

Respiratory Syncytial Virus

Definition:

Respiratory Syncytial Virus (RSV) is a contagious viral respiratory illness. It can cause mild to severe illness and can lead to death.

Signs and symptoms:

Symptoms of RSV include a fever, cough, sneezing, sore throat, runny nose, and wheezing.

Transmission:

RSV is transmitted from person to person mainly by droplets when people with the virus cough, sneeze, or talk. It is also possible to get RSV from touching a surface that has virus on it, and then touching your own mouth or nose. Most people may be able to infect others for 3-8 days after becoming sick.

Diagnosis:

RSV is diagnosed through a lab test. The most common types of tests available are:

- Rapid tests quick turn-around (usually 20 minutes), and sensitivity generally ranges from 80-90%. The rapid test is generally reliable in young children but less useful in older children and adults.
- PCR longer turn-around time (usually around 48 hours) but has very few false positives or false negatives.

Role of the School Nurse:

Prevention

- Provide training and resources for staff and students on the following: (posters available at: http://www.maine.gov/dhhs/mecdc/infectious-disease/epi/order-form-wn.shtml.
 - Hand washing
 - Respiratory etiquette (covering cough)
 - o Staying home when ill
 - o Encouraging immunizations in target populations such as:
 - Adults 60 years and older can receive an RSV vaccine based on shared clinical decision-making.
 - Infants less than 8 months entering or during the first RSV infection season can receive RSV antibody products (nirsevimab).
 - Children/infants 8-19 months that are increased risk for severe RSV disease and entering the second RSV infection season can receive RSV antibody products (nirsevimab).
 - Pregnant people during weeks 32-36 of pregnancy can receive an RSV vaccine.
 Vaccine should be administered immediately before or during the RSV season.

Treatment Recommendations

- There is no specific treatment for RSV infection.
- Palivizumab is a drug that can be administered to high risk infants and young children (less than 24 months) who are at high risk of severe RSV. It is a monthly intramuscular injection during the RSV season.

Exclusions

- Students and staff with RSV should be excluded from school and school related activities until at least 24 hours after fever resolves without the use of antipyretic drugs.
- It is recommended that any child with a fever of 100° or greater should be excluded from school, please follow your individual school's guidelines.

Reporting Requirements

- Individual cases of RSV are not reportable.
- Any sudden increase of respiratory illness (within a classroom, wing, etc.) should be considered a potential outbreak and should be reported.
- If your school has greater than 15% absenteeism this should be reported through the NEO 15% absenteeism application.

Resources:

• Federal CDC RSV website http://www.cdc.gov/rsv