

Q&A: What to know about RSV

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Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. Pediatricians across the country are seeing a significant increase in RSV in children. Lindsay Ragsdale, M.D., chief medical officer for Kentucky

Children's Hospital (KCH), answers some questions about RSV and what she and other providers are seeing in Kentucky.

What is RSV?

Ragsdale: RSV is a [respiratory virus](#) with cold-like symptoms. The most common symptoms are runny nose, feeling rundown with some fever and cough. Most [kids](#) can fight it off with their immune systems like they would a cold. Others could require hospitalization because their airways are smaller, or they have an underlying medical condition such as lung or heart issues or other problems where their immune system isn't as strong. Those who are hospitalized need more intensive interventions, such as frequent suctioning, [supplemental oxygen](#) or other respiratory support.

Why is there an increase in RSV this year?

Ragsdale: We think it's because during the pandemic, we were social distancing and masking, so the germs really didn't get spread around. Our hypothesis is that kids under 2 years of age have never been exposed to RSV, or were exposed rarely. And now they're all getting exposed at once. We started seeing RSV in May, which is unheard of—it is normally a January to March illness. So that seasonal winter spread is not happening. We're seeing it now more than ever.

What symptoms should parents and caregivers look for?

Ragsdale: When kids get congested, they don't really drink or eat very well, so it's important for them to stay hydrated. Parents can watch for enough wet diapers, or if their child is making tears when they cry. And the other thing to watch for is how much work it takes for the child to

breathe. If kids are using all their muscles to breathe, they're sucking in their bellies or their nostrils are flaring, those are signs that they are working hard to breathe.

Parents should call 911 if they see a blueish tint in their face, or if they're working hard to breathe or if they're not able to stay awake. And even if it's just mild, and [parents](#) may still want them checked, they can call their pediatrician or primary care provider. Urgent care or the emergency departments are available for more urgent needs.

Why are younger children at higher risk?

Ragsdale: Younger children have smaller airways and nasal passages. When a lot of secretions and snot is being made, it clogs up the places that they need to breathe. Kids can develop bronchiolitis, an inflammation in their lungs and that can make it harder for them to breathe. Both increase in secretions and inflammation of the lungs combined can make it very hard for babies and younger kids to breathe.

Will the kids who are hospitalized face any long-term health issues?

Ragsdale: RSV can inflame the lungs, so they can have some wheezing or some coughing the next time they get sick. We do see that sometimes in younger babies. Usually that goes away over time. It's not usually permanent damage to their lungs.

What are providers seeing at KCH right now?

Ragsdale: Capacity has been a major challenge for us. We expanded our beds multiple times and increased our capacity in our emergency rooms. Putting beds in hallway is not optimal, but it's a place that we can give

care to kids that need it. And we're continuing to expand. This a challenge that children's hospitals all over the country are facing, not just in Kentucky. We are working with our hospital leaders to make sure we have the beds and the staffing.

Week over week, the number of RSV cases has been significantly increasing. We have not yet reached our peak surge here in Kentucky. We see 20 to 30 RSV patients admitted to our hospital every day—that's a significant number compared to years past. We're trying to shift all our resources to take care of the kids in Kentucky.

What can we do to mitigate the spread?

Ragsdale: Because this is a cold virus, a lot of the same [preventative measures](#) are the same for any other virus, such as washing hands. That can be hard for kids sometimes because they are always touching things, but make sure they are washing their hands well can help prevent spread.

For younger babies, keep them away from people that are sick, even loved ones or [family members](#). Adults can get RSV and it's just like a cold for us. You might not know that you're positive for RSV because it feels like a cold, but if you're kissing, hugging or even just close to a small child, you can easily spread the virus. This is especially important with the holiday season approaching.

Is there any other information that parents, caregivers and the community should know?

Ragsdale: RSV is not a new virus. It's a known virus that's coming at an unusual time. Parents need to protect their kids, but they still need to go to school and do their activities. But they need to double down on making sure everyone in the family is washing their hands, covering

their sneezes and staying away from people who are sick.

We're worried about a big surge in flu cases. Please make sure everyone in the family gets a flu shot, as well as their COVID vaccine. We're still unsure what's going to happen this winter. At KCH, we are really looking at our capacity, and we're worried that there could be three big viruses all at once (RSV, influenza, COVID). What could that do for our capacity? We're making plans, but the community can really help us by trying to decrease the spread and by getting vaccinated, washing their hands, social distancing when possible and staying home and away from others when they're sick.

Provided by University of Kentucky

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