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RESPIRATORY SYNCYTIAL VIRUS

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SUMMER 2026



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THE LATEST ON RESPIRATORY SYNCYTIAL VIRUS

TOO YOUNG TO REMEMBER

Anyone can get RSV, but babies seem to get it again and again. New research may explain why. Scientists studied tissue samples of small children and found that important immune cells called “memory T cells” aren’t fully functional in children’s bodies until they are about 4 to 6 years old. These cells remember germs they’ve encountered before. If the germs try to come back, the cells mount an immediate attack against them. But in babies and toddlers, the cells don’t remember so well, so the body lets the same germs in over and over.

SOURCE: *Immunity*

5

Minimum number of months that an injection of protective antibodies protects infants against severe illness from RSV.

SOURCE: CDC

3.5x

How many more children under 4 were hospitalized for RSV in late August 2023 compared to early August—the start of RSV season.

SOURCE: CDC

NEW IN VACCINE RESEARCH

Some vaccines protect you for life. So why do others, like the flu, COVID, and the RSV vaccines for expectant mothers and older adults, only last for a few months? These seasonal viruses multiply in the mucus in your nose before they fully enter your body where they would trigger the immune response that vaccines ensure. On top of that, viruses like some flu strains and COVID evolve rapidly and complicate vaccine design. For now, that means people get flu and COVID shots every year. RSV vaccines, for those who are eligible, and preventive antibody treatments for babies offer a season of protection. But research is underway to develop vaccines that would go right into the nasal mucus membrane, rather than the arm, and potentially offer a lifetime of protection.

SOURCE: *Cell Host & Microbe*

HAND SANITIZERS SAVE THE DAY

Though it weakens over time, RSV can live on surfaces like countertops and doorknobs for up to 7 days, new research shows. But a test of five standard surface disinfectants, with typical ingredients like alcohol and hydrogen peroxide, all worked to deactivate the virus. Hand sanitizers containing at least 30% alcohol disarmed the germs, too. So keep wiping down those counters and sanitizing those hands. It’s working!

SOURCE: *The Journal of Hospital Infection*

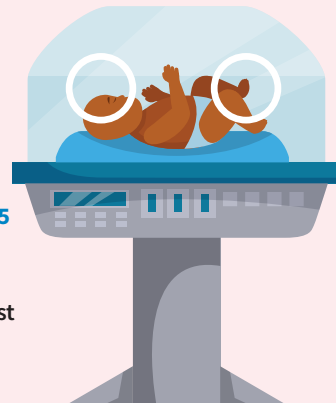


STATS & FACTS

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor,
Medical Affairs

40%

How much more likely children under 5 with RSV who live in the most socially vulnerable areas will need ICU care compared with those who live in the least vulnerable areas.



OVER 95%

Amount of pediatricians who agree that the RSV antibody is both safe and effective despite parental concerns about safety and potential cost barriers.



ABOUT 19%

Amount of parents who chose not to give their infant the RSV antibody shot due to concerns about its long-term safety.

ABOUT 49%

Amount of infants who received RSV antibody protection when their mothers were employed, compared with about 39% when mothers were unemployed.

74%

Amount of parents in the U.S. who reported having at least a moderate level of knowledge about RSV.

ABOUT 59%

Amount of infants who received RSV antibody protection when their families got a provider recommendation versus about 28% who did not.



SOURCES: Open Forum Infectious Diseases, National Minority Quality Forum, CDC

This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

A woman with dark hair, wearing a colorful patterned sweater, is smiling and looking down at a baby in a car seat. The baby is looking up at her. The background shows the interior of a car and a house with a window.

How fast can RSV turn

into a serious lung infection during RSV season?

INDICATION

Beyfortus is a prescription medicine used to help prevent a serious lung disease caused by Respiratory Syncytial Virus (RSV) in:

- Newborns and babies under 1 year of age born during or entering their first RSV season.
- Children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season.

IMPORTANT SAFETY INFORMATION

Your child should not take Beyfortus if your child has a history of serious allergic reactions to nirsevimab-alip or any of the ingredients in Beyfortus.

Please see additional Important Safety Information and Brief Summary of Patient Information on the following pages.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

 **Beyfortus[®]**
(nirsevimab-alip) | 50 mg
100 mg
Injection

Join the **6,000,000 moms***
and counting who've
protected their babies
with **Beyfortus[®]** 50 mg
(nirsevimab-alip) 100 mg
Injection



Unlike vaccines, which work by helping train your child's body to make antibodies, Beyfortus is a preventive antibody, which means it can provide your child with the antibodies they lack. Beyfortus may not protect all children.



Beyfortus helps protect against serious RSV lung infection that may require trips to the doctor, urgent care, ER, or hospital.



