



FACT SHEET

BRONCHIOLITIS

Pennsylvania Chapter

What is bronchiolitis?

Bronchiolitis is a condition of infants and toddlers sometimes characterized by rapid breathing, deep cough and loud wheezing, often accompanied by fever. Typically, bronchiolitis is preceded by 3 to 5 days of symptoms of a cold. In some cases, babies can cough for weeks after their first symptoms. The usual length of illness is 10-14 days.

The symptoms of bronchiolitis are due to inflammation of the air tubes in the chest. The inflammation is caused by a virus infection to which the body responds with swelling of the smaller air tubes of the lungs called bronchioles. The common virus that usually causes bronchiolitis is Respiratory Syncytial Virus (RSV). Other respiratory viruses can cause bronchiolitis too.

About half the infants and toddlers who get bronchiolitis continue to get episodes of wheezing when they catch colds, but in most cases, the wheezing problem goes away by the time they are 3 years of age.

How is bronchiolitis spread?

It is spread by direct or close contact with infected children. The prominent cough sprays infected droplets onto hands and surfaces and into the air, spreading the virus. The virus may persist on environmental surfaces for several hours and for one half hour or more on the hands.

Bronchiolitis follows the patterns of spread of viral respiratory infections -- peaking annually in the late fall and winter (January and February) each year. Spread of the virus among household and child care contacts is common. Adults and older children may have RSV when they have a common cold or laryngitis.

How long are people with bronchiolitis contagious?

The period of viral shedding is usually 3 to 8 days; but may be longer in young infants in whom shedding could continue for as long as 3 to 4 weeks.

What can parents and child care providers do?

- Obtain written instructions from health providers about any special care a child will require on returning to child care after an episode of bronchiolitis.
- Ensure close communication between parents and staff after the child returns about any continued treatment plan.
- Keep a record of the child's illnesses in the child's health record at the child care facility. Not every illness will require medical care, but the log of illnesses can inform the health professional about the child's need for more care between episodes.
- Keep the child's head elevated for sleeping. An easy way to elevate the child's head is to raise the head end of the child's cot or crib with phone book under legs or edge of the head end of the rest equipment.
- Give ill children lots of clear liquids to drink.
- Wash your hands carefully, especially after contact with respiratory secretions.
- Ventilate the environment daily.

- Clean and sanitize surfaces in the environment used by children and adults in the program daily during peak period of respiratory disease and at other times, according to the routine schedule in *Caring for Our Children, the National Health and Safety Performance Standards for Out-of-Home Child Care*.

When must children with bronchiolitis be excluded from a child care facility?

Young children with viral bronchiolitis who are unable to participate in the child care activities, those having too much difficulty breathing and feeding for caregivers to give them attention without neglecting the other children, those unable to take in usual amounts of fluids, and those acting sick and irritable should be excluded until they require a level of care that can be given to them by their child care providers.

Reference: American Academy of Pediatrics and American Public Health Association, *Caring for Our Children, the National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care* 2nd edition, 2002. (On the Internet at www.nrc.uchsc.edu)

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