

# Protecting Our Children from

**RSV**

What is RSV and how can I protect my  
little ones?



# About This Program

The following presentation serves as a resource for health ministers, led by the Faith Health Alliance, to talk with their congregations and community members about RSV in babies and young children, and especially how they can protect them from severe illness. It was developed in partnership with health ministry leaders and the National Minority Quality Forum's (NMQF's) Center for Sustainable Health Care Quality and Equity (SHC) together with YB Consultants, LLC.

We are grateful for the support of Sanofi for this initiative.



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Center for  
**Sustainable Health Care**  
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**FAITH HEALTH ALLIANCE**  
A WHO? HEALTH CHAMPION NETWORK

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Primary sources of information: American Academy of Pediatrics (AAP) and CDC



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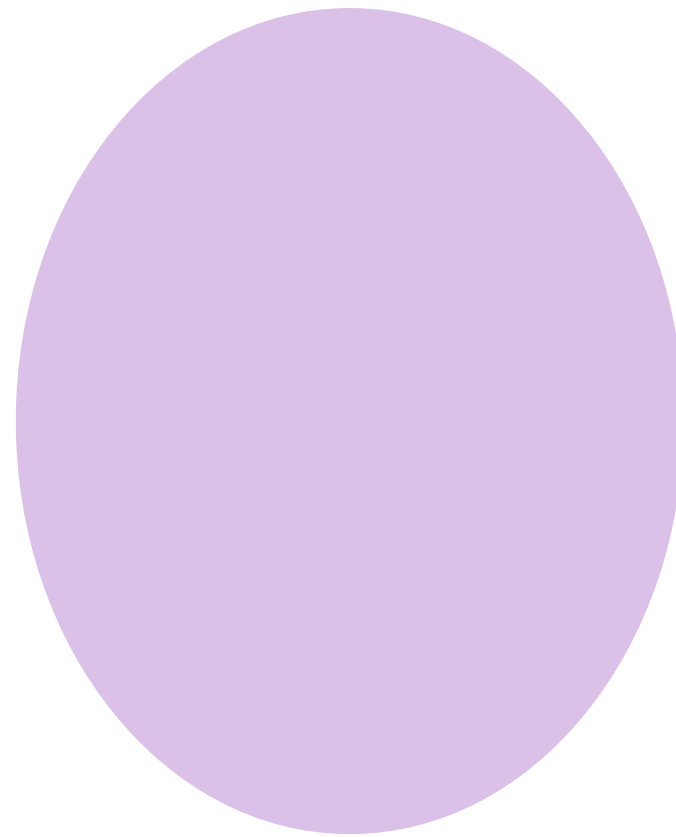
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# Today's Presenter(s)

Please include picture and brief bio of presenter.



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# WHAT IS RSV?

- Respiratory Syncytial Virus, or RSV for short, is a virus that affects the lungs, nose, and throat
- RSV mostly affects infants and young children
- Like other respiratory infections such as the flu and COVID-19, RSV spreads more often in the fall and winter
- In the United States, peak RSV infections occur in December or January



[Source: AAP](#)

[Source: CDC - About RSV](#)

[Source: CDC - Causes of RSV](#)

# HOW DOES RSV SPREAD?

- RSV spread occurs when:
  - A person infected with RSV coughs or sneezes spreading droplets containing RSV
  - A person touches a surface with the virus then touches their own face
- RSV droplets can enter a person's body through the eyes, mouth, or nose



[Source: AAP](#)

[Source: CDC - About RSV](#)

[Source: CDC - Causes of RSV](#)



# WHAT ARE THE SYMPTOMS OF RSV?

- Mild RSV symptoms in children may include:
  - runny nose
  - decreased appetite
  - coughing
  - sneezing
  - fever
  - wheezing
  - irritability
- Severe RSV symptoms in children may include:
  - difficulty breathing
  - lung infections such as bronchiolitis or pneumonia
- Adults with RSV typically have mild, cold-like symptoms



# CAN ANY CHILD GET RSV?

- All children, even healthy children, are at risk of RSV
- Severe RSV can occur in any infant or young children. Even healthy children can become sick enough from RSV that they require hospitalization.
- RSV infection is the leading cause of hospitalization among infants in the U.S.
- Most children are infected during the first year of life, and nearly all have been infected by the time they are 2 years old.

