

# RSV

## When It's More Than Just a Cold

**It looks and sounds like a cold,** but respiratory syncytial virus (RSV) can become something more. What's the difference? What should you do about it? And when should you take your child to a pediatrician?

By Tracy A. Mozingo

**E**ighteen-month-old Janie woke up with a fever, stuffy nose, and some crankiness. She was coughing, and her breathing seemed to be a little labored. Great — another cold, her mom thought.

But is it a cold, or could it be respiratory syncytial virus (RSV)?

If your child is otherwise healthy, like Janie, then RSV may only produce the symptoms of the common cold. Wheezing and grunting with each breath or fast breathing may also occur.

### When It's More of a Concern

But if a premature infant, a young infant, or a child with a health condition that affects the lungs, heart, or immune system comes down with RSV, then the impact can be much greater. Those at high risk could develop bronchiolitis or pneumonia. In fact, RSV is the leading cause of infant hospitalizations for bronchiolitis in the United States, according to Henry Bernstein, D.O., FAAP, Chief, General Academic Pediatrics at Children's Hospital at Dartmouth and Professor of Pediatrics at Dartmouth Medical School.

"An infant's chest wall is not very stiff because it is not well-developed," says John Bradley, M.D., FAAP, Director, Division of Infectious Diseases, Children's Hospital San Diego. "An older child has a better-developed chest wall and can cough up the mucus caused by RSV. But a baby can't do this, so they are more likely to have plugged airways and a greater risk of further inflammation. That is why RSV is such a concern for the very young."

Like most other common colds, RSV is highly contagious and most often occurs in fall and winter (roughly November through April). It can spread directly from person to person, or indirectly when someone touches any object infected with the virus, such as toys, countertops, doorknobs, or pens. Children under the age of 2 are most frequently affected by the very serious symptoms of RSV.

### Prevent the Spread

The best defense against RSV is to teach and encourage good handwashing habits to your





# When to Call the Doctor

Children may need treatment if they show 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 times they are normally active)

children. In fact, this is the most effective way to avoid infection. Also, try to steer clear of anyone who has obvious symptoms of a cold as much as you can.

Because RSV is so infectious, it spreads easily and quickly at shopping malls, child care centers, and schools. Many times, younger children are infected because an older child brings the virus home. If one child comes down with the virus, it is best to separate the child who has symptoms from others until the symptoms subside.

If at all possible, parents of premature or very young infants and parents of children with a health condition that affects the lungs, heart, or immune system should keep their children away from child care centers during the peak of RSV season.

“Those with RSV can shed the virus for as long as a week,” says Dr. Bernstein, a member of the American Academy of Pediatrics (AAP) Committee on Infectious Diseases. “That makes it necessary to keep the infected separated from those who have no symptoms for quite some time.”

Also, steer clear of tobacco smoke. “Avoiding smoking is key,” Dr. Bernstein emphasizes. “Parents who smoke are more likely to acquire viral respiratory infections and then pass them on to their children.”

## Diagnosis and Treatment

If a child is otherwise healthy, there is really no need to obtain a formal RSV diagnosis. The condition will generally run its course without specific medical treatment. If your child is at higher risk as a premature infant or because of other medical conditions, then a doctor can diagnose RSV by taking a swab of nasal fluids.

Doctors can also decide which young or premature infants might benefit from RSV antibodies during the peak season. This would likely be

children who have heavy scarring of the lungs because they were on a respirator at birth. The antibodies help reduce the likelihood of the child developing pneumonia and can therefore prevent a hospital stay. “These injections are technically engineered, very expensive, and not for every child. But they can make at-risk babies far less sick than they would be otherwise,” says Dr. Bradley, who is also a member of AAP’s Committee on Infectious Diseases.

Because RSV is a virus rather than a bacterial infection, it cannot be treated with antibiotics, and there is no vaccine available yet. “A vaccine is in the laboratory stage, but we probably won’t see anything in human trials for the next couple of years,” Dr. Bradley explains. “And because even natural infection with the virus does not provide perfect immunity from getting RSV again, a vaccine will most likely not provide perfect immunity either.”

So what’s a parent to do with a child suffering from RSV? Here are some guidelines:

- 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.)
- Blow little noses frequently (or use a nasal aspirator for infants).
- Give non-aspirin pain reliever, such as acetaminophen. Aspirin should not be used because it has been linked to Reye syndrome, a disease that affects the brain and liver.

Knowing how to avoid spreading the virus can help keep your children healthy. And recognizing the symptoms that signal greater inflammation can prevent a trip to the hospital for those a higher risk. The good news is that the majority of children who come in contact with RSV will never know they had anything more than just a “bad cold.” ●