?

Dr. Earl Rubin, director of the infectious diseases division at the Montreal Children's Hospital, gives context to the current RSV trends ([source](#)). According to him, early in the pandemic, the number of RSV dropped dramatically ([source](#)). Then, last fall, RSV cases increased sharply, and now, there is a surge of RSV cases in many parts of the country ([source](#)).

Dr. Rubin says that RSV surge is part of the reason his hospital is struggling with long wait times and a shortage of beds ([source](#)). “We are overwhelmed. We are experiencing in the pediatric hospitals what the adult hospitals were experiencing during the peak of COVID” ([source](#)).

How is RSV spread?

RSV is very contagious ([source](#)). RSV spreads the same way as a common cold:

- By touching droplets containing the virus after someone coughs or sneezes.
- By being close (less than 2 metres apart) to someone with the infection who is coughing or sneezing. Droplets from the infected person can reach another person's nose or mouth.
- By touching something that has been touched by an infected person, such as toys, door handles, furniture or countertops ([source](#)).

What are the symptoms of RSV?

Children with RSV have the same symptoms as a common cold, which may include:

coughing, a runny nose, fever, a decrease in appetite and energy, and irritability ([source](#)).

Some children (most often very young babies) have bronchiolitis ([source](#)). This is an infection of the tiny airways that lead to the lungs that causes wheezing and difficulty breathing ([source](#)).

How is RSV treated?

RSV is usually mild and doesn't need any treatment ([source](#)). Most children get better within a week or two ([source](#)). Sometimes children need to be hospitalized so that they can be watched closely and given fluids or oxygen if needed ([source](#)).

Because RSV is a virus, antibiotics will not help a child get better faster ([source](#)). Antibiotics kill bacteria, not viruses ([source](#)).

How can I protect my children from RSV?

This list is a combination of two lists: one from the Canadian Pediatric Society and one from SickKids. Check out the section called "Is there a vaccine or medication for RSV?" to learn about a monthly medication recommended for babies at high risk of serious RSV infection.

- Keep babies under 6 months old away from people with colds, if possible ([source](#)).
- Wash your hands and your children's hands often to reduce the spread of germs ([source](#)). Ask others to do the same ([source](#)).
- Avoid kissing or similar close contact with your baby's face and hands when you are unwell ([source](#)).
- Breastfeed your baby if you can. Breast milk contains antibodies and other immune factors that help prevent and fight off illness ([source](#)).
- Don't smoke. Make sure that your children are not around cigarette smoke, especially in the car or in your home ([source](#)).
- Make sure your child receives all recommended immunizations. Vaccines won't prevent your child from getting RSV or other viruses that cause colds, but they will protect your child from some of the complications a cold can cause ([source](#)).

- Keep your baby away from crowds and anyone with sneezing, coughing, a runny nose or a fever, especially during RSV season (from November to April) ([source](#)). Infections spread more easily when there are more people around ([source](#)).
- Clean surfaces in your home that are touched often on a regular basis, more often during RSV season ([source](#)).
- If your baby is premature and hospitalized and you are sneezing, coughing or have a runny nose or a fever, stay away from your baby ([source](#)).

What can I do if my child is sick?

- Give acetaminophen or ibuprofen for fever ([source](#)). Ibuprofen should only be given if your child is drinking reasonably well ([source](#)). Do not give ibuprofen to babies under 6 months old without first talking to your doctor ([source](#)).
- Do not give over-the-counter cough and cold medicines to a child younger than 6 years old ([source](#)). Although these drugs do not need a doctor's prescription, they are not safe in young children ([source](#)).
- If you are using cough and cold medicines for children older than 6 years, read instructions carefully and give only the recommended dose ([source](#)).

These three points help explain why the shortage of over-the-counter medication for children has made RSV such a significant problem this fall. Click [here](#) to read another article by North Yorkers about how to manage the children's medication shortage.

These are other tips you can do if your child gets sick:

- Keep your child as comfortable as possible and offer plenty of fluids ([source](#)).
- If your baby is having trouble drinking, try to clear nasal congestion gently with a bulb syringe or with saline (salt water) nose drops ([source](#)). Babies may not feel like drinking, so offer fluids in small amounts often ([source](#)).
- Avoid hot-water and steam humidifiers, which can be hazardous and can scald skin ([source](#)). If you use a cool-mist humidifier, clean it daily to prevent mold and bacteria growth ([source](#)).
- If your child is too young to blow their own nose, use saline (saltwater) nose spray or drops and a nasal aspirator (or bulb syringe) to remove sticky nasal fluids ([source](#)).

If my child had RSV earlier this year, are they immune to it now?

No, getting RSV once does not prevent infection ([source](#)). The average person may have an RSV infection multiple times during their lifetime ([source](#)).

Is there a vaccine or medication for RSV?

No medicine can stop your baby from catching RSV and there is no vaccine available for the general public yet ([source](#)).

There is one medicine that can help prevent RSV from becoming very serious and it is recommended for babies at high risk of serious RSV infection ([source](#)). Your healthcare provider will decide if your child needs this medicine ([source](#)). The name of the medicine is palivizumab ([source](#)). This treatment is sometimes called RSV prophylaxis (pro-full-AX-iss), which means prevention ([source](#)).

When should I call a doctor?

Take your baby to an emergency department if your child:

- has trouble breathing or has lips that look blue,
- is younger than 3 months old and has a fever, or
- is no longer able to suck or drink ([source](#)).

See a doctor if your child:

- has had a fever for more than 72 hours,
- is not eating or is vomiting,
- is not having wet diapers, or
- is coughing so bad that they are choking or vomiting ([source](#)).

Final Thoughts

Since many emergency departments are at capacity, you may feel nervous at the idea of taking your child to one. Just type 8-1-1 into your phone, and you can speak with a registered nurse 24 hours a day, seven days a week, 365 days a year in English, French, and many other languages ([source](#)). 811 is a free, secure, and confidential health care service available to all Ontarians ([source](#)).

When you call 811, your call will be received by an advisor who will securely and confidentially collect basic information and the reason for your call ([source](#)). You will then be transferred to a registered nurse who will complete an assessment and tell you about next steps ([source](#)).

811's toll free TTY line is 1-866-797-0007 ([source](#)). You must have a TTY device to use this number ([source](#)). If you use Bell Relay TTY Service, or Canada Video Relay Service (VRS), please contact their standard phone lines ([source](#)).

—

If you think you may be experiencing symptoms of COVID-19, take the self-assessment at www.ontario.ca/coronavirus. Follow all directions from your medical provider or your local health unit at the following phone numbers:

Health Connect Ontario: 811

Telehealth Ontario: 1-866-797-0000

Toronto Public Health: 416-338-7600

Peel Public Health: 905-799-7700

Durham Region Health Department: 905-668-7711

York Region Public Health: 1-877-464-9675