

UNDERSTANDING RSV AND THE PREMATURE INFANT

By Dianne I. Maroney

Respiratory syncytial virus (RSV) is a virus that causes a common cold in adults and older children. However, in premature infants, RSV can be very serious as it often develops into bronchiolitis or pneumonia. Because a preemie's lungs are often healing from the insults of a premature birth and/or she may have some level of chronic lung disease (requiring oxygen at home or have been diagnosed with reactive airway disease), your preemie may be more susceptible to RSV and the breathing problems that can result from it. Premature infants who contract RSV often require rehospitalization to give extra fluids, respiratory treatments, and possibly extra oxygen.

RSV is transmitted through direct contact by touching someone who has the virus and then touching the mouth, eyes, or nose. The RSV virus can live for several hours on objects such as tissues or toys and for about 30 minutes on human skin. It is extremely important to wash your hands often during cold season especially when you are in public or have a cold yourself. No one can ever be sure if an older child or adult with a cold has RSV or another less serious virus, so preemies must be kept away from anyone who has any cold symptoms.

There is a preventative treatment for RSV; it comes in two forms. The first is called Synagis. Synagis is a shot given once a month during cold season (RSV season is generally October through May but can vary with the region of the country). Although Synagis is expensive, it is simple and more frequently used than the second choice which is called Respigam. Respigam is a medication given by IV (intravenous solution) over about four hours in a hospital setting once a month. Respigam is very expensive and more time consuming to administer so it is only used with children who have severe chronic lung disease. These medications do not always prevent RSV, but they can decrease the severity of its complications. The American Academy of Pediatrics recommends using these medications for infants and children under two years old and have chronic lung disease. Each child's situation is reviewed individually to see if he or she meets all of the recommended criteria, so be sure to talk with your doctor if you have any questions.

For more information on preemie medical, developmental, feeding, nutrition, emotional, and transitioning to school issues, please see **Your Premature Baby and Child: Helpful Answers and Advice for Parents** (Berkley, 1999) by Amy E. Tracy and Dianne I. Maroney, R.N.