

WebMD

THROUGH OUR LENS

SUMMER 2024

RESPIRATORY SYNCYTIAL VIRUS

GOOD TO KNOW

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GETTY IMAGES



WHAT IS RSV?

Get the facts about this illness and how to protect your baby

By Sonya Collins

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer

Almost every baby gets RSV, or respiratory syncytial virus, before age 2. This extremely common infection of the lungs and airways usually looks like a cold and clears up on its own. But for a few people, most often babies and older adults, the virus can progress to severe illness and lead to hospitalization or even death.

“RSV is the most common cause of infant pneumonia, bronchiolitis, and hospitalization in the U.S.,” says Jaime Fergie, MD, director of pediatric infectious diseases at Driscoll Children’s Hospital in Corpus Christi, TX, and medical director for the Global Institute for Hispanic Health.

USUALLY JUST A RUNNY NOSE

Most babies with RSV get a runny nose, a cough, congestion, and possibly a fever. You can use a humidifier, nasal saline drops, and a nasal suction bulb to clear your baby’s nose and help them breathe.

“If you do all these little things and the baby still has trouble, you need to bring the baby into the doctor or the ER,” Fergie says.

WHEN A COLD BECOMES MORE SERIOUS

Babies are “obligate nose breathers”—they can breathe only through their nose, except when they cry. Babies who can’t breathe through their nose can’t take a bottle or a breast.

“If the baby can’t feed properly, you have to take him to see a doctor,” Fergie says. “The baby might require IV fluids or IV nutrition.”

As the virus moves from the nose and into the airways of the respiratory tract and the lungs, breathing will become even more labored. You might hear your baby wheeze or breathe faster. As breathing becomes more difficult, babies may start to sweat, too.

“It’s absolutely terrifying for parents when they see their baby struggle like this,” Fergie says. “It’s very distressing.”

THE MOST VULNERABLE

Infants, especially those who were born prematurely or have a weakened immune system or heart or lung disease, might be at higher risk of severe illness from RSV. Black and Hispanic children may be two to three times more likely to get RSV than White children.

“Crowding and more children in a single household may cause them to get it more often,” Fergie says. “Socioeconomic factors may also be at play. Poverty has always been associated with more hospitalization for RSV. Children on Medicaid are also hospitalized more often for RSV than children on private insurance.”

PROTECTING THE LITTLDEST PATIENTS

This RSV season, babies up to 8 months old and some older babies up to 19 months of age with high-risk conditions can receive a monoclonal antibody that helps prevent RSV and lowers the risk of severe illness and hospitalization.

“I absolutely encourage this,” Fergie says. “It demonstrates a decrease in hospitalizations of about 80%.”

Q&A

Learn how to protect your baby from RSV and why it matters

By Sonya Collins

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer



Michael Lenoir, MD

Almost all babies get the respiratory syncytial virus (RSV) within the first 2 years of their lives. For the vast majority of them, it looks like the common cold. But for some babies, RSV becomes a serious illness that can lead to hospitalization and even death. Michael Lenoir, MD, an allergist, immunologist, and pediatrician in Oakland, CA, answers questions about prevention. Discuss them further with your doctor.

Q. WHY MIGHT BLACK AND HISPANIC CHILDREN BE UP TO THREE TIMES MORE LIKELY THAN WHITE CHILDREN TO GET RSV?

It's not anything specific about the virus that makes Black and Hispanic children more susceptible. Because more Black and Hispanic children may live in the kinds of environments that foster infection, like more crowded housing, RSV might make a bigger impact in these populations.

Q. HOW DOES RSV SPREAD FROM PERSON TO PERSON?

It spreads like any other respiratory virus—through coughing, sneezing, and droplets from the nose and mouth. It's as common as a cold or the flu, so it's easy to pick it up at day care or other places in the community, but it's much more aggressive in the lungs.

Q. WHY IS IT IMPORTANT TO TRY TO PREVENT RSV?

For most babies and small children, RSV looks like a common cold and clears up on its own. But some children can get bronchiolitis, an infection of the airways, or pneumonia, an infection of the lungs. In these cases, they can have dyspnea, when breathing becomes very labored. They can become cyanotic, when they turn bluish from lack of oxygen. As many as 80,000 children under age 5 go to the hospital with RSV every year, and 300 may die from it.

