Minnesota Now (MPR) | Minnesota Now A doctor answers your RSV and flu questions 01GK7GP1SZJFX4FWHBTJXPQM8B

CATHY WURZER: Well, it seems that we may finally be seeing a decline in the number of people sick with RSV. I know you've heard about this. That's a respiratory illness. Two weeks ago, there were nearly 200 people hospitalized. Last week, that dipped to 150. Now, that's still high. Most patients are babies under the age of one year.

Flu, on the other hand, well, that's just ramping up. This week, we saw more than a 300% increase in the number of flu cases in Minnesota. We wanted to know if you had questions about flu and RSV. And you know what? You do. So we lined up a doctor to answer them.

Dr. Sameer Gupta is a pediatric critical care physician at M Health Fairview Masonic Children's Hospital. He's also the president of Medical Affairs at M Health Fairview Masonic Children's Hospital and the University of Minnesota Medical Center. Doctor, welcome to the program.

SAMEER GUPTA: Thanks for having me. Appreciate being able to have this opportunity to answer some questions.

CATHY WURZER: It's a privilege to have you here. Thank you so much. People are really curious about RSV. Now, I don't think I've ever had RSV-- not that I know of. What are the symptoms to know about?

SAMEER GUPTA: So for most people, RSV presents as a cold. So you probably have had RSV, probably multiple times over your lifetime. It's just we call it-- we put it out as like, oh, I just have a cold, runny nose, a cough, maybe a little bit of a fever. So for most people this isn't really a big deal. It's a little more of an inconvenience.

For small children, it's a different issue. Many kids will also just present with cold-type symptoms and just be crabby and not feeling well. Other kids might get a little bit sicker, with some breathing difficulties, which can land them in the hospital.

CATHY WURZER: And this can also affect older adults, right?

SAMEER GUPTA: Correct. It's kind of on the two spectrums of the age continuum, really, the really young and then the really old, that can be impacted. So we actually have seen an increase in hospitalization secondary to RSV in our older patients, as well, because they can be impacted similarly as they are more influenced by the flu, as well, and other kind of viruses. And RSV is no exception to that. So we are seeing hospitalizations and impacts for our older population as well.

CATHY WURZER: It seems like the symptoms of RSV are very similar to COVID. Are there tests for each?

SAMEER GUPTA: There are tests for each. Obviously, people are very well aware of the COVID tests that we've had, both the ones you can get in the hospital as well as the many rapid at-home tests that are available. For RSV, we also have tests available, although there's no home test currently available for RSV that's out there on the market. But many pediatricians and primary care offices, EDs, and hospitals have both rapid tests that come back in a short period of time-- usually about 30 minutes to an hour-- and longer tests, as well, that come back after either four or five hours or the next day. And so there's lots of testing available for RSV, just not at-home testing like we have for COVID.

CATHY WURZER: OK. So are there certain symptoms that you know, yeah, that's RSV, versus, say, COVID or the flu? Is there like a consistent barky cough with RSV? Or is it trouble breathing? What should we watch out for?

SAMEER GUPTA: Yeah, that's the really hard part about RSV. Because most of the time it's going to present as a common cold. So mostly runny nose, congestion, cough, maybe some fever along with it as well. Where you see some differences is when you are sitting with those really young kids, who will also end up with some breathing difficulties.

And some of it may be mild. Some of it may be more severe, where you see that they're having trouble breathing. And that has to do with all the mucus production that happens with RSV. And so that mucus gets stuck in the airways, and making it really hard for little kids who have little airways that can get clogged up easily-- it makes it harder for them to breathe.

And so, again, for most people, it's hard to distinguish. And it probably isn't really that important to distinguish RSV from a common cold because it's not going to have a great impact on them. It's when the kids are a little bit younger or, as we talked about, those individuals who are a little bit older, where you might see some issues with their breathing, which is going to be the primary symptom that we're going to watch out for with RSV.

CATHY WURZER: Say, a listener wants to know, Doctor, how long exactly should your child be kept home from school after testing positive for RSV?

SAMEER GUPTA: That's a really good question. Most schools and daycares go by the typical rules. You have to be afebrile, or not have a fever, for 24 hours before returning to school. The reality is that kids can be contagious for quite a while after having RSV, anywhere from three to eight days after their symptoms have begun, and sometimes even longer for our smaller children and babies and infants.

