

# Common winter illnesses



**Bliss**

for babies born too soon,  
too small, too sick

With support from

**abbvie**

# What are common winter illnesses?

## Common winter illnesses

### In this booklet

- What are the most common illnesses
- How to reduce the risk of infection
- The signs and symptoms to look out for
- Where to get help and advice

### Who can help?

- Your GP or health visitor
- Bliss freephone Helpline
- Your neonatal unit
- NHS Direct

All babies experience winter illnesses, but babies born too soon, too small or too sick can be at a higher risk of complications. This book provides you with information on the most common winter illnesses and offers suggestions on how to protect against some of these.

## Things you can do

- Always make sure your child's immunisations are up to date
- Clean toys, chairs and work surfaces as regularly as possible
- Use disposable tissues to avoid spreading infection
- Reduce the risk of infection by regular hand washing and encourage others to do the same

**“When Leo came home, I felt he was so vulnerable that I didn't want to leave the house. This made me feel very isolated. I spoke to other mums and they said they felt the same at first, but, by taking sensible precautions, it was possible to start taking small trips out. Gradually, I began feel that Leo was less fragile. We all want to protect our children but we need to find the right balance too.”**

Mum to Leo, born 28 weeks

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## Introduction

**C**oughs, colds and stuffy noses affect us all throughout the year. It's normal for babies and children to catch more colds than adults. We become immune to infections by either catching them or through vaccination, babies and young children therefore get more colds as they develop their immunity.

For most a cold and cough, means a miserable few days or week before they start to feel better. For the very young, and in particular those born prematurely, with lung problems or with a congenital heart condition, the winter months (October to March) can be challenging as they are at greater risk of become seriously ill, following an infection from a common winter illness.

Here is some information on some of the more common infections during this period. We have outlined the symptoms to look out for, treatments available and tips on how best to prevent your baby from becoming ill.

One of the very best ways to avoid infections, especially if your baby is at high risk, is to be prepared. Talk to staff on the neonatal unit before the high season begins in October so that you are aware of the potential risks and know what to expect.

## Colds, coughs and sniffles

Babies and young people can normally catch several colds each year. Catching them can be a miserable time for them as well as for you, as parents.

Colds are nose, throat and sinus (upper respiratory tract) infections caused by one of many different viruses. They are most commonly spread through droplets produced with coughs and sneezes and can be easily transmitted through hand-to-hand contact.



## Reducing the risk of infection

- Washing hands frequently is vitally important in the fight against infections.
- Wash with warm soapy water and dry your hands well before handling your baby. Encourage others to do the same.
- Use disposable tissues to wipe runny noses and a clean piece of cotton wool to wipe each teary eye individually to avoid the spread of infection.
- Use a tissue to catch your own sneezes as viruses spread through droplets produced when you cough or sneeze.
- Clean toys, highchairs and worktops regularly, as germs can live for up to 48-hours on surfaces.
- Avoid contact as much as possible with other adults and children with cold-like symptoms.

## What are the symptoms?

The major symptoms of a cold will develop gradually and can include a runny or blocked nose, a cough, sneezes, red eyes and possibly a mild fever and loss of appetite and general crankiness. These symptoms can last a few days, a week, or possibly longer with very young babies.

Colds are caused by a virus so cannot be treated with antibiotics. Coughs and cold medicines are no longer recommended for children under the age of two. It is generally thought by professionals that most of the treatments you can buy in the shops are ineffective.

## When to call the doctor

- If your baby has a fever – a temperature over 38°C (100.4°F).
- If their temperature rises suddenly or the fever continues for more than two days.
- If a cough lasts for more than a week or becomes wheezy, or if your baby develops any breathing difficulties.
- If you notice a rash on your baby's body.

There are other ways to help alleviate those stuffy noses, however. It is important to keep your baby's fluid intake up. Offer your baby plenty of breast milk or formula, and, if over four months, you can offer water. If your baby is not passing as much urine as usual, has sunken eyes or a sunken soft spot at the top of the head, this could be a sign of dehydration and you should see your GP.

If your baby is blocked up, they may find it hard to drink, eat or sleep. You can try softening the mucus in the nose with a saline drop for babies and then use a nasal aspirator (a suction device you can buy in most pharmacies) to remove it. To aid sleep, you could try using a humidifier in your baby's room. This moistens the air and can reduce congestion. You can also elevate your baby's head with a towel under the mattress to help with breathing.



(Do not use pillows, loose towels or blankets in your baby's cot as these can be potential suffocation risks.)

Watching your little one battle a cold for the first time will be as miserable for you as it is for them, but with experience you will learn how to comfort and treat your child with confidence.

