



# Updates to preventing Respiratory Syncytial Virus (RSV) for healthcare professionals

**Respiratory Syncytial Virus (RSV)** is a common and contagious virus that can lead to serious respiratory illness for babies, especially if they're under 6 months old. Healthcare professionals play an important role to keep infants safe throughout the year, including during RSV season.

- RSV contributes up to 80,000 hospitalizations and up to 500 deaths of infants and young children annually.
- Nearly 50% of all RSV hospitalizations in the first year occur during the first three months of life.
- Symptoms usually last one to two weeks and may include a runny nose, coughing, sneezing, fever, decrease in appetite, and wheezing.
- RSV can be more serious in babies younger than 6 months, especially those who were born preterm, have lung or heart problems, are exposed to secondhand smoke, have problems with their immune system, or have asthma.

RSV typically circulates from October through April. In some regions, circulation patterns may vary, and recommendations should be based on local virology. RSV is transmitted by direct or close contact with those infected or from touching contaminated surfaces. Here's how healthcare professionals can help prevent the spread of RSV:



## Provide education

- Remind caregivers, it's important to:
  - Wash their hands often and avoid unwashed hands touching the baby's face
  - Limit or avoid close contact with anyone who has cold-like symptoms
  - Clean and disinfect objects that the baby comes into close contact with
  - Stay home when sick
- Share resources and additional information at [marchofdimes.org/rsv](https://marchofdimes.org/rsv)



## Support immunization

- Engage in shared decision-making. Discuss the advantages and disadvantages of maternal and infant immunization and provide resources to help with decision-making.

RSV vaccine and immunization technology is rapidly evolving, so remember to check [marchofdimes.org](https://marchofdimes.org) for current immunization resources and updates.

## Abrysvo - Maternal RSV vaccine

- Abrysvo, the only RSV vaccine approved by the U.S. Food and Drug Administration (FDA) for use during pregnancy, can be given to individuals who are 32 – 36 completed weeks of pregnancy to help protect their infants.
- The vaccine lowers the risk of respiratory tract disease caused RSV in infants from birth through six months and can reduce the risk of hospitalization from RSV.
- American College of Obstetricians and Gynecologists (ACOG) and Centers for Disease Control and Prevention (CDC) recommend a single dose of the vaccine for pregnant individuals, administered immediately before or during the RSV season.
- For infants to be protected, Abrysvo must be given at least two weeks before delivery so that maternal antibodies can develop and be passed to the baby.
- For more information go to:
  - [Maternal Respiratory Syncytial Virus Vaccination | ACOG](#)
  - [RSV Vaccination for Pregnant People | CDC](#)

## Nirsevimab (Beyfortus) - Infant monoclonal antibody

- Nirsevimab is a monoclonal antibody product that boosts the immune system of infants, adding an extra layer of defense against severe illness from RSV.
- FDA's Vaccines and Related Biological Products Advisory Committee voted unanimously in support of this single-dose immunization to protect all infants through their first RSV season.
- Nirsevimab is included in the Vaccines For Children (VFC) program.
- American Academy of Pediatrics (AAP) and CDC recommend Nirsevimab for infants younger than 8 months who were born shortly before or during their first RSV season if:
  - The mom didn't receive an RSV vaccine during pregnancy.
  - The mom's RSV vaccination status is unknown.
  - The infant was born within 14 days of maternal RSV vaccination.
- Nirsevimab is also recommended for children 8 – 19 months who are at increased risk of severe RSV disease entering their second RSV season.
  - The CDC has issued an alert providing options for clinicians in the context of a limited supply of nirsevimab for this 2023-2024 season
- Given that this is a new product and demand is high, work is being done to ensure equitable distribution of available doses through VFC and to accelerate manufacturing to meet supply needs.
- More information can be found at:
  - <http://www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html>
  - [Respiratory Syncytial Virus \(RSV\) Prevention \(aap.org\)](#)
  - [Nirsevimab-Visual-Guide\\_Sept2023.pdf \(aap.org\)](#)

## Palivizumab (Synagis)

- For eligible infants at very high risk who cannot access the single-dose new immunization during the 2023-2024 season, AAP recommends palivizumab (Synagis). It must be given once a month during RSV season because it's a short-acting monoclonal antibody product.

## New immunization recommendations

### Pregnant people

- One dose of maternal RSV vaccine during weeks 32 – 36 of pregnancy, administered immediately before or during RSV season. Abrysvo is the only RSV vaccine recommended during pregnancy.

### Infants and young children

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

## You can help to protect infants from RSV.



[RSV | March of Dimes](#)

[Vaccine Information | March of Dimes](#)

[Closing the Gap Vaccine Campaign | March of Dimes](#)