



RSV: When It's More Than Just a Cold

By: Andrea Jones, MD, FAAP

Almost all children get RSV (</English/tips-tools/symptom-checker/Pages/symptomviewer.aspx?symptom=RSV-Bronchiolitis>) at least once before they are 2 years old. For most healthy children, RSV is like a cold. But, some children get very sick with RSV.



What is RSV?

RSV (or respiratory syncytial virus) is one of the many viruses that cause respiratory illness—illnesses of the nose, throat and lungs. This virus usually occurs in the late fall through early spring months, but can vary in different parts of the country.

With mask-wearing and physical distancing for COVID-19, there were fewer cases of RSV in 2020. However, once safety measures relaxed with the arrival of COVID-19 vaccines (</English/health-issues/conditions/COVID-19/Pages/covid-vaccines-for-kids-6-months-and-older-faqs-for-families.aspx>), a rise in RSV cases began in spring 2021. The spread of RSV and other seasonal respiratory illnesses (</English/health-issues/conditions/COVID-19/Pages/How-is-the-Flu-Different-From-COVID-19.aspx>) like influenza (flu (</English/health-issues/conditions/flu/Pages/the-flu-what-parents-need-to-know.aspx>)) has also started earlier than usual this year.

Pediatrician Discusses RSV Cases | American Academy of Pediatrics (AAP)



RSV symptoms in babies

Typically, RSV causes a cold (</English/health-issues/conditions/ear-nose-throat/Pages/Children-and-Colds.aspx>), which may be followed by bronchiolitis (</English/health-issues/conditions/chest-lungs/Pages/bronchiolitis.aspx>) or pneumonia. Symptoms generally last an average of 5-7 days.

Cold: Upper Respiratory Tract Infection

Bronchiolitis: Lower Respiratory Tract Infection [Back to Top](#)

Cold symptoms may include:

- Fever (temperature of 100.4 or higher)
- Cough (dry or wet sounding)
- Congestion
- Runny nose
- Sneezing
- Fussiness
- Poor feeding (</English/ages-stages/baby/feeding-nutrition/Pages/How-Often-and-How-Much-Should-Your-Baby-Eat.aspx>)

May include **cold symptoms, plus:**

- Fast breathing
- Flaring of the nostrils & head bobbing with breathing
- Rhythmic grunting during breathing (*see sound clip, below*)
- Belly breathing, tugging between the ribs and/or the lower neck (*see video, below*)
- Wheezing

How hard is your baby breathing? What to look for.

Chest wall retractions happen when a baby must use muscles between the ribs or in the neck to breathe. It is a sign that your baby is having to work harder than normal to breathe.

Watch your child's rib cage as they inhale. If you see it "caving in" and forming an upside-down "V" shape under the neck, then they are working too hard.

Signs of RSV in Babies | American Academy of Pediatrics | American Academy of Pediatrics (AAP)

Is your baby or young child at a greater risk of this respiratory illness?

Infants with a higher risk for severe RSV infection include:

- 12 weeks old or younger at the start of RSV season
- Premature or low birth weight infants (especially those born before 29 weeks gestation)
- Chronic lung disease of prematurity

Babies with certain types of heart defects (</English/health-issues/conditions/heart/Pages/Common-Heart-Defects.aspx>)

- Those with weak immune systems due to illness or treatments

- Additional risk factors for severe RSV infections include low birth weight (</English/news/Pages/Providing-Breastmilk-for-Very-Low-Birth-Weight-Infants.aspx>), having siblings, a mother's smoking during pregnancy, exposure to secondhand smoke (</English/health-issues/conditions/tobacco/Pages/Dangers-of-Secondhand-Smoke.aspx>) in the home, history of allergies and eczema, not breastfeeding, and being around children in a child care setting or living in crowded living conditions.

When should you call the doctor?

RSV symptoms are typically at their worst on days 3 through 5 of illness. Fortunately, almost all children recover from an RSV infection on their own.

