

Respiratory Syncytial Virus (RSV) comms toolkit

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Overview

This toolkit provides information and content to help you:

- Ensure that health professionals, including health visitors and school nurses, are looking out for patients, especially children, presenting with RSV out of season and know how to treat them and that they know how to access testing
- Raise awareness with parents of RSV and in particular the symptoms of bronchiolitis in young children and what actions should be taken
- Inform parents when to be concerned about the symptoms of bronchiolitis and sign-post to NHS services.

About RSV

- Respiratory Syncytial Virus (RSV) is one of the common viruses that cause coughs and colds in winter.
- It is a common seasonal winter virus which causes 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.
- During the last year there has been a remarkable reduction in respiratory viral infections other than COVID-19. This means that there is an increasing number of young children who have never been exposed to these common viruses.
- Around the world we have seen evidence of unseasonal outbreaks of these infections as measures such as social distancing and mask wearing are relaxed.
- Public Health England (PHE) modelling on the impact of an increase in cases of RSV this season is work in progress however, it has listed three possible scenarios with the first listed being most likely and the third least likely.
 1. An earlier outbreak with 20-50% increase in total number of RSV cases / admissions.
 2. A normal or quieter than normal RSV season (particularly if Non-Pharmaceutical Interventions are maintained).
 3. Larger outbreak with 100% increase in total number of RSV cases / admissions.

What's new this year?

- NHS England began planning for the potential rise in paediatric respiratory infections in April 2021, with paediatric units bringing forward their usual winter planning, escalation and emergency processes which will support an increased capacity in terms of beds, workforce and ward supplies.
- As part of NHS preparedness and in response to summer case detections by PHE surveillance, the offer of the preventative medicine palivizumab has been brought forward from the usual October start date and the number of doses has been extended from 5 to 7.
- Palivizumab will also be offered to a young children who are at the highest risk of complications from RSV, reducing the risk of hospitalisation in those most vulnerable.
- PHE has also extended its surveillance system to ensure early signals of respiratory illnesses are being reported from a sample of NHS trusts. This usually ends in May and resumes in October, but will now continue into the summer months.

Key messages for parents:

- There are many common respiratory viruses seen in children, which most will have had by the time they turn 2.
- However, in children under 2, the more serious consequences can lead to bronchiolitis, infection of the lower airways, that can make the airways inflamed and mucousy making it harder to breath.
- The early symptoms of bronchiolitis are similar to those of a common cold, such as a runny nose and a cough.
- 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 NHS care if their child become breathless – the most common symptom of severe RSV.
- Most cases of bronchiolitis are not serious, but you should contact your GP or call NHS 111 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 38C 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.
- Good respiratory and hand hygiene can reduce the spread of these infections. Parents are advised to carry tissues and use them to catch coughs or sneezes, bin the used tissues as soon as possible and wash your hands with soap and warm water to kill the germs.
- Children with flu or bronchiolitis symptoms should stay home and reduce contacts where possible.
- 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, bronchiolitis can be

more severe. NHS 111 or your GP can offer advice if any parent has 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.

Information for parents

- <https://www.nhs.uk/conditions/bronchiolitis/>

Key messages for LAs and health visitors

Prevention in primary care and community services.

- Transmission can be reduced through standard infection control practices: such as respiratory hygiene, hand washing with soap and warm water, and cleaning of surfaces.
- Ideally, people with colds should avoid close contact with newborn babies, infants born prematurely (before 37 weeks), children under 2 born with heart or lung conditions, and those with weakened immune systems.
- Smoking around young children is also a risk factor for severe RSV infection.
- Sustaining broader support for families in the community needs to be a priority if RSV and broader harms are to be prevented, identified and mitigated.
- Community-based support can remind parents / signpost to information and support.
- We advise that professionals supporting children and families should not be redeployed and should be supported to continue to provide services.
- There should be agreement with the Local Authority commissioner where specific, specialist nurse skills and experience may be required.
- Where these public health and specialist nurses have specific skills and experience that is required locally individual discussions should take place, and if these individuals are redeployed this should be for shortest possible time.