Beyfortus is given directly to your baby and provides fast-acting protection against serious RSV lung infection.



Beyfortus is CDC recommended for babies before their first RSV season.

Ask your child's doctor about Beyfortus today.

*Estimated based on sales data (through Oct 2024).

IMPORTANT SAFETY INFORMATION (CONTINUED)

Before your child receives Beyfortus, tell your healthcare provider about all of your child's medical conditions, including if your child:

- has ever had a reaction to Beyfortus.
- has bleeding or bruising problems. If your child has a problem with bleeding or bruises easily, an injection could cause a problem.

Tell your healthcare provider about all the medicines your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your infant should not receive a medicine called palivizumab if they have already received Beyfortus in the same RSV season.



**Just
like that.**

**Even though severe RSV is uncommon,
it's still the top cause of hospital stays
in babies under age 1.**



**Ask about Beyfortus before
your baby's first RSV season.**

IMPORTANT SAFETY INFORMATION (CONTINUED)

Serious allergic reactions have happened with Beyfortus. Get medical help right away if your child has any of the following signs or symptoms of a serious allergic reaction:

- swelling of the face, mouth, or tongue
- difficulty swallowing or breathing
- unresponsiveness
- bluish color of skin, lips, or under fingernails
- muscle weakness
- severe rash, hives, or itching

The most common side effects of Beyfortus include rash and pain, swelling, or hardness at the site of your child's injection. These are not all the possible side effects of Beyfortus. Call your healthcare provider if you have questions about side effects.

Please see Brief Summary of Patient Information on the following page.

You are encouraged to report side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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MAT-US-2505414-v1.0-06/2025

Rx Only BEYFORTUS® (Bay for tus) (nirsevimab-alip) injection, for intramuscular use Summary of Information about BEYFORTUS
What is BEYFORTUS? BEYFORTUS is a prescription medicine that is used to help prevent a serious lung disease caused by Respiratory Syncytial Virus (RSV) in: • newborns and babies under 1 year of age born during or entering their first RSV season. • children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season. BEYFORTUS is an antibody that contains nirsevimab-alip which is used to help prevent RSV disease for 5 months. It is not known if BEYFORTUS is safe and effective in children older than 24 months of age.
Your child should not receive BEYFORTUS if your child has a history of serious allergic reactions to nirsevimab-alip or any of the ingredients in BEYFORTUS. See the end of this Summary of Information for a complete list of ingredients in BEYFORTUS.
Before your child receives BEYFORTUS, tell your healthcare provider about all of your child's medical conditions, including if your child: • has ever had a reaction to BEYFORTUS • has bleeding or bruising problems. If your child has a problem with bleeding or bruises easily, an injection could cause a problem. Tell your child's healthcare provider about all the medicines your child takes, including prescription and over-the-counter medicines, vitamins, and herbal supplements. Your infant should not receive a medicine called palivizumab if they have already received BEYFORTUS in the same RSV season.
How is BEYFORTUS given? • BEYFORTUS is given as an injection, usually in the thigh (leg) muscle, by your child's healthcare provider. • Your child should receive BEYFORTUS before or during the RSV season. RSV season is the time of year when RSV infections are most common, usually occurring fall through spring. Your healthcare provider can tell you when the RSV season starts in your area. • Your child may still get RSV disease after receiving BEYFORTUS. Talk to your child's healthcare provider about what symptoms to look for. • If your child has heart surgery, your child's healthcare provider may need to give your child an additional BEYFORTUS injection soon after surgery

What are the possible side effects of BEYFORTUS? • Serious allergic reactions have happened with BEYFORTUS. Get medical help right away if your child has any of the following signs or symptoms of a serious allergic reaction. ○ swelling of the face, mouth or tongue ○ difficulty swallowing or breathing ○ unresponsiveness ○ bluish color of skin, lips or under fingernails ○ muscle weakness ○ severe rash, hives or itching The most common side effects of BEYFORTUS include rash, and pain, swelling or hardness at the site of your child's injection. These are not all of the possible side effects of BEYFORTUS. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.
General information about the safe and effective use of BEYFORTUS. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information leaflet. You can ask your pharmacist or healthcare provider for information about BEYFORTUS that is written for health professionals.
What are the ingredients in BEYFORTUS? Active ingredient: nirsevimab-alip Inactive ingredients: arginine hydrochloride, histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sucrose and water for injection.
The risk information provided here is not comprehensive. To learn more, talk about BEYFORTUS with your health care provider. For the FDA- approved product labeling or more information go to www.beyfortus.com or call 1-855-239-3678 (1-855-BEYFORTUS).
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WHAT TO KNOW ABOUT RSV

Insights from a lung specialist

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD,
WebMD Chief Physician Editor, Medical Affairs



JOHN CARL, MD

John Carl, MD, a pediatric pulmonologist at Cleveland Clinic's Center for Pediatric Pulmonary Medicine in Ohio, answers questions about respiratory syncytial virus (RSV) in infants and what you can do.

