

RSV is getting a lot of news coverage but it is not a new virus. We see cases of RSV every fall/winter. This year we are seeing an early start to the RSV season. RSV outbreaks usually occur between October and April with a peak in December, January, or February. Virtually everyone will have been infected with RSV by the age of three years. It is common to be infected more than once, even in the same RSV season; however, after the first time, subsequent infections are typically milder.

RSV is a respiratory virus that causes the common cold in children and adults. In children under 2 years of age, however, it can also cause bronchiolitis (different from bronchitis). Bronchiolitis is a lower respiratory tract inflammation that occurs in some infants and toddlers and results in wheezing (a whistling sound heard as the child exhales). If it develops, the symptoms of bronchiolitis typically occur after one to three days of common cold symptoms; nasal congestion and discharge, fever, and/or cough. **Unfortunately there is no way to predict how the virus/symptoms will manifest in your child.**

It is important to **monitor your child's hydration status and comfort of breathing.** Your child should be voiding at least 3 times in a 24 hour period and their breathing should appear comfortable, not labored. Labored breathing looks as if they are exerting effort to get air into their lungs with each breath. Noisy breathing from nasal congestion is not necessarily a sign of breathing difficulty.

There is no medication to cure RSV and there is no routine vaccination to prevent it. Treatment is aimed at relieving symptoms. Fever is not uncommon with RSV infection and can be managed with ibuprofen (>6 month olds) and/or acetaminophen. Like with other viral illnesses, fever can fluctuate throughout the day, often rising later in the day and can last 3-5 days.

Humidification/ standing in a steamy bathroom can help to thin mucus making it easier for your child to cough and clear it. Cough medicines and decongestants have not been proven to be helpful. Because children under 8 years of age have difficulty coughing and spitting their mucus, excessive coughing may cause vomiting. While messy, this is

an effective way to clear some of their excess mucus and is not concerning unless there are concerns of dehydration.

Most children and infants recover at home within 2-5 days from the onset of symptoms. Although the cough and congestion may linger for a few weeks, your child's activity level, appetite and behavior should be close to normal.

Some children may require a visit to our office or to the ER/hospital.

Symptoms to watch for that indicate reasons to be seen by a physician are listed below. If your child has any of these symptoms they should be seen in our office or the nearest ER. About 3% of children with RSV bronchiolitis require hospitalization.

- retractions (sucking in of the skin around, above or below the ribs,
- nasal flaring (when the nostrils widen during breathing),
- grunting (a breathing noise that sounds like they are intentionally pushing air into their lungs)
- Breathing rapidly (60 to 80 times per minute)
- Fever (100.4 or greater) that lasts more than 72 hours (this alone can be seen in our office and does not require an ER visit)
- Difficulty drinking related to nasal congestion and rapid breathing, which can result in dehydration (<3 voids)

Respiratory syncytial virus (RSV) is transmitted (spread) through droplets that contain viral particles; these are exhaled into the air when an infected person breathes, talks, coughs, or sneezes. These droplets can be carried on the hands, where they survive and can spread infection for several hours.

The diagnosis of bronchiolitis is based upon a history and physical examination. Blood tests and X-rays are not necessary. Tests that can identify the virus are available but are not routinely done in our office as the result does not change how we manage the illness.