Death rates among healthy infants are relatively low, but among sick infants, they can be very high, so it's important to get that prenatal protection and be very aggressive after babies are born.

Q. HOW CAN YOU PREVENT RSV IN A YOUNG CHILD?

I am endorsing the CDC's recommendations, which is for all babies younger than 8 months who are born during or entering their first RSV season to get a monoclonal antibody treatment that helps prevent sickness and hospitalization from RSV, and for all pregnant women to get a vaccine between weeks 32 and 36 of their pregnancy to protect their babies during the first 6 months of life.

Pregnant women and new mothers can also avoid RSV the way they would other respiratory viruses. Pregnant women should be masking right now, avoiding large crowds, and of course always washing hands.

 **Beyfortus**[®] | 50 mg
(nirsevimab-alip) | 100 mg
Injection

Protection when they need it most.

For babies under age one born during or entering their first Respiratory Syncytial Virus (RSV) season, Beyfortus is a preventative antibody that can help protect them against serious RSV lung infection.

You would do anything to protect your child. And you can help protect them against serious RSV.



INDICATION: Beyfortus is a prescription medicine used to help prevent a serious lung disease caused by Respiratory Syncytial Virus (RSV) in:

- Newborns and babies under 1 year of age born during or entering their first RSV season.
- Children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season.

IMPORTANT SAFETY INFORMATION

Your child should not take Beyfortus if your child has a history of serious allergic reactions to nirsevimab-alip or any of the ingredients in Beyfortus.

Please see additional Important Safety Information and Brief Summary of Patient Information on the following pages.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.



Help Prevent Serious RSV Lung Infections with Beyfortus



• **Beyfortus helps protect against serious lung infection caused by RSV** that may require medical care, such as: trips to the doctor, urgent care, ER or hospital.



• **Beyfortus works by providing your child with the RSV-fighting antibodies they lack**, giving them an extra layer of protection as their immune system matures. Beyfortus may not protect all children.



• **Beyfortus is an injection given directly to your baby that provides fast acting protection against serious RSV lung infection.**



• **Beyfortus is FDA approved for babies under one born during or entering their first RSV season.**

Understanding the Risks of RSV

Most of the time, RSV will cause a mild, cold-like illness. But it's important to know that RSV:

- + Is the **leading cause of hospitalizations** in babies 1 and under.
- + Is **16 times** more likely to lead to hospitalization in babies than the flu.
- + Can affect even the **healthiest** of babies.
- + Is a **highly contagious** virus that can lead to respiratory infection in babies.
- + Is **unpredictable**; it's hard to know if a baby will have a mild or serious infection.
- + Is most common and spreads most often during the **winter virus season** (fall through spring) but can vary by local area.

Important Safety Information (cont'd):

Before your child receives Beyfortus, tell your healthcare provider about all of your child's medical conditions, including if your child:

- has ever had a reaction to Beyfortus.
- has bleeding or bruising problems. If your child has a problem with bleeding or bruises easily, an injection could cause a problem.

Tell your healthcare provider about all the medicines your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your infant should not receive a medicine called palivizumab if they have already received Beyfortus in the same RSV season.

Ask your baby's doctor about Beyfortus today.

Important Safety Information (cont'd):

Serious allergic reactions have happened with Beyfortus. Get medical help right away if your child has any of the following signs or symptoms of a serious allergic reaction:

- swelling of the face, mouth, or tongue
- difficulty swallowing or breathing
- unresponsiveness
- bluish color of skin, lips, or under fingernails
- muscle weakness
- severe rash, hives, or itching

