



## Monitoring for Infections: Don't Forget About RSV

While you work to identify and manage COVID-19 and the flu this year, don't forget about respiratory syncytial virus (RSV). This is among the viruses that are surging earlier than usual and can cause significant illness in vulnerable older adults.

While RSV is often first thought of as a pediatric concern, each year an estimated 60,000-120,000 **older adults** in the United States are hospitalized with the condition, and 6,000-10,000 of them die due to RSV infection. In fact, according to the Centers for Disease Control and Prevention (CDC), from October 15 to October 22 of 2022 alone, there were a total of 7,334 positive RSV results, up from 1,241 in August. The CDC also says there has been an increase not only in infections but in RSV-related emergency department visits and hospital admissions.

While RSV usually causes mild symptoms and recovery in a week or so, much like a common cold, it can be serious for older adults.

### ***Differentiating Viruses: Is It RSV, Influenza, or COVID?***

Respiratory viruses such as the common cold (rhinovirus, adenovirus, etc.), RSV, influenza and COVID-19 can share many common symptoms such as congestion, dyspnea (shortness of breath), cough, fever and local nasopharyngeal symptoms. The severity of these symptoms vary across disease type.

While the common cold is often self-limiting with minimal treatment, RSV, influenza and COVID-19 can have profound consequences if not appropriately managed; and similar presentations make differential diagnosis on clinical observation alone difficult.

Wheezing – a sound like a whistle or rattle – is a relatively unique symptom of RSV that can assist the clinician in making this diagnosis. Similarly, while

people with RSV can have an elevated temperature, a very high fever (103 degrees Fahrenheit or higher) – along with severe physical discomfort such as nausea and vomiting – is a distinctive symptom of the flu.

COVID-19 symptoms have demonstrated more serious effect on the lungs and other body systems that may linger after the acute infection resolves, and symptoms such as loss of taste/smell and GI involvement with nausea, vomiting and diarrhea are indicative of this virus.

### ***The Diagnostic Gold Standard***

These infectious diseases tend to be more prevalent in the fall and winter. So as we move through these months, it is essential to prioritize timely and effective care. Of course, key to this is prompt diagnosis.

The gold standard for diagnosing RSV infection is through PCR testing of respiratory tract secretions, especially in older adults who may fall ill while having lower viral loads in respiratory secretions. T.J. Griffin, Chief Pharmacy Officer at PharMerica®, says, "With the RSV-Influenza-COVID19 triple threat, it is important to work with your lab provider to see if they can provide respiratory test panels that are able to detect and differentiate between viruses."

Unlike with COVID-19 and influenza, there isn't a vaccine available for RSV prevention. "Vaccines for this virus are still in development for high-risk age groups so early identification of the appropriate pathogen is necessary for a provider to direct therapy. We saw the immense impact immunization had on COVID-19 outcomes as vaccines were developed and rolled out in the last 3 years," says Griffin. "Currently, RSV in older adults is best

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managed through infection prevention practices and supportive care.”

## ***Older Adults and RSV***

While older adults with RSV may initially present with mild cold-like symptoms (e.g., runny nose, sore throat, cough, and headache), the virus can lead to more severe symptoms for those individuals with asthma, COPD, and/or congestive heart failure.

RSV can lead to pneumonia or bronchiolitis (inflammation and congestion of small airways) in older adults with or without any of these comorbidities, partly due to the natural weakening of our immune systems with age. Signs of more severe RSV include rapid breathing or difficulty breathing and/or blue-tinged skin.

## ***Treatment Tips***

Supportive care is the mainstay of RSV therapy. In most instances, practitioners recommend drinking plenty of fluids, taking over-the-counter (OTC) pain or fever medication as needed, and getting plenty of rest. It is important to consult your pharmacist to identify any OTC products that may be contraindicated because of coexisting conditions such as hypertension or that may put a person at risk for falling. With these interventions, the virus will resolve within a week or two for most individuals.

For those most vulnerable older adults, RSV may progress to more severe infection, especially when the virus isn't identified and treated promptly. Severe infections may require supplemental oxygen or even mechanical ventilation.

“With the threat of this impending ‘triple-demic,’ it is important that facilities and their pharmacy service providers continue to adhere to the lessons learned during COVID-19 to prevent the inter- and intra-facility transmission of respiratory viruses,” says Griffin.

To prevent the spread in your facility, it's important to practice standard precautions such as frequent hand washing, covering your coughs and sneezes, wearing masks when caring for people who have RSV or other viruses and cleaning and disinfecting surfaces. Since the virus is airborne and highly contagious, these preventive precautions are especially important.