[Source: CDC - RSV](#)



# WHICH CHILDREN ARE MOST AT RISK FOR SEVERE RSV?

- Children with the following conditions are at increased risk for severe RSV:
  - infants born premature
  - any infant under 6 months old
  - children with chronic lung disease or congenital heart disease
  - children with weakened immune systems
  - children with severe cystic fibrosis
  - children with neuromuscular disorders (nervous system disorders)
  - children born with birth defects

# CAN ADULTS GET RSV?

- Yes, we are all at risk for RSV. For most people, RSV leads to a mild cold, runny nose, and cough that lasts for a few days
- Unfortunately, some adults, particularly older adults, may get very sick from RSV, develop pneumonia, end up in the hospital or even die from RSV

# WHICH ADULTS ARE MOST AT RISK FOR SEVERE RSV?

- All adults aged 75 or older are at increased risk
- Adults aged 60 to 74 with chronic medical conditions, such as asthma, COPD, adults with weakened immune systems or cardiovascular (heart) disease are at increased risk for RSV
- Persons who are frail are at increased risk
- Persons who reside in long-term care facilities are at increased risk for RSV

[Source: CDC - RSV Older Adults](#)

# HOW DOES RSV AFFECT OUR SOCIETY?



- Every year in the United States RSV causes:
  - 2.1 million outpatient visits among children younger than 5 years old
  - 58,000 - 80,000 hospitalizations of children younger than 5 years old
  - 100 - 300 deaths in children younger than 5 years old
  - In older adults:
    - 60, 000 - 160,000 hospitalizations of adults older than 65
    - 6,000 - 10,00 deaths among adults older than 65

[Source: CDC - RSV Data](#)



# WHO IS MOST AFFECTED BY RSV?



- From 2010-2022, RSV infection rates were 2-3 times higher in Black and Hispanic children in comparison to White children
- Of children hospitalized for RSV, the rate of hospitalization was higher in Black and Hispanic children (2018-2021)
- Black and Hispanic children have a higher prevalence for risk factors for RSV

# PROTECTING YOUR CHILD AND YOURSELF FROM RSV

## THINGS TO AVOID

- Avoid close-contact with people who have tested positive for RSV, or those with cold-like symptoms.
- Avoid smoking around children, which can increase the risk of severe RSV infection and worsen RSV symptoms.

# PROTECTING YOUR CHILD AND YOURSELF FROM RSV

## GOOD PRACTICES

- RSV can live on hands and surfaces, so it is important to maintain good hygiene practices.
- Wash your hands thoroughly and often, especially after touching your face and being in public places.
- Regularly clean and disinfect surfaces that are frequently touched, including toys, doorknobs, and countertops.



