

BROADCAST- Highly Contagious RSV hitting earlier for second straight season

A return to school and daycare has medical clinics being flooded with cases of a highly contagious virus that usually isn't seen until later in the fall and winter – and this is happening for the second straight year.

Respiratory syncytial virus, otherwise known as RSV, is hitting at the same time health leaders are worried about the flu and COVID-19. Children usually contract the highly contagious RSV before the age of 2 and it's the leading cause of kids needing to be hospitalized.

Cases of RSV are already up beyond last year's levels. Since early September, there have been 381 cases of RSV treated in OSF hospital emergency departments and outpatient clinics, with some of those requiring hospitalization. That's up by 66 from a year ago. The state public health department reports emergency department visits and hospitalizations due to RSV are up statewide for those 18 and under. The agency also advises medical providers to consider testing patients for RSV if they have a negative COVID-19 test result.

Mara Bessine (buh-SEEN), an advanced practice registered nurse for OSF HealthCare and other medical providers believe its because people have resumed in-person gatherings and many aren't wearing masks.

“We're getting out more. We're returning to day cares we're returning to school and all those things we were doing to prevent COVID, we've gotten a little lax on. We have returned to normal activities which has led to increased exposure to viruses of all kinds, which includes RSV.”(:19)

RSV usually produces symptoms of a common cold: stuffy or runny nose, sore throat, headache, cough and sometimes fever. However, RSV can be much more serious in young children, especially premature babies, and kids with diseases that affect the heart, lungs or immune system. Parents should seek immediate emergency care if their child's skin, mouth or fingernails are blue or they have problems breathing.

“If you see your child having difficulty breathing, or labored breathing, or shallow or rapid (breathing), those are signs you need to get your child to the emergency room.” (:09)

For at-home care, Bessine recommends using saline drops and removing sticky nasal fluids with a bulb syringe, using a cool-mist vaporizer to keep the air moist, providing fluids in small amounts frequently through the day and giving non-aspirin fever-reducers such as acetaminophen.

Bessine has already seen a few babies and children with *both* RSV and COVID-19.

“They have fared well, but it's something to be aware of – that you can catch both of them right now with them both going around. So for young children, that's a high risk for them to catch one, let alone both. (:15)

Some adults face serious health consequences if they contract RSV, including those over 65, especially if they have a chronic heart or lung disease and those with weakened immune systems. That's why the state public health department warns long term care employees to stay home if they're sick.

There is no vaccine or easy, effective treatment for RSV though researchers are working on developing both. Bessine says it's really important for anyone with RSV to keep hydrated.

“The more fluids the better so that we can get the secretions out and that the mucus secretions are thinner and easier to manage. So, both for adults and young children, you have to watch for dehydration and that is a reason to get them to the hospital for IV fluids if we find they're getting severely dehydrated.” (:18)

For parents, it's important to wash toys which can harbor RSV. It's especially important to keep children home from day care or school when they or other children become ill. For children at high risk, limit their time at child care centers or gatherings with a large number of kids.