

Your pregnant patients look to you as a trusted source of information. As their pregnancy progresses, it's important to discuss respiratory diseases like respiratory syncytial virus (RSV).

START THE CONVERSATION ABOUT HOW SERIOUS RSV CAN BE FOR INFANTS.



RSV IS A COMMON, HIGHLY CONTAGIOUS RESPIRATORY VIRUS THAT SHOULD NOT BE UNDERESTIMATED^{1,2}:



It's the leading cause of bronchiolitis in infants, and may result in respiratory failure and even death. 1,3,4



Symptoms often range from mild to moderate and can become more severe in just a few days.¹



RSV season usually runs from November to May and causes annual outbreaks.^{5,6}

INFANTS ARE AT HIGH RISK OF SERIOUS COMPLICATIONS, INCLUDING HOSPITALIZATION AND EVEN DEATH^{1,5}:



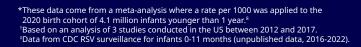
RSV is the leading cause of infant hospitalization in the US.⁷ There are ~80,000 RSV-associated infant hospitalizations each year in the US.^{8*}



75%-80% of infants
hospitalized due to RSV
were hospitalized during the
first 6 months of life.91



The highest rates of hospitalization due to RSV are seen in infants younger than 3 months, with the peak occurring between 1 and 2 months.^{4,10‡}







AS PREGNANCY PROGRESSES, HELP YOUR PATIENTS UNDERSTAND WHAT THEY CAN DO TO HELP PROTECT AGAINST RSV.



Encourage healthy habits. Discuss how
to embrace healthy
choices that can help
their pregnancy.



Share hygiene tips.
Washing hands, limiting exposure to sick people, and disinfecting surfaces all help to stop the transmission of RSV.1



Discuss how infants have a window of vulnerability shortly after birth when they are less capable of defending against disease.¹¹



Help prevent RSV. Consider all options, including vaccination, and discuss with appropriate patients.



LEARN ABOUT AN RSV VACCINE OPTION.

References:

1. Centers for Disease Control and Prevention. Respiratory syncytial virus infection (RSV): RSV in infants and young children. Updated August 4, 2023. Accessed August 28, 2023. https://www.cdc.gov/rsv/high-risk/infants-young-children.html 2. Bueno SM, González PA, Cautivo KM, et al. Protective T cell immunity against respiratory syncytial virus is efficiently induced by recombinant BCG. *Proc Natl Acad Sci U S A.* 2008;105(52): 20822-20827. 3. Centers for Disease Control and Prevention. Respiratory syncytial virus infection (RSV). Updated August 4, 2023. Accessed August 28, 2023. https://www.cdc.gov/rsv/index.html 4. McMorrow M. Respiratory syncytial virus (RSV) seasonality in the United States and the burden of RSV in children. Presented at: ACIP General Meeting; June 23, 2022. https://stacks.cdc.gov/view/cdc/118593 5. Centers for Disease Control and Prevention. Respiratory syncytial virus infection (RSV): for healthcare providers. Updated October 28, 2022. Accessed February 20, 2023. https://www.cdc.gov/rsv/clinical/index.html 6. Talbot HK, Belongia EA, Walsh EE, Schaffner W. Respiratory syncytial virus in older adults: a hidden annual epidemic. *Infect Dis Clin Pract (Baltim Md)*. 2016;24:295-302. 7. McLaurin KK, Farr AM, Wade SW, Diakun DR, Stewart DL. Respiratory syncytial virus hospitalization outcomes and costs of full-term and preterm infants. *J Perinatol*. 2016;36(11):990-996.

8. McLaughlin JM, Khan F, Schmitt HJ, et al. Respiratory syncytial virus-associated hospitalization rates among US infants: a systematic review and meta-analysis. *J Infect Dis*. 2022;225(6):1100-1111. 9. Parikh RC, McLaurin KK, Margulis AV, et al. Chronologic age at hospitalization for respiratory syncytial virus-associated hospitalizations among children less than 24 months of age. *Pediatrics*. 2013;132(2): e341-e348. 11. Centers for Disease Control and Prevention. Vaccines for family and caregivers. Updated November 9, 2021. Accessed June 30, 2023. https://www.cdc.gov/vaccines/pregnancy/family-caregivers.html