Information for professionals

- <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment>
- <https://www.gov.uk/government/collections/respiratory-syncytial-virus-rsv-guidance-data-and-analysis>
- https://what0-18.nhs.uk/application/files/2615/1024/6437/CS45385_NHS_Bronchiolitis_Pathway_Primary_and_Community_Care_Nov_17.pdf

Suggested activity

- Use or adapt the supplied copy and digital assets on your own social media channels including Twitter, Facebook and Instagram.
- Work with local media to highlight the issue of RSV, with a focus on communicating the symptoms and key actions to parents in your areas.
- Display information about RSV, influenza and bronchiolitis on your intranet / website for staff and the public.

- Run an internal communications campaign on respiratory illnesses in young children – using splash screens, screensavers, weekly staff bulletins and departmental briefings to raise awareness.
- Direct email messaging to Early Pregnancy Assessment Clinics, health visitors and paediatric maternity and midwifery teams to support conversations around symptoms with parents, especially those of premature children.
- Share this toolkit with any local partners/stakeholders.
- Promote this [link](#) to help parents and the public understand the signs and symptoms of respiratory illness.
- Promote this [link](#) as a guide for clinicians and healthcare workers to learn more about RSV.
- Display posters and leaflets on hand and respiratory hygiene, and children and respiratory illnesses in waiting rooms, clinics, maternity units and EPAC clinics.

Suggested copy

Short form

We're seeing an increase in severe respiratory illness in children as restrictions ease and people mix more, with cases higher than usual for this time of year and further increases expected over the winter months.

Symptoms of severe respiratory infection in children, include a high temperature of 37.8°C or above (fever), a dry and persistent cough, difficulty feeding, rapid or noisy breathing (wheezing).

Most cases of respiratory illness are not serious and clear up within 2 to 3 weeks, but parents should contact their GP or call NHS 111 if:

- Their child struggles to breath.
- Their 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.
- The child has a persistent high temperature of 37.8C or above.

Some children under 2, especially those born prematurely or with a heart condition, can suffer more serious consequences from these common respiratory infections.

Find out more about the symptoms and what to do [here](#).

Long form

We're seeing an increase in severe respiratory illness in children as restrictions ease and people mix more, with cases higher than usual for this time of year and further increases expected over winter months.

Parents are encouraged to look out for symptoms of severe respiratory infection in at-risk children, including a high temperature of 37.8°C or above (fever), a dry and persistent cough, difficulty feeding, rapid or noisy breathing (wheezing).

While respiratory infections are common in children, last winter saw much fewer infections in younger people due to COVID-19 restrictions. This means that many will not have developed immunity and may be at higher risk of severe illness. We may also see more cases than in a typical season.

For the majority of children, these illnesses will not be serious and they will soon recover following rest and plenty of fluids.

Most cases of bronchiolitis are not serious and clear up within 2 to 3 weeks, but parents should contact their GP or call NHS 111 if:

- Their child struggles to breathe.
- Their 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.
- The child has a persistent high temperature of 37.8C or above.

Some children under 2, especially those born prematurely or with a heart condition, can suffer more serious consequences from these common respiratory infections.

Find out more about the symptoms and what to do [here](#).

Suggested social media posts

The copy below should be used in combination with the images highlighted further down this toolkit. Ideally these images should all be used together as a carousel as they contain different key messages.

- RSV is a common virus causing colds and coughs but can be more severe in some children. Right now cases are higher than usual for this time of year as COVID-19 restrictions ease and children mix more. Find out more about the symptoms and what to do if you're concerned here <https://bit.ly/3wPHiPb>
- We're seeing more children with respiratory illness for this time of year. Good hygiene can reduce the spread of these infections: carry tissues to catch coughs or sneezes and wash your hands with soap and warm water. Find out more about the symptoms here <https://bit.ly/3wPHiPb>
- Cases of respiratory illness in children are higher than usual for this time of year. If your child becomes breathless or has difficulty breathing, contact NHS

111 or your GP immediately. Find out more about the symptoms here <https://bit.ly/3wPHiPb>

- If your child is breathless, has a persistent high temperature or isn't feeding properly, contact NHS 111 or your GP as it could be a sign of severe respiratory illness. Find out more about this common virus and what to do if you're concerned here <https://bit.ly/3wPHiPb>
- Most cases of respiratory illness in children aren't serious and clear up within 2-3 weeks, but the symptoms can be worrying. For some infants & babies, like those born prematurely or with a heart condition, it can be more severe. If concerned call NHS 111 or your GP

Q&A

How many cases are expected this year?

In England between 2007 and 2012, there were an estimated annual average of around 33,500 hospitalisations attributed to RSV in children aged under age 5 and on average.