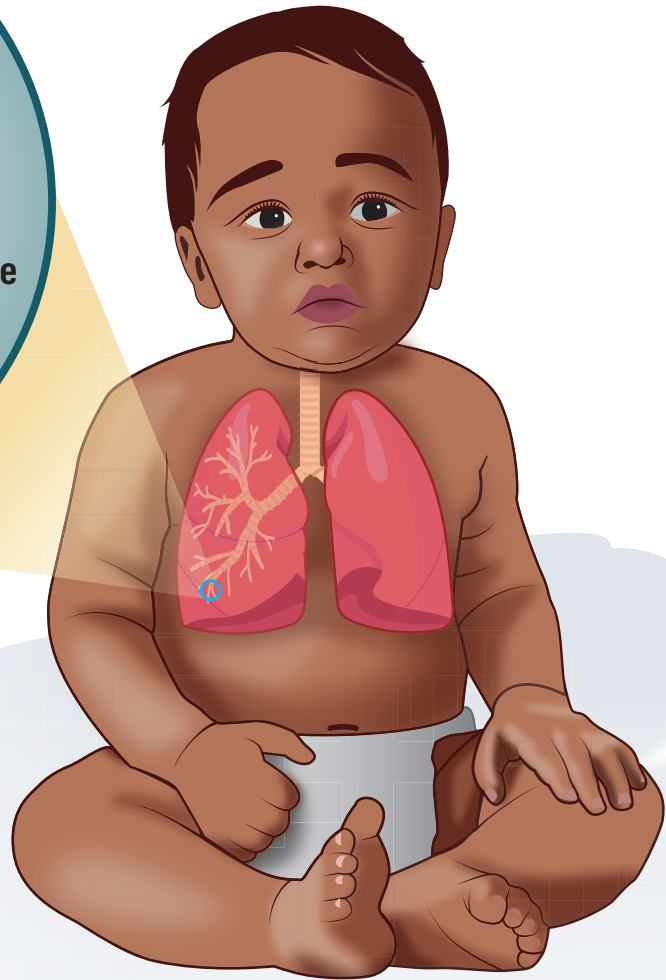
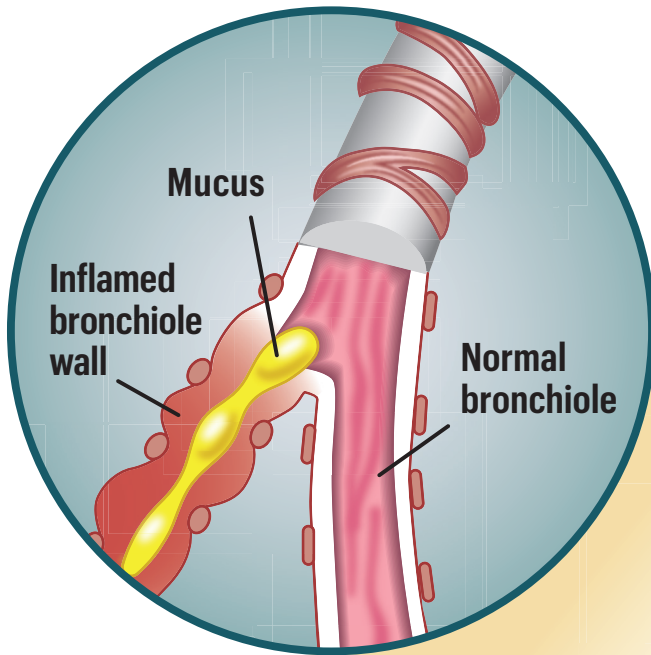
The most common side effects of Beyfortus include rash and pain, swelling, or hardness at the site of your child's injection. These are not all the possible side effects of Beyfortus. Call your healthcare provider if you have questions about side effects.

Please see Brief Summary of Patient Information on following page.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

