

FACTSHEET RSV

RSV (Respiratory Syncytial Virus)



Each year in the US, RSV (respiratory syncytial virus) infection is the cause of approximately 2.1 million outpatient visits and 58,000-80,000, hospitalizations among children younger than 5 years old. RSV is the cause 60,000-160,000 hospitalizations and 6,000 - 10,000 deaths among adults 65 years and older.

Only supportive treatments are available for persons with RSV infection. Antiviral medications are not routinely recommended to treat RSV infection. Prevention efforts available include vaccination for older adults and pregnant women, as well as RSV antibody for use in infants and young children. There are two FDA licensed RSV vaccines available for adults 60 years and older to prevent RSV-related serious illness. Persons should talk with their health care provider about whether RSV vaccination is right for them. Persons at higher risk include adults 60 years and older, adults with a weakened immune system, adults with chronic medical conditions such as heart or lung disease, or adults living in nursing homes or long-term care facilities. There

is no maximum age for getting RSV vaccination. RSV vaccine is given as a single dose. RSV vaccine can be coadministered with other vaccines.

Based on CDC recommendations, for the majority of the continental United States, there is an RSV vaccine licensed and recommended for pregnant women to be used during weeks 32 through 36 of pregnancy from September to January to protect infants. If the mother is vaccinated, the risk of RSV infection in the infant is reduced by 57% for the first 6 months of life. But if you live in Alaska, south Florida, Hawaii, or outside the continental US which has a later RSV season, talk with your healthcare provider to determine which seasonal months are appropriate to receive the vaccine.

One dose of a licensed RSV antibody (Nirsevimab) is recommended for:

All infants younger than age 8 months who are born shortly before or during their first RSV season (typically fall through spring) if:

- The mother did not receive RSV vaccine during pregnancy.
- The mother's RSV vaccination status is unknown and
- The infant was born less than 14 days after maternal RSV vaccination.

Additionally, a dose of Nirsevimab is recommended for some children aged 8 through 19 months old who are at increased risk for severe RSV disease and entering their second RSV season. These children include:

- American Indian/Alaska Native children
- Children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season.
- Children with severe immunocompromised conditions
- Children with severe cystic fibrosis

(<https://www.cdc.gov/vaccines/hcp/acip-recs/index.html>)

Summary

Therefore, in keeping with the mission and objectives of the NMA and based upon the available scientific data and upon the basic axioms of public health, the NMA strongly recommends that adults 60 years and older adults, especially those with a weakened immune system or a chronic medical conditions such as heart or lung disease, or those adults living in nursing homes or long term care facilities receive a single dose of RSV vaccine based upon discussion with their health care provider. Pregnant women should receive an RSV vaccine

single dose between 32-36 weeks to protect their infants from serious RSV infection in the first 6 months of life. Infants born to mothers who did not receive RSV vaccine during the 32 through 36 weeks of pregnancy or whose maternal RSV vaccination status is unknown should receive RSV antibody (Nirsevimab) as a single dose shortly before or during their first RSV season. An additional dose should be given to infants 8 through 19 months of age entering their second RSV season who are at increased risk for severe RSV disease.