**RSV BRONCHIOLITIS**

**What is RSV bronchiolitis?**

“RSV” stands for “Respiratory Syncytial Virus. In healthy older children and adults it causes the “common cold.” In healthy older children and adults it causes the “common cold.” It usually spreads from person to person by hand contact on contaminated surfaces. If an infected person wipes their nose and touches a counter top or other object, the virus can live there for several hours. If you then touch the same surface and then touch your baby, the infection can spread.

In healthy infants it can also cause a relatively mild illness with wheezing called "bronchiolitis.” But in some healthy infants, and more commonly in premature infants, especially those with lung disease and on oxygen, the bronchiolitis can become more severe - sort of a combination of pneumonia and asthma. This can results in hospitalization, intubation, and even death.

RSV activity is very predictable. It begins in early November and continues through March/April. It then goes dormant until the next November. It appears to be triggered by day-night cycle (like flowers), rather than temperature. The RSV season is the same here as it is in Albany, NY, and is just as severe.

**Why do some babies get sicker than others with RSV?**

The body’s immune system fights RSV with antibodies (immune globulins), Antibodies are transferred through the placenta, mostly during the third trimester of pregnancy. Premature babies miss out on some of this transfer.

Babies with bronchopulmonary dysplasia (BPD) and congenital heart disease are more fragile than other babies and more susceptible to severe infection.

Even young term babies without these risk factors can get very sick with RSV.

**What are the signs on RSV bronchiolitis?**

Mild More Severe

Nasal congestion Fast breathing

Irritability Fever

Wheezing Retractions (sucking in between the ribs)

Apnea (significant pauses in breathing)

Cyanosis (turning blue)

Poor feeding

Lethargy

**How can I decrease the risk of my baby getting RSV?**

Minimize exposure to the virus during its most active season (November through March):

Keep your baby away from places where surfaces are likely to be contaminated by other children or adults with RSV (such as day care centers, shopping malls, grocery stores, church, family gatherings, etc.).

Keep your baby away from adults and children who have colds, and keep those people out of your house. (Remember that a person can be infected with RSV and think their runny nose is allergies.)

Always wash or sanitize your hands when you get home and before handling your baby. Ask others to do the same.

Don’t let anyone other than close family members hold or kiss your baby.

Improve your baby’s ability to fight RSV:

Breastfeed (passes on antibodies)

Avoid all passive smoke (makes the lungs more irritable and sensitive)

Synagis injections

**What is Synagis?**

It is made of antibodies to RSV that are made artificially by “humanized monoclonal recombinant DNA technology.” It is not a blood product.

Antibodies are proteins and are slowly broken down by the body so it must be given every month during RSV season to keep the antibody levels high enough.

It is given by intramuscular injection in the doctor’s office.

It does not prevent your baby from getting RSV, but gives him a significantly increased ability to fight it

**What are the side effects of Synagis?**

In multiple large studies the incidence of adverse effects was the same with Synagis as with a placebo injection.

**What babies should get Synagis?**

While any baby might benefit from Synagis, most RSV in otherwise healthy children are not often severe and the medicine is very expensive. The American Academy of Pediatrics has very clear recommendation for which babies should be approved for this treatment. These include extremely premature infants, infants with BPD on oxygen, and babies with congenital heart disease.