What doctors want patients to know about RSV infection

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AT A GLANCE: Here are the key things you will learn about RSV from three physicians in this article:

- RSV can cause a runny nose, cough, fever, wheezing and chest congestion. Infants may also have trouble eating or breathing, while RSV can cause pneumonia in older adults and infants alike.
- Infants younger than 6 months—especially those born prematurely—adults 75 or older, and adults 50–74 with certain medical conditions face greater risk of severe RSV.
- Vaccines are available for eligible adults and during pregnancy, while long-acting monoclonal antibodies can help protect infants from severe RSV disease.
- Take steps to prevent RSV from spreading, such as washing your hands, covering coughs and sneezes, cleaning frequently touched surfaces and avoiding crowded spaces when you or your child is sick.
- Seek medical care for difficulty breathing, especially in infants. Older adults with fever, breathing problems or difficulty eating should also be evaluated.

Respiratory syncytial virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms. While most people recover in a week or two, RSV can be serious, especially for infants, older adults and adults with chronic medical conditions.

During the 2025–2026 RSV season, the virus led to between 2.8 million and 5.8 million outpatient visits in the U.S. There were also between 170,000 and 340,000 hospitalizations caused by RSV and 9,900 to 25,000 deaths, according to the Centers for Disease Control and Prevention.

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Meanwhile, for patients 50 or older, each year brings about 110,000–180,000 hospitalizations and 6,000–10,000 deaths. For children younger than 5, each year brings an estimated 58,000–80,000 hospitalizations.

The AMA's What Doctors Want Patients to Know™ series gives physicians a platform to share what they want patients to understand about today's healthcare headlines.

For this installment, three physicians took time to discuss what patients need to know about RSV infections. They are:

- Sandra Fryhofer, MD, an Atlanta internal medicine physician and president-elect of the AMA.
- Preeti Malani, MD, an infectious diseases specialist in Ann Arbor, Michigan. Dr. Malani is also deputy editor of *JAMA*®.
- Colleen B. Nash, MD, MPH, a pediatric infectious diseases physician at Rush University System for Health, as well as an associate professor of pediatrics and division chief of pediatric infectious diseases at Rush University Medical Center in Chicago.

Rush University System for Health is part of the AMA Health System Member Program, which provides enterprise solutions to equip leadership, physicians and care teams with resources to help drive the future of medicine.

RSV is a common respiratory virus

"RSV stands for respiratory syncytial virus," said Dr. Nash, emphasizing that RSV "is a very common respiratory virus that anyone can experience."

"People might know they have it if they have young kids, specifically young infants, that's the population that runs into the most trouble with RSV," she said. "And patients who are immunocompromised may struggle with RSV as well."

RSV seasons vary each year

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In the continental U.S., RSV season generally runs from October through March, with a peak in December and January.

“The typical RSV season is the same as with many other cold virus seasons, so about the fall through the winter,” Dr. Nash said. “We think about October, November starting to see it and then we can see it late even through April and May, but really the wintertime is that key timing—late fall, early winter.”

However, “outbreak timing and severity can vary geographically and from season to season,” Dr. Fryhofer said. Also, “the timing of both the onset and peak of RSV can vary.”

Patients who live in Alaska, Florida or outside the continental U.S., should talk to their healthcare professional about when RSV immunization is recommended as RSV seasonality and circulation patterns can differ.

Symptoms of RSV are similar to other viruses

“The biggest sign is just like with other infections—there’s a range. So, little babies may have difficulty breathing, fever, cough, wheezing, chest congestion or it could just be a runny nose, and they don’t want to eat,” said Dr. Malani. “For many of us, RSV could look like any other common cold.”

“One thing that is a bit specific to RSV is wheezing and bronchospasm,” she said. “Then in older adults—particularly those in nursing homes—it is pneumonia.”

“We often think that adults might have milder symptoms or less severe symptoms than an infant who’s experiencing their first RSV infection of their lives,” said Dr. Nash, “but I have seen adults also have a pretty nasty infection with RSV too.”

Ultimately, “RSV can vary, but generally, those classic cold symptoms are what are most common for RSV,” Dr. Nash noted.

Keep in mind how RSV spreads

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“You get it from exposure to respiratory droplets when an infected person coughs or sneezes,” said Dr. Fryhofer. “You can also get it from direct exposure to virus droplets including kissing the face of an infected child or from contact with surfaces.

