

CHILDREN
WITH

RS-virus infection



Children with RS-virus infection

General information:

RS is an abbreviation for the name of a rhinovirus. In infants and small children below the age of 3-4, the virus may cause various degrees of asthmatic bronchitis and pneumonia.

The younger the child is, the more it is affected by the virus. Infants below 6 months, in particular, may become seriously ill. The virus produces thick mucus which is difficult for the child to cough up.

RS-virus infections almost only occur between November and April. Children may be infected with the RS-virus several times.

RS-virus is diagnosed by sucking mucus from the nose using a small tube and analysing it.

If the child catches a cold afterwards, the breathing and coughing can sound more or less like "RS-virus like" without it actually being so.

How is it contracted?

The child may infect other children 1-2 weeks after the condition has broken out.

RS-virus is present in the child's spittle, snot and mucus, and the infection is spread by inhaling small droplets, e.g. from sneezing or by contact with hands, toys, clothes, changing tables, door handles, etc., which are contaminated with spittle or snot. The virus may survive on objects for up to eight hours.

Symptoms:

- Common cold symptoms
- Possibly fever
- Thick mucus which can be difficult to cough up
- Difficult, wheezing breathing
- Long coughing spells, which often end with the child vomiting
- The child often becomes weak and tired, and has less strength to eat, drink and cough.

The symptoms usually peak on the fifth day, but the cough may persist for several weeks. Most children usually feel much better after a week.

Good advice:

- The child should sleep in a cool room and the head should be elevated

- You may give your child saline drops in the nose. These will loosen the thick mucus which makes it difficult to breathe through the nose
- You may also use a “nose suction device” (available at the pharmacy)
- Offer the child plenty to drink – this makes the mucus thinner and easier to cough up.
- Try to get your child to change sleeping position, sleep on both sides, sit up, move around and play as much as possible. Activity helps loosen the mucus and makes it easier to cough
- Always wash your hands after having been in contact with your child
- Avoid contact with infants (0-6 months) in order not to infect them
- Do not dress the child too warmly if it has high fever
- Do not expose your child to passive smoking.

When to see a doctor?

Contact a doctor if the child:

- Has rapid or difficult breathing and possibly fever
- Has long coughing spells and becomes pale or blue in the face
- Is generally tired, weak and cannot drink as usual
- Becomes unusually quiet

- Makes you worry and you feel insecure.

Contact your general practitioner first because he/she knows your child better than the doctor on call. You can also get good advice and guidance from your health visitor.

Treatment:

Antibiotics are ineffective because the virus which started the condition does not respond to antibiotics. However, the child may also contract a bacterial infection, which needs to be treated with antibiotics. If your child is in pain and/or refuses to drink, you may give it painkillers as agreed with a doctor.

Prevention:

- Always wash your hands after having been in physical contact with the child
- If your child is infected, avoid contact with infants (0-6 months) in order not to infect them.

Childcare:

The child can return to childcare when it no longer runs a fever and can play without breathing difficulties. Inform the childcare centre that your child has an RS-virus infection.

Parental guidelines

These guidelines have been prepared by a working group set up by the departments of paediatrics in Herning, Randers, Skejby and Viborg.

The intention with these guidelines is to provide parents with advice across the following sectors: health visitors, general practitioners family doctors, doctors on call, and the staff at paediatric admission wards in the Central Denmark Region.

The parental guidelines can be seen and downloaded from the internet on the web site www.fv.rm.dk

You may order additional copies from Rikke Dalsgaard,
Koncern Kvalitet, Central Denmark Region,
Skottenborg 26, 8800 Viborg. rikke.dalsgaard@stab.rm.dk

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