Rx Only
<p>BEYFORTUS® (Bay for tus) (nirsevimab-alip) injection, for intramuscular use</p> <p>Summary of Information about BEYFORTUS</p>
<p>What is BEYFORTUS?</p> <p>BEYFORTUS is a prescription medicine that is used to help prevent a serious lung disease caused by Respiratory Syncytial Virus (RSV) in:</p> <ul style="list-style-type: none"> • newborns and babies under 1 year of age born during or entering their first RSV season. • children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season. <p>BEYFORTUS is an antibody that contains nirsevimab-alip which is used to help prevent RSV disease for 5 months. It is not known if BEYFORTUS is safe and effective in children older than 24 months of age.</p>
<p>Your child should not receive BEYFORTUS if your child has a history of serious allergic reactions to nirsevimab-alip or any of the ingredients in BEYFORTUS. See the end of this Summary of Information for a complete list of ingredients in BEYFORTUS.</p>
<p>Before your child receives BEYFORTUS, tell your healthcare provider about all of your child's medical conditions, including if your child:</p> <ul style="list-style-type: none"> • has ever had a reaction to BEYFORTUS • has bleeding or bruising problems. If your child has a problem with bleeding or bruises easily, an injection could cause a problem. <p>Tell your child's healthcare provider about all the medicines your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your infant should not receive a medicine called palivizumab if they have already received BEYFORTUS in the same RSV season.</p>
<p>How is BEYFORTUS given?</p> <ul style="list-style-type: none"> • BEYFORTUS is given as an injection, usually in the thigh (leg) muscle, by your child's healthcare provider. • Your child should receive BEYFORTUS before or during the RSV season. RSV season is the time of year when RSV infections are most common, usually occurring fall through spring. Your healthcare provider can tell you when the RSV season starts in your area. • Your child may still get RSV disease after receiving BEYFORTUS. Talk to your child's healthcare provider about what symptoms to look for. • If your child has heart surgery, your child's healthcare provider may need to give your child an additional BEYFORTUS injection soon after surgery

<p>What are the possible side effects of BEYFORTUS?</p> <ul style="list-style-type: none"> • Serious allergic reactions have happened with BEYFORTUS. Get medical help right away if your child has any of the following signs or symptoms of a serious allergic reaction. <ul style="list-style-type: none"> ○ swelling of the face, mouth or tongue ○ difficulty swallowing or breathing ○ unresponsiveness ○ bluish color of skin, lips or under fingernails ○ muscle weakness ○ severe rash, hives or itching <p>The most common side effects of BEYFORTUS include rash, and pain, swelling or hardness at the site of your child's injection. These are not all of the possible side effects of BEYFORTUS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.</p>
<p>General information about the safe and effective use of BEYFORTUS.</p> <p>Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about BEYFORTUS that is written for health professionals.</p>
<p>What are the ingredients in BEYFORTUS?</p> <p>Active ingredient: nirsevimab-alip</p> <p>Inactive ingredients: arginine hydrochloride, histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sucrose and water for injection.</p>
<p>The risk information provided here is not comprehensive. To learn more, talk about BEYFORTUS with your health care provider. For the FDA- approved product labeling or more information go to www.beyfortus.com or call 1-855-239-3678 (1-855-BEYFORTUS).</p>
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RSV

in Infants and Young Children

RSV is a serious health risk for babies and young children. It's incredibly common—as many as 80,000 kids under 5 are hospitalized with RSV each year. Almost all kids under 2 will get it at some point. For many babies, RSV symptoms look like a mild cold. But some children get very sick with it.

Kids who have the highest risk of RSV infection include:

- Babies born prematurely
- Infants under 6 months
- Children under 2 with chronic lung disease
- Children under 2 born with heart disease
- Children with weakened immune systems
- Children with neuromuscular disorders that prevent them from clearing mucus

SOURCES: CDC: "RSV in Infants and Young Children"; HealthyChildren.org: "RSV: When It's More Than Just a Cold"



LESSEN YOUR BABY'S RISK

Lifestyle tips for RSV prevention

By Rachel Reiff Ellis

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer

Although RSV typically causes mild, cold-like symptoms in most people, it can be dangerous for babies.

“Babies, especially those less than 6 months of age, are at higher risk for complications from RSV,” says Lauren Middlebrooks, MD, a pediatric emergency medicine doctor at Children’s Healthcare of Atlanta.

Babies who are premature or have chronic medical conditions are also at a higher risk for complications such as respiratory distress. Luckily, there are prevention steps you can take to keep your baby RSV-free.

HOW BABIES GET IT

The most common way RSV is spread is through infected droplets of saliva. These droplets come from our mouths when we cough, sneeze, or speak.

“Droplets can project up to 6 feet, landing on doorknobs, toys, phones, and to

other shared surfaces along their route,” Middlebrooks says. “Those same droplets can also be spread by direct contact; for example, when we kiss our babies, share straws, cups, or utensils.”