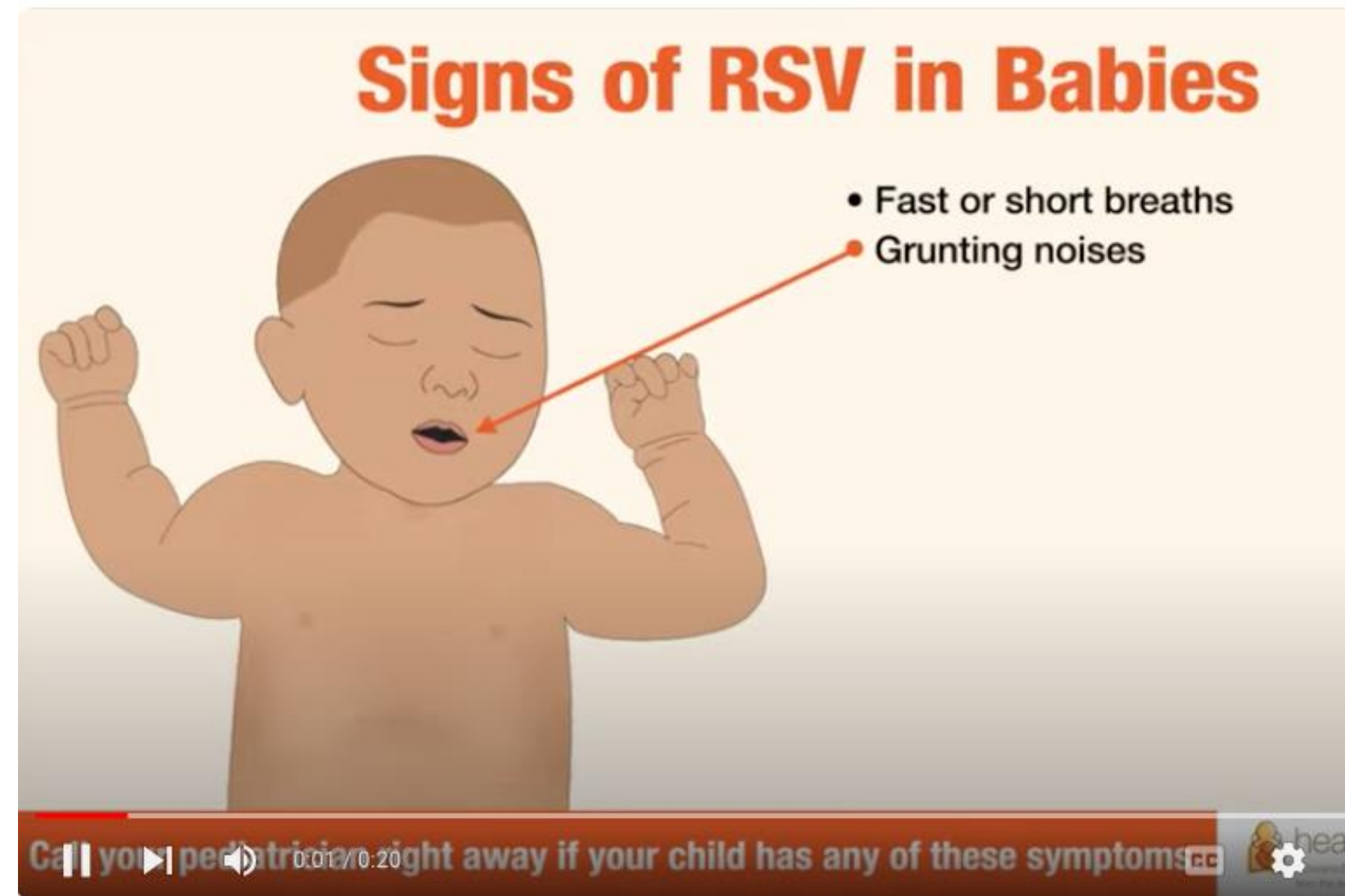


# RSV – WARNING SIGNS

## SEEKING MEDICAL CARE

- Warning signs that your baby needs medical attention. Let's watch this short video.

[https://www.youtube.com/watch?v=\\_2qh31Wndls](https://www.youtube.com/watch?v=_2qh31Wndls)





# TREATMENT OPTIONS

**MEDICATIONS THAT MAY BE RECOMMENDED  
FOR YOUR CHILD IF THEY BECOME VERY ILL  
WITH RSV**

- Steroids
- Oxygen
- Immunoglobulins



# PREVENTION OPTIONS: IMMUNIZATION

- Vaccinating the pregnant person:
  - RSV vaccine (Pfizer Abrysvo) for the pregnant mother

OR

- Immunization for the baby/young child:
  - Monoclonal antibody (Sanofi Beyfortus - nirsevimab) for the infant/young child

One or the other is recommended, not both!

