

Protect Your Baby Against Severe RSV

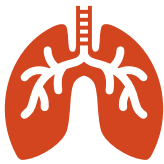
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Respiratory syncytial virus (RSV) is a common virus that affects the lungs. It can be very dangerous for babies and older adults. It's the leading cause of hospitalization in babies. Fortunately, there are two options to protect babies from severe RSV, and most babies only need one: the RSV vaccine given during pregnancy or the RSV antibody, called nirsevimab, given to the baby. Your newborn may be eligible to receive nirsevimab at the hospital after birth. It provides **immediate protection** against RSV and **lasts at least five months**.

If you need help accessing or understanding this information, contact ahs.vdhimmunizationprogram@vermont.gov.

Nirsevimab is 90% effective at preventing babies from being hospitalized with severe RSV.

RSV Facts



- RSV season starts in the fall and peaks in the winter.
- It can spread when an infected person coughs or sneezes, by direct contact with someone who has RSV, or by touching a contaminated surface.
- Many adults with RSV do not have any symptoms. Those who do will usually have a mild, cold-like illness.
- Very young infants with RSV almost always show symptoms. These include irritability, decreased activity, drinking or eating less, and apnea (pauses in breathing for more than 10 seconds).
- RSV can cause severe illness in infants and young children such as bronchitis (inflammation of the small airways in the lungs) or pneumonia (infection of the lungs).

RSV Antibody (Nirsevimab)



- The RSV antibody is given as one shot.
- It's recommended for infants under 8 months old who aren't already protected through the maternal RSV vaccine. It's given to babies during the months of October through March.
- Side effects are usually mild and end quickly.



HealthVermont.gov/RSV
802-863-7200

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