For prevention, the CDC recommends mothers get an RSV vaccine during pregnancy or for babies under 8 months old to receive antibody treatment. But you can boost these methods with daily smart practices to limit your baby’s exposure to the virus in the first place.

PROTECT TO PREVENT

Much of RSV prevention involves being smart about germs in general. The most practical ways to protect your baby include:

Know when risk is highest. RSV is typically most widespread between October and April, peaking in the winter months. “During this time especially, parents should keep all sick children home from day care, school, and from any other group activity,” Middlebrooks says.

Stop the spread. Wash your hands well and often—use soap and water, and rub your hands together for at least 20 seconds—and insist on hand-washing for anyone who will be in contact with your baby. Wipe down common surfaces in your home, and make sure other kids in your house know germ prevention techniques such as sneezing and coughing into the crook of their elbow.

Set limits on their audience. A new baby attracts visitors, especially ones who are interested in holding and even cuddling and kissing your baby. Don’t be afraid to set limits on who can touch or be close to your baby, even if that means asking Grandma to stay home until her cough is better or cousins to wear a mask while in your home. “Reducing your baby’s risk of RSV means to be very cautious when bringing them into group settings, especially if persons are sick, not excluding one’s own family members,” Middlebrooks says.

BE YOUR BABY'S BEST RSV ADVOCATE

How to help ensure your little one gets quality care

By Rachel Reiff Ellis

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer



As the caretaker for your baby, you are their voice. And you're not just any voice, you're the one most in tune with their needs. So speaking up when they're showing signs of illness is crucial.

"I always tell parents or caretakers: You know your baby the best," says Gabrina Dixon, MD, director of Advancing Diversity in Academic Pediatrics and a pediatric hospitalist at Children's National Hospital in Washington, DC. "If you feel like there's something off, advocating for your child during those circumstances is very important."

Here are some key ways you can champion for your child's well-being when they have RSV.

Understand the signs. Make sure you know what RSV looks like in infants so you can bring your concerns to your pediatrician. "The biggest thing is nasal congestion, and also signs of increased breathing or difficulty breathing," Dixon says. "If you see the baby breathing faster than usual and using accessory muscles to breathe and tiring out easily, then you definitely need to go see a doctor."

Another subtle sign is dehydration—a sign your baby isn't drinking or eating as much. "They have so much nasal congestion, they can't eat," Dixon says.

Know what to expect in a checkup.

If you take your baby in with symptoms, your doctor should do a thorough symptom check to see how they're breathing and how much congestion they have. They can also do a swab in your baby's nose to confirm they have the respiratory syncytial virus. But it's important to know that although it's good to have a confirmation from a test, there isn't a treatment for the virus. "There is no medicine to treat RSV," Dixon says. "You just have to let the virus run its course."

Ask about antibodies. In July 2023, the FDA approved a monoclonal antibody for infants under 8 months (and some older babies up to 19 months with high-risk conditions) that helps their immune system fight off RSV. Ask your doctor if your baby needs this protection. "It's been shown to reduce illness from RSV by 80%, which is huge," Dixon says. "Bring it up if your pediatrician doesn't."

Get a second opinion. It can feel daunting to question a medical professional's judgment, but if you feel like you're not being listened to, asking a second doctor to look at your baby's symptoms may be your best move. "Our feelings aren't hurt if you ask for a second opinion," Dixon says. "We want you to get the care that you need, and we want you to be comfortable with that care."

SIGNS TO WATCH FOR

RSV can look like the common cold, but when severe, your baby may have:

- ★ **Decreased activity**
- ★ **Fussiness**
- ★ **Apnea**
(pauses in breathing)
- ★ **Wheezing**
(high-pitched exhales)
- ★ **Less appetite**

EQUAL ACCESS

Get the care your baby needs from a team you can trust

By Rachel Reiff Ellis

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer



Your cultural and racial background can affect your ability to find good medical care for your baby. Where you live, your income, health insurance (or lack of it), access to transportation, and language barriers are a few of the things that come into play when it comes to getting your baby seen and having your concerns heard. These are known as social determinants of health.

