

Dear Colleagues

Following the easing of current Covid-19 restrictions people are starting to mix more, as a result we are expecting a higher than normal number of RSV/bronchiolitis infections in young children for this time of year.

To help communicate this and support parents and carers with what to look out for and what to do if their child becomes unwell the PHA have produced some information in the form of a leaflet and factsheet.

Please can you share the attached resources with as many colleagues and parents to support this communication.

There is also a link below to the PHA website where the resources can be found.

<https://www.publichealth.hscni.net/publications/respiratory-syncytial-virus-rsv-what-do-i-need-know>

<https://www.publichealth.hscni.net/publications/respiratory-syncytial-virus-rsv-questions-and-answers>

Thank you very much for your support.

Yours sincerely



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Respiratory Syncytial Virus (RSV)

Questions and answers

What is Respiratory Syncytial Virus?

Respiratory Syncytial Virus (RSV) is one of the common viruses that cause coughs and colds in winter.

It usually causes a mild respiratory infection in adults and children, but it can be severe in infants who are at increased risk of acute lower respiratory tract infection. RSV is the most common cause of bronchiolitis in children aged under 2 years.

The RSV season in the UK typically begins in the autumn, earlier than the adult flu season, and runs through winter.

Who is most at risk of severe illness?

Children can be at higher risk of severe illness from common respiratory infections like RSV.

Most cases are not serious and clear up within 2 to 3 weeks, but the symptoms can be very worrying for parents.

For some infants and babies, such as those born prematurely or with a heart condition, respiratory infections can be more severe. Your GP can offer advice if you have concerns.

It is perfectly okay for parents to ask people with colds to keep away from newborn babies, particularly in the first two months, and for babies born prematurely.

How transmissible is RSV?

RSV is a very common virus that usually spreads widely in the autumn and winter months.

It is highly infectious, which is why it's important to stick to basic hand and respiratory hygiene practices to help prevent it spreading.

What was last year's season like?

Levels of respiratory illness were lower than average last year as COVID-19 restrictions gave the virus less opportunity to spread.

This means that many people, especially young children will have "missed" having an infection and not developed immunity.

We are seeing higher levels of RSV at the moment as restrictions ease and people mix more, and we expect levels to stay high as we progress into the autumn and winter months.

What is available in terms of medical prevention and intervention?

Good respiratory and hand hygiene practices will prevent the spread of respiratory infections such as RSV.

This means washing your hands regularly, using a tissue to catch coughs or sneezes and washing your hands afterwards, and staying away from others if you feel unwell.

How can I tell whether my child has RSV/bronchiolitis/flu or COVID-19?

The early symptoms of many respiratory infections like colds, flu, RSV or bronchiolitis can be similar to those of COVID-19, such as a runny nose and a cough.

In bronchiolitis, further symptoms can develop over the next few days, and may include:

- a slight high temperature (fever)
- a dry and persistent cough
- difficulty feeding
- rapid or noisy breathing (wheezing)
- parents should seek emergency care if their child becomes breathless – the most common symptom of severe RSV.

Babies and children with bronchiolitis can deteriorate rapidly. As soon as your baby or child has any cough or cold symptoms or a raised temperature (37.9°C and above), they should have a COVID-19 test. This will allow you to be seen by your GP as soon as possible if your child's symptoms become worrying. Order a home PCR test for your baby, ready for use if you need it. You can order a test at: www.gov.uk/get-coronavirus-test

Most cases of bronchiolitis are not serious, but you should contact your GP or out of hours service if:

- you're worried about your child
- your child has taken less than half their usual amount during the last 2 or 3 feeds, or they have had a dry nappy for 12 hours or more
- your child has a persistent high temperature of 38°C or above
- your child seems very tired or irritable.

Dial 999 for an ambulance if:

- your baby is having difficulty breathing.
- your baby's tongue or lips are blue.
- there are long pauses in your baby's breathing.

Does the relaxing of restrictions mean that people have been put at greater risk of other severe respiratory infections?

It is normal and expected for other respiratory viruses to circulate every year.

After a season of low numbers of respiratory viruses such as flu, it is expected that we will see higher numbers of respiratory viruses as restrictions ease and people mix more.

Good respiratory and hand hygiene behaviours will prevent the spread of COVID-19 and other seasonal respiratory illnesses.

There are robust systems in place to track and predict the spread of other seasonal respiratory infections and put preventative measures in place accordingly.

What causes bronchiolitis?

Bronchiolitis is caused by the virus known as respiratory syncytial virus (RSV), which is spread through tiny droplets of liquid from the coughs or sneezes of someone who's infected.

1. The infection causes the smallest airways in the lungs (the bronchioles) to become infected and inflamed. The inflammation reduces the amount of air entering the lungs, making it difficult to breathe.

Who's affected?

Around 1 in 3 children in the UK will develop bronchiolitis during their first year of life. It most commonly affects babies between 3 and 6 months of age. By the age of 2, almost all infants will have been infected with RSV and up to half will have had bronchiolitis.

Bronchiolitis is most widespread during the winter (from November to March). It's possible to get bronchiolitis more than once during the same season.

How is bronchiolitis treated?

There's no medication to kill the virus that causes bronchiolitis, but the infection usually clears up within 2-3 weeks without the need for treatment.

Most children can be cared for at home in the same way that you'd treat a cold.

Make sure your child gets enough fluid to avoid dehydration. You can give infants paracetamol or ibuprofen to bring down their temperature if the fever is upsetting them. Always follow the dosage instructions on the packaging.

About 2-3% of babies who develop bronchiolitis during the first year of life will need to be admitted to hospital because they develop more serious symptoms, such as breathing difficulties.

