

Respiratory Syncytial Virus Infection

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Editorial

The most common cause of lower respiratory tract infection in infants and young children is respiratory syncytial virus (RSV), which belongs to the Paramyxoviridae family. Close contact and large droplets spread the virus, which causes the common cold, bronchiolitis, and pneumonia. However, until outbreaks in hospitals and healthcare facilities were discovered, the clinical impact of RSV infection in adult populations was underestimated. The infection can be fatal, especially in the elderly, patients with chronic cardiopulmonary disease, and immunocompromised people. Furthermore, the disease burden of RSV is not negligible when compared to influenza in high-risk adults or the elderly. In the United States, 2–10% of community-dwelling older adults are infected each year, and approximately 11,000 people die as a result of the illness [1]. RSV was found in 1.1 percent of all adult respiratory infections in South Korea, and it has a similar seasonal occurrence during childhood.

The World Health Organization's Strategic Advisory Group of Experts recently presented an issue of RSV vaccine production in April 2016, stating that the elderly, pregnant women and immunocompromised patients would be the target of populations of the RSV vaccine. As a result, establishing an accurate vaccine strategy requires a thorough investigation the epidemiology and disease burden of adult RSV infection [2]. Furthermore, the growing elderly population with weakened host immune responses and underlying comorbidities is now a public health issue in developed countries. Unfortunately, there is a lack of large-scale intensive research on adult RSV infection in South Korea. The purpose of this study was to discover the clinical manifestations, epidemiology, and disease burden of adult RSV infections in South Korea, particularly among the elderly and at-risk populations [3]. It may be useful to consider the RSV vaccination's eligible target population.

Symptoms

Signs and symptoms of respiratory syncytial virus infection typically appear four to six days after virus exposure. RSV typically causes mild cold-like symptoms in adults and older children. These could include:

- Nose congestion or runny nose
- Coughing that is dry
- Fever of low intensity
- Throat discomfort
- Sneezing
- Headache

COVID-19 and RSV

Because RSV and coronavirus disease 2019 (COVID-19) are both respiratory viruses, some RSV and COVID-19 symptoms may be similar. COVID-19 frequently causes mild symptoms in children, such as fever, runny nose, and cough. Adults with COVID-19 may experience more severe symptoms, such as difficulty breathing. RSV may reduce immunity and increase the risk of contracting COVID-19 in both children and adults. Furthermore, these infections may occur concurrently, exacerbating the severity of COVID-19 illness [4]. If you are experiencing symptoms of a respiratory illness, your

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doctor may advise you to be tested for COVID-19.

Causes

The respiratory syncytial virus enters the body via the eyes, nose, or mouth. It quickly spreads through the air on infected respiratory droplets. If someone with RSV coughs or sneezes near you, you or your child may become infected. The virus can also be transmitted through direct contact, such as shaking hands. The virus can survive for hours on hard surfaces like countertops, crib rails, and toys. Touching your mouth, nose, or eyes after touching a contaminated object increases your chances of contracting the virus [5]. During the first week or so after infection, an infected person is most contagious. However, in infants and those with weakened immunity, the virus can continue to spread for up to four weeks after symptoms have subsided.

Prevention

There is no vaccine available for respiratory syncytial virus. However, the following lifestyle habits can aid in the prevention of the spread of this infection:

- Hands should be washed frequently. Teach your kids the value of hand washing.
- Avoid being exposed. When you cough or sneeze, cover your mouth and nose. Avoid exposing your baby to people who have fevers or colds.
- Maintain a clean environment. Make sure the kitchen and bathroom countertops, as well as the doorknobs and handles, are clean. Throw away used tissues as soon as possible.
- Drinking glasses should not be shared with others. When you or someone else is sick, use your own glass or disposable cups. Each person's cup should be labelled.
- Don't smoke. Babies who are exposed to tobacco smoke have a higher risk of getting RSV and potentially more-severe symptoms. If you do smoke, never do so inside the house or car.
- Wash toys regularly. Do this especially when your child or a playmate is sick.

Conflict of Interest

None.

References

1. Schmitt, Anthony D, Ming Hu, Inkyung Jung, and Zheng Xu, et al. "A compendium of chromatin contact maps reveals spatially active regions in the human genome." *Cell Rep* 17 (2016): 2042–2059.
2. Dixon, Jesse R, Inkyung Jung, Siddarth Selvaraj, and Yin Shen, et al. "Chromatin architecture reorganization during stem cell differentiation." *Nature* 518 (2015): 331–336.
3. Fraser, James, Carmelo Ferrai, Andrea M Chiariello, and Markus Schueler, et al. "Hierarchical folding and reorganization of chromosomes are linked to transcriptional changes in cellular differentiation." *Mol Syst Biol* 11 (2015): 852–852.
4. Paige, Sharon L, Sean Thomas, Cristi L Stoick-Cooper, and Hao Wang, et al. "A temporal chromatin signature in human embryonic stem cells identifies regulators of cardiac development." *Cell* 151 (2012): 221–232.
5. Ramani, Vijay, Darren A Cusanovich, Ronald J Hause, and Wenxiu Ma, et al. "Mapping 3D genome architecture through in situ DNase Hi-C." *Nat Protoc* 11 (2016): 2104–2121.

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