

RSV and other viruses strain US children's hospitals, filling up pediatric beds

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23 October 2022

Children's hospitals in many parts of the US are straining under the weight of unusually high numbers of children infected with respiratory syncytial virus (RSV) and other respiratory viruses. Thirty-six states and the District of Columbia are currently experiencing this spike, with 71 percent of US pediatric beds full across the country, the highest occupancy levels seen by hospitals in two years.

Nearly three-quarters of pediatric beds are now occupied, according to data from the US Department of Health and Human Services (HHS), although the agency does not specify the reason for hospitalization. This compares to about two-thirds of pediatric hospital beds being full on an average day over the past two years.

More than 94 percent of pediatric beds are occupied in Rhode Island, Delaware and Washington D.C., while Maine, Arizona, Texas, Kentucky, Oklahoma and Missouri report 85 to 90 percent of beds occupied. Data from the Centers for Disease Control and Prevention (CDC) is limited to facilities that report such data, meaning that the situation is likely more dire than official figures.

RSV began surging in late summer, months before its typical season, which runs from November to early spring. According to the CDC, the US has been reporting about 5,000 cases per week. This is on par with last year, but far higher than October 2020, in the first autumn of the coronavirus.

This surge in cases is especially troubling given the threat of a surge in COVID-19 cases in the coming fall and winter months and the elimination of virtually all mitigation measures to fight the deadly virus. Other viruses contributing to the bed emergency include parainfluenza, adenovirus and human metapneumovirus.

Jesse Hackell, chair of the committee on practice and ambulatory medicine for the American Academy of Pediatrics (AAP), told the *Washington Post*, "It's very

hard to find a bed in a children's hospital—specifically an intensive care unit bed for a kid with bad pneumonia or bad RSV because they are so full."

The CDC says that most children catch RSV at some point before they turn two. Symptoms are similar to the common cold and include runny nose, decreased appetite, coughing, sneezing, fever and wheezing. RSV usually resolves in a week or two with rest and fluids.

In some children, particularly young infants, however, RSV can lead to serious problems such as dehydration, breathing trouble, as well as serious illnesses such as bronchiolitis or pneumonia.

Dr. Juan Salazar, physician in chief at Connecticut Children's Medical Center in Hartford, told the *Hartford Courant*, "I've never seen this level of occupancy beyond our capacity for a sustained period of time as I'm seeing it right now." Salazar said the hospital is trying to hire pediatric nurses and is talking to the National Guard and the Federal Emergency Agency about emergency measures, such as tent facilities, to treat pediatric patients.

Salazar said beginning in June there has been a steady increase in children being admitted at Connecticut Children's with respiratory viruses, including RSV, rhinovirus and flu. "Our hospital is full right now," he said. "All the beds are taken and currently we have about 15 kids waiting to be admitted in the Emergency Department that don't have a bed to go to" in the units, and at times as many as 25 children with RSV have been waiting for a bed.

Salazar and other doctors point to children born in the past three years being protected from respiratory pathogens due to separation from other children, social distancing and masking. Extremely low COVID-19 and flu vaccination rates also pose a real danger.

Salazar said another theory is that children exposed to COVID-19 have weakened immune systems. He told the *Post* that it's possible that even if babies contracted

asymptomatic or “mild” cases of COVID-19, the percentage of infection-fighting B-cells might have dropped, creating “a certain level of immunosuppression” when they are hit with a new virus.

As the full extent and severity of Long COVID among young children is not known, and the government does not take the syndrome’s debilitating impact seriously, health care providers are essentially flying blind in the face of the RSV outbreak.

Dr. Thomas Murray, associate medical director for infection prevention at Yale New Haven Children’s Hospital, also in Connecticut, said RSV is common for children under three, but they are seeing significantly more cases this year. He told the *Courant* that Yale New Haven is seeing one to three cases of children admitted with COVID-19 and 30 admitted with RSV each day. He said RSV cases seen in the Emergency Department jumped from 57 in the week beginning October 10 to 106 the following week, though not all were admitted.

While RSV is most dangerous for children under three and the elderly, adults who come down with the infection may be unaware that they have been infected and may unwittingly pass it on to the more vulnerable. Infants and toddlers are always putting toys or other items in their mouths, potentially passing the virus on to other children. Unlike SARS-CoV-2, RSV is often spread through surfaces in addition to being airborne.

Several hospitals in the Washington D.C. area have been near capacity for weeks. On one day last week, 18 children were waiting for a room in the ICU at Children’s National.

The University of Rochester-Golisano Children’s Hospital in Rochester, New York, is seeing 20 to 30 more patients a day as a result of a crush of patients with respiratory illnesses, about of fifth of whom are infected with RSV.

Rainbow Babies & Children’s Hospital in Cleveland, Ohio, went on diversion for a few days in early October as a consequence of the RSV surge, meaning it could not take emergency admissions. While it is taking patients again, it is still inundated with RSV cases.

Texas Children’s Hospital in Houston is the largest pediatric medical center in the US. As of October 21, the hospital had more than 40 RSV inpatients, including several children in the ICU. RSV cases usually spike in December or January in Texas.

James Versalovic, pathologist in chief at Texas Children’s, said the early surge of RSV this year could be attributed to how different viruses interact. Speaking

about how the pandemic may have changed children born in the last three years, he told the *Post*, “Their immune systems and immunity may have been altered in ways that we’re just beginning to appreciate.” He said that the pandemic has changed people’s “pattern of susceptibility to respiratory viruses.”

CNN reports that at Cook Children’s Medical Center in Fort Worth, Texas, nearly half the urgent care unit is filled with RSV cases. Hospital spokesperson Kim Brown said that between October 2 and 8, there were 210 cases there, rising to 288 a week later.

In Austin, Texas, Dell Children’s Medical Center, St. David’s Children’s Hospital and Austin Public Health said in a joint statement October 22 they were seeing a spike in respiratory illnesses and that emergency departments were “inundated with children suffering from symptoms of flu-like illnesses.”

As pediatric hospitals see their emergency departments, hospital beds and ICUs filling up with RSV patients, in the coming months hospitals across the country are seeing a triple threat of RSV, influenza and COVID-19 as state and federal governments abandon any mitigation efforts to stop the spread of these potentially deadly viruses.

Medical centers will be hard pressed to recruit sufficient numbers of nurses, doctors and other health care workers to deal with a deluge of patients, both young and old. Health care workers and ancillary staff are leaving the profession in droves due to short-staffing, overwork and low pay.

The coming fall and winter will be a medical catastrophe unless the working class takes immediate action to counter the criminal “herd immunity” policies of the government and for-profit health care institutions.



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