Severe Respiratory Illness Increasing in Children: What You Need to Know

Across RWJBarnabas Health’s Children’s Health Network of hospitals, we have seen a recent surge in cases of severe respiratory illness in children caused by an influx of a variety of viruses common to the fall and winter months. Uzma N. Hasan, MD, Division Director of Pediatric Infectious Diseases at Cooperman Barnabas Medical Center, and Christopher Freer, DO, FACEP, Senior Vice President of Emergency and Hospitalist Medicine at RWJBarnabas Health, discuss symptoms and risk factors of these viruses and respiratory illness, when to seek emergency care, and how to protect your children.

Q. What viruses are currently circulating in children?
A. Dr. Hasan: An increase in severe respiratory illness in children is being seen across New Jersey, caused by climbing cases of respiratory syncytial virus (commonly known as RSV), the flu, COVID-19, and other seasonal viruses.

RSV – which is being seen in record numbers – causes upper and lower respiratory tract infection, such as a common cold and pneumonia/bronchiolitis. Infants, in particular those who are premature, as well as children with asthma and those born with cardiac disease, weakened immune systems, and neurological deficits are at risk for severe illness.

While influenza and COVID-19 can affect various systems in the body, they commonly cause varying degrees of respiratory illness. We expect this flu season to be the worst we have seen in recent years. Going into our third winter of the pandemic, we can rely on historic knowledge to anticipate an uptick in COVID cases during the winter months as people spend more time indoors.

Q. What are common symptoms of these viruses?
A. Dr. Hasan: Symptoms of RSV, the flu, COVID-19, and other viruses are similar so it is difficult to identify which virus(es) is making your child sick. Common symptoms include fever, nasal congestion, cough, sore throat, headaches, body aches, loss of appetite, and fatigue. Less common symptoms may include vomiting and diarrhea. In some cases, however, these viruses can sometimes lead to difficulty breathing, wheezing, and asthma flare.

For the most part, RSV symptoms are that of a common cold/upper respiratory tract infection. The virus, however, is also notorious for causing lower respiratory tract infection – such as bronchiolitis or pneumonia. As the virus typically peaks at 3-5 days after the onset of symptoms, be aware that wheezing will often be a presenting symptom.

Key flu symptoms are high grade fever, severe muscle aches, vomiting, diarrhea, and feeling overall miserable. In severe cases, complications may include brain or heart inflammation, ear infection, and pneumonia.

Parents should be aware of, but not afraid of, the recent surges in illness. For the most part, for otherwise healthy children, these are mild to moderate illnesses and that will not lead to severe complications. Talk to your child’s pediatrician about their specific health concerns and if additional preventative measures should be taken.

Q. How can I best treat my child with respiratory illness?
A. Dr. Freer: Most children experiencing these viruses will exhibit mild cold symptoms such as congestion, fever, and/or cough. There are several things you can do at home to mitigate your child’s symptoms. Make sure to keep them hydrated with lots of fluids, control fever with Tylenol or Advil, suction and irrigate their nose with saline, and look for signs of respiratory distress.
Q. When should I call my pediatrician or seek emergency care for my child?
A. Dr. Freer: You can always call your pediatrician for guidance whenever your child is ill. However, if your child is exhibiting new onset wheezing or violent coughing, you need to call your pediatrician right away. Additionally, if your child is exhibiting any sign of respiratory distress or difficulty breathing – such as rapid and shallow breathing, belly breathing, struggling to finish and the area around the lips turning blue or grey – as well as insufficient fluid or food intake, bring them to the emergency department right away.

Q. How can I best protect my child?
A. Dr. Hasan: To best protect your children, make sure they receive this season’s flu vaccine and are up to date with their COVID-19 vaccines and booster shots as soon as they qualify! This is extremely important to not only slow the spread but to also protect your child from severe illness and hospitalization from a host of respiratory viruses (see more information on the benefits of vaccination below). Children 6 months of age and older can receive a flu vaccine and the COVID-19 primary series. Use the online tool from the Centers for Disease Control to determine booster eligibility.

Also – as RSV, the flu, COVID-19, and other viruses, are highly contagious and easily transmitted through coming in contact with an infected person’s respiratory droplets – encourage your child to practice frequent hand washing and proper cough etiquette and keep them away from members of the household who are sick. Additionally, clean household surfaces with Lysol or germicidal cleansers.

If your child is sick, keep them home until they are no longer contagious and consider having them wear mask in crowds, at school, or around those with suppressed immune systems. Help them to practice proper cough etiquette, such as coughing into their elbow, and wash hands frequently.

Q. Do any of these circulating viruses have more risks for certain children than others?
A. Dr. Hasan: While all of the viruses can vary in severity, RSV and the flu can be particularly dangerous for newborns and infants – especially under the age of 6 months and those born premature – as well as children with certain preexisting conditions, are more likely to develop severe complications, such as bronchiolitis, pneumonia, ear infections, dehydration, and heart, brain, or muscle inflammation.

It’s also important to note that any respiratory illness can be more serious for children who are immunocompromised and those who have asthma, chronic lung disease, congenital heart disease, and other preexisting conditions. Work with their pediatrician and be sure to be up-to-date on their asthma action plan.

For these infants and high-risk children, stay in close contact with their pediatricians and have a heightened awareness for any worsening of symptoms that may require emergency medical care.

Q. Is there anything I can do to protect my high risk baby?
A. Dr. Hasan: Premature babies who were born of a certain gestational age are eligible to receive a monoclonal antibody within their first two years of life to prevent RSV. Talk to your child’s pediatrician to discuss options for preventative measures.

Also, as noted earlier, babies who are 6 months of age and older should receive their flu vaccine and COVID-19 primary vaccination series as soon as possible.

Q. Do the flu and COVID vaccines protect children against severe respiratory illness?
A. Dr. Hasan: While flu and COVID vaccines protect children from contracting – or getting severe versions of – these specific viruses, there are secondary benefits as well. Unvaccinated children are more likely to experience, and be hospitalized for, serious illness from certain viruses. It is also very common for children to have more than one virus at a time. Therefore, by providing protection against flu and COVID through vaccination, you will limit the number of possible causes of illness. In addition, the primary vaccination series protects against bacteria like Streptococcus pneumonia that may often be responsible for causing a secondary bacterial infection in children who have severe illness from respiratory viruses.

Q. Why is this year’s respiratory virus season much worse than in recent years?
A. Dr. Hasan: We believe that we had a milder viral season the last couple of years because of all the preventive measures in place during the COVID pandemic. Masking, social distancing, and school closures did not allow the usual spread of viruses, which may have impacted our immunity to these viruses.