

New Advances in the Prevention of RSV Infection

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The National Perinatal Association (NPA) is an interdisciplinary organization that strives to be a leading voice for perinatal care in the United States. Our diverse membership is comprised of healthcare providers, parents & caregivers, educators, and service providers, all driven by their desire to give voice to and support babies and families at risk across the country.

Members of the NPA write a regular peer-reviewed column in Neonatology Today.



reinfected us many times over our lives. While RSV infection typically causes mild cold-type symptoms in older children and healthy adults, infants are especially vulnerable during their first two years of life. This is because RSV infection can be much more severe for infants whose immune systems are still maturing, particularly those who were born preterm or who have heart or lung issues. They may have difficulty breathing and feeding - requiring emergency room visits, hospitalization, and ICU care. In most places, RSV infections follow seasonal patterns, beginning in the fall and lasting until the spring each year. In most parts of the country, the season is underway!



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After a busy RSV season last year, new strategies are available now to help pre-

vent RSV infection in infants. The FDA has approved a new RSV monoclonal antibody, nirsevimab, brand name Beyfortus™, which can provide protection or reduction in the severity of RSV infection. The CDC has recommended this vaccine for all infants less than eight months of age during their first RSV season. It also recommends this vaccine for infants up to 24 months with certain medical conditions, including chronic lung and cardiac disease as well as immunodeficiency.



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Nirsevimab, similar to Synagis™, does not trigger the infant’s immune system to make its own antibodies like most vaccines. Rather, it is a lab-made antibody that, when given by injection, targets and disables a protein that helps the virus infect cells. While Synagis™ lasts only 28 days, requiring monthly vaccination for optimum protection, nirsevimab lasts up to

5 months, meaning infants should require only one dose of nirsevimab if given during the RSV season. Your health care provider will administer either based on supply and availability. Although a one-time dose of nirsevimab may be preferable for most patients, monthly administration of Synagis™ is equally effective and should not be declined.

An additional way to protect infants from RSV is maternal vaccination (a vaccine for the pregnant person) with an RSV vaccine in the last trimester of pregnancy (preferably between 32-36 weeks). These vaccines trigger a maternal immune response and antibody production.

Antibodies cross the placenta and can protect babies from birth if given at least 14 days prior to delivery.

Preventive strategies - including good handwashing and isolation of known contacts with cough and cold-like symptoms - can help provide additional defense for adults and children.



All those who are pregnant or are parents of young infants are encouraged to speak to their healthcare providers about the best strategies to prevent RSV infection.

The National Perinatal Association RSV guidance supports vaccination during the last trimester of pregnancy and vaccination of infants who meet the criteria to reduce the impact of this common illness.

Vaccination of infants born during RSV season should be considered as early as just after delivery, prior to discharge from a healthcare facility if applicable, to minimize inequities that may exist in access to these innovations in prevention and protect ALL of our babies.

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