Q: Is RSV common in new babies?

JOHN CARL, MD: When they've done studies, almost every child by age 2 has antibodies to RSV. So pretty much everybody gets it. It's just a matter of how much, how soon, how often, and whether your child has other conditions that increase the risks. So you don't need to be afraid, but I think one needs to be cautious.

Q: Why is the risk of RSV greater in infants?

CARL: The reason why RSV is so impactful on kids under 12 months of age is that their airways are small. So it takes proportionally very little additional swelling and increase in mucus secretion to cause a significant blockage in those smaller airways.

Q: When are children at most risk?

CARL: RSV is more significant in children under 6 months of age. About 2 to 3 out of every 100 children less than 6 months will wind



up getting hospitalized. There's somewhere between 60,000 and 80,000 hospitalizations in children under 5 years each year. So that's not a small number of hospitalizations. Fortunately, most kids recover and do fine. But there are some things that can increase the likelihood of a much more significant response that may ultimately continue to have ripple effects for a child later in life.

Q: What can parents do to protect their young babies?

CARL: There's a monoclonal antibody available to children under 8 months of age. It works for about 5 months, so it bridges you. It's not going to be long-term prevention, but it's providing you first-year protection. There are so many viruses that children get exposed to in those first years of life. RSV is one that we now have something we can do for, particularly in the dark months of winter when we're so predisposed.

RSV: KNOW THE SIGNS AND HOW IT SPREADS

Find out if your little one may have it

By Sonya Collins Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

Almost every child gets RSV (respiratory syncytial virus) before they turn 2 years old. It spreads quickly and easily. For almost everyone, it just looks like the common cold and is no cause for alarm. But it's a good idea to understand how it's spread, so you can try to prevent it, and the signs that your baby's RSV may be more than a cold.

"RSV is pretty contagious," says Michael D. Patrick, MD, an emergency medicine physician and pediatrician at Nationwide Children's Hospital in Columbus, OH. "Almost all kids get it at some point during young childhood."

HOW DO YOU GET RSV?

RSV spreads like other seasonal respiratory viruses. You get it through droplets that come from the mouth or nose of an infected person. Those droplets might land directly on you from an uncovered cough or sneeze. Or you might pick them up from a surface, like a countertop, where the germs can survive for up to a week.

"You may cough into your hand and then touch a doorknob, then someone else touches the doorknob and then touches their face," Patrick says. "Or



you might walk through someone's recent cough that they didn't cover. Those droplets stay suspended in the air for a little bit."

HOW CAN I TELL IF MY BABY HAS IT?

For most babies, the symptoms of RSV are just like the telltale signs of a cold. They'll have a runny, stuffed up nose, cough, and possibly a fever.

It's important to understand that babies don't know how to switch their breathing from their nose to their mouth when they have a cold. You'll need to use a suction device, specifically designed for this purpose, to clear your baby's nose every few hours. Humidifiers and saline nasal sprays also help.

If those are not enough and your baby is struggling to breathe, you need medical help.

Look for faster breathing, straining around the chest, collarbone, or stomach when they breathe, or noisy breathing that sounds like grunting, wheezing, or mucus in the throat.

"You'll see them sucking in between their ribs, flaring their nostrils, or just working hard to breathe," Patrick says. "At that point, they should probably see someone."

STOP THE SPREAD OF RSV

When someone in the house has a cold:

- + Wipe surfaces frequently with disinfectant.
- + Wash your hands with soap and water or use hand sanitizer.
- + Wear a mask.
- + Cover coughs and sneezes and wash your hands afterward.

RSV IN INFANTS AND YOUNG CHILDREN

SYMPTOMS OF RSV

When a child gets RSV, at first they may have the same symptoms as they would with a mild cold. After a few days, these symptoms can get more severe. Early symptoms include:

- Runny nose
- Eating and drinking less
- Cough, which later may include wheezing

