RSV Audit –
Children from 25-36 months of age Version 08.01.2025

Dear Parents,

Your child is currently receiving inpatient treatment for an infection caused by the respiratory syncytial virus (RSV). RSV is the most common cause of lower respiratory tract infections (such as bronchiolitis) in infants and young children. Every child experiences at least one such infection by the age of three. This can lead to inflammation of the small airways (bronchioles), which can cause your child to breathe more quickly and with more effort, in addition to having a fever. This breathing difficulty can worsen your child's general condition (e.g., eating and drinking less). For children with healthy immune systems, there is no specific medication that targets the RSV virus. Over the last 30 years, many studies have been conducted to determine the best possible therapy.

The key findings emphasize that we primarily:

- Monitor and observe the child in a **calm environment**.
- Ensure the child receives enough **fluids** (if necessary, through an intravenous line or a feeding tube if they are unable to drink enough).
- Administer **oxygen** if the oxygen saturation measured through the skin falls below 90% during normal breathing in room air.
- Provide mechanical **respiratory support** with a high-flow nasal cannula for some children.

Since this is a viral infection and bacterial co-infections are very rare, antibiotic therapy is generally not necessary.

We aim to learn more about this disease in children aged 25-36 months within our regional network of pediatric clinics by collecting and anonymously analyzing routine treatment data.

Participation in this study will <u>not</u> affect your child's standard treatment. <u>No additional procedures</u> (e.g., blood tests) will be performed.

The insights gained from this study could help improve the inpatient care of children with RSV infections.

We would therefore like to ask for your consent to use your child's routine clinical data from their medical treatment for the study (e.g., medical history, risk factors for a complicated course, clinical symptoms, severity of the illness, diagnostics, medical and non-medical treatments, and length of hospital stay).

What exactly happens to your child's data?

Please refer to the separate information sheet attached to this document.

Local Medical Contact Person

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Name Role

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