## Who can help

NHS Direct (England) **0845 4647** [www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

NHS Direct Wales **0845 4647** [www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)

NHS 24 (Scotland) **0845 4242 424** [www.nhs24.com](http://www.nhs24.com)

## Bronchiolitis

Bronchiolitis is the inflammation of the small airways in the lungs which leads to a build up of mucus, causing breathing difficulties. It is a common illness that affects babies and young children. It is often caused by an RSV infection or other cold viruses. (see page 9 for more on RSV).

If premature babies, or those born with lung or heart problems develop bronchiolitis, they may need extra care.

### What are the symptoms?

The symptoms to look out for are similar to those of a cold, followed by rapid shallow breathing, a persistent cough, wheezing and mild fever. The length of the illness varies from a couple of days to a week, or possibly two with a lingering cough.



## How you can help

Encourage your baby to drink extra fluids. If a fever develops keep them cool and do not overdress them. A paediatric paracetamol suspension (such as Calpol) may also be given to help reduce a fever. Check the label carefully for the right dosage for your baby's weight and age.

## Remember FACT

- **Fast breathing:** shallow, quick breaths, not taking in much air
- **Appetite:** inability to feed
- **Cough:** distinctive rasping cough
- **Temperature:** high temperature will accompany cold like symptoms of a runny nose

If your baby exhibits all of these symptoms, seek medical advice from your GP or a health professional.



# Respiratory syncytial virus (RSV)

RSV is a very common virus which causes cold-like symptoms, but can lead to breathing difficulties if the lungs become affected. It is most prevalent between October and March each year and around two-thirds of all babies will catch RSV before they are one year old. Often, parents will not know that the colds and sniffles their children suffer during this period are caused by RSV.

If your baby was born prematurely, is prone to lung infections or was born with a congenital heart problem, they could be at a greater risk of becoming unwell if they catch RSV.



## What are the symptoms?

RSV is similar to a common cold (blocked nose, cough, sneezing and mild fever) and usually lasts between one and three weeks. However, if the lungs are affected, one or more of the following symptoms can develop:

- Worsening cough
- Wheezing – a whistling sound during breathing
- Difficulty or increasing distress with breathing
- Difficulty with feeding and drinking as a result of breathing difficulties

## How you can help

Your baby should be encouraged to drink extra fluids and should be kept cool and not overdressed if a fever develops. A paediatric paracetamol suspension (such as Calpol) may also be given to help reduce a fever. Check the label carefully for the right dosage for your baby's weight and age.

If your baby has increased breathing difficulties they might need to be admitted to hospital. Staff may give oxygen and possibly respiratory support and/or drugs to help. The average stay in hospital for more severely ill babies is two to three days but a baby with underlying lung problems might need to stay in for longer.

## Reducing the risk of infection

Viruses like RSV pass easily between people via hand contact or in droplets produced by coughing and sneezing. It is therefore more likely to spread where there are groups of young children (nurseries, playgroups, schools). It is impractical to avoid crowded places entirely, but during the high season of October to March, try to reduce your baby's exposure to crowds and public transport. Try also to discourage other adults and children with cold-like symptoms from handling and cuddling your baby. RSV can survive for several hours on toys and work surfaces making the spread of the infection by hand all the more common. Extra care should be taken by washing and drying your hands frequently during the high season. Unfortunately, catching RSV once does not make your baby immune to catching it a second time.



## Smoking

**Premature babies and those with fragile lungs can be seriously affected by cigarette smoke. Exposure to smoke has been found to significantly worsen the symptoms of RSV in young babies.**

**Quitting smoking is not easy but is an effort worth making. If you are finding it hard to stop, try to only smoke outdoors and when your baby is not with you, and encourage others to do the same.**

**For more help on quitting, see [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree)**

## Long-term effects of RSV

This will depend on what problems, if any, your baby had with the infection and on how bad these effects were on their lungs. Babies recovering from RSV often remain wheezy or become wheezy with subsequent colds that they may catch.

There is also a possible association of severe RSV with the later onset of childhood asthma. There is not yet a vaccine to protect from RSV, however there is a monthly antibody injection which gives some protection against severe infection. It is recommended by the Joint Committee on Vaccination and Immunisation for babies at high risk of developing severe bronchiolitis, and must be given once a month over the RSV season.



Speak to the neonatal staff caring for your baby to discuss whether this type of preventative therapy is appropriate for your baby.

## Remember

- **Wash and dry your hands thoroughly before and after handling your baby.**
- **Reduce contact with your baby if you have a cold and try to keep other children and adults with cold symptoms at a distance.**
- **Do not smoke anywhere near your baby.**
- **Discuss the risks of RSV to your baby with neonatal staff before October so that you are as prepared as possible.**

## Pneumonia

Pneumonia can take hold after a cold, flu or other illness, pneumonia is an infection of the lungs.

