

GROWING UP

It's Not a Cold, It's RSV

By Dan Florell, Ph.D. & Praveena Salins, M.D.

A mom wakes up her one year old and detects she has a stuffy nose and her forehead feels hot. As the day goes on, the mom notices that her daughter seems to be crankier than usual and does not seem to be hungry. In addition, she is wheezing a bit as she breathes. The mom thinks that her daughter has developed a cold.

While many of the symptoms above sound like a cold, they are also the classic symptoms of respiratory syncytial virus or RSV. RSV is a highly contagious disease that is transmitted from person to person or from objects infected with the virus such as doorknobs, countertops, and toys. It causes infections of the breathing passages and lungs and is one of the main contributors for babies and toddlers in developing bronchiolitis.

RSV spreads most quickly in places where lots of children congregate such as schools and daycare centers. The peak season for RSV is from late fall to early spring and children are most contagious two to four days after being infected.

The best way to deal with RSV is to not contract it in the first place. There are several ways to prevent the spread of RSV with the most basic focusing on children and their caregivers frequently washing their hands. Another way is to often clean and disinfect toys, countertops, and doorknobs. Finally, children should avoid other people that appear to have colds or are sick.

Babies, who are at higher risk if they contract RSV, should have additional preventative steps employed. All people who touch the baby should wash their hands. Efforts should be made for the baby to avoid crowds and have limited time in daycare. In addition, try to keep babies away from siblings and others who might have cold symptoms. Finally, do not allow people to smoke around the baby.

Despite this types of precautions, RSV occurs in almost all children prior to the age of two years old due to its' highly contagious nature. Most toddlers and children who contract RSV have cold-like symptoms for about a week and then fully recover. For most babies, toddlers, and children who have RSV, treatment can be done at home. Parents can provide fluids to the child to avoid dehydration and give non-aspirin fever reducers such as acetaminophen. Babies and toddlers may require parents to suck out sticky nasal fluids with a bulb syringe using saline drops.

While most babies and toddlers are sick for about a week before recovering, there are more serious implications for some babies who contract RSV particularly those who are pre-term. The reason that babies are more susceptible is that they have less developed lungs which makes it difficult for them to cough up mucus that is clogging their lungs, like in RSV.

Babies and toddlers who are experiencing significant problems will show signs of breathing difficulties where their breathing becomes rapid and difficult with some wheezing. Their

fingertips and area around their lips can become blue which further indicates strained breathing. These babies and toddlers will have a hard time drinking and swallowing. This may result in them becoming dehydrated. If these symptoms are occurring, then parents need to seek immediate medical attention.

Biography:

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