“Health care is a right that should be afforded to every human being,” says Irene Murema, MD, a pediatrician with Valley Children’s Healthcare in Fresno, CA. “When the system creates barriers to care, it puts lives at risk.”

BEYOND PHYSICAL ACCESS

Equal access to care means more than just being able to get to a health facility or a health provider. You need a doctor you feel comfortable with, says Tisa M. Johnson, MD, a pediatrician at Henry Ford Health in Detroit.

“Physical access is important, obviously, but if you don’t have trust and faith in the providers, the information you get will fall on deaf ears,” she says. “[Patients need] access to care that takes into the perspective of literacy, and not just health literacy, but literacy when English is not one’s first language.”

WHY IT MATTERS

Hispanic and Black children have a higher percentage of illness from respiratory diseases than other races. And other race-specific factors raise risks for these communities, too.

“When you look at who are at highest risk with respect to the pediatric

FIND A PHYSICIAN FIT

These organizations may be able to help you locate a culturally sensitive doctor in your area.

- ★ **Skin of Color Society**
(SkinOfColorSociety.org)
- ★ **BlackDoctor.org**
(BlackDoctor.org)
- ★ **HUED**
(HuedCo.com)
- ★ **National Alliance for Hispanic Health**
(HealthyAmericas.org)
- ★ **Hispanic Access Foundation**
(HispanicAccess.org)

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.



population, it's definitely babies that are born prematurely, and African Americans have a higher rate of premature birth, as compared to White families," Johnson says.

Families who are on Medicaid are more likely to see their infants hospitalized for their RSV, as are families with lower socioeconomic status.

"The social determinants of health and the intersectionality between race and socioeconomic status really do influence RSV—its prevalence as well as the severity of the disease," Johnson says.

TAP INTO YOUR COMMUNITY

Talk to other families in your community to see which practices they trust with their child's care. You may be able to do this by word of mouth with people you know personally, or you may find valuable information on social media from local groups.

"In my own experience as a physician, I definitely know word of mouth is how

families find me in their various social media groups," Johnson says. "They often say, 'Oh, I heard your name,' or 'This is what people are saying about you,' or 'You look like me.' It's how a lot of patients find their provider."

ASK ABOUT VACCINES

You may feel unsure about getting vaccines, and rightfully so, Johnson says. "The root cause of vaccine hesitancy is years of abuse and mistreatment that has led to this point," she says. "We're just starting to appreciate the need to have targeted programs to improve access and education around vaccines, their safety, their efficacy, and who they're intended for."

Once you've found a doctor who fits your needs, talk to them about your concerns. Find out for yourself, face-to-face, the facts about RSV prevention, including immunizations during pregnancy and monoclonal antibodies for infants.

QUALITY CARE

Irene Murema, MD, lists qualities to look for in a doctor. Find someone who:

- ★ **Listens to your concerns**
- ★ **Is sensitive to your culture**
- ★ **Explains things in a way you understand**
- ★ **Partners with you to care for your baby**

MY BABY'S JOURNEY WITH RSV

How I navigated this situation as his mom

By Erin Grady

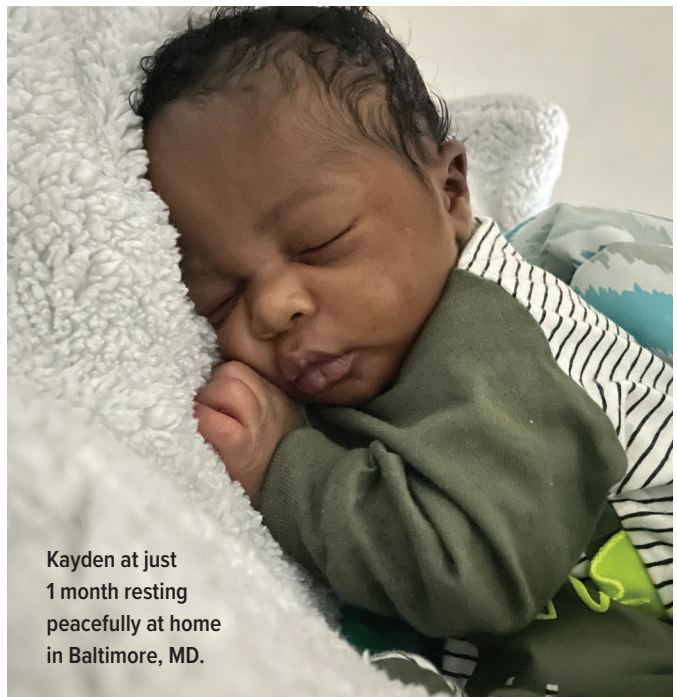
Reviewed by Dan Brennan, MD, WebMD Medical Reviewer

