

Common childhood virus packs an increasingly potent punch

5 January 2009, By Jan Jarvis

Five-year-old Kate Levschan and her 18-month-old brother, Jacob, have never sat on Santa's lap. Their mother, Marti Levschan, wants to keep it that way.

"I've seen what Santa Claus has had wiped on him," she said. "You really need to be aware of germs."

Levschan has a good reason to be cautious.

When Kate was born, six weeks prematurely, Levschan learned about respiratory syncytial virus, or RSV, which is so common that almost all children get it by age 2. Most babies bounce back from RSV, which causes coldlike symptoms, but those born prematurely can become seriously ill.

About 125,000 children nationwide are hospitalized with RSV each year, and 4,500 die, according to the Centers for Disease Control and Prevention.

"RSV can happen in any kid, usually in the first couple of years of life," said Dr. Donald Murphey, an infectious-disease pediatrician with Cook Children's Medical Center. "But the ones we worry about are babies in the first three winters of life."

The illness can occur year-round, but cases generally spike in December or January.

Babies with weakened immune systems and those with lung or heart disease are at the highest risk for RSV, which can lead to pneumonia and bronchiolitis, an infection of the lung airways. But in recent years, more otherwise healthy babies have become seriously ill with RSV, said Dr. Asuncion Mejias, assistant professor of pediatrics at the University of Texas Southwestern Medical Center at Dallas.

"The majority of our patients who are hospitalized with RSV are full-term healthy babies with no risk factors," she said.

The rate of hospitalizations for bronchiolitis has more than doubled in the past five years, she said.

Most preemies receive a preventive medication during their first winter that wards off RSV. Babies who get the monthly injection might still get sick but not as seriously, Mejias said. The medication is expensive, however, and usually only given to babies at high risk. Once a child gets sick, there is no treatment.

Parents can also try to prevent the infection by limiting their child's exposure.

"If you have a baby in the first few months of life, you shouldn't be locked up at home, but you should keep him away from big groups of kids, especially when RSV hits," said Murphey. "These viruses spread by coughing and touch."

If a baby with coldlike symptoms has difficulty breathing, is wheezing and unusually fussy, parents should see their pediatrician, Mejias said.

"This is a very smart virus," Mejias said. "It's scary, very common and there's nothing right now that can cure the disease."

Levschan said she took extra precautions to prevent her children from getting RSV when they were babies and urges other parents to do so.

"We made sure relatives washed their hands, and we bought mosquito netting to put over the stroller," she said.

During her first winter, Kate received the preventive medication against RSV and did not get sick. But the next year she got a respiratory infection that required treatment. The little girl quickly recovered.

"If it weren't for all the precautions we took, it could have been much worse," Levschan said.

Multiple births

RESPIRATORY SYNCYTIAL VIRUS

Source: www.rsvprotection.com

RSV is the most common cause of pneumonia and bronchiolitis in young children.

The illness begins with a fever, runny nose and cough.

It is spread through droplets from an infected person's cough.

There is no specific treatment for RSV.

Recovery takes about 10 days.

After recovery, children can continue to spread the virus for up to three weeks.

RSV can trigger asthma attacks in children.

Most children who are hospitalized are less than 6 months old.

RSV usually causes moderate symptoms in adults but can lead to pneumonia at any age.

Source: Centers for Disease Control and Prevention

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RISK FACTORS FOR SEVERE RSV

Premature birth (more than four weeks)

Being born with lung diseases

Being born with certain hearing problems

Low birth weight

Have school-aged siblings

Going to day care

Family history of asthma

Exposure to tobacco smoke

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