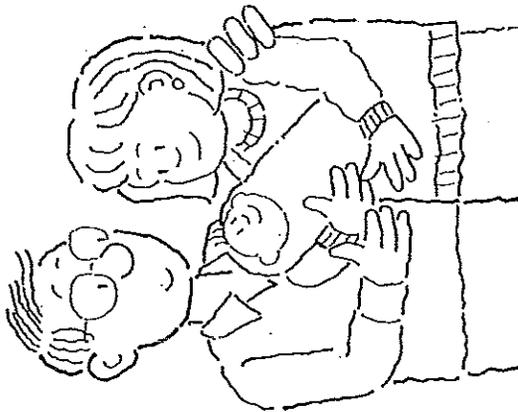


How is RSV infection treated?

Most minor cases of RSV infection disappear on their own within 5 to 7 days. However, if your baby is experiencing severe symptoms, your pediatrician may use a nasal secretion test to determine the cause of the infection. If your child needs to be hospitalized, your pediatrician will discuss the best management for your child.

Call your pediatrician right away if your infant shows any of the signs of serious RSV infection. Prompt treatment is especially important if your child is at high risk for developing serious RSV disease.



The American Academy of Pediatrics expresses its appreciation to all those who contributed to this brochure, including H. Cody Meistriner, MD, who served as principal medical reviewer, and the Committee on Infectious Diseases.

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.



The American Academy of Pediatrics is an organization of 57,000 primary care pediatricians, pediatric medical subspecialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults.

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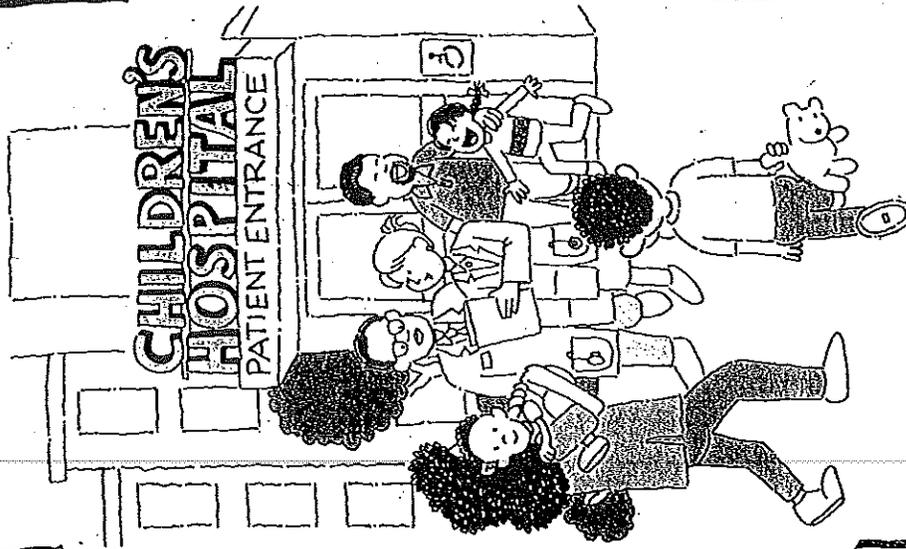


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Respiratory Syncytial Virus



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Respiratory Syncytial Virus

Respiratory syncytial virus (RSV) infects almost all children at least once before they are 2 years old. Most of the time this virus only causes minor coldlike symptoms. However, for some babies it can be more dangerous.

For premature babies, RSV can be very serious. Premature infants often have underdeveloped lungs and may not be strong enough to fight off RSV once they have been infected.

Each year, about 125,000 children are hospitalized in the United States with RSV disease, and approximately 500 of these children will die. In the first 2 years of life, RSV is the leading cause of pneumonia and bronchiolitis (a swelling of the small airways), and also can trigger other respiratory disorders such as asthma.

Who is at risk?

Infants born prematurely and term infants younger than 6 weeks are at increased risk for developing serious RSV disease. Children with medical conditions, such as chronic lung disease, serious heart problems, or problems with their immune systems that they were either born with or from treatments for cancer or organ transplants, also are at risk.

The following factors may place a child at higher risk for becoming infected with RSV:

- Living in crowded households (more than 4 people in the home)
- Other children living in the household (especially when 2 or more children share a bedroom)
- Attending a child care program
- Being born as one of multiple births (such as twins or triplets)

How is RSV spread?

Respiratory syncytial virus infection occurs most often from late fall to early spring. Most illness occurs usually between October and May, although there may be regional seasonal variations. It comes only from humans and is highly contagious. The virus can live for several hours on a surface such as a countertop, a table, a playpen, or unwashed hands. It is spread by direct or close physical contact, such as touching or kissing an infected person, or contact with a contaminated surface.

What are the symptoms of RSV?

For most children the symptoms of RSV resemble the common cold and include

- Runny nose
- Coughing
- Low-grade fever

However, signs of more serious infection may include

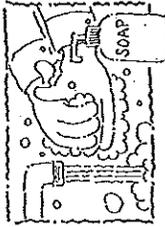
- Difficult or rapid breathing
- Wheezing
- Irritability and restlessness
- Poor appetite



How can I protect my child from RSV?

There are important steps you can take, especially in the first few months of your child's life, to prevent exposure to the virus, including

- Make sure everyone who touches your baby always washes his or her hands first.
- Keep your baby away from anyone who has a cold, fever, or runny nose, as well as from crowded areas like shopping malls.
- Keep your baby away from tobacco smoke. Parents should be especially careful not to expose their infants and young children to secondhand tobacco smoke, which increases the risk of severe viral respiratory infections.



If your infant is younger than 2 years and is at high risk, there are medications that your pediatrician may prescribe that could reduce the risk of developing serious RSV infection by about 50%. Two drugs used to prevent RSV are palivizumab and RSV immune globulin intravenous (RSV-IGIV).

- Palivizumab is preferred for most high-risk babies because it is easy to administer, and your child's pediatrician will not have to delay any vaccinations to use it.
- RSV-IGIV may provide protection against RSV as well as other respiratory viral illnesses. However, certain vaccinations must be delayed until 9 months after the last RSV-IGIV dose.