Call your pediatrician right away if your child has any:

- Symptoms of bronchiolitis (*listed above*)
- Symptoms of dehydration (</English/health-issues/injuries-emergencies/Pages/dehydration.aspx>) (fewer than 1 wet diaper every 8 hours)
- Pauses or difficulty breathing
- Gray or blue color to tongue, lips or skin
- Significantly decreased activity and alertness

Some children with RSV may be at increased risk of developing a bacterial infection, such as an ear infection (</English/health-issues/conditions/ear-nose-throat/Pages/Ear-Infection-Information.aspx>). **Call your doctor if your child has:**

- Symptoms that worsen or do not start to improve after 7 days
- A fever (</English/health-issues/conditions/fever/Pages/Fever-and-Your-Baby.aspx>) (with a rectal temperature of 100.4°F or higher) and they are younger than 3 months of age (12 weeks).
- A fever (</English/health-issues/conditions/fever/Pages/Fever-Without-Fear.aspx>) that rises above 104°F repeatedly for a child of any age.
- Poor sleep or fussiness, chest pain, ear tugging or ear drainage



How do doctors diagnose RSV?

Pediatricians diagnose children with a cold or bronchiolitis by asking about their symptoms and by doing a physical exam. Your pediatrician may do a nasal swab test to determine if your child has RSV or another virus. A chest x-ray and oxygen saturation test may also be done to check for lung congestion. Because most children recover without difficulty and because there is no treatment for RSV, these tests usually are not necessary.

Is RSV contagious?

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Yes. RSV spreads just like a common-cold virus—from one person to another. It enters the body through the nose or eyes or, usually from:

- **Direct person-to-person contact** with saliva, mucus, or nasal discharge.
- **Unclean hands** (RSV can survive 30 minutes or more on unwashed hands).
- **Unclean objects or surfaces** (RSV can survive up to 6 hours on surfaces, toys, keyboards, door knobs, etc).

Symptoms can appear 2 to 8 days after contact with RSV. According to the U.S. Centers for Disease Control and Prevention (CDC (<https://www.cdc.gov/rsv/index.html>)), people infected with RSV are usually contagious for 3 to 8 days. However, some infants and people with weakened immune systems can be contagious for as long as four weeks—even if they are not showing symptoms.

Keep in mind, children and adults can get RSV multiple times—even during a single season. Often, however, repeat infections are less severe than the first one.

What can you do to help your child feel better?

There is no cure for RSV and medications, like steroids and antibiotics, do not help with RSV.

To help your child feel more comfortable, begin by doing what you would for any bad cold (</English/health-issues/conditions/chest-lungs/Pages/Coughs-and-Colds-Medicines-or-Home-Remedies.aspx>):

- **Nasal saline with gentle suctioning** to allow easier breathing and feeding.
- **Cool-mist humidifier** (</English/health-issues/conditions/chest-lungs/Pages/Coughs-and-Colds-Medicines-or-Home-Remedies.aspx>) to help break up mucus and allow easier breathing.
- **Fluids & frequent feedings.** Make sure your child is staying hydrated (</English/health-issues/injuries-emergencies/Pages/dehydration.aspx>). Infants with a common cold may feed more slowly or not feel like eating because they are having trouble breathing. Try to section baby's nose before trying to breast or bottle-feed. Supplementing with water or formula is unnecessary for breastfed babies. If difficult for the baby to feed at the breast, expressing (</English/ages-stages/baby/breastfeeding/Pages/Hand-Expressing-Milk.aspx>) breastmilk into a cup or bottle may be an option.
- **Acetaminophen or ibuprofen** (</English/health-issues/conditions/fever/Pages/Medications-Used-to-Treat-Fever.aspx>) (if older than 6 months) to help with low-grade fevers. Always avoid (</English/health-issues/conditions/fever/Pages/Medications-Used-to-Treat-Fever.aspx>) aspirin and cough and cold medications (</English/health-issues/conditions/chest-lungs/Pages/Coughs-and-Colds-Medicines-or-Home-Remedies.aspx>).