### What are the symptoms?

The symptoms include increased fever, a cough, rapid breathing, wheezing or breathing difficulties and abdominal bloating and pain.

### How you can help

You should see your doctor if you suspect your child has pneumonia. Some cases can be treated at home with antibiotics but high risk infants might need a short stay in hospital to help with their breathing. The Hib and pneumococcal PCV immunisation given to babies at eight weeks can protect against some types of pneumonia.

### When to call the doctor

Call your doctor if your baby shows any of the symptoms listed above, appears to be sleepier than usual or has any trouble with breathing.

## Bronchopulmonary Dysplasia (BPD)

Almost all babies with BPD (commonly known as Chronic Lung Disease (CLD)) who remain healthy following discharge from hospital show steady improvement with their breathing difficulties. When a baby first comes home, ordinary coughs and colds may make them chestier or more wheezy than a baby without BPD.

Re-admission to hospital for a few days may be needed to monitor their breathing and occasionally some babies need help from a ventilator.

## Influenza

Influenza, or 'flu', is a viral infection of the lungs and upper airways. It is caused by several viruses, including H1N1 (swine flu). Those at risk of becoming more seriously ill from influenza infection are the very young, over 65s, or those with long-term health problems such as asthma or diabetes. Pregnant women can be



seriously unwell if they contract H1N1. Flu viruses spread like cold viruses through droplets produced when you cough or sneeze and hand-to-hand contact.

If your baby is at home, more than three months old and has been diagnosed with BPD, your GP or Health Centre may contact you during the flu season (October to March) to offer your child the current Influenza (flu) vaccine. This is a precautionary measure, as babies who have BPD could be at a higher risk from complications brought on by flu.

### What are the symptoms?

Symptoms are very similar to a cold but with the addition of a sudden fever and possibly a dry cough. Fever may be the first indication of the illness. Other symptoms include cough, fatigue, aching muscles, sneezes, runny nose, diarrhoea or vomiting and loss of appetite. The worst of the symptoms tend to last a few days and the cough and weakness can last up to two weeks.

### How you can help

In very young babies, if you suspect flu symptoms, a fever or you are concerned at all, you should call your GP. Plenty of rest and extra fluids are essential and an infant paracetamol suspension can be given to relieve a fever.

### Reducing the risk of infection

In the UK, the flu vaccine is only recommended for children over six months who are at high risk of further complications, such as those with

ongoing lung or heart problems, asthma or a weak immune system. Your GP might suggest that the child's carer/s also receive the vaccine. Recurrence of the infection is common, so it is best to avoid crowded places during the winter months and to wash your hands often and thoroughly.

### When to call the doctor

If your baby exhibits any of the symptoms listed, you should call your doctor and they will be able to advise you further.

## Immunisations

**We all have antibodies in our blood – proteins produced by the body to fight infections. Term babies get antibodies from their mothers towards the end of the pregnancy. Babies born early will receive fewer antibodies, and as a result will be more at risk of catching an infection. It is important that they receive vaccines according to the NHS guidelines. These state that a baby's first immunisation should be given at eight weeks of age counting from their birth date, not their due date. Speak to your GP if you have any questions or concerns. For further information, please see [www.immunisation.nhs.uk](http://www.immunisation.nhs.uk)**

# Winter vomiting bug

Between 600,000 and 1 million people in the UK catch norovirus every year. You may have heard of it as the 'winter vomiting bug' because the illness is more common in winter. However, the virus can be caught at any time of the year.

The virus, which is highly contagious, causes vomiting and diarrhoea. As there is no specific cure, you have to let it run its course, but it should not last more than a couple of days.

## What should I do?

Extra care should be taken to prevent babies and small children who are vomiting or have diarrhoea from dehydrating, by giving them plenty of fluids. Babies and young children can still drink milk.

- Make sure your baby drinks plenty of fluids to avoid dehydration.
- Take paediatric paracetamol to ease fever or aches and pains.
- If they feel like eating, try to give them foods that are easy to digest.
- Do contact your GP to seek advice if your baby's symptoms last longer than a few days or if they already have a serious illness.



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**References:**

[www.nhschoices.gov.uk](http://www.nhschoices.gov.uk)

British Medical Journal – Smoking as an additional factor to ongoing respiratory disease  
[http://adc.bmj.com/cgi/content/meeting\\_abstract/93/2\\_MeetingAbstracts/espnrc26?sid=00c29114-41cb-4c24-aa47-55d0d73f46ee](http://adc.bmj.com/cgi/content/meeting_abstract/93/2_MeetingAbstracts/espnrc26?sid=00c29114-41cb-4c24-aa47-55d0d73f46ee)

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