



PROTECTING BABIES FROM RSV: WHAT YOU SHOULD KNOW

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Each year, respiratory syncytial virus (RSV) kills about 10,000 people in the United States. Most are elderly, but a few hundred are young children. RSV can infect anyone, but it is most dangerous for the very young and old among us. The Centers for Disease Control and Prevention (CDC) estimates that, without protection, about 1 or 2 of every 100 infants will be hospitalized with RSV in the first six months of life.

Q. What is RSV?

A. RSV is a virus that infects the lining of the nose, breathing tubes and lungs. It can also infect the voice box. The damage caused by viral replication leads to excess mucus and inflammation in the affected person's breathing tubes.

Q. What are the symptoms of RSV?

A. People with RSV can experience coughing, sneezing, runny nose, wheezing and breathing problems. For people with chronic conditions of the lungs, like asthma, an RSV infection can cause a worsening of their existing condition. For young infants with narrow airways, an RSV infection can cause them to become apneic, meaning they stop breathing for short periods of time. RSV can also cause generalized symptoms like tiredness, fever, or loss of appetite.

People with severe disease can experience complications, like pneumonia, bronchitis, bronchiolitis and croup.

Q. Who is at risk from RSV?

A. While anyone can get RSV, a few groups are at greater risk for more severe disease. These include infants in the first eight months of life, adults 75 years of age and older, and adults 60 years and older with chronic conditions that increase their risk of infection, such as diabetes, obesity, and chronic lung and heart disease. Some babies between 8 and 19 months of age remain at increased risk if they have chronic lung disease due to premature birth, are severely immune compromised, have cystic fibrosis with lung disease, or are of American Indian or Alaskan Native descent.



Q. How can I protect my baby from RSV?

A. We now have two ways to protect infants from RSV. Both involve what is known as "passive immunity," meaning the baby benefits from antibodies that are introduced to them from elsewhere rather than generated by their own immune system (i.e., active immunity).

The two ways to protect babies include:

1. Maternal vaccination – If an infant will be born during RSV season, vaccination of the mom at least two weeks before delivery will provide the baby with maternal antibodies transferred from the placenta that can protect them against RSV.
2. Monoclonal antibody during infancy – If infants will not be born during RSV season or if a maternal vaccination is not given at least two weeks before delivery, babies can get a monoclonal antibody called nirsevimab that will protect them against RSV for that season.

During their first RSV season, antibodies provided in the form of nirsevimab or by maternal immunization will protect infants from RSV circulating in the community. Even though these infants will be unlikely to become ill, they will develop immunity to protect them by their second RSV season. This is why only a small group of babies between 8 and 19 months of age who are at highest risk need to get a monoclonal antibody product during their second RSV season.

MATERNAL VACCINATION

Q. What is the RSV vaccine?

A. One of two available protein-based RSV vaccines can be given during pregnancy. It is called Abrysvo. The vaccine contains a surface protein from RSV called F protein. The vaccine does not contain any preservatives or adjuvants. About 5 or 6 of every 10 infants whose mothers were vaccinated during pregnancy will be protected against RSV during their first season.

Q. When during pregnancy should I get the RSV vaccine?

A. Pregnant people should be vaccinated between September and January if they are between 32 and 36 weeks of gestation. In a few areas of the U.S., RSV season varies a bit, so talk to your healthcare provider to confirm the appropriate timing in your area.

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Q. Is the RSV vaccine safe?

A. Yes. During clinical trials, some people experienced pain, redness and swelling at the injection site. Some also experienced short-lived tiredness, fever*, headache, nausea, diarrhea and muscle or joint pain.

The RSV vaccine given during pregnancy is also being monitored to determine whether it causes early labor. In the clinical trials, more vaccinated than unvaccinated people gave birth prematurely, but the numbers were too small to tell if they were caused by the vaccine. At present, the maternal vaccine is not associated with premature births; however, this continues to be monitored.

**If a pregnant person gets a fever, they should take acetaminophen because fever during pregnancy can harm the developing baby.*

Q. Should I get an RSV vaccine during each pregnancy?

A. No. At this time, only a single RSV vaccine is recommended; so, if someone got an RSV vaccine during one pregnancy, their future babies should get the monoclonal antibody. This recommendation may change in the future as this vaccine is available longer, but for now, only a single lifetime dose is recommended.

MONOCLONAL ANTIBODY DURING INFANCY

Q. What is the monoclonal antibody?

A. Nirsevimab is an antibody that binds to the same protein targeted by the vaccine (F protein on the surface of RSV). It is made by adding the gene to cells in the lab; as the cells reproduce, they also make the antibody, which is then purified for use in infants. About 7 or 8 of every 10 babies who get nirsevimab will be protected against RSV in their first season.

Q. Is the monoclonal antibody safe?

A. Yes. Babies who get nirsevimab may have redness, pain and swelling at the injection site. A small number may also develop a rash, but this occurs rarely (about 1 of 100 babies).

Q. When should my baby get the monoclonal antibody?

A. If a baby is born during RSV season and their mom did not get the RSV vaccine at least two weeks before delivery, they should get nirsevimab within the first week of life. Some birthing hospitals are giving nirsevimab before the baby goes home; other infants get it from their healthcare provider during the first visit.

If a baby was born after RSV season ended but is not yet 8 months of age, they should get nirsevimab before the start of RSV season (usually by October).

Q. Can the monoclonal antibody be given at the same time as recommended vaccines on the infant immunization schedule?

A. Yes. Nirsevimab will not interfere with the immune response to vaccines, nor will vaccines interfere with the protection against RSV offered by nirsevimab.

Q. Does my baby need the monoclonal antibody each year?

A. No. Most babies only need a dose during their first RSV season. To see which babies might need a dose during their second RSV season, check the answer to “Who is at risk from RSV?” or talk to your child’s healthcare provider.

OTHER QUESTIONS

Q. If I was vaccinated during pregnancy, should my baby still get the monoclonal antibody?

A. Most often, a baby born to someone who was vaccinated during pregnancy does not need to also get a dose of nirsevimab. The exception would be if delivery occurred less than two weeks after receipt of the vaccine.

Q. If I am breastfeeding, does my baby still need to be protected against RSV?

A. RSV antibodies are transferred across the placenta and in breast milk. And, while infants can benefit from antibodies in breast milk, protection can vary based on the antibody levels present in breast milk and the relative quantities of breast milk or formula consumed if they are not exclusively breastfed. For these reasons, even infants being exclusively breastfed are recommended to receive nirsevimab if their mother was not vaccinated during pregnancy.



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