Do babies with RSV need to be hospitalized?

Only 1% to 2% (<https://www.cdc.gov/rsv/high-risk/infants-young-children.html#:~:text=One%20to%20two%20out%20of%2cmachine%20to%20help%20with%20breathing%29.>) of children younger than 6 months of age with RSV infection may require a hospital stay (</English/health-issues/injuries-emergencies/Pages/What-to-Expect-If-Your-Child-is-Admitted-to-the-Hospital.aspx>). Those babies may need oxygen (</English/ages-stages/baby/preemie/Pages/When-Baby-Needs-Oxygen-At-Home.aspx>) to help with breathing or an (intravenous) IV line for fluids. Most of these children can go home after 2 or 3 days. Rarely, a child may need care in a pediatric intensive care unit (PICU).

How can you protect your children from RSV?

Wash your hands! (</English/health-issues/conditions/prevention/Pages/Hand-Washing-A-Powerful-Antidote-to-Illness.aspx>) Just as you would to prevent germs at any time, use soap and water and scrub for at least 20 seconds. Remind children to practice good hand hygiene all through the year.

Other ways to help prevent RSV

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- **Vaccinate.** Keep your children up to date on their immunizations (</English/safety-prevention/immunizations/Pages/Recommended-Immunization-Schedules.aspx>) and get the whole family annual flu shots (</English/safety-prevention/immunizations/Pages/Prepare-Your-Family-for-Flu-Season.aspx>). Getting vaccinated with Tdap (</English/safety-prevention/immunizations/Pages/Tetanus-Diphtheria-Pertussis-Tdap-Vaccine-What-You-Need-to-Know.aspx>)—to protect against whooping cough (</English/health-issues/conditions/chest-lungs/Pages/Whooping-Cough.aspx>) is especially important for adults who are around infant—new parents, grandparents, babysitters, nannies, etc. Your child should also be immunized against COVID-19.
- **Limit your baby's exposure** to crowds, other children, and anyone with colds. Keep them home from school or child care (</English/family-life/work-play/Pages/When-to-Keep-Your-Child-Home-from-Child-Care.aspx>) when they are sick and teach them to cover their coughs and sneezes.
- **Go germ-free.** Disinfect objects and surfaces in your home regularly and avoid exposing your child to smoke from tobacco or other substances.
- **Feed your baby breastmilk.** It has unique antibodies (</English/ages-stages/baby/breastfeeding/Pages/Breastfeeding-Benefits-Your-Babys-Immune-System.aspx>) to prevent and fight infections.

Monoclonal antibody injections for high-risk infants

There is a monoclonal antibody treatment

(<https://publications.aap.org/pediatrics/article/143/3/e20182308/37270/Monoclonal-Antibody-Treatment-of-RSV-Bronchiolitis>) that may reduce the risk of severe RSV infection in some high-risk infants. Your pediatrician will let you know if your baby is a candidate.

Hope on the horizon for RSV

Medicine is always advancing! Scientists are currently studying vaccines to prevent and medications to treat RSV. We may have more options in the future. In the meantime, rest assured that most children recover well from RSV and grow to be healthy adults.

More information

- COVID, Flu & RSV: How Are These Respiratory Illnesses Different? (</English/health-issues/conditions/COVID-19/Pages/How-is-the-Flu-Different-From-COVID-19.aspx>)
- Treating Bronchiolitis in Infants (</English/health-issues/conditions/chest-lungs/Pages/Treating-Bronchiolitis-in-Infants.aspx>)
- HealthyChildren.org Parent Webinar on RSV (</English/tips-tools/webinars/Pages/default.aspx>)
- RSV in Infants and Young Children (<https://www.cdc.gov/rsv/high-risk/infants-young-children.html>) (CDC)

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