



St. Vincent Physician Network

All About RSV (Respiratory Syncytial Virus)

from www.kidsgrowth.com

What is RSV?

RSV stands for respiratory syncytial virus, the most frequent cause of serious respiratory tract infections in infants and children younger than 4 years of age. This is such a common virus that virtually all children have been infected by RSV by the age of 3. In most young children, it results in a mild respiratory infection that is not distinguishable from a common cold.

When does RSV occur?

RSV occurs throughout the year and is most prevalent during the winter months.

What are the symptoms of RSV?

RSV causes nasal stuffiness and discharge, cough, and sometimes ear infections. It is usually self-limiting and does not require hospitalization or specific treatment, even in the majority of those who also have lower respiratory tract involvement. These children may have a low-grade fever for several days, respiratory symptoms that may last for 2 weeks, and a cough that sometimes persists beyond 2 weeks.

Can RSV be serious?

Yes. An infant or young child who is experiencing his or her first RSV infection may develop a severe infection in the lower respiratory tract that is best managed in the hospital. Approximately 90,000 children are hospitalized with these infections each year. Most commonly, the ones requiring hospitalization are newborns and infants and those who have other complicating or underlying conditions, such as congenital heart, lung disease or prematurity.

How do I know if my child has a serious RSV infection?

A child who develops signs of more stressful breathing, deeper and more frequent coughing, and who generally acts sicker by appearing tired, less playful, and less interested in food may have developed a more serious RSV infection. Only your doctor can tell for sure.

When should I call the doctor?

As in any case of illness, you should call your pediatrician whenever you are worried about your child. He or she can best decide with you whether the symptoms and behavior you describe suggests that your baby should be seen. In general, pediatricians prefer to examine ill infants in person, as severity may be impossible to determine over the phone. Certainly, if the respiratory symptoms appear to interfere with your baby's ability to sleep or drink, or if the baby appears to have difficult or rapid breathing, you should call your pediatrician. If your child is younger than 1 year of age and has an underlying disease such as heart disease or lung disease, or was premature, with lung disease developing after birth, you should let your physician know whenever the baby develops a respiratory infection.

If my child should get an RSV infection, how is it treated?

In the great majority of cases RSV infection is self-limiting and requires no specific therapy. If your child has a fever, your pediatrician may prescribe some medication to control it. If he or she develops an ear infection associated with RSV, antibiotics may be prescribed. Most children exhibiting the respiratory symptoms commonly associated with RSV (such as a stuffy nose and cough) require no treatment.

If, however, your child has more severe symptoms of RSV infection and needs hospitalization, then specific antiviral treatment with ribavirin may be administered. Whether your physician decides to use this drug, which is administered in a mist form, will depend on the severity of the illness, any associated diseases or conditions, and several other factors.

Where does RSV come from, and how can I prevent my child from being infected?

Children and adults of all ages can become infected. The infection in older children and adults may be very mild, usually causing cold-like symptoms. A person becomes infected by coming in close contact with another infected person or with the secretions from an infected person. An infant usually acquires the infection from close contact with an older family member who may have only mild, cold-like symptoms.

As noted earlier, RSV occurs throughout the year, but because it occurs in wide-scale, sudden outbreaks, and is so prevalent in the winter months, it is not feasible or advisable to attempt to prevent the normal child's exposure to RSV infection. When a family member is infected, extra precautions may be taken by washing hands often and preventing the spread of infectious secretions on tissues and objects.

Can my child get RSV again?

Although a child can get a second RSV infection, it is very likely that the symptoms will be much milder than the first time.

Will RSV weaken my child's lungs and make him or her more susceptible to pneumonia in the future? Most children recover completely and will handle their next respiratory infection with no more difficulty than the average child. A few children, however, appear to be more susceptible to subsequent respiratory problems. Susceptibility may relate, however, to some other underlying medical condition or allergy.

Information courtesy of ICN Pharmaceuticals