Cases and hospitalisations RSV infections may exceed those seen in previous years by between 20-50%.

How many deaths are there from RSV?

RSV causes 25 deaths in children each 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. NHS 111 or your GP can offer advice if any parent has 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 seen 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 do you discern the difference in symptoms between COVID and RSV/flu?

The early symptoms of respiratory infections like bronchiolitis are similar to those of a common cold, such as a runny nose and a cough.

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 NHS care if their child become breathless – the most common symptom of severe RSV.

Most cases of bronchiolitis are not serious, but you should contact your GP or call NHS 111 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 38C 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.

If your child has any of the COVID-19 symptoms – a high temperature, a new, continuous cough or a loss or change to sense of smell or taste – then you should book them a test.

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 illness.

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

PHE is working with NHS England to raise awareness about the increased spread of common viruses like RSV that could pose a bigger threat over the coming months.

What causes bronchiolitis?

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

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.

Treating bronchiolitis

There's no medication to kill the virus that causes bronchiolitis, but the infection usually clears up within 2 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.

About 2 to 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.

Preventing bronchiolitis

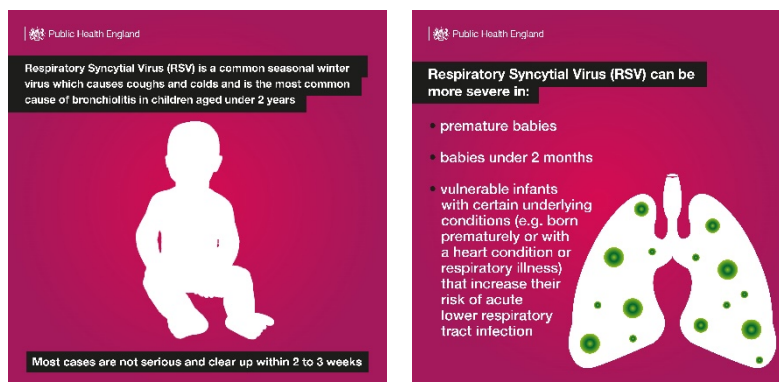
It's very difficult to prevent bronchiolitis, but there are steps you can take to reduce your child's risk of catching it and help prevent the virus spreading.

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.

Images



Please see accompanying ZIP file for further images.

Useful resources

Advice for NHS organisations and clinicians

A RSV vaccination programme for at risk infants takes place every year.

This year, due to this potential increase in paediatric respiratory viral infections, the vaccination programme has been brought forward to start earlier than in previous seasons following surveillance signals from PHE systems and the eligibility criteria for vaccination has been extended.

Palivizumab will be offered to reduce the risk of hospitalisation to children whose underlying and complex health needs put them at the highest risk from RSV, including premature babies and children with respiratory illnesses and heart conditions.

Seven doses can now be offered to at-risk children instead of the five doses previously recommended, following advice from the Joint Committee on Vaccination and Immunisation (JCVI).

A [CAS Alert](#) has been published by the MHRA, to support the actions required by the relevant clinical teams.

While clinics are advised to start early for the 2021-2022 RSV season, the numbers of positive swabs, hospitalisations and ICU admissions will be closely monitored, and the immunisations may be recommended to be paused before the end of the normal season if the level of disease drops.

Please continue to follow:

- the Royal College of Paediatrics and Child Health guidance on the management of children with bronchiolitis and lower respiratory tract infections <https://www.rcpch.ac.uk/resources/national-guidance-management-children-bronchiolitis-during-covid-19>
- NICE guidance on bronchiolitis in children <https://www.nice.org.uk/guidance/ng9>

Further information on RSV can also be found on the Public Health England Website <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-symptoms-transmission-prevention-treatment>.

We will continue to work with Public Health England, the Royal Colleges and other bodies and will keep you updated if/as the situation develops.

Annex A

PHE press release – embargoed until 00.01 Friday 23 July 2021

Health chiefs issue warning as childhood respiratory infections rise ahead of winter

- Respiratory infections in young children have begun to rise out-of-season, following low infection levels in response to COVID-19 restrictions and good infection control measures that have been in place.
- Parents are being encouraged to look out for symptoms of severe infection in at-risk children, including a high temperature of 37.8°C or above (fever), a dry and persistent cough, difficulty feeding, rapid or noisy breathing (wheezing).
- The NHS is preparing for a rise in children needing treatment.
- Through the Respiratory DataMart surveillance system, positivity of samples tested for RSV has increased over the last 5 consecutive weeks and now stands at 8.9%.