# PREVENTION OPTIONS

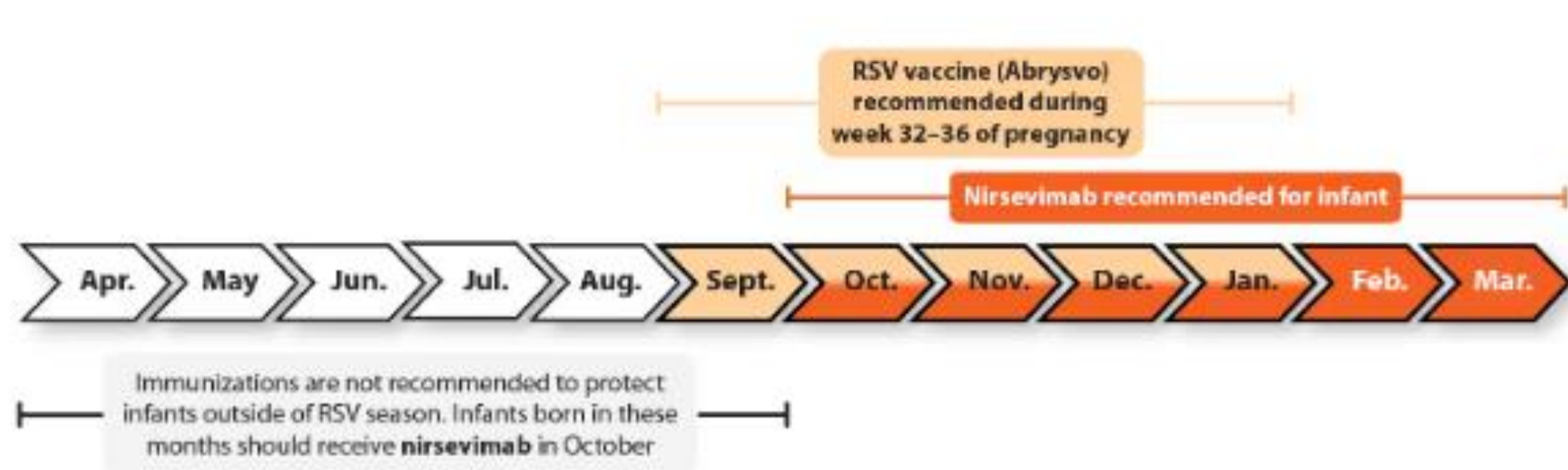
- Vaccinating the pregnant person:
  - An RSV maternal vaccine (Pfizer Abrysvo) is available for the pregnant mother at 32-36 weeks of pregnancy to pass on protection to their baby



# SHOULD PREGNANT PEOPLE GET THE RSV VACCINE YEAR-ROUND?

Vaccinating the pregnant person:

- A one-time dose between September - January of the year is recommended (peak of RSV season)



Source: CDC - Healthcare Provider RSV Guidelines



# PREVENTION OPTIONS

Immunizing the baby/young child:

- An RSV antibody (Sanofi Beyfortus - nirsevimab) is available for ALL babies (under 8 months old) entering their first RSV season (October - March), and
- Some young children (8-19 months old) who are at high risk and entering their second RSV season to protect them from severe RSV

Children who should get nirsevimab but have not yet done so, may get nirsevimab at any time during RSV season.



