

RSV (Respiratory Syncytial Virus):



Symptoms: RSV is a virus that most of us get multiple times throughout our lives, and usually manifests as nothing more than a common cold. However, in infants (ages 0-12 months), and especially in neonates (0-28 days), RSV can cause difficulty breathing. Again, part of the reason infants fare worse than the rest of us, is due to the small size of their airways (this time in the lower respiratory tract, from the neck down to the lungs). RSV invades these small airways and causes inflammation. When small airways are inflamed, air coming out again makes a high-pitched sound, but since it is in the lower airways, it can only typically be heard with a stethoscope. Sometimes this inflammation makes a wheezing or high-pitched sound upon expiration, and other times it makes a crackly sound upon both inspiration and expiration. Usually, RSV lasts approximately 5-7 days, but symptoms tend to worsen on day 3 or 4, and then start to improve. For this reason, it is important to let your doctor know when symptoms first began. Accompanying symptoms include nasal congestion, and cough.

Treatment: Again, since we are talking about a virus, antibiotics are not useful in RSV. However, if a child is having difficulty breathing, an aerosolized form of epinephrine may help decrease airway inflammation. This treatment is provided in the emergency room.

When to schedule a visit: If you are concerned that your child is breathing rapidly or having difficulty drinking enough fluid to stay hydrated, you should be seen by your doctor. If your child seems to be having difficulty breathing (or is breathing more than 60 breaths a minute), you should go immediately to the emergency room.

A note on prevention:



The best way to prevent the spread of these viruses is to wash hands and to cover your mouth or nose with your elbow when coughing and sneezing. Despite these precautions, most of us and our children will weather a few viral infections over the next few months. Remember the importance of supportive measures such as keeping your child hydrated and treating the discomfort with either Tylenol or Ibuprofen (if your child is over six months of age). Fever, while an indicator of illness, is not an emergency (unless your child is under 2 months of age or immunocompromised) and does not in and of itself require a visit to the doctor or the emergency room. A fever is defined as 100.4 or above, and there is no temperature that by itself requires a visit to the emergency room. High fevers in children often correspond to relatively benign viral illnesses.

Finally, although we have few treatments to eradicate viruses themselves, we do have a vaccine to prevent one of the most common, and one that can cause significant health issues. That is influenza. We recommend that all children six months of age and older receive the flu vaccine. The injection is available to all children over six months of age. The first year a child receives the flu vaccine he or she will require two injections, spaced at least thirty days apart. Your child may receive these vaccines during a well visit, or during one of our flu clinics, the dates of which are on our website. If you have any questions about the vaccine, please do not hesitate to ask one of us. CDC.gov is also a very informative website.