

Respiratory syncytial virus (RSV):

What you need to know

What is RSV?

Respiratory syncytial virus (RSV) is a contagious respiratory virus that usually causes mild, cold-like symptoms. RSV is common around the world and is most active in Canada during the fall and winter months (when people in Canada are most likely to catch RSV and become sick).

What are the symptoms?

Symptoms of RSV are usually similar to that of the common cold, and for most people, the illness itself is generally mild. Symptoms typically appear two to eight days after someone has been exposed to RSV and can include:

- coughing,
- runny nose,
- sneezing,
- wheezing,
- fever, and
- a decrease in appetite and energy.



In severe cases, RSV can lead to **bronchiolitis** (inflammation of the small airways of the lungs) and **pneumonia** (a lung infection). Bronchiolitis is most common in infants and young children.

If your child has any of the following symptoms, take them to a nearby emergency department or call 911 **immediately**:

- trouble breathing/pauses in breathing
- a blue or grey tinge to their skin, particularly the lips and nailbeds
- signs of dehydration (decrease in wet diapers, and not drinking/feeding)

However, RSV in some infants can be a serious illness. Infants who have RSV **may show only the following symptoms:** fussiness/irritability, difficulty breathing, nasal congestion and a decrease in energy and appetite. They may **not** cough or have a runny nose.



How does RSV spread?

RSV enters your body through your mouth, eyes, and nose through infected droplets. It is spread:

- through close contact with others (e.g., someone who is infected coughs or sneezes next to you, or through sharing personal items such as drinks), and
- by touching contaminated surfaces (e.g., touching a countertop that an infected person recently touched or sneezed next to).

Remember, you can catch RSV **more than once**. In fact, it is quite **common** for people to catch RSV multiple times throughout their life. Catching and recovering from RSV **does not** mean you cannot become sick with the virus again. However, if you do catch RSV again, the infection tends to be **milder**.

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Who is at risk?

While anyone can catch RSV, people in the following groups tend to experience severe RSV infection more than others:

- infants younger than six months old,
- adults 65 years of age and older, and
- people who are immunocompromised (who have a weakened immune system).



How can I protect myself and others against RSV?

There are measures you can take to help prevent the spread of RSV to others, and protect yourself and your loved ones. Some ways include:

- washing your hands often,
- coughing and sneezing into the crook of your elbow, your sleeve, or a tissue (not your hand),
- keeping your kids home from school or daycare if they or other children are sick,
- sanitizing/cleaning surfaces that are frequently touched (such as doorknobs and countertops), and
- avoiding close contact with others (such as sharing personal items or shaking hands).

In some cases, healthcare professionals may prescribe **Palivizumab (PVZ) or Nirsevimab** to infants and young children to help protect them against RSV infection. Please see the section titled ***What are Palivizumab and Nirsevimab?*** for more information. Eligibility criteria for who can receive PVZ and Nirsevimab differ by province and territory. Talk to your healthcare professional about whether your child should receive PVZ or Nirsevimab.

Please keep in mind that PVZ and Nirsevimab are **not** used to treat RSV in children **already infected**. Rather, they are used to **prevent severe RSV** infection in infants and young children who may become infected with the virus in the future. They are medications, **not vaccines**.

What are Palivizumab (PVZ) and Nirsevimab?

Palivizumab (PVZ) and Nirsevimab are **monoclonal antibody** medications, approved for use in children under two years of age, that offer extra protection against severe RSV infection. **Monoclonal antibodies** are proteins that are developed to act like the **antibodies** your body produces.

Antibodies are proteins your body makes that help get rid of germs/harmful substances that enter your body, such as bacteria and viruses.

The monoclonal antibodies used in PVZ and Nirsevimab specifically recognize and target RSV to help prevent severe RSV infection in infants and young children who may become infected with the disease. Both PVZ and Nirsevimab are given as injections and provide temporary protection.

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Is there a vaccine?

Yes, there is a vaccine that helps protect against RSV infection. At this time, the vaccine is approved for use in **adults 60 years of age and older** and in **people who are 32 to 36 weeks pregnant**. Some provinces and territories may already have an adult RSV immunization program up and running. If you are 60 years of age or older, or if you are pregnant, talk to your healthcare professional or local public health office to see if you can get the RSV vaccine.

Considerations are ongoing regarding other groups to whom the RSV vaccine can be offered in the future. This factsheet will be updated accordingly.



What are the benefits of getting the RSV vaccine while pregnant?

Getting the RSV vaccine allows your body to produce protective proteins called antibodies that **specifically protect against RSV infection**. When you get immunized against RSV while pregnant, you pass on some of these antibodies **to your baby** in the womb (in utero). These antibodies give your baby some **short-term protection** against the severe effects of RSV for up to 6 months after they have been born.

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