

colds, flu and... RSV?

November “officially” kicks off RSV season. Be prepared.

Parents are generally familiar with cold and flu season, but they may not have heard of respiratory syncytial virus (RSV)—something that also makes an appearance in the fall and winter months. RSV is a very common upper respiratory virus that all babies contract by their second birthday. But, it can be more serious for premature babies or those with other risk factors, so it is important for moms and dads to be aware of it.

sometimes a cold is more than just a cold

RSV often mimics the common cold, so parents might not even realize their child has the virus. It is, however, the leading cause of hospitalization of infants under the age of one and is responsible for one in every 13 visits to a pediatrician and one in every 38 emergency room visits for children up to the age of five. So, for some children it can develop into something more severe.

preemies and others most at risk

All babies are at risk for contracting RSV, particularly within the first six months of life. Preemies (babies born earlier than 36 weeks gestational age), though, are particularly vulnerable for a more serious case of RSV because their early arrival interrupts their development time in the mother’s womb. Their lungs are not always fully mature, and they often miss important antibodies needed to fight off infections.

Babies with lung disease, heart disease or immune deficiencies can also develop severe lower respiratory tract infections, including bronchiolitis or pneumonia, as a result of RSV, so they should also be monitored more closely.

Low birth weight (being born weighing less than five and a half pounds), contact with other children at day care or through school-age siblings, a family history of asthma, and exposure to tobacco smoke are additional risk factors for developing severe RSV.

signs, seasons and safety

Common RSV symptoms can range from a runny nose and fever to a severe cough, persistent wheezing, or difficulty breathing. Call your child’s pediatrician or seek other medical attention if your child develops serious symptoms, such as apnea (if the baby stops breathing for more than 10 seconds), turns blue, or is breathing so rapidly that you can’t feed him or her.

RSV recurs seasonally in the United States. Outbreaks are generally most widespread from the late fall through the early spring months. This varies widely from year to year and by geography, however, so it is best to speak with your child’s healthcare provider regarding when the RSV season occurs in your community.

There are certain precautions you can take to try to minimize

your child’s exposure to RSV. Keep other children and adults who have coughs and colds, or who are sneezing, away from your baby and ask people to wash their hands or use antibacterial gels if they do touch your baby. You can also help prevent the spread of RSV by frequently washing your baby’s bedding, toys and personal items because RSV can live in tissues and on surfaces for hours.

Most importantly, you know your baby best, so trust your instincts and take the necessary steps to keep your family healthy.

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at-home treatment

RSV is a viral infection and thus cannot be treated with antibiotics. According to the American Academy of Pediatrics (AAP), a vaccine is being developed, although it will be several years before it is available for human trials.

For otherwise healthy children who don’t develop complications with RSV, the AAP provides the following guidelines to ease symptoms:

- Give plenty of fluids
- Use a cool-mist vaporizer during the winter months to keep the air moist (Be sure to clean the vaporizer regularly)
- Have your child blow his or her nose frequently (or use a nasal aspirator for infants)
- Give non-aspirin pain reliever, such as acetaminophen.

when to call the doctor

The AAP advises contacting your child’s pediatrician or seek immediate medical assistance if your infant or child has any of the following symptoms:

- Great difficulty or fast breathing
- Excessive wheezing
- Gray or blue skin color
- High fever
- Thick nasal discharge that is yellow, green, or gray
- Worsening cough
- Extreme tiredness (especially during normally active times)