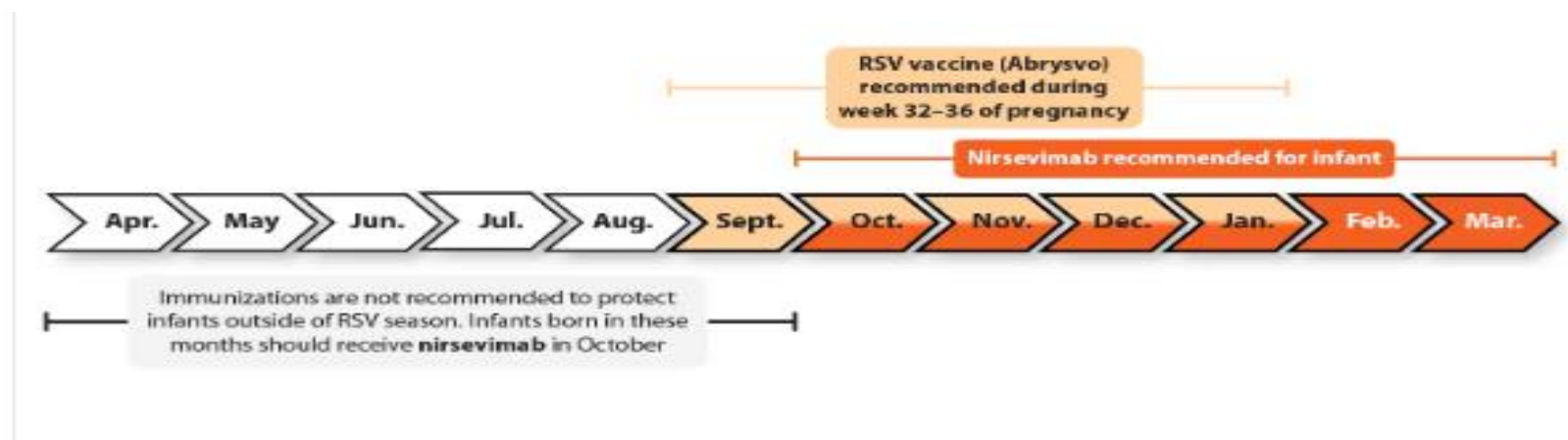
# CHILDREN AT HIGH RISK FOR RSV

Immunizing the young child:

- RSV antibody (Sanofi Beyfortus - nirsevimab) is available for some young children (8-19 months old who are at high risk) to protect them from severe RSV
- Children 8-19 months old at high risk include:
  - Children who were born prematurely and have chronic lung disease
  - Children with severe immunocompromise
  - Children with cystic fibrosis who have severe disease
  - American Indian and Alaska Native children

# WHAT TIME OF YEAR SHOULD MY BABY/TODDLER GET THE RSV ANTIBODY?

October - March in most parts of the U.S.



Those who live in more temperate climates (Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands) or those who live in Alaska, please check with your pediatrician

[Source: CDC - Healthcare Provider RSV Guidelines](https://www.cdc.gov/rsv/immunizations-protect-infants/index.html)

<https://www.cdc.gov/rsv/immunizations-protect-infants/index.html>

# CAN MY CHILD GET A COVID VACCINE, FLU VACCINE AND RSV SHOT AT THE SAME VISIT?

Yes. If the flu and COVID vaccines are available, you can get them both at the same visit. Both vaccines are available for all infants 6 months of age and older

If your child is eligible, they may also receive a respiratory syncytial virus (RSV) shot at the same visit

Fall and winter are the seasons for flu and other respiratory viruses. The good news is that we have immunizations for the viruses that cause the most hospitalizations and deaths, especially in babies and young children

[Source: CDC - Healthcare Provider RSV Guidelines](#)





**Answering questions  
in your  
community about  
RSV**

# WHAT SHOTS WILL PROTECT MY BABY FROM RSV?

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## MATERNAL VACCINE

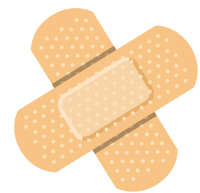
The maternal RSV vaccine (Pfizer Abrysvo) is available for pregnant women to protect their newborns from RSV. Pregnant women are recommended to receive the vaccine between 32 and 36 weeks of pregnancy.



## MONOCLONAL ANTIBODY

Monoclonal antibodies are given directly to the newborn/infant to provide immediate protection. It is called nirsevimab. All babies are eligible to receive one dose before or during RSV season.

# A FEW COMMON QUESTIONS



**IS THE RSV SHOT MY 70-year-old DAD GOT AT HIS DOCTOR, THE SAME SHOT MY BABY WILL GET?**

No. It is not the same thing. Your dad received the RSV vaccine. Your baby will receive the RSV monoclonal antibody (ready-made 'fighting cells').



**I HEARD THE RSV SHOT MY BABY WILL GET IS NOT A VACCINE, WHAT IS IT?**

That is correct. The RSV shot your baby will get is not a vaccine like the other vaccines your baby gets at 2 months, 4 months, 6 months and older. The RSV shot is what's called a monoclonal antibody. Your baby is receiving ready-made antibodies in the shot versus having to make antibodies after getting a vaccine.

