



# RSV infection

Information about RSV and how you can reduce the risk of your infant developing a severe infection.

abbvie

# What is RSV?

RSV is one of the most common respiratory viruses and is spread easily. By the age of two, virtually all children have had an RSV infection at some time. Most children will just develop a cold, but RSV can sometimes cause a much more serious condition with an infection in the lungs.

RSV, which is an abbreviation for respiratory syncytial virus, attacks a specific type of cell in the airways. It causes infected cells to fuse together and form syncytia. This can cause the lining of the airways to swell with excessive mucus production.

RSV epidemics break out around the world each year. In our part of the world, this is especially true during the cold times of year. In Sweden, we see the spread of RSV every winter, usually between October and April. The season can vary in length from year to year.



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## How is RSV spread?

RSV is highly contagious. It is spread primarily through physical contact with someone who is infected, for example by holding hands, kissing or hugging. The virus can also be spread in the air through small droplets when someone coughs or sneezes.

To become infected, the virus must come into contact with the mucous membranes of the eyes, nose or mouth. This can happen through a child rubbing their eyes, picking their nose or putting their fingers in their mouth. RSV can survive many hours on textiles (such as a piece of clothing), a used tissue, and on hard surfaces (such as toys, books, table surfaces and door handles).

## Is my child at risk of becoming infected?

Anyone – whether child or adult – can become infected. An infant who had an RSV infection previously is only immune for a very short period of time. There is a risk they will become infected again. The antibodies the mother passes on through breast milk do not provide any protection against RSV. By the age of two, most children have had one or more RSV infections. There is then a small amount of protective antibodies against the virus in the blood, and future RSV infections are usually much less severe than those one can get when really young.

# How can I recognise an RSV infection?

An RSV infection normally presents itself as a mild cold with runny nose and cough, often with thick and sticky mucus. The child may be more tired than usual and have less of an appetite, but might not have a fever. In most cases, the child will recover without any complications.

In addition to cold symptoms, newborns and otherwise healthy infants in their first few months of life may also become ill with pneumonia with respiratory distress, which may require hospitalisation. In some cases oxygen therapy is required, or even use of a feeding tube if the child cannot eat on their own.

## **Signs of a more serious RSV infection:**

- The child has difficulty breathing
- Rapid breathing with a whistling or wheezing sound
- Decreased energy that affects their desire to eat and drink
- Laboured cough
- Thick, sticky mucus in the nose and airways

Very young children, especially those born prematurely, may exhibit cold symptoms and impaired general condition in the form of apnoeas (pauses in breathing), which require immediate hospitalisation.



Contact the nearest emergency room if your child is under the age of six months and suffers from a cold with severe coughing and difficulty breathing or shows signs of an impaired general condition and dehydration.

## Some groups of children are more vulnerable

In addition to newborns, the groups of children who are at a greater risk of suffering from a severe infection if they become sick are children born very prematurely, and children with chronic lung disease, a compromised immune system or a heart defect. In Sweden, approximately 3000 children each year require hospital care due to an RSV infection.

## Does RSV cause any permanent damage?

A child who has had a severe RSV infection may have breathing difficulties during colds for years after the infection. There is an increased risk of asthma or asthma-like symptoms during childhood, and the child may even need treatment with appropriate medicines.

### Protect these children a little extra:

- Children born prematurely
- Newborns (the first few months)
- Children with a heart defect
- Children with impaired lung function
- Children with an impaired immune system





Protect vulnerable children from infection as far as possible



Bacteria and viruses are everywhere. It is not possible to completely protect a child from RVS, but it is possible to reduce the risk of infection and, more so, protect the children who are most vulnerable to hopefully keep them from getting sick when they are really young.

# What can I do to protect my child against infection during RSV season?

- The best way to prevent the spread of infection is to wash your hands frequently during the cough and cold season. Wash your hands really well with soap and water, and preferably use hand disinfectant.
- Be extra careful with close contact, like hugs and kisses, when you have a cold.
- Try to avoid taking your child to places where there are a lot of people, like cafés and shops.
- Try to avoid indoor activities during the infection season, such as open preschool, where there are many young children playing in close proximity.
- Try to choose parent-and-child group activities where you meet up outdoors.
- Teach older siblings who go to daycare to wash their hands really well and to use hand disinfectant. Make sure children in preschool do not share towels and cups to reduce the risk of infection during the cough and cold season.
- If you are visited by family or friends, ask them to avoid close contact if they have a cold. It is best to put off the visit until they are healthy.
- Regularly wipe off surfaces such as sinks, tables and toys.
- Cough and sneeze into the crook of your arm.
- Do not expose your child to tobacco smoke.



Wash your hands!

## Is there any medicine against RSV?

Particularly susceptible children in the risk groups can be treated with immunoprophylaxis, which in this case refers to a medicine containing antibodies against RSV. It is given as a preventive measure for children at a particularly high risk of becoming seriously ill, thereby reducing the risk of serious illness.

The medical decision as to whether your child should have preventive therapy is made by your child's treating physician. Research is ongoing, but there is currently no vaccine against RSV.



# How can I ease my child's symptoms?

There is no medicine to cure an RSV infection. Antibiotics have no effect. But, there is a lot you can do to ease your child's symptoms.

- Make sure that your child drinks a lot of fluids to help prevent dehydration and to loosen up the thick, sticky mucous.
- It is a good idea to use a nasal spray with saline to keep the nose clear. Using decongestant nasal drops, if prescribed, will make breathing easier.
- For a young child who cannot blow their own nose, carefully use a nasal aspirator, which can be purchased at a pharmacy.
- Raise the head end of the crib or bed to reduce swelling in the mucous membranes. If you can, let your child rest in an upright position for a while.
- If your child has a fever, you can give them a fever-reducing over-the-counter medicine, following the recommended dosage.



Be on the lookout for any signs that may indicate dehydration or increased breathing difficulties.

## Read more about RSV

If you would like to learn more about RSV (in Swedish), visit [rsvirus.se](https://rsvirus.se). You can also tell family and friends about the virus, so they can learn more about what they can do to reduce the risk of infection.

# rsvirus.se





# RSV infection – sometimes more than just a cold

In this brochure, you can read more about RSV (respiratory syncytial virus), including information on how it is spread, symptoms of infection and what you should do to protect your child against infection.



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