

UNDERSTANDING Respiratory Syncytial Virus

RSV



What is RSV?

Respiratory syncytial [sin-SISH-uhl] **virus** (RSV) is a viral infection that affects the breathing passages such as the nose and lungs.

RSV is spread from person to person. When people with RSV sneeze or cough, they release droplets containing the virus into the air. If another person comes in contact with the droplets, he or she can become infected with RSV.

How common is RSV?

Almost all children are infected with RSV before their second birthday. In the United States, most RSV infections occur between November and April.

What are the symptoms of RSV?

In healthy babies older than 6 months, the symptoms of RSV are similar to the common cold. They may include the following:

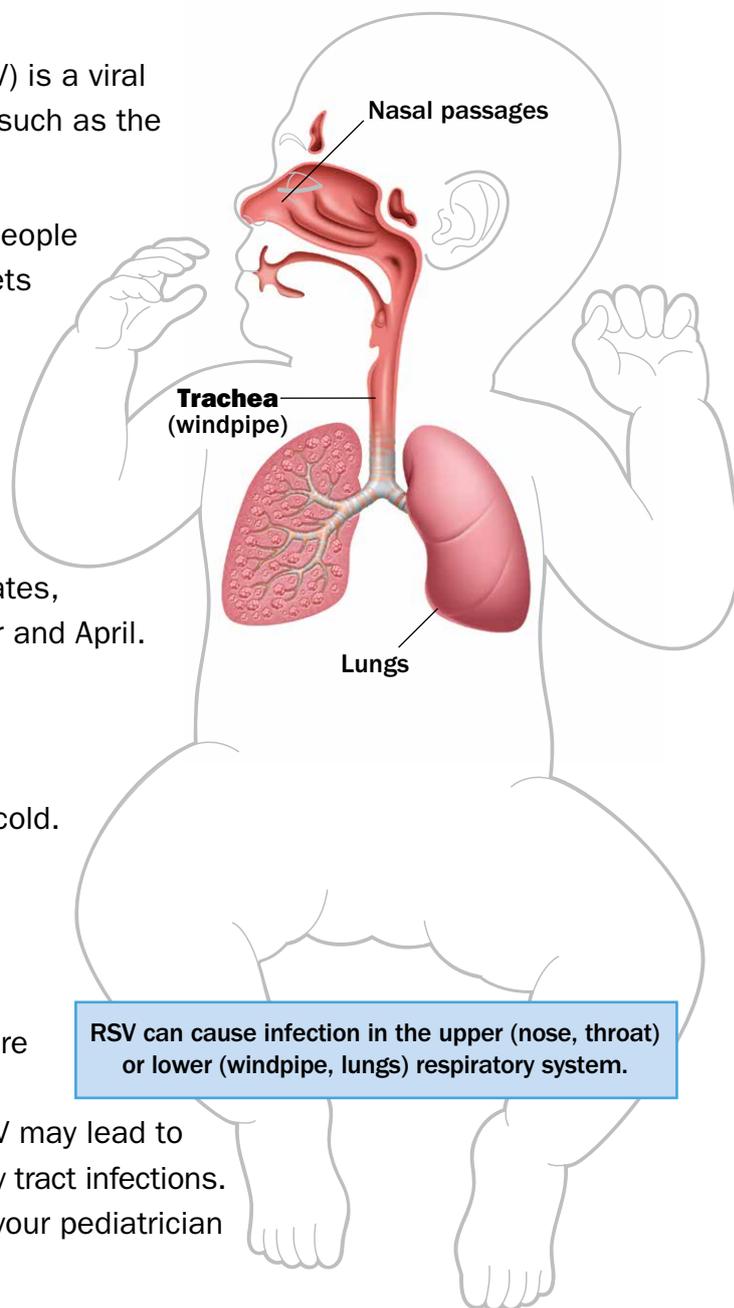
- Congestion
- Sore throat
- Runny nose
- Dry cough

In babies less than 6 months of age, premature babies, and babies with heart problems, lung problems, or weakened immune systems, RSV may lead to more severe diseases such as lower respiratory tract infections. If your baby has any of these symptoms, call your pediatrician right away:

- High fever
- Difficulty breathing or rapid breathing
- Severe cough
- Irritability or fussiness
- Brief stops in breathing (**apnea**)
- Decreased activity
- Wheezing
- Limited interest in eating

How serious is RSV?

Healthy babies more than 6 months old with RSV usually get better on their own in a week or two. In other babies, RSV can lead to more serious health problems.



Treating Respiratory Syncytial Virus

What are the complications of RSV?

In some babies, RSV can lead to **bronchiolitis** or **pneumonia**. These complications can result in hospitalisation.

Can RSV be prevented?

There is a prescription medicine that can help prevent RSV in babies at high risk for RSV. The medicine is given by injection once per month during RSV season. Your baby may be eligible to receive the medicine depending on gestational age at birth, age at the beginning of RSV season, or the presence of problems with the lungs or heart.

How is RSV diagnosed?

A diagnosis of RSV is usually necessary only if the baby has severe symptoms. In that case, doctors may use a **nasal** swab or nasal wash to collect a sample that can be checked for the virus. Doctors may also measure the level of oxygen in the bloodstream, order blood tests, or perform a chest X-ray to look for pneumonia.

What treatment will my baby receive?

Babies with mild symptoms can be treated at home with fluids, rest, and medicines to reduce fever. Babies with more severe symptoms may need hospital care. Treatment there may include:

- **Intravenous** (IV) fluids
- Medicines called **bronchodilators** to help with breathing
- Extra oxygen – usually given through a nasal tube or a mask
- **Mechanical ventilation**

Antibiotics do not work against viruses like RSV. However, these medicines may be used if a baby develops a bacterial infection, for example, an ear infection or bacterial pneumonia.

What will happen next?

Most babies respond well to treatment for RSV. Each baby is different. Talk to your baby's health care team. They can answer any questions you have about your baby.

Glossary

Antibiotics – medicines that fight infections caused by bacteria

Apnea – a brief stop in breathing

Bronchiolitis – inflammation of the small airways entering the lungs

Bronchodilators – medicines that open the airways to the lungs

Intravenous – through a vein

Mechanical ventilator – a machine that helps your baby breathe by moving air in and out of the lungs

Nasal – relating to the nose

Nebulizer – machine delivering medicines as fine mist that is inhaled (breathed in)

Pneumonia – infection of the lungs

Respiratory syncytial virus (RSV) – a viral infection that affects the breathing passages such as the nose and lungs

Retraction – using chest muscles in order to breathe in, which causes the skin to suck in around the bones

Trachea – windpipe

Ask the health care team when you have questions—they are there to help.

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