# MONOCLONAL ANTIBODY VS. VACCINE, WHAT'S THE DIFFERENCE?



## VACCINE

A product that acts like a germ/infection in your body so that your body makes antibodies (cells that help you fight off the infection). This way, in the future, if you come across the actual germ, you are ready to fight it off because you have these antibodies ready and waiting. Most vaccines are given as shots in the arm/leg.



## MONOCLONAL ANTIBODY

A product that already contains ready-made protective antibodies (cells that help you fight off the infection) against a specific germ. This way, you already have some protection if you get infected with that germ. It is a type of shot, but it is not a vaccine.

# Can I get the RSV vaccine on the same day as other vaccines?

## Can my baby get the RSV shot on the same day as their other baby vaccines?

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### VACCINE

Yes, a pregnant person can get the RSV vaccine shot and other vaccines on the same day.



### MONOCLONAL ANTIBODY

Yes, both the American Academy of Pediatrics and the CDC agree that babies and toddlers who are due for the RSV shot can also get other childhood vaccines (shots) they are due for on the same day. It is safe to do so.



# DO THESE PRODUCTS WORK?

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## MATERNAL VACCINE

Maternal RSV vaccines have been shown to reduce the risk of severe RSV infections in newborns by 57% in the first 90 days of the baby's birth.

[Source: CDC - RSV](#)

Immunize.Org – Ask the Experts

ACIP June 2024 meeting : [CDC: Study on Effectiveness March 2024](#)



## MONOCLONAL ANTIBODY

Monoclonal antibody, Sanofi Beyfortus - nirsevimab, has been shown to be especially effective in preventing severe RSV in all babies, by about 80%. It also helps to reduce the risk of severe disease in high-risk infants, such as premature babies and in babies with other medical conditions.

# ARE THESE OPTIONS SAFE? WHAT ARE THE SIDE EFFECTS?

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## MATERNAL VACCINE

The vaccine is safe with a few side effects to the pregnant person including mild soreness at the injection site or a mild fever.

Since the Fall of 2023 when both the maternal RSV vaccine and the infant monoclonal antibody were introduced in the U.S. a study found that 56% of infants were protected by either the mom getting vaccinated in pregnancy, or the infant getting the monoclonal antibody.



## MONOCLONAL ANTIBODY

The monoclonal antibody is also considered safe, with rare side effects such as mild rash or fever after the baby gets the shot.

[CDC: Sept 2024 Study](#)

[CDC: Maternal Vaccine Safety Studies](#)

# HOW / WHERE CAN I GET THESE PRODUCTS?

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## MATERNAL VACCINE

Pregnant mothers can ask their health care provider, doctor (particularly, obstetricians and gynecologists) about the vaccine during routine prenatal visits.



## MONOCLONAL ANTIBODY

- Provided in the newborn nursery at the hospital
- Provided at pediatrician's office, clinic or health department

# ARE THESE PRODUCTS COVERED BY INSURANCE?

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## MATERNAL VACCINE

Covered by both private and public insurance plans.








## MONOCLONAL ANTIBODY

Covered for all infants under both private and public insurance plans.  
Covered by the VFC (Vaccines for Children) Program.



## Is it Allergies, Cold, Flu, COVID-19 or RSV?

SYMPTOMS	SEASONAL ALLERGIES 	COLD 	FLU 	COVID 	RSV BRONCHIOLITIS 
STUFFY OR RUNNY NOSE	Often	Often	Sometimes	Sometimes	Often
SNEEZING	Often	Sometimes	Sometimes	Rarely	Rarely
WHEEZING	Sometimes	Sometimes	Sometimes	Rarely	Often
ITCHY EYES	Often	Rarely, never	Rarely, never	Rarely	
FEVER	Never	Sometimes	Often	Sometimes	Sometimes
ACHES AND PAINS	Never	Sometimes	Often	Sometimes	
HEADACHE	Rarely	Often	Sometimes	Sometimes	
COUGH	Sometimes	Often	Often	Often	Often
VOMITING	Never	Rarely	Sometimes	Sometimes	Sometimes
WARNING TIME	Symptoms occur after exposure to allergen	Get worse over several days	Sudden onset	Variable	Get worse over several days
HOW LONG IT LASTS	Weeks to months	Usually 3-14 days	Usually 10-14 days	Usually 10-14 days	Usually 2-3 weeks
DIARRHEA	Never	Rarely	Rarely	Sometimes	Sometimes
LOSS OF TASTE OR SMELL	Never*	Never*	Never*	Sometimes	
SHORTNESS OF BREATH/TROUBLE BREATHING	Never	Rarely	Rarely	Sometimes	Often
FATIGUE	Never	Rarely	Often	Sometimes	
SORE THROAT		Often	Often	Sometimes	

