

WHAT YOU NEED TO KNOW ABOUT RSV

So you got flu shots for yourself and your children, and you think you are armed and ready to face the winter cold and flu season. Not so fast. What you've done is great, but there is still more you need to know, according to the experts at Baystate Children's Hospital.

The respiratory syncytial virus (RSV) is a highly contagious virus that can cause an infection of the upper (head) and lower (lungs) respiratory tracts. It can affect people of all ages. Minor infection may produce flu-like symptoms. Major infection can result in very serious illness with pneumonia or bronchiolitis (inflammation of the smaller respiratory tracts).

How do you get RSV?

RSV usually occurs from late fall to early spring, with epidemics common in the winter. The virus is spread from person to person through droplets produced when coughing or sneezing, or from contact with contaminated surfaces. RSV can live for hours on surfaces (such as counters, paper, door knobs, toys, etc.). You can pick up the virus if you touch a contaminated surface and rub your eyes, nose, or mouth.

The time between exposure to the virus and development of symptoms from the infection is usually four to six days. Infected people can transmit the virus for three to eight days; however, in young infants, the transmission period may be as long as three to four weeks.

Who is at risk?

Everyone is at risk for RSV infection. However, severe lower respiratory tract disease (lung infection) from the illness is more likely among:

- Infants and children under one year of age
 - 25 to 40% have signs and symptoms of bronchiolitis or pneumonia.
 - Hospitalization occurs in 1/2 to 2% of cases, the majority being under six months of age.
- The elderly
- People with underlying heart or lung disease
- People with weakened or immature immune systems

What are the symptoms?

- Fever
- Nasal drainage
- Cough and congestion
- Difficulty breathing or wheezing
- Irritability and poor feeding in infants

If you think you or your child may have RSV, call your doctor or pediatrician. The doctor can test fluid from the nose to check for RSV.

What is the treatment?

Since RSV is a virus, antibiotics are not effective. People with a severe infection are treated with fluids and oxygen. Removing secretions (mucus) from the nose may make breathing easier, especially for infants.

How can RSV be prevented?

Synagis is a medication that may be recommended for infants with immature or weakened immune systems from underlying heart or lung disease; it may help protect very high risk children from RSV or at least minimize the severity of the disease if they do become ill. It is only helpful in prevention of RSV, not in treating it once the child becomes ill.

Frequent hand washing is the most effective preventive measure. Instant hand sanitizers can be used when soap and water are not available. Other prevention methods include:

- Cough or sneeze into the crook of your elbow rather than into your hand.
- Teach your toddlers and young children to cough into the crook of their elbows.
- Properly dispose of soiled tissues used to clear nasal secretions.
- Clean toys with soap and water or disinfectant when shared by multiple children.
- Limit exposure to crowded areas, such as

malls, during periods of peak incidence.

- Avoid contact with people who are ill.

No one is immune to RSV; you can get RSV again. There is no vaccine to protect against RSV. Flu vaccines are not effective in preventing RSV; flu vaccine prevents flu only. However, it is important for all high-risk infants six months and older and their contacts to receive the flu vaccine and all other age-appropriate immunizations.

For more information about RSV, talk to your doctor or your child's pediatrician or visit the Centers for Disease Control and Prevention (CDC) website: cdc.gov/rsv/index.html. If you don't have a doctor, call Baystate Health Link at 1-800-377-4325 for a referral to a provider near you.

