



QUESTIONS AND ANSWERS FOR FAMILIES ABOUT BRONCHIOLITIS



With the endorsement of:



Asociación Española de Enfermería Pediátrica



SOCIEDAD ESPAÑOLA DE GINECOLOGÍA Y OBSTETRICIA



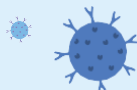
QUESTIONS AND ANSWERS FOR FAMILIES ABOUT BRONCHIOLITIS

1. WHAT IS BRONCHIOLITIS?

Bronchiolitis is a viral respiratory infection that causes inflammation and mucus accumulation in the bronchioles (lower airways of the lung), making breathing difficult^{1,2}.

Respiratory syncytial virus (RSV) is the most common cause of bronchiolitis³. Bronchiolitis and RSV pneumonias are the most common cause of hospitalization in children under 1 year of age, in addition to the risk of complications in the medium and long term^{3,4}. In the first year of life, 1 in 3 infants could develop clinical bronchiolitis⁵.

The infection can occur at any time of the year, although the most common is that the greatest circulation and cases appear between October and March, resulting in the so-called RSV season⁶⁻⁹.



2. WHO IS AT RISK?

Any baby can contract bronchiolitis, and it cannot be predicted which infants could become seriously ill and require hospital care¹⁰. Almost all children will come into contact with RSV at least once before the age of 2¹¹.

In Spain, 98% of hospitalized infants were previously healthy. In addition, more than half of hospitalizations occurred in infants born outside the RSV season^{12,13}.

About 1–2% of bronchiolitis is of sufficient severity to require hospital admission and of these, about 10% require care in Intensive Care Units (ICUs)^{14,15}.



3. WHAT SYMPTOMS DOES IT CAUSE ?

The symptoms of bronchiolitis usually begin as a mild cold and may progress to more serious respiratory problems^{1,2}.

Families should be aware of the following most common signs^{1,2}:



Difficulty breathing, observed as rapid breathing and nasal flutter, which is when the holes in the nose widen when breathing, and the muscles around the ribs sink inward as you try to inhale.



Persistent cough that may worsen over time.



Wheezing, which are high-pitched sounds similar to a beep or whistling sound, when breathing due to partial airway obstruction.



Fatigue or irritability due to constant effort to breathe.



Lack of energy, prostration due to respiratory distress, or impairment of general condition (baby appears to be lethargic and barely complains).

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4. WHAT CAN I DO TO PREVENT MY CHILD FROM GETTING THE RSV?

Since bronchiolitis is a viral infection, it spreads easily from person to person through cough, sneezing and close physical contact. The bronchiolitis virus can survive for hours on the surfaces of objects contaminated by the virus^{3,16}. Some effective measures to prevent transmission are^{1,17}:

- ✓ **Wash hands frequently** with soap and water, especially before touching the baby.
- ✓ **Avoid close contact** with school-aged siblings or close people with cold symptoms.
- ✓ **Cover mouth or nose** with elbow flexed when coughing or sneezing and use disposable tissues.
- ✓ **Clean and disinfect surfaces and toys** that the baby regularly touches.
- ✓ **Keep the upper airways as clear as possible** with physiological serum washes and mucus aspiration, especially before breast or bottle feedings.
- ✓ **Good ventilation and room temperature of the house.**
- ✓ **Be alert to the onset of symptoms and always consult your pediatrician or pediatric nurse.**

Currently, there is no medication for the specific treatment of bronchiolitis. Most children recover in a few days or weeks, although many require hospital admission, frequent visits to the healthcare center, and may develop future respiratory problems¹.

For more than 20 years, a medication has been used only for infants with high-risk and premature diseases. With advances in science and research, we currently have safe and effective prevention tools to protect babies.

Based on the evidence, there is currently a passive RSV strategy in the child population decided by the Public Health Commission of the Interterritorial Council of the National Health System⁴.

5. WHAT IS IMMUNIZATION?

Monoclonal antibodies provide defenses to protect the baby immediately, without relying on the immune system of the newborn or mother¹⁸. **A single dose, provides protection for at least 5 months¹⁹** to protect throughout the season.

In addition, it does not prevent the immune system from continuing to generate its own defenses upon contact with the circulating virus²⁰.



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6. ¿WHEN AND WHERE WILL IT BE ADMINISTERED?



Those born during the season (**October to March**) should receive it very early, preferably within the first 24-48 hours after birth^{4,19-23}.

In contrast, those born between the months of **March and September** usually receive it in October, before the start of the season²⁰⁻²³.

Each Autonomous Community will organize the immunization campaign according to their own plans and resources. The campaign will begin in October, although the exact date may vary between communities. For infants born between April and September, some communities may perform immunization in Primary Care, while for those born during the season, immunization will be carried out in the hospital. Other communities will choose to perform immunization centrally at specific sites²⁰⁻²³. It is not possible to acquire it at pharmacy offices²³.



7. WHO IS RESPONSIBLE FOR IMMUNIZATION?

Administration is primarily carried out by healthcare professionals, midwives, nurses, pediatricians or general practitioners (GPs).

Note: Immunization must be recorded in the immunization register itself: vaccination card or child health document. If it is administered in a private center, families must record it in the public registry.

8. CAN I IMMUNIZE MY BABY IF HE/SHE HAS ALREADY HAD BRONCHIOLITIS?

Yes, and it is recommended that you do so. In addition to there being two subtypes of viruses that can circulate simultaneously, immunity to this virus is not persistent, so immunization is recommended, regardless of whether there has been a previous infection by the virus or hospitalization associated with bronchiolitis²⁴.

9. CAN IT BE ADMINISTERED WITH OTHER VACCINES?

Yes, it can be administered with other vaccines without affecting efficacy.

In addition, it can be administered at the same time as other injectables that are usually given in the first days of life, such as vitamin K, preferably in different anatomical sites²⁴.

10. BENEFITS ACHIEVED WITH IMMUNIZATION

This immunization plan started in the 2023-2024²⁵ campaign. According to data reported by the Ministry of Health, immunization against bronchiolitis virus.



It has prevented nearly 10,000 hospitalizations in children under 1 year of age during the 2023-2024 season^{25,26}.



It has reduced hospitalizations associated with RSV in children under 6 months of age by **83%**²⁵.

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Due to the good results observed, this measure has been recommended again for RSV prevention during the 2024-2025⁴ season.


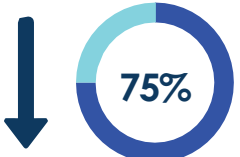

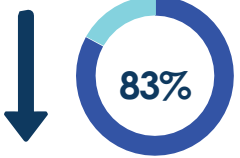
11. IT IS SAFE!

Immunization is **safe**.



In Spain, during the 2023-2024 immunization plans, around 300,000 infants have been immunized and, according to the Ministry of Health, no new risks have been identified beyond those already known and described in the drug package insert.

The most common observed effects include local reactions such as fever, rash, redness, pain at the injection site (occurring in only 0.7-0.3% of infants)^{4,19}. Most reactions were mild to moderate in intensity¹⁹.

Group	Nº hospitalizations
 <p>Under 1 year of age</p>	 <p>75%</p>
 <p>Infants under 6 months</p>	 <p>83%</p>

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