

MYTHS, FACTS & Respiratory Syncytial Virus

It might just be the worst disease you have never heard of. Respiratory syncytial virus, or RSV, is a virus that affects the lungs. It can make breathing difficult. It can also cause lower respiratory tract infections, inflammation of the small airways of the lungs (bronchiolitis) and infection of the lungs (pneumonia).¹

Even though RSV is common, not everyone has the facts about the virus. Some people scarcely know about RSV. Others harbor misconceptions about who is at risk, when people can catch RSV and what can be done to reduce the risk of infection. Given RSV's prevalence and impact, it's worth knowing the facts.

Myth: RSV is just like getting a cold.

Fact: While RSV is frequently confused with the common cold, it's not the same. Both the cold and RSV may start with similar symptoms like cough, decreased appetite and runny or stuffy nose. But RSV can progress to labored breathing, wheezing, sneezing and fever.² Symptoms in young infants can be different and include irritability, decreased activity or appetite, breathing apnea³ or blueish skin.⁴

Healthy people don't typically require hospitalization for RSV infection, but if symptoms become severe, hospitalization can be necessary. Hospitalization is often necessary if you are having trouble breathing or get dehydrated.



Myth: Since there's no vaccine, there's no way to prevent RSV.

Fact: **Following good hygiene practices can go a long way toward preventing RSV.** Washing your hands often, keeping your hands away from your face and covering your coughs and sneezes can decrease the risk of getting RSV. You can also avoid contact with people who are sick and stay home if you are sick, thereby slowing the spread of the virus.⁵

Even though there's not a vaccine for RSV now, researchers are working to develop one. There is a preventative RSV treatment for infants, but many private and government health plans have limited access to only severely premature babies—those born before 29 weeks gestation.



Myth: RSV is dangerous only for premature babies.

Fact: **RSV can be very dangerous for premature babies, but they aren't the only population at risk.** While premature babies can suffer from severe complications that necessitate hospitalization, infants, young children and seniors are also at high risk.⁶

Almost all children will have had RSV by the time they are two years old.⁷ Tens of thousands of children are hospitalized because of RSV annually. RSV is the leading cause of hospitalization in babies less than one year old.⁸

RSV is particularly serious for seniors who have chronic medical conditions as it can exacerbate certain symptoms.⁹ Hundreds of thousands of seniors are hospitalized because of RSV each year, and tens of thousands die.¹⁰

Myth: RSV will run its course, so there's no reason to see a doctor if you are sick.

Fact: Even though RSV will often go away on its own in a week or two, it's best to talk with a doctor if infants, children or seniors are suspected to have RSV. RSV has the potential to become serious and could require hospitalization.²

Myth: RSV can be caught only in the winter months.

Fact: RSV often occurs in the fall, winter and spring. While it's true that RSV season peaks from late December to mid-February,¹¹ it's not just a winter virus. RSV season can start between mid-September and mid-November, and extend until mid-May, depending on where you live.



Myth: RSV's effects are short lived.

Fact: Children who have bronchiolitis from RSV may continue wheezing for many years. Research has also found that school-aged children who were hospitalized for RSV during infancy had an increased risk of asthma and impaired lung function.¹²

Myth: RSV impacts only those who get sick.

Fact: RSV-related medical visits and hospitalizations have a large economic cost. Research found elderly people with RSV had more hospital stays, emergency room and urgent care visits, and used more prescription medications compared to seniors who did not have RSV. These differences lead to nearly twice the annual health care cost for people over 65 who had RSV.¹³

Increased medical expenses aside, there are also indirect costs associated with respiratory virus in children and seniors.¹⁴ For example, there are cost burdens when caregivers take time away from work or can't perform usual home management activities because they are supporting sick children or parents. Families and societies suffer when children and seniors experience RSV.

Conclusion

Hundreds of thousands of Americans catch RSV each year. While respiratory syncytial virus can seem like the common cold, it's not. It can be dangerous, even deadly for infants, young children and older adults.

RSV also has a wide-ranging impact on families, communities and the health care system – making it imperative for patients, parents, advocates and policymakers to know the difference between myths and facts.

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