\* Stuffy nose can temporarily alter smell or taste but these senses are not lost completely.








\*\* Occurs most commonly in children younger than 2 years old.

Please note: This document was adapted from [Nationwide Children's Hospital's symptom checker](#).

## HOW TO TELL THE DIFFERENCE BETWEEN FLU, RSV, COVID-19, AND THE COMMON COLD

Common symptoms may include cough, headaches, sneezing, runny nose, and congestion. Different symptoms may include:



	COLD	FLU	COVID-19	RSV
 ACHES	XX	XXXX	XX	X
 DIFFICULTY BREATHING	X	X	XXXX	XX
 FATIGUE	XX	XXXX	XXXX	X
 FEVER	X	XXXX	XX	XX
 LOSS OF TASTE OR SMELL	X	X	XX	X
 SORE THROAT	XXXX	XX	XXXX	X
 WHEEZING	X	X	X	XXXX

SOURCE: NFID



# WHAT SHOULD YOU ASK YOUR HEALTHCARE PROVIDER?

Pregnant people:

- I want to learn more about RSV
- I want to protect my baby from RSV
- Please tell me more about the vaccine I can take to protect my baby
- When can I get the vaccine?
- Are there any side effects?
- Is there a shot available for my baby also? If so, when should the baby get it?



# WHAT SHOULD YOU ASK IN THE NURSERY?

Parents of newborns:

- I want to learn more about RSV
- I want to protect my baby from RSV
- Please tell me more about options to protect my baby
- I got the RSV vaccine while pregnant, does my baby need anything else to protect him/her from RSV?
- When can my baby get the shot to help protect them from RSV? Can we get it while here in the nursery?
- Are there any side effects?





# WHAT SHOULD YOU ASK DURING YOUR CHILD'S FIRST TWO YEARS?

Parents of newborns:

- I got the RSV vaccine when I was pregnant, does my baby need anything else to protect him/her from RSV?
- My baby got the RSV shot in the newborn nursery, what else can I do to protect him/her?
- My baby did not get the RSV shot in the newborn nursery, is it too late? Can she/he get it now?
- What should I watch out for after my baby gets the RSV shot?





# SUMMARY

- RSV is common
- It can affect all babies and young children
- RSV can lead to serious illness, even in healthy babies and young children
- You have the ability to prevent this serious disease in your baby or young child by:
  - Getting an RSV vaccine when you are pregnant, OR
  - Making sure your baby gets an RSV shot if they are less than 8 months old during RSV season (October to March)
  - Making sure babies at high risk for RSV (babies born premature, babies with certain medical conditions) get an RSV shot during their second RSV season as well
  - If you are not sure, talk to your pediatrician or primary care provider

# RESOURCES

# FOR PARENTS

Available link: [www.cdc.gov/rsv/high-risk/infants-young-children.html](https://www.cdc.gov/rsv/high-risk/infants-young-children.html)

## RSV in Infants and Young Children

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs. RSV season starts in the fall and peaks in the winter in most regions of the U.S.

**Protect your young child from RSV.**

There are two options to protect babies from severe RSV. Most babies only need one, not both.