But again, it's one of those things where you can go ahead and keep the child at home for that period of time, but there's also the need to get kids back to school and have them participate in their classroom activities. And again, the impact is going to be greater on the smaller kids. So for those kids, it may be better to keep them out of daycare and things for a little bit longer, until they are feeling better.

CATHY WURZER: Let's talk about the flu. Is the flu shot this year protecting most folks from the most contagious strains this season?

SAMEER GUPTA: Yeah, the flu shot is actually quite effective this year. When the CDC started looking at the data, at least on the early side of this flu season, it's definitely creating an impact in terms of hospitalization for flu cases. So those individuals who've had the flu vaccine are about half as likely to get hospitalized with the flu.

The vaccine doesn't prevent you from getting the flu. It just prevents you from getting particularly sick with it. And so you may have a lesser degree of symptomology when you have the flu if you've had the flu vaccine. So definitely not too late to get the flu vaccine at this point in time. I would still strongly suggest people do it. Because the flu season is really just ramping up. And so we will assume that it will last for most of the winter season here.

CATHY WURZER: Say, a listener wants to know-- because we are dealing obviously with the flu and RSV and there's still COVID out there, too-- has there been any discussion of implementing masks at the state or district level in Minnesota-- school district level in Minnesota? Doctor, do you have any suggestions for approaching the subject with schools? Masking seems to work.

SAMEER GUPTA: Yeah. So we know masking works. I think part of the reason why we are seeing this huge surge in flu, RSV right now is because we've been masking for the last couple of years. And so we haven't had as much exposure. And so many of the kids who were born over the pandemic years really haven't seen RSV or flu. And so they're all being impacted more significantly just because they haven't developed that previous immunity. So masking definitely works.

At this point in time, I think it's individual preference. If you wear a mask, you can protect yourself. And so I think that's an important thing to remember, is that you have the ability to impact, one, how much you spread, and, two, your exposure to it. A lot of people in the hospital, we're still masking, as we're expected to. And our rate of illness is actually pretty low, considering that we are seeing so much flu and RSV within our hospitals. So we know masking works as a personal protective device.

In terms of having conversations with schools, I think the schools have really made a decision that they really want to go back to a more normal situation for children. And the spread of RSV and flu, it's been going on for decades and decades that we've dealt with it. And so I think it's a conversation you can definitely have with the schools and the school districts, to think about that.

Again, if you have concerns about your child or your child has some immune issues, I would strongly consider having your child masked at school, especially right now. And in general, I think the best advice we can give is, if your child is sick, don't send them to school. If you're sick, don't go to work. Because that's going to help prevent the spread of these viruses. Because they are really ramping up throughout the community.

CATHY WURZER: I just want to hit on something that you mentioned in your answer there. Because a listener also has this comment about masking. Do you think that, after so many months and years of wearing masks, it's made us more susceptible to illness?

SAMEER GUPTA: That's a really good question. So I don't think we know the exact answer to that, but people are talking about something called an immunity gap, where we haven't seen these viruses that typically we get exposed to every year in a couple of years because of masking. And so we're seeing maybe a little more spread than we normally would have because of that quote, unquote immunity gap. It's a theory at this point in time. It's not necessarily proven. And so we are seeing more severe RSV in toddlers, let's say, than we normally would have just because they hadn't been exposed over the last couple of years.

I don't know that the bulk of the volume of patients is higher. I don't know that the severity is necessarily higher because of it. For those kids who were just born this year, who never had a chance to be exposed to RSV, they're seeing it for the first time, just like they would have pre-pandemic as well. And those kids are probably just as sick.

What we're seeing is the kids who are a little bit older, who haven't been exposed before, that's a little bit different for them to have as much illness as they're seeing. Because typically they've already seen it in the past year or two prior. But because of the pandemic masking, I think we're seeing a little bit more illness in that group of patients. So again, I don't think it's necessarily that things are worse. I just think that we're seeing more spread because people haven't been exposed.

CATHY WURZER: All right. Doctor, I appreciate your time and your expertise. Thank you so much.

SAMEER GUPTA: Sure. No problem. Thank you.

CATHY WURZER: Dr. Sameer Gupta is a pediatric critical care physician at M Health Fairview Masonic Children's Hospital.