

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 infection can be more dangerous.

For certain infants who are extremely preterm (infants born before 32 weeks of pregnancy) or who are born with severe heart disease or severe lung disease, RSV infection can be especially serious. Preterm infants often have underdeveloped lungs and may have difficulty fighting an RSV infection once they become infected.

Each year, about 60,000 children are hospitalized in the United States with RSV infection, 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 may be associated with wheezing.

Who is at risk?

Infants born prematurely and term infants younger than 6 weeks of age are at increased risk for developing serious RSV infection. Young children with medical conditions, such as chronic lung disease, serious heart conditions, or problems with their immune system, including problems due to cancer or organ transplants, also are at risk.

When and how is RSV spread?

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

What are the symptoms of RSV?

For most healthy 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 to prevent exposure to RSV and other viruses, especially in the first few months of your child's life. These precautions include

- Make sure everyone washes their hands before touching your baby.
- Keep your baby away from anyone who has a cold, fever, or runny nose.
- Keep your baby away from crowded areas like shopping malls.
- Keep your baby away from tobacco smoke. Parents should not expose their infants and young children to secondhand tobacco smoke, which increases the risk of and complications from severe viral respiratory infections.
- For high-risk infants, participation in child care should be restricted during RSV season whenever possible.
- All high-risk infants and their contacts should be immunized against influenza beginning at 6 months of age.

There is a medicine that your child's doctor may prescribe that could reduce the risk of developing serious RSV infection. It is used only for the small number of babies who are in the highest risk groups for hospitalization. The American Academy of Pediatrics has developed specific criteria for use of this medicine. You should consult with your child's doctor regarding specific details on who is at highest risk and which high-risk infants are most likely to benefit from receipt of this medicine.

How is RSV infection treated?

Most cases of RSV infection are mild and disappear on their own within 5 to 7 days. However, if your baby is experiencing severe respiratory 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 supportive treatment is especially important if your child is at high risk for developing serious RSV infection.

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.

From your doctor

American Academy
of Pediatrics



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