Infant Health Matters: Respiratory Syncytial Virus (RSV)

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The National Coalition for Infant Health is a collaborative of more than 200 professional, clinical, community health, and family support organizations focused on improving the lives of premature infants through age two and their families. NCfIH's mission is to promote lifelong clinical, health, education, and supportive services needed by premature infants and their families. NCfIH prioritizes safety of this vulnerable population and access to approved therapies.

Q: What is RSV?

The respiratory syncytial virus is a seasonal virus that causes an infection of the lungs. RSV is the leading cause of hospitalization in children younger than one-year-old. It is quite common, and most infants and children recover in a short amount of time.

Some, however, struggle and may need to be hospitalized and put on a ventilator. While there is a risk for premature infants in particular, even healthy, full-term infants are at risk of severe infection and hospitalization. In fact, the majority of RSV hospitalizations are healthy infants born full-term.

Some infants grow up to have lifelong respiratory problems as a result of their bout with RSV.

Q: Is there a vaccine for RSV?

There is no vaccine for RSV, but vaccine-like products are being developed to help prevent RSV infection in all infants. And one already exists for preterm infants. The problem is that insurance companies have set a very high bar for access. In order to receive treatment, an infant must have been born extremely early, have been a previously sick preterm baby, or be ill when RSV season starts. So, many babies who would benefit from protection instead face the viral season without treatment. That can be dangerous.

I worry that when new treatments come to market for RSV, all infants will face the same access challenges.

We must not let our guard down when it comes to infants and RSV.

Q: Why isn't RSV always taken seriously?

More often than not, the virus is mistaken for a cold or another virus.

In other cases, people do not know how to take it seriously be-

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cause they are unaware of how RSV is transmitted. Yes, it can be passed by sneezing or coughing on someone. But RSV can also last up to several hours on surfaces such as countertops, toys, and clothes.

This makes the virus easily transmittable – and dangerous.

Q: What happened to RSV in infants in 2020?

Of all my years of working in neonatal care, 2020 brought the lowest number of RSV patients. Why? Everyone was wearing a mask, washing their hands, and being incredibly cautious. While we have been warding off COVID-19, we have also been warding off RSV.

It's important to note that the decrease was temporary. We must not let our guard down when it comes to infants and RSV. As the world opens back up, RSV will be back.

Q: What advice do you have for parents and health care providers?

Parents might consider continuing COVID-19 precautions to protect their infant's health. They should also look for the telltale signs of RSV – coughing, wheezing, and difficulty breathing, especially when they perceive pauses in the child's breathing.

As for health care providers, we must do our best to serve as the voice for all infants through education and advocacy. Maybe COVID-19 increased the world's sensitivity to what a virus can do. Health care providers should drive home the point that infants deserve access to preventive treatment that can help protect them from RSV's impact

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National Coalition for Infant Health Values (SANE)

Safety. Premature infants are born vulnerable. Products, treatments and related public policies should prioritize these fragile infants' safety.

Access. Budget-driven health care policies should not preclude premature infants' access to preventative or necessary therapies.

Nutrition. Proper nutrition and full access to health care keep premature infants healthy after discharge from the NICU.

Equality. Prematurity and related vulnerabilities disproportionately impact minority and economically disadvantaged families. Restrictions on care and treatment should not worsen inherent disparities.

Which Infants are More Vulnerable to Respiratory Syncytial Virus?

RSV is a respiratory virus with cold-like symptoms that causes 90,000 hospitalizations and 4,500 deaths per year in children 5 and younger. It's 10 times more deadly than the flu.

For premature babies with fragile immune systems and underdeveloped lungs, RSV proves especially dangerous.

But risk factors associated with RSV don't touch all infants equally.*

*Source: Respirator Syncytial Virus and African Americans

Caucasian Babies	Risk Factor	African American Babies
11.6%	Prematurity	18.3%
58.1%	Breastfeeding	50.2%
7.3%	Low Birth Weight	11.8%
60.1%	Siblings	71.6%
1%	Crowded Living Conditions	3%

AFRICAN AMERICAN BABIES bear the brunt of RSV. Yet the American Academy of Pediatrics' restrictive new guidelines limit their access to RSV preventative treatment, increasing these babies' risk.

AfPA
Alliance for Patient Access

READ

NPA's statement: **BLACK LIVES MATTER**