

## Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) is a viral infection that affects especially small and premature infants causing a great deal of breathing problems. Although the disease can occur throughout the year, it is most prominent during the winter months. In the Salt Lake area, year in and year out, it usually rages into the Valley with increasing frequency between December 5 and 15, afflicts increasing numbers of infants especially in January and February and then begins to wane by about mid-March.

RSV can infect children up to about five years old. Most older children don't become ill because their airways are larger in diameter and because they have already experienced the disease. Over 95% of five year olds have immunity, having previously had the disease. The reason prematures and younger children (usually less than two years) are affected so harshly is because of their small airways and relatively immature immune systems.

Usually RSV is a several week disease which goes through fairly typical stages. At first it acts like a cold with several days of increasing congestion and affects mainly the nose and upper airways. Then the secretions become thicker and much more tacky (likened to rubber cement). Concurrently the smaller airways become narrowed because of inside swelling and the child develops a very harsh cough and begins to breathe much faster. The increased breathing rate may approach 100-120 breaths per minute. With such a fast breathing rate, the child has difficulty being able to nurse or suck and is at risk of dehydration. The thickening secretions and narrowing of airways often results in the infant wheezing and plugging of their airways, often resulting in a need for oxygen administration and deep suctioning. This phase may last a week or more, and then follows approximately a week of diminishing symptoms.

Therapy that may require hospitalization includes oxygen support, deep suctioning, and IV fluid support.

RSV is not spread through breathing, but rather infected secretions that may be coughed into the air and then settle on surfaces which are then touched by either the infant or caregiver and transferred to the mouth or nose of the infant, hence the need for good hand care in disease prevention.