“You can pick up viral particles on what we call fomites, so a door handle or a tabletop after someone has just coughed or sneezed on it. You can pick it up that way too,” Dr. Nash explained. “It is a pretty significant form of transmission.”

“Then droplets. If you are a parent with a kid who just sneezed in your face. That kind of thing, which does not happen infrequently, can spread little viral particles in droplets coming out of and onto other people,” she said.

People with RSV can be contagious for some time

When it comes to how long a person with RSV is contagious, Dr. Nash noted that they “can be contagious for quite some time with RSV and be shedding the virus in their nasal secretions and cough.”

“Even if they’re not very sick themselves, there can be effective viral transmission for several days, even as symptoms wane or start to get better,” she explained. “It’s really important to appreciate the fact that even if someone isn’t so obviously sick with cold symptoms, they can still be quite contagious with this virus.”

“The virus can live for many hours on hard surfaces,” Dr. Fryhofer added, noting that “people with RSV are contagious for about three to eight days. However, some with weakened immune systems can be ill for up to eight weeks.”

Understand your RSV risk level

“Those at highest risk of severe complications of RSV infections include infants under 6 months old—especially premature infants—and those 75 or older,” said Dr. Fryhofer. “RSV is especially dangerous for those who are 50 to 74 years old with underlying medical conditions including heart or lung problems, as well as weakened immune systems.”

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“The highest RSV-hospitalization rates for children are in the first few months of life. RSV risk declines with increasing age in early childhood,” said Dr. Fryhofer. “Prematurity and other chronic medical conditions increase risk of RSV-associated hospitalizations, but most hospitalizations are in healthy term infants. Most children have had it by their second birthday.”

For older adults, “RSV is a frequent cause of severe respiratory illness that is likely under detected,” she explained. “RSV infections in adults can trigger acute myocardial infarction, stroke and can exacerbate asthma and chronic lung disease, such as COPD. RSV infection rates are nearly two times higher in patients with COPD as compared to others.”

There are RSV vaccines and preventive medications

“This is something that didn’t exist even a few years ago, so it’s remarkable that we have several vaccines on the landscape,” Dr. Nash said. “There are adult vaccines, one that is appropriate for pregnant women to protect themselves and also indirectly protect their infants who are at highest risk.”

Vaccination during pregnancy passes antibodies through the placenta to the baby, to provide protection after birth.

“And there’s an adult vaccine available for older individuals and anyone of adult age who has those higher risk comorbidities, such as cardiovascular disease or primary lung disease, that might experience a more severe RSV infection,” she added.

The first ever vaccines to prevent lower respiratory tract disease caused by RSV were approved by the Food and Drug Administration (FDA) in 2023 for older adults and are recommended for those 75 or older and for adults 50–74 years who are at increased risk of severe RSV. If you have already received an RSV vaccine, you do not need to get another one at this time. While you can get an RSV vaccine at any time, the best time to get vaccinated is in late summer and early fall.

Additionally, an infant RSV antibody is recommended for all babies younger than 8 months born to mothers who did not receive an RSV vaccine during pregnancy. Two long-lasting

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monoclonal antibodies are available for infants, nirsevimab or clesrovimab, which protect against RSV disease. An infant RSV antibody dose should be given to babies shortly before the RSV season or within one week after birth if born during October through March in most of the U.S.

“There’s so much more available now to protect against RSV than there used to be and it’s really exciting,” Dr. Nash emphasized.

Vaccines are key to keeping everyone healthy and preventing infection. Visit spreadthefacts.org to learn more about respiratory virus season vaccine recommendations and to schedule your vaccine appointment, visit vaccinefinder.org.

Testing is key to identify viruses

“We can easily diagnose RSV,” said Dr. Nash, noting that the test “looks like a cotton swab or a Q-tip that you put in the nose.

“It is not particularly pleasant feeling, but it just takes a few seconds and tests for viral particles that are being shed in the nose and mouth area,” she added.

With symptoms of RSV, flu and COVID-19 all similar, “it’s a perfect storm of all three viruses circulating. The only way to know for sure is to test,” said Dr. Fryhofer. “There is also respiratory panel testing, which tests for spectrum of respiratory viruses,” but this is typically done for patients with severe disease requiring hospitalization.

RSV treatment varies from person to person

“The care is like with other colds: Treating the symptoms” with pain relievers such as acetaminophen, said Dr. Malani, adding that “sometimes you need medications for wheezing to treat asthma type symptoms, so inhalers or nebulizers.”

