

FAQ:

RSV AND RSV PREVENTION WITH VACCINATION AS PART OF PRENATAL CARE



Who gets Respiratory Syncytial (pronunciation – “sin-SISH-ul”) Virus, abbreviated RSV?

RSV is a common and highly contagious respiratory virus that is easy to catch. In this way, it is like other respiratory viruses – a common cold, or COVID-19. RSV can affect anyone, and it most often causes mild, non-severe, cold-like symptoms that last for several days. However, infants and older adults are more likely to develop a severe case of RSV that may involve a stay in the hospital.

In fact, the leading cause of infant hospitalization in the United States is RSV. Some children and infants are at an even greater risk of severe RSV disease. Risk factors for severe RSV in children/infants include those born prematurely, who have a chronic lung or heart disease, or who have a weakened immune system.

Why is preventing RSV important?

RSV is easy to catch. You can get RSV from exposure to tiny droplets an infected person releases when they cough or sneeze. You or your child can become infected if someone near you who has RSV coughs or sneezes. Direct exposure, like kissing or touching someone or an infant with RSV or touching a surface or object that has the respiratory syncytial virus on it, also causes infection. The virus itself can have the ability to infect for several hours after landing on hard surfaces, like tables, toys, or other objects. RSV leads to about 2.1 million non-hospital doctor visits among children less than 5 years old in the U.S. each year, and 50,000 to 80,000 hospitalizations.

How does the new FDA-approved maternal RSV vaccine work? Is it safe?

When a pregnant person receives the new FDA-approved maternal RSV vaccine, this helps to protect the newborn baby immediately at birth through the first 6 months of life from lower respiratory tract disease caused by RSV. The pregnant individual’s immune system creates protective antibodies in response to receiving the vaccine, and these protective antibodies pass to the fetus. Newborns have immature immune systems that cannot mount an adequate response to infections. Early in life, newborns rely on their mother’s immune system, where antibodies are transferred through the placenta in pregnancy, and in breast milk. Instead of the newborn infant or young child becoming infected with RSV, where they may become very ill as a result, immunity can be passed on from the mother.



When and how can I get the maternal RSV vaccine?

Talk to your doctor or pharmacist about the maternal RSV vaccine. Pregnant people should receive a single dose of this vaccine during weeks 32 through 36 of pregnancy and during the RSV season (typically considered to be September through January). If you have allergies, any concerns about ingredients in the vaccine, or further questions about how the vaccine works, your doctor or pharmacist will be able to help answer these questions with you.

Resources used to help create this FAQ include:

[RSV in Infants and Young Children | CDC](#)

[RSV Surveillance and Research | CDC](#)

[What doctors wish patients knew about RSV infection | American Medical Association \(ama-assn.org\)](#)

[Each Mom Passes Unique Set of Breast Milk Antibodies to Baby \(upmc.com\)](#)

