

Respiratory Viruses and Young Children

What to know

In addition to CDC's Respiratory Virus Guidance, there are several specific considerations for people who are at higher risk for severe illness, including young children.

Overview

Young children, particularly infants, have immune systems that are still developing. In addition, their lungs and airways are smaller, making viruses that affect airways more of a threat.

Why prevention is important

Studies have shown that:

- Infants under 6 months of age have similar COVID-19–associated hospitalization rates to adults ages 65–74 years old. [Learn more.](#)
- Each year in the United States, an estimated 58,000–80,000 children younger than 5 years are hospitalized due to RSV infection, with infants being among those at greatest risk. [Learn more.](#)
- Children younger than 5 years old, but especially those younger than 6 months, are at higher risk of developing serious flu-related complications. CDC estimates that from 2010 to 2020, flu-related hospitalizations among children younger than 5 years ranged from between 6,000 to 27,000 per year in the United States. Many more have to go to a doctor, an urgent care center, or the emergency room because of flu. [Learn more.](#)

Reducing risk

If you care for or spend time around young children, using the prevention strategies described in CDC's [Respiratory Virus Guidance](#) is especially important. In addition, there are several specific considerations for young children.

- **[Immunizations](#)**
 - *COVID-19 and flu*
 - Young children ages 6 months or above are recommended to have a current COVID-19 vaccine and an annual flu vaccine.
 - Two doses of the flu vaccine (separated by at least 4 weeks) are recommended for those ages 6 months–8 years who have received fewer than 2 flu vaccine doses before July 1, 2023, or whose flu vaccination history is unknown.
 - Though they are not eligible for COVID-19 or flu vaccines, infants under age 6 months can still receive some protection. Getting vaccinated while pregnant or breastfeeding can help protect a baby after birth because antibodies are passed to the baby during pregnancy or through the milk.
 - *RSV*
 - To prevent severe RSV disease in infants, CDC [recommends either](#) RSV vaccination while pregnant or infant immunization with RSV monoclonal antibody. Most infants will not need both.
 - RSV vaccination in pregnancy takes place during weeks 32 through 36 of pregnancy and is administered September through January in most parts of

CDC offers separate, specific guidance for healthcare settings ([COVID-19, flu](#), and [general infection prevention and control](#)). Federal civil rights laws may require reasonable modifications or reasonable accommodations in various circumstances. Nothing in this guidance is intended to detract from or supersede those laws.

the United States. Abrysvo is the only RSV vaccine recommended during pregnancy.

- Immunization for infants and young children with RSV monoclonal antibody consists of:
 - 1 dose of nirsevimab for all infants ages 8 months and younger born during or entering their first RSV season.
 - 1 dose of nirsevimab for infants and children ages 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season.
 - Note: A different monoclonal antibody, palivizumab, is limited to children ages 24 months and younger with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season.

- **Hygiene**

- Handwashing can become a lifelong healthy habit if you start teaching it at an early age. Teach kids the five easy steps for handwashing—wet, lather, scrub, rinse, and dry—and the key times to wash hands, such as after using the bathroom or before eating.
- Supervise young children when they use hand sanitizer to prevent swallowing alcohol.

- **Masks**

- Masks should not be worn by children younger than 2 years because of suffocation risk.

- **Treatment**

- Paxlovid (nirmatrelvir-ritonavir) antiviral treatment for COVID-19 is not authorized for use in children younger than 12 years of age. Other treatment may be available, speak with a healthcare provider.
- There are [flu antiviral drugs](#) recommended by CDC for use in children. Oseltamivir (available as a generic version or under the trade name Tamiflu®) is approved for treatment of flu in children 14 days old and older.
 - Note: Although not part of the FDA-approved indications, use of oral oseltamivir for treatment of flu in infants less than 14 days old, and for chemoprophylaxis in infants 3 months to 1 year, is recommended by the CDC and the American Academy of Pediatrics. If a child is younger than 3 months old, use of oseltamivir for chemoprophylaxis is not recommended unless the situation is judged critical due to limited data in this age group.
- To learn more about if treatment is right for your child, speak with a healthcare provider.

- **When Sick**

- Parents and caregivers may need to be around young children at home when they are sick because they require supervision. When caring for a young child who has a respiratory virus, make use of other prevention strategies like taking steps for cleaner air, being diligent with [hygiene](#) practices, and choosing to use a [mask](#) if over age 2.

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- Know that the emergency warning signs of respiratory virus complications can be different in children. Seek immediate medical care for any of the following:
 - Fast breathing or trouble breathing
 - Bluish lips or face
 - Ribs that pull in with each breath
 - Chest pain
 - Severe muscle pain (for example, child refuses to walk)
 - Dehydration (no urine for 8 hours, dry mouth, no tears when crying)
 - Lack of alertness or interacting when awake
 - Seizures
 - Fever above 104 degrees Fahrenheit that is not controlled by fever-reducing medicine
 - In children younger than 12 weeks, any fever
 - Fever or cough that improves but then returns or worsens