

Is it a Cold, or Something Else? How to Help Protect Your Baby from a Common, Yet Potentially Serious, Virus

Parents gearing up for fall and winter need to know that sometimes seasonal sniffles mean more than just a cold. Respiratory Syncytial Virus (RSV), a common virus that usually causes cold-like symptoms in adults and older children, can have serious consequences for high-risk infants.

Most babies exposed are able to fight the virus off, but up to 125,000 infants go to the hospital each year in the United States because of RSV.^{i,ii,iii} RSV may also contribute to long-term problems like asthma^{iv}. In extreme cases, it can be life-threatening^v.

What can you do to help protect your child?

Like cold germs and flu viruses, RSV spreads easily through touching, kissing, sneezing and coughing, and can live for several hours on countertops and in used tissues. Even though RSV is transmitted easily, you can take a number of simple steps to minimize your child's exposure:

- Always wash your hands before touching your baby, and make sure others do too.
- Wash toys and bedding frequently.
- Shield your baby from tobacco smoke, people with colds and unnecessary exposure to crowds.
- Don't share personal items such as pacifiers, utensils, toothbrushes, or towels with other children.

"All the strategies for preventing RSV should already be familiar to parents who deal with ordinary coughs and colds," says Jon Roberts, M.D., a pediatric pulmonologist at Winthrop University Hospital in Mineola, New York. "Being diligent about these simple steps, especially washing hands, can be the best way to help protect your baby."

How can you tell if your baby has RSV?

"RSV usually causes symptoms that mimic a cold, like a runny nose or a low fever," Dr. Roberts says. "Parents can protect their children from potentially serious consequences by knowing the symptoms of RSV and the steps they can take to prevent infection."

Parents should be aware of the following symptoms of severe RSV disease and call the baby's healthcare provider if any develop:

- Persistent coughing or wheezing
- Rapid, difficult or gasping breaths
- Blue color of the lips, around the mouth or under the fingernails
- A temperature of more than 100.4 degrees Fahrenheit

What puts babies at risk for severe RSV disease?

Premature birth,^{vi} those born with lung or heart disease,^{vii} or low birth weight, can all increase your child's risk of severe RSV infection. Contact with other kids - either at daycare or in a home with older siblings^{viii}-can also increase risk for some premature infants. Tobacco smoke and other air pollutants can irritate your baby's lungs and make it harder to fight off the virus^{ix}.

Although the RSV season usually runs from fall to spring, there is significant variability based on geography. To best understand the length of the RSV season where you live, and steps you can take to avoid RSV, ask your baby's doctor. You can also learn more online at www.rsvprotection.com.

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ⁱ Shay DK, Holman RC, Newman RD, et al. Bronchiolitis-associated hospitalizations among US children, 1980-1996. *JAMA*. 1999;282:1440-1446.

ⁱⁱ McLaurin KK, Leader S. Growing impact of RSV hospitalizations among infants in the US, 1997-2002. *PAS*. 2005;57:[936].

ⁱⁱⁱ Leader S. Recent trends in severe respiratory syncytial virus (RSV) among US infants, 1997 to 2000. *J Prdiatr.* 2003;v.143:5:127-132.

^{iv} Sigurs N, Gustafsson PM, Bjarnason R, Lundberg F et al. Severe respiratory syncytial virus bronchiolitis in infancy and asthma and allergy at age 13. *Am J Respir Crit Care Med*. 2005; 171:137-141.

^v Shay DK, Holman RC, Roosevelt GE, Clarke MJ, Anderson LJ. Bronchiolitis-associated mortality and estimates of respiratory syncytial virus-associated deaths among US children, 1979-1997. *J Infect Dis*. 2001;18:115-122.

^{vi} Boyce TG, Mellen BG, Mitchel EF, et al. *J Pediatr*. 2000; 137:865-870.

^{vii} Carbonell-Estrany X, Quero J, and the IRIS Study Group. Hospitalization rates for respiratory syncytial virus infection in premature infants born during two consecutive seasons. *Pediatr Infect Dis J*. 2001; 20:874-879.

^{viii} Anderson LJ, Parker RA, Strikas RA, et al. *Pediatrics*. 1988;82:300-308.

^{ix} Law, BJ, Langlely, LM, Allen, U, et al. The Pediatric Investigators Collaborative Network on Infections in Canada Study of Predictors of Hospitalization for Respiratory Syncytial Virus Infection for Infants Born at 33 through 35 Completed Weeks of Gestation. *Pediatr Infect Dis J*. 2004; 23:806-14.