

'Tis the Season of Upper Respiratory Infections—What Parents Need to Know

By Sam Kennedy

SLATE BELT - You have probably heard that common viruses, such as Respiratory Syncytial Virus (RSV), which didn't circulate much during the covid pandemic, are back in high numbers. That means many children three years of age and under are seeing RSV for the first time. St. Luke's Pediatrics is sharing information to help parents better understand the current situation and provide guidance about if and when they need to seek care.

"It can't be known with certainty how long this pediatric surge will last, but we can say with certainty that St. Luke's and our Pediatric team remain committed to caring for all children in the community who are depending on us now more than ever," said Jennifer Janco, MD, St. Luke's Pediatrics Chairwoman.

RSV Facts:

About 90% of children will get RSV by the time they are 2 years of age

Only 1-2% of children under 12 months old with RSV will require hospitalization

Most will have **UPPER** respiratory symptoms (i.e., cough and congestion)

Some (20-30%) develop **LOWER** respiratory tract symptoms with the **FIRST** infection

Wheezing, pneumonia

Most healthy infants with RSV bronchiolitis do NOT require hospitalization

Most hospitalized infants with RSV improve within 2-3 days

Reinfection is common but subsequent infections are usually less severe than the first

There is no vaccine or special medicine to treat RSV infection

Unlike Covid, there is no need for RSV testing out-

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side of the hospital setting; it's not going to change how your child is treated

Following standard practice, St. Luke's primary care and urgent care offices do not offer testing to confirm RSV.

When should you call the doctor?

RSV symptoms are typically at their worst on days 3 through 5 of illness but symptoms often linger for several days or even a few weeks. Fortunately, almost all children recover from an RSV infection on their own.

Seek care right away if your child experiences:--

Symptoms of labored breathing such as using extra muscles in the ribs or stomach to breathe or breathing



much faster than normal

Symptoms of dehydration (fewer than 1 wet diaper every 8 hours)

Gray or blue color of the tongue, lip or skin

What can you do?

When it comes to respiratory infections in children, it is highly likely that your child will get sick, but there are ways to be prepared and to set your child up for a healthier winter season:

Get yourself and your child vaccinated. Vaccines are an effective way to reduce the severity of symptoms – or prevent infections entirely. While there is currently no vaccine for RSV, vaccines for COVID and for influenza ("the flu") are available for children 6 months of age and older.

Choose an appropriate level of care. Children with minor to moderate symptoms may not need a provider

visit. When seeking care, choosing the right location means easy access to a convenient, personalized treatment plan and potentially avoiding unnecessary wait times.

Pediatric primary care offices: Outpatient care with your provider is often your best place to start. Some advice over the phone can help guide you through most illnesses – and let you know what signs warrant a visit.

Care Now walk-in locations: When your pediatric primary care office is closed and the child's condition can't wait until they open.*

Emergency department (ED): Immediate care for medical emergencies, such as a child with labored breathing or signs of dehydration.**

To learn more about when to seek medical treatment, visit the following link: healthychildren.org.

Take precautionary measures. There are simple steps you can take to help your child stay healthy. Encourage handwashing, avoid exposure to anyone who is sick, and stay away from large groups.

Be prepared. Have necessary supplies on hand such as a thermometer, fever reducer, Pedialyte to help with hydration and nasal saline, and bulb suction to clear nasal secretions.

*Scheduling with your family doctor – when possible – may prevent unnecessary ED or urgent care visits.

**ED providers may provide temporary treatment until an inpatient bed becomes available.

RSV, Flu or Covid – or Cold?

While some of the symptoms of these illnesses overlap and the treatment of them in the pediatric patient is largely the same, there may be other factors to consider, Dr. Janco said. One is the child's underlying health status, and another is the contacts of the sick child. For example, if a sick child normally spends time with elderly grandparents who are themselves at greater risk of severe illness from Covid or flu, additional precautions would be appropriate. Parents with questions can seek advice from their pediatrician.

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