This is more common in premature babies (born before week 37 of pregnancy) and those born with a heart or lung condition.

Can you prevent bronchiolitis?

It's very difficult to prevent bronchiolitis, but there are steps you can take to reduce your child's risk of catching it and help prevent the virus spreading.

You should:

- wash your hands and your child's hands frequently
- wash or wipe toys and surfaces regularly
- keep infected children at home until their symptoms have improved
- keep newborn babies away from people with colds or flu
- avoid smoking around your child, and do not let others smoke around them

Some children who are at high risk of developing severe bronchiolitis may have monthly antibody injections, which help limit the severity of the infection.

For more information on bronchiolitis go to: www.nidirect.gov.uk/conditions/bronchiolitis

Adapted from the RSV Toolkit published by Public Health England.



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12-22 Linenhall Street, Belfast BT2 8BS.
Tel: 0300 555 0114 (local rate).
www.publichealth.hscni.net

Find us on:



Respiratory Syncytial Virus (RSV)

What do I need to know?

Since the start of the pandemic, the infection control and hygiene measures that have helped us to fight COVID-19 have also reduced the circulation of other respiratory infections, such as Respiratory Syncytial Virus (RSV). Many babies and young children will not yet have been exposed to these common viruses. As restrictions are eased, cases of these viruses are rising, so parents are advised to look out for signs of severe respiratory infection in their children.

What is RSV?

Respiratory Syncytial Virus (RSV) is one of the common viruses that cause coughs and colds in winter. Most cases are not serious and clear up in 2-3 weeks, but it can be severe in some infants. RSV is the most common cause of bronchiolitis in children aged under 2 years. Bronchiolitis is an infection which causes the smallest airways in the lungs (the bronchioles) to become infected and inflamed.

Who is at risk?

- Babies and young children under 2 years old
- preschool children
- older people

RSV can be more severe in:

- premature babies
- newborn babies, especially in the first 2 months
- vulnerable infants with certain underlying conditions



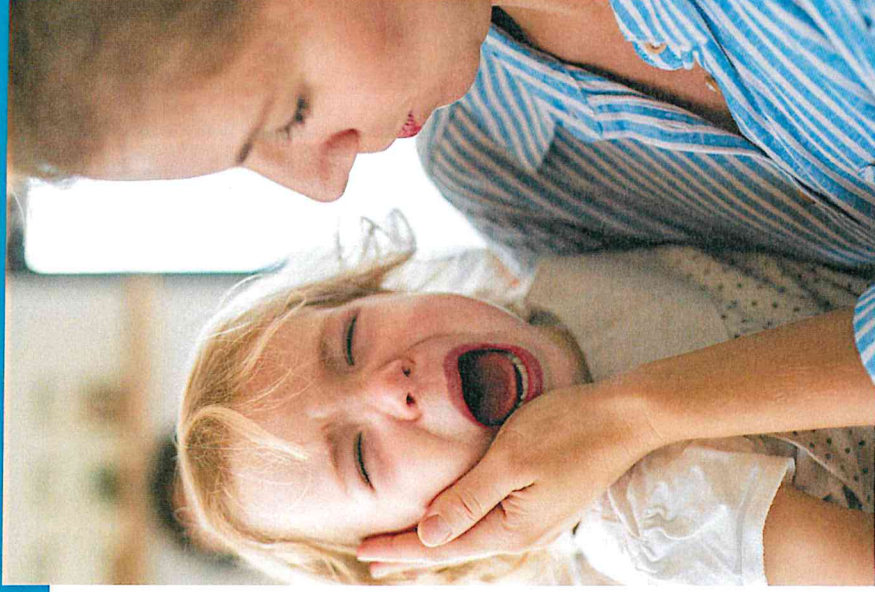
What are the symptoms?

In babies, the symptoms of RSV can be:

- irritability
- poor feeding
- lethargy
- low grade fever
- fast breathing or difficulty breathing
- wheezing

In children, you may see:

- runny nose
- decreased appetite
- cough
- sneezing
- fever



What should I do if my child has symptoms?

As soon as your baby or child has any cough or cold symptoms or a raised temperature (37.9°C and above), they should have a COVID-19 test. This will allow you to be seen by your GP as soon as possible. Order a home PCR test for your baby, ready for use if you need it. You can order a test at: www.gov.uk/get-coronavirus-test

Mild symptoms such as fever and discomfort can be managed at home. Depending on their age you may be able to give them paracetamol or ibuprofen if their fever is upsetting them. Always follow the dosage instructions on the packaging. Make sure they drink plenty of fluids. Your baby may be more comfortable when held or sitting upright.

For more information on bronchiolitis go to www.nidirect.gov.uk/conditions/bronchiolitis

If you are concerned about your child not getting better or getting worse, DO NOT delay getting help from your GP or out of hours service. Call 999 for an ambulance if:

- your baby is having difficulty breathing
- their lips or tongue are turning blue, or
- there are long pauses between breaths

How can I reduce the risk of RSV?

Good respiratory and hand hygiene can reduce the spread of infections.

- Wash your hands with soap and warm water regularly, or use hand sanitiser if you're out and about.
- Avoid touching your or your child's face.
- Carry tissues and use them to catch coughs and sneezes. Bin the tissues as soon as possible, then wash or sanitise your and your child's hands.
- Keep surfaces clean.

Children with coughs, colds, flu or bronchiolitis symptoms should stay at home and reduce contacts, even if they have had a negative COVID-19 test. It is perfectly ok for parents to ask people with coughs or colds to keep away from newborn babies, even if they have had a negative COVID-19 test. This is particularly important in the first 2 months after birth and for babies born prematurely.

For more information visit: pha.site/RSV-Qanda