MANAGING RSV RISK:
A GUIDE FOR PROVIDERS CARING FOR PREGNANT PATIENTS & INFANTS

Recommendation: The IAFP and the CDC recommend seasonal administration of the RSVpreF (Abrysvo) maternal RSV vaccine for patients who are pregnant from 32 through 36 weeks of gestation to prevent RSV-associated lower respiratory tract infections (LRTI) in infants.[1] In most states, the maternal RSV vaccine should be administered between September and January, per CDC guidance, unless the individual resides in regions with less predictable RSV activity, or where peak circulation may vary.[1]

TWO OPTIONS FOR RSV PROTECTION IN INFANTS

There are two safe and effective immunizations to prevent RSV-associated lower respiratory tract infections (LRTIs) in infants. Most infants will only need to be protected by one of these vaccines.

RSVpreF (Abrysvo) vaccine is approved for maternal adult use during pregnancy to protect infants through 6 months from RSV-associated LRTI. A single dose of the vaccine should be administered from 32 through 36 weeks of gestation.

OR

Nirsevimab (Beyfortus) RSV monoclonal antibody is an approved vaccine for infants.[4] Infants younger than 8 months born during or entering their first RSV season are recommended to get only a single dose (i.e., one shot) if:[5]

- The patient who was pregnant did not receive RSV vaccination during pregnancy.
- The patient who was pregnant has an unknown RSV vaccination status.
- The infant was born within 14 days of maternal RSV vaccination.

Some infants 8-19 months who have an increased risk for severe RSV disease and are entering their second RSV season are also recommended to get a dose of nirsevimab.

COMMUNICATING WITH PATIENTS

Recommend the maternal RSV vaccine to pregnant patients using a confident and positive approach, such as:

"I recommend you receive the RSVPreF vaccine between 32-36 weeks of pregnancy to protect your baby from RSV after birth. Maternal antibodies can significantly reduce your baby's risk."

- Emphasize the limited time window for vaccination during pregnancy. Highlight the benefits, explaining that maternal antibodies provide vital protection after birth and that the vaccine is recommended by the IAFP, CDC, and other experts.
- If the maternal RSV vaccine is not given, inform them about alternative vaccination options. Share credible resources to support your recommendation.

HANDLING HESITANCY & FOLLOW-UP

Handling Hesitancy

- Listen carefully, address questions honestly, and be transparent about potential side effects while reassuring vaccine safety.
- Offer to review materials they've found and schedule a follow-up to discuss or administer the vaccine.
- Document refusals and revisit the conversation at future visits.

Follow-Up

- Schedule another appointment to restate your recommendation if the vaccine is initially declined.
- Emphasize the importance of keeping the baby up to date on all CDC-recommended vaccinations during every visit.
- Remember, a refusal at one appointment doesn't mean it's final. Continue the conversation.

FAST FACTS

• For infants younger than 1 year, RSV is the leading cause of hospitalization in the United States.[2]

• Most infants will be infected by RSV by age 2, but the virus can be very severe in premature infants, infants younger than 6 months and young children with pre-existing conditions.

• About 75% of infants who become hospitalized for RSV are not born premature and do not have underlying medical condition(s).

• Among every 100 infants with RSV infection, 2 out of 3 may need oxygen, intravenous fluids and mechanical ventilation.[3]

ILLINOIS ACADEMY of FAMILY PHYSICIANS

Visit www.iafp.com/RSV for references and resources.

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