

Infant Health

MATTERS

Q: What is RSV?

Respiratory syncytial virus is a seasonal virus that causes an infection of the lungs. RSV is the leading cause of hospitalization in children younger than one year old. It is quite common, and most infants and children recover in a short amount of time.

Some, however, struggle and may need to be hospitalized and put on a ventilator. While there is a risk for premature infants in particular, even healthy, full-term infants are at risk of severe infection and hospitalization. In fact, the majority of RSV hospitalizations are healthy infants born full-term.



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Some infants grow up to have lifelong respiratory problems as a result of their bout with RSV.

Q: Is there a vaccine for RSV?

There is no vaccine for RSV, but there are vaccine-like products being developed to help prevent RSV infection in all infants. And one already exists for preterm infants. The problem is that insurance companies have set a very high bar for access. To receive treatment, an infant must have been born extremely early, have been a previously sick preterm baby or must be ill at the time RSV season starts. So, many babies who would benefit from protection instead face the viral season without treatment. That can be dangerous.

I worry that when new treatments come to market for RSV, all infants will face the same access challenges.

“We must not let our guard down when it comes to infants and RSV.”

Q: Why isn't RSV always taken seriously?

More often than not, the virus is mistaken for a cold or another virus.

In other cases, people don't know how to take it seriously because they're unaware how RSV is transmitted. Yes, it can be passed by sneezing or coughing on someone. But RSV can also last up to several hours on surfaces such as countertops, toys and clothes.

This makes the virus easily transmittable – and dangerous.

Q: What happened to RSV in infants in 2020?

Of all my years of working in neonatal care, 2020 brought the lowest number of RSV patients. Why? Everyone was wearing a mask, washing their hands and being incredibly cautious. While we have been warding off COVID-19, we have also been warding off RSV.

It's important to note that the decrease was temporary. We must not let our guard down when it comes to infants and RSV. As the world opens back up, RSV will be back.

Q: What advice do you have for parents and health care providers?

Parents might consider continuing COVID-19 precautions to protect their infant's health. They should also look for the telltale signs of RSV – coughing, wheezing, and difficulty breathing, especially when they perceive pauses in the child's breathing.

“Infants deserve access to preventive RSV treatment.”

As for health care providers, we must do our best to serve as the voice for all infants through education and advocacy. Maybe COVID-19 increased the world's sensitivity to what a virus can do. Health care providers should drive home the point that infants deserve access to preventive treatment that can help protect them from RSV's impact.