

Most infants with RSV-related critical illness born at term

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Most infants requiring intensive care for respiratory syncytial virus are

born at term, and do not have underlying medical conditions, according to a study published online Aug. 15 in *JAMA Network Open*.

Natasha Halasa, M.D., M.P.H., from Vanderbilt University Medical Center in Nashville, Tennessee, and colleagues examined the characteristics and outcomes of RSV-related critical illness in U.S. infants during peak 2022 RSV transmission in a cross-sectional study using a [public health](#) prospective surveillance registry from 39 pediatric hospitals. The first 15 to 20 consecutive eligible infants from each site were included for a target sample size of 600 infants (mean age, 2.6 months).

Of the infants, 28.9 percent were born prematurely and 81.2 percent had no underlying medical conditions. The researchers found that lower respiratory tract infection and apnea or bradycardia were the primary reasons for admission (99.0 and 12.8 percent, respectively). Invasive mechanical ventilation was received by 23.8 percent of infants.

For nonintubated infants, the highest level of respiratory support was high-flow nasal cannula, followed by bilevel positive airway pressure, and [continuous positive airway pressure](#) (40.5, 25.0, 8.7 percent, respectively). The risk for intubation was higher for infants younger than 3 months, those born prematurely, or those publicly insured. Overall, four and two infants received extracorporeal membrane oxygenation and died, respectively.

"This surveillance registry of infants with critical RSV illness highlights that RSV causes significant morbidity in previously healthy term infants as well as those born prematurely and those with underlying conditions," the authors write. "Thus, prevention strategies are needed for all [infants](#)."

Several authors disclosed ties to the pharmaceutical industry.

More information: Natasha Halasa et al, Infants Admitted to US Intensive Care Units for RSV Infection During the 2022 Seasonal Peak, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.28950](https://doi.org/10.1001/jamanetworkopen.2023.28950)

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