For RSV, “some infants—especially those under 6 months old and older adults—may require hospitalization if breathing problems are severe,” she explained. In those instances, “treatment is supportive with oxygen, IV fluids, and for some, intubation and mechanical

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ventilation."

"There are not specific medications that are given for this infection, except in the case of very immunocompromised individuals," said Dr. Malani. "Someone who has a bone-marrow transplant, for example, we would treat them with an antiviral, but in most people, antivirals are not going to be used."

"In terms of relieving nasal congestion, that can be challenging, especially for young infants, to clear nasal secretions from a teeny-tiny nose," Dr. Nash said. "But there are so many gadgets and things out there that parents can try and utilize, so we encourage that."

Additionally, "humidification if that seems to work for your child and pain relievers, fever reducer medications, such as acetaminophen or ibuprofen if they're old enough to get it," she said, noting it is about "optimizing comfort and ensuring that they stay well hydrated, but a cornerstone is supportive care."

The RSV recovery period varies too

"It's helpful for people to understand what they have and what recovery might look like," said Dr. Malani, who noted that "you're not going to be better in a day."

"For little kids, it might be three days, it might be seven days," she said, adding that "for parents who have to take time off to take care of them or they have to bring somebody in to help take care of them, those are difficult conversations because you don't want an older family member to be exposed either."

"Symptoms usually start to improve within a week and certainly by two weeks you would expect them to improve, but it can take a long time to feel completely better," Dr. Malani explained. "And a lot of us have had that experience too where that cough is lingering."

"We often underappreciate the lingering effects of cold symptoms," Dr. Nash said, noting that "RSV can take some time to ramp up and we think about it as a later peaking virus in that it can take several days to get to its worst before it starts to get better."

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Severe RSV often requires hospitalization

“With severe RSV, patients might require hospitalization,” Dr. Nash noted. “I have seen many patients require oxygen through just a simple nasal cannula or require a breathing tube and a machine, or mechanical ventilation, to do the patient’s breathing for them entirely.”

“RSV really can vary by person, it can be quite severe, it can lead to hospitalizations and ICU level care, and in some cases, cause death,” she said.

It’s important to stop the spread of RSV

“RSV is spread from person to person and it’s people coughing and sneezing, but it’s also hands,” said Dr. Malani. “And this is something that we spent a lot of time early in the pandemic talking about—surfaces.

“Everyone was cleaning surfaces, but this is one where you do want to clean up the surface, and you want to keep your hands clean,” she added.

That’s because “the best RSV prevention is to stop the spread. Cover coughs and sneezes and wash your hands for 20 seconds with soap and water,” said Dr. Fryhofer. And “keep that hand sanitizer with you.”

Additionally, “if you are sick or your child is sick, don't go into a crowded space. Don't go to class, don't go to work,” said Dr. Malani.

Washing your hands is key to preventing RSV

“It seems like such a simple thing to do, but washing your hands is one of the things that I practice ad nauseum every single day and it does work,” Dr. Nash said. “If you are even thinking about if you should wash your hands, just do it.”

“Washing your hands is so incredibly effective for prevention of RSV and a number of other things,” she said, emphasizing that “washing hands, especially during the winter, right

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when you get home from being out in public, is so effective and just baseline, an easy thing to do to prevent RSV."

Consider wearing masks as parents

"Masks may also help provide protection from COVID, flu, and RSV," Dr. Fryhofer recommended.

"It's a little odd to wear a mask around your child, but wear a mask," said Dr. Malani. "Part of it is that you need to stay healthy to take care of your child, and we have found that masks do work well."

Contact your doctor about RSV

"Any kind of difficulty breathing is going to be one of the biggest concerns, especially little babies because they don't have a lot of reserve and a baby who's struggling to breathe needs to be seen," said Dr. Malani. Then "older adults who aren't eating, they have a fever, they're having difficulty breathing, those are going to be what I am going to look for clinically."

"I would just err on the side of caution in taking the child in, because there are things doctors can do even though there's not an antiviral or a vaccine or an antibiotic, but they can treat the breathing difficulties with nebulizers," she said, noting that "young children can also get dehydrated because they have difficulty eating and drinking if they're having difficulty breathing."

"As a parent, when you feel like your child isn't well, rely on that instinct," said Dr. Malani. "Trust your gut because while this can be quite serious, it can be managed."

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