

A close-up photograph of a baby's face, looking directly at the camera. The baby has dark hair and eyes, and is wearing a white long-sleeved shirt. The background is a soft, patterned fabric.

What You Need to Know About Respiratory Syncytial Virus (RSV)

RSV is a respiratory virus that infects the lungs and airways. RSV is the most common cause of lower respiratory tract infection in young children worldwide. RSV infects most infants before their first birthday. Almost everyone gets an RSV infection before they turn 2 years old.¹ It is spread by contact with mucous or fluid. Healthy children and adults who get infected with RSV usually have mild cold symptoms. However, premature babies, children, babies with weakened immune systems, and the elderly can develop very serious and sometimes life-threatening infections

¹ Respiratory Syncytial Virus Infection (RSV). Trends and Surveillance. Centers for Disease Control and Prevention. Available at www.cdc.gov/rsv/research/us-surveillance.html. Accessed September 22, 2015.

How do I know it's RSV?

The symptoms of RSV can vary for each child. Symptoms typically start 4 to 6 days after a child is exposed to the virus. Older and healthier children may have only mild, cold-like symptoms. These can be an unusual cough (usually sounds like a dog or seal “bark”), stuffy nose, and/ or low-grade fever.

Babies and infants younger than 1 year old may have more severe symptoms. They may have trouble breathing and require emergency care. **If you see any of the following symptoms, seek emergency care immediately:**

- **Bluish skin (cyanosis)** – This is caused by lack of oxygen.
- **Breathing difficulty** – Typically, the baby’s chest seems to cave in from having to work very hard to breathe.
- **Nasal flaring** – Another sign of breathing difficulty, the nostrils widen with the child’s breaths.
- **Rapid breathing** – The baby is working hard to get oxygen, which means the baby is breathing faster.
- **Wheezing** – Wheezing sounds like a whistle or hum when the child is breathing. This means that there is constriction of the baby’s breathing passages that should be addressed immediately before it gets worse.

Complications of RSV in young children can be bronchiolitis, lung failure, and/or pneumonia.

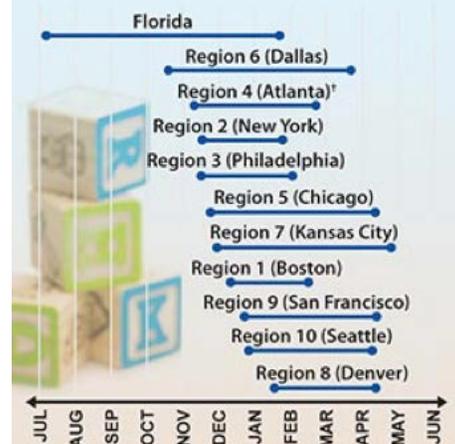
Parents and caregivers know their babies best. They know what is normal and can tell when something seems wrong. If you feel something is wrong, trust yourself! Call your pediatrician right away.

RSV season

The Centers for Disease Control and Prevention (CDC) monitors RSV trends every year. The CDC collects information from hospitals to determine “outbreak” areas. RSV season usually mirrors cold and flu season. This means it typically occurs from November to March. However, certain areas of the country, like Florida, may differ. In previous years, Florida has started sooner in the year (July or August) and continued through February or March.



Duration of RSV Season, by U.S. Department of Health and Human Services Region* and Florida, July 2013 – June 2014



*Listed by region number and headquarter city: Region 1 (Boston): Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. Region 2 (New York): New Jersey and New York. Region 3 (Philadelphia): Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia. Region 4 (Atlanta): Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee. Region 5 (Chicago): Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin. Region 6 (Dallas): Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. Region 7 (Kansas City): Iowa, Kansas, Missouri, and Nebraska. Region 8 (Denver): Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming. Region 9 (San Francisco): Arizona, California, Hawaii, and Nevada. Region 10 (Seattle): Alaska, Idaho, Oregon, and Washington. The District of Columbia, Alaska, Arizona, Delaware, Idaho, Illinois, Iowa, Kentucky, Maine, Montana, Nebraska, New Hampshire, New Mexico, Oklahoma, Rhode Island, Utah, Vermont, Wisconsin, and Wyoming did not have laboratories meeting the inclusion criteria for the 2013-2014 season analysis. † Excludes data from Florida

Protecting your child from RSV

Most babies will get RSV before they are 2 years old. Unfortunately, RSV season coincides with the winter holidays when a lot of people spend time with family and friends. You can't completely remove the risk of your baby getting RSV, but there are things you can do to help.

- Wash your hands often, especially before you pick up or touch your baby.
- Insist that others also wash their hands with warm water and soap before holding your baby.
- Avoid contact between your baby and anyone who has a cold or fever. If necessary, have the person wear a mask.
- Be aware that kissing the baby can spread an RSV infection. Be careful if the child's siblings are sick.
- Although it is hard, do your best to keep other young children away from your baby.
- Wash crib sheets, blankets, and other items in hot water every week, and avoid placing stuffed animals in the crib.
- Avoid big crowds.
- Keep surfaces clean, like kitchen and bathroom counters, especially if someone in your family has a cold or the flu. Throw away used tissues immediately.
- Don't share glasses or utensils with others.
- Wash toys regularly. Many pediatric clinics use Lysol® to spray down toys every night. Lay all of your child's toys out, spray them down, flip them over, and spray again. Let them dry completely before putting them away.

Synagis®

There is a medication that can help prevent RSV infection. Palivizumab (Synagis®) can help protect children under age 2 who are at high risk for serious complications from RSV. These include babies born prematurely or with congenital heart or lung disease.² These babies get a shot of Synagis every month in the thigh during RSV season.³

PerformSpecialty will work directly with your health plan and doctor's office to support you and your baby, and to make sure the medicine is there waiting for you every month. A PerformSpecialty nurse will contact you once a month for a brief call to provide you with support and answer your questions. The nurse will also update you on the status of the next shipment of Synagis to your doctor's office.

Treating RSV

Mild infections may go away on their own, just like a cold. Unfortunately, infants and children with severe cases of RSV may have to be admitted to the hospital. While there, the goal of treatment is to relieve the symptoms. In addition to bronchodilators, oxygen, moist (humidified air), and intravenous (IV) fluids are given.⁴ Virazole may also be used in some situations.

Synagis adherence

One study of more than 5,000 babies who did not receive their Synagis doses on time each month found that these babies were 2.5 times more likely to be hospitalized for an RSV illness compared with those babies who received their medication as prescribed once a month during RSV season.⁵ It is important that your baby receives medication every 30 days. The PerformSpecialty team can help answer any questions you have.



² Respiratory syncytial virus (RSV). Mayo Clinic. Available at www.mayoclinic.org/diseases-conditions/respiratory-syncytial-virus/basics/prevention/con-20022497. Accessed September 22, 2015.

³ Facts & Comparisons eAnswers. Synagis. Accessed March 16, 2016.

⁴ Respiratory syncytial virus (RSV). Medline Plus, U.S. National Library of Medicine. Available at www.nlm.nih.gov/medlineplus/ency/article/001564.htm. Accessed September 22, 2015.

⁵ Stewart DL, Ryan KJ, Seare JG, et al. Association of RSV-related hospitalization and non-compliance with palivizumab among commercially insured infants: a retrospective claims analysis. *BMC infect Dis.* 2013;13(1):334.