

**Parents / Visitors**

- ♥ Provide with parent letter
- ♥ Stress importance of hand hygiene
- ♥ **STAGE 2 –No sibling visitation under the age of 2**

**JHH Information**

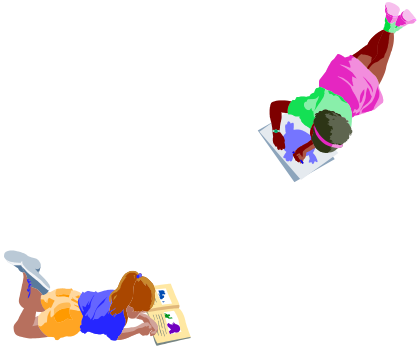
- ♥ RSV season generally lasts from October to April

***2003–2004 RSV Season Data***

- ♥ 10% of cases admitted to CMC4
- ♥ 68% of cases admitted to CMC6
- ♥ 10% of cases admitted to PICU
- ♥ 0% of cases admitted to PIMC
- ♥ 9% of cases admitted to PCRU
- ♥ 2% of cases admitted to CMC9
- ♥ 1% of cases admitted to CMC8



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# RSV

## Facts

- ♥ A highly contagious viral illness
- ♥ Causes acute respiratory illness
- ♥ Most important cause of bronchiolitis & pneumonia in infants & young children

## Signs & Symptoms

### In infants and young children:

Primarily lower respiratory tract disease (pneumonia, bronchiolitis, tracheobronchitis) and upper respiratory tract illness, often with fever and otitis media.

### In older children and adults:

Usually a secondary infection, manifested as upper respiratory illness with nasal congestion and cough.

## Epidemiology

- ♥ Transmitted by direct/close contact with contaminated droplets
- ♥ Re-infection throughout life is common
- ♥ Self inoculation can occur after touching contaminated surfaces
- ♥ RSV lives on surfaces up to 8 hours, gloves up to 2 hours & hands up to 30 minutes

## Diagnosis

Nasopharyngeal aspirate (NPA)

- ♥ Use viral transport media (Check expiration date)
- ♥ Send specimen to the lab ASAP or within **ONE** hour (Do NOT send via tube system)
- ♥ Antigen results ready within 2-4 hours depending on time of day
- ♥ Culture results usually finalized within 5-7 days (but may be up to 21 days)



## Control Program

- ♥ Involves a two stage program
- ♥ Place patient on **Pediatric Droplet Precautions**
- ♥ Practice good hand hygiene.
- ♥ Wear gloves to enter the room
- ♥ Gown and mask are needed for contact with patient.
- ♥ Wash hands after removing gloves
- ♥ Clean equipment after patient use

## Stage 1 of RSV Control Program

- ♥ Suspect RSV with any child < 6 years of age with bronchiolitis/pneumonia
- ♥ If RSV Antigen **negative**, precautions may be discontinued
- ♥ If RSV Antigen **positive**, precautions continue

## Stage 2 of RSV Control Program

- ♥ Suspect RSV on any child < 6 years with **any** respiratory symptoms
- ♥ If RSV Antigen **negative**, precautions continue for 5 more days (awaiting culture results)
- ♥ If RSV Antigen **positive**, precautions continue
- ♥ If RSV antigen is negative & low probability for RSV, contact HEIC at ext. 5-8384

For further information on  
"Reducing Nosocomial Transmission of RSV  
in the Children's Center"  
please refer to the

Johns Hopkins Hospital  
Interdisciplinary Clinical Practice Manual  
Infection Control Policy IFC #22

or on the web at

[www.hopkins-heic.org](http://www.hopkins-heic.org)