**RSV vaccine** given during pregnancy:

- Protection passed to baby during pregnancy
- Recommended when 32-36 weeks pregnant
- Usually given during September-January

**RSV antibody** given to the baby:

- Directly provides protection to baby
- Recommended for babies younger than 8 months
- Usually given during October-March

A dose of RSV antibody is also recommended for the following children between the ages of 8 and 19 months entering their second RSV season:

- Children who have chronic lung disease from being born prematurely
- Children who are severely immunocompromised
- Children with cystic fibrosis who have severe disease
- American Indian and Alaska Native children

Talk to your healthcare provider to determine which option is best for you and your baby.




**RSV is the LEADING CAUSE of infant hospitalization in the U.S.**

 [www.cdc.gov/rsv](https://www.cdc.gov/rsv)


(1) 581639-1, September 2023

<https://www.cdc.gov/rsv/downloads/RSV-in-Infants-and-Young-Children.pdf>



## 100 to 300 Child Deaths Each Year

Tragically, RSV also contributes to the loss of young lives, causing an estimated 100 to 300 deaths each year among children under 5 years old.

 NATIONAL MINORITY QUALITY FORUM

<https://rsvequityaction.org/>




# ADDITIONAL READING AND RESOURCES


[AAP: RSV, WHEN IT'S MORE THAN JUST A COLD](#)

[AAP: RSV, Flu and COVID: How are these illnesses Different?](#)

Cold: Upper Respiratory Tract Infection	Bronchiolitis: Lower Respiratory Tract Infection
<p>Cold symptoms may include:</p> <ul style="list-style-type: none"><li>• Fever (temperature of 100.4 or higher)</li><li>• Cough (dry or wet sounding)</li><li>• Congestion</li><li>• Runny nose</li><li>• Sneezing</li><li>• Fussiness</li><li>• Poor <b>feeding</b></li></ul>	<p>May include <b>cold symptoms, plus:</b></p> <ul style="list-style-type: none"><li>• Fast breathing</li><li>• Flaring of the nostrils &amp; head bobbing with breathing</li><li>• Rhythmic grunting during breathing (<i>see sound clip clip, below</i>)</li><li>• Belly breathing, tugging between the ribs and/or the lower neck (<i>see video, below</i>)</li><li>• Wheezing</li></ul>

**20 seconds of handwashing can keep your child and household healthy.**



 healthychildren.org  
Powered by pediatrics. Trusted by parents. Not the medical community at all.

**20 Second Handwashing Animation**

To download, press "play" and click the "download" icon in the bottom right corner of the video.

Select Language ▼

**View**

[https://players.brightcove.net/6056665225001/bazRhh0DC\\_default/index.html?videoId=6354435470112](https://players.brightcove.net/6056665225001/bazRhh0DC_default/index.html?videoId=6354435470112)



# FOR POLICYMAKERS



  
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## Low-income children of color are at high risk of severe RSV

Tragically, Respiratory Syncytial Virus (RSV) causes an estimated 100 to 300 deaths each year among children younger than age five. Access to preventative immunizations for all eligible infants and young children will be critical to reduce RSV disease.

Take action now – let your policymakers know this is an important health equity issue that affects our most vulnerable.

**100–300 CHILD DEATHS PER YEAR**  
RSV causes an estimated 100 to 300 deaths each year among children younger than age five.

**80,000 HOSPITALIZATIONS**  
RSV leads to 58,000 to 80,000 cases of hospitalizations a year in children younger than 5.


**69%**  
of parents felt guilty they could not do more to prevent their child's experience with RSV<sup>21</sup>

**68%**  
of parents said watching their child suffer affected their mental health

**>2/3**  
of parents said that RSV also presented their family with a financial burden of financial crisis.

**48%**  
of providers said they found it difficult to decide whether to send a young RSV patient to the emergency room<sup>23</sup>

**Get Involved. Save Lives.**  
Tell policymakers that Vaccine for Children coverage of RSV immunizations is needed to ensure equitable access for all!  
Visit [www.rsvequityaction.org](https://rsvequityaction.org) to learn more.



<https://rsvequityaction.org/>



**Please share this brief survey with your learners!**

<https://www.surveymonkey.com/r/RSVkids>





**THANK  
YOU  
SO MUCH!**