When I had my third child, I assumed I was a pro. But little Kayden gave me a run for my money. From preemie to RSV, my youngest baby has taught me how to be stronger than I ever thought I could be.

SIGNS OR NOTHING SERIOUS?

I had Kayden in July 2022, and he was my first NICU baby. His heart rate dropped during my pregnancy, and he wouldn't eat after he was born. We spent a week in the hospital. But by August, we were well into our routine. I went back to work as a surgical scheduler in September and was only there for about a week or two when my baby started to have a little cough. I knew (from my background working in health care) that it would be unusual for an infant that young to have a cough. His cough started on Thursday, and by the next day, we were in the ER.

They checked him out, told me he had RSV, to watch him, and they sent us home. By that Saturday, his cough was worse. By Sunday, I was calling my manager—a pediatric RN for more than 20 years. I showed her a video of him coughing. She gave me some tips and tried to help. When nothing worked, I was back in the ER with him Sunday night. My man-



Kayden at just 1 month resting peacefully at home in Baltimore, MD.

PLJDE/WAGETTY IMAGES; PHOTOS COURTESY OF ERIN GRADY



ager knew something wasn't right. As his mom, I also knew something wasn't right. I wanted a professional to tell me if he was fine (or not). I didn't want to make that call myself.

THE OTHER SIDE OF HEALTH CARE

As a surgical scheduler, it's very different being on the other side of the desk. Still, I tried to stay calm. I took Kayden to a pediatric trauma hospital, which was so full of babies sick with RSV and other things that they were transporting them to other area hospitals. The woman who checked us in simply put "RSV" instead of "trouble breathing," and we waited for a while. When the nurse finally saw him, her mouth dropped, and she began calling in teams of doctors and nurses. They hooked him up to tubes right away, as he was struggling to breathe. Mind you, we're dealing with a 3-month-old baby with very

fragile lungs.

After they stabilized him, doctors and nurses came in every few hours to check on him. He had on an oxygen mask, and they did regular breathing treatments. He did not love the wires! He also—like most adults—did *not* like the hospital food! He was getting cranky with the IVs and Pedialyte, and I could tell wanted milk. Fortunately, they had us in a comfortable room with a rocking chair. My family, friends, and my manager checked on me throughout the week. They brought me food, clothes, and made sure my older kids were cared for while I was in the hospital with Kayden.

BOUNCE-BACK BABY




As I look back on this very difficult time with my baby, I'm so glad I had the support and the connections to the health care field. I realize other

people aren't so lucky. I know that people of color are often dismissed or ignored. As a Black woman, I've had issues with racism in health care before, but I thank God that this wasn't the case when my baby had RSV. I think it is because I work in the health field and had worked at that hospital before that I was treated with respect. This isn't always the case for my friends and family. One tip: I was intentional about going to the same hospital the second time, so I wouldn't have to waste time explaining everything again.

Today, Kayden is a happy, healthy little boy. His two older siblings adore him, and we have a village that supports and loves us. My dad helps me out so much and I'm grateful. Kayden won't remember his days in the hospital. Maybe I'll show him pictures or videos to let him know he's a fighter—and so is his mom. A mother's intuition is as strong as her love.



ERIN'S TIPS

-  **Stay focused.** No job is more important than your child's health.
-  **Pay attention.** Is your child sleeping longer? Breathing differently? Not eating?
-  **Don't play doctor.** Let an expert (not your own mind) tell you that your child is OK.

looking to
STAY WELL
 every day



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LEMONGRASS

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ROSE HIPS

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ELDERFLOWERS

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