Health chiefs in England are encouraging parents to be aware of the signs of respiratory illnesses in young children, as data from Public Health England (PHE) shows cases are starting to rise in parts of the country¹.

Respiratory illnesses, including colds and respiratory syncytial virus (RSV) are very common in young children and we see them every year.

Last winter, due to the various restrictions in place to reduce the spread of COVID-19, there were far fewer infections in younger people. This means many will not have developed immunity and so we may see more cases this year than in a typical season. For the majority of children, these illnesses will not be serious and they will soon recover following rest and plenty of fluids.

RSV is a very common virus and almost all children are infected with it by the time they are 2 years old. In older children and adults, RSV may cause a cough or cold.

However, some children under 2, especially those born prematurely or with a heart condition, can suffer more serious consequences from these common infections such as bronchiolitis, an inflammatory infection of the lower airways – which can make it hard to breathe.

The early symptoms of bronchiolitis are similar to those of a common cold but can develop over a few days into a high temperature of 37.8°C or above (fever), a dry and persistent cough, difficulty feeding, rapid or noisy breathing (wheezing).

Most cases of bronchiolitis are not serious and clear up within 2 to 3 weeks, but you should contact your GP or call NHS 111 if:

¹ Link to latest surveillance data

- You are 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 37.8C 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.

While still at low numbers, respiratory infections in young children are expected to rise this summer and as we go into the winter months.

Health Minister, Lord Bethell said:

"I remember the long nights in hospital when my 8-week old daughter fought off RSV. The image of her tiny body plugged into those machines and gasping for air will not leave me. I would not wish those moments for anyone.

"I urge all parents and carers to be alert to the signs of RSV, particularly amongst young children. It's a nasty bug, so watch out for it."

Dr Yvonne Doyle, Medical Director at Public Health England, said:

"This winter, we expect levels of common seasonal illnesses such as cold and flu to increase as people mix more and given that fewer people will have built up natural immunity during the pandemic.

"Children under 2 are at a particular risk of severe infections from common seasonal illnesses. If a child under two is suffering from a cold, keep a close eye on their symptoms and make sure to contact your doctor if they get a high temperature, become breathless or have difficulty feeding.

"It's important that we carry on with good hygiene habits that we've become used to during the pandemic, in order to protect ourselves and those around us. 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."

Ruth May, Chief Nursing Officer for England, said: *"For most children these illnesses won't be serious and they will soon bounce back but if you do need medical help for your child, especially if they are under two, please do come forward for the care you need.*

"The NHS has detailed plans in place for a wide range of scenarios ahead of winter and will continue to adapt them as needed, in line with the guidance from Public Health England."

NHS England began planning for the potential rise in paediatric respiratory infections in April 2021, with paediatric units bringing forward their usual winter planning, escalation and emergency processes which will support an increased capacity in terms of beds, workforce and ward supplies.

As part of NHS preparedness and in response to summer case detections by PHE surveillance, the offer of the preventative medicine palivizumab has been brought forward from the usual October start date and the number of doses has been extended from 5 to 7. It will also be offered to a wider group of young children who are at risk of complications from RSV, reducing the risk of hospitalisation in those most vulnerable.

As part of NHS preparedness and in response to summer case detections by PHE surveillance, the offer of the preventative medicine palivizumab has been brought forward from the usual October start date and the number of doses has been extended from 5 to 7. It will also be offered to young children who are at the highest risk of complications from RSV, reducing the risk of hospitalisation in those most vulnerable.

This follows advice from the Joint Committee on Vaccination and Immunisation (JCVI).

PHE has also extended its surveillance system to ensure early signals of respiratory illnesses are being reported from a sample of NHS trusts. This usually ends in May and resumes in October, but will now continue into the summer months.

Notes to editors:

- Palivizumab is an injection of ready-made antibodies to help the body fight off RSV infection. It is given to high-risk premature babies, and other high-risk under 2s, such as some with serious heart or lung conditions or immune disorders.
- Respiratory DataMart is a sentinel laboratory surveillance tool, monitoring samples tested from 16 laboratories in England.
- For further information on Bronchiolitis visit [Bronchiolitis - NHS \(www.nhs.uk\)](https://www.nhs.uk/conditions/bronchiolitis/)