RSV IN VERY YOUNG INFANTS

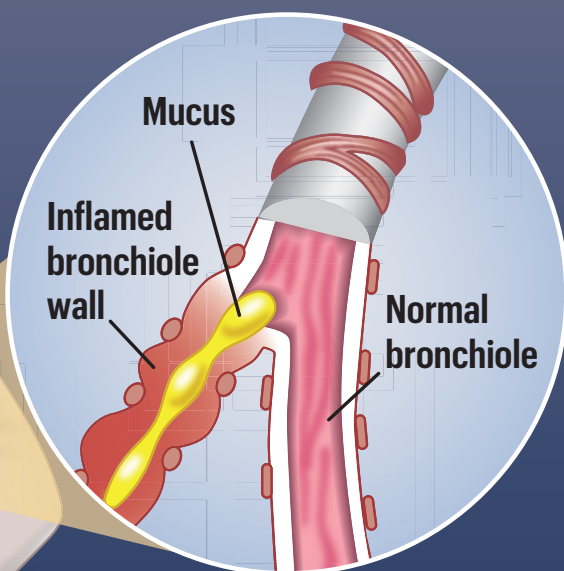
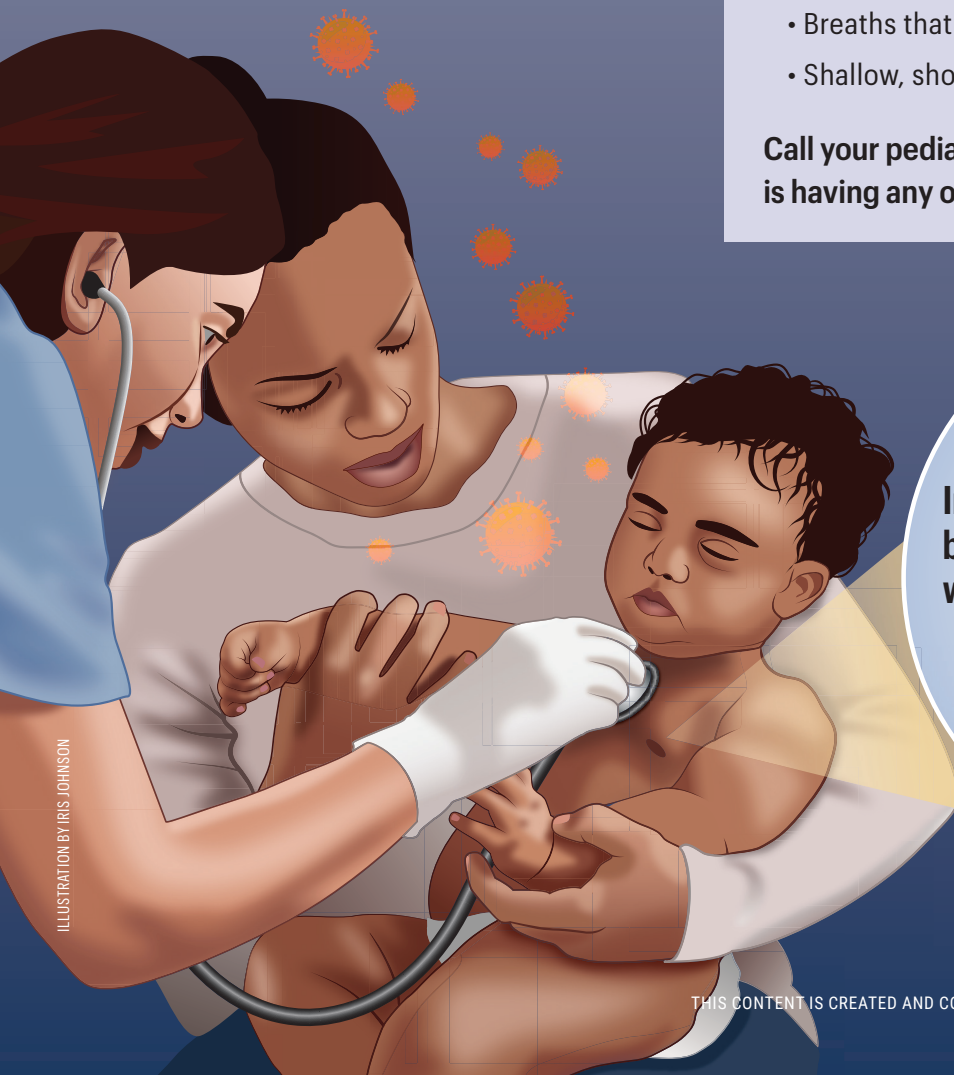
RSV doesn't always cause a fever. Babies under 6 months may show symptoms such as:

- Fussiness or irritability
- Decreased appetite
- Disinterest in activities
- Changes in their breathing pattern

Severe symptoms include:

- Pauses in breathing (apnea)
- Flared nostrils while breathing
- Blue or gray color to lips or fingernails
- Breaths that make the chest cave in
- Shallow, short breaths

Call your pediatrician right away if your baby is having any of these symptoms.



SOURCES: CDC, Cleveland Clinic

MY BABY'S BOUT WITH RSV

Know the signs because 'it can happen to anybody'

By Samantha Schumann **Reviewed by** Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

Max was born full-term in September 2022, but he was small at just 4 pounds. We have three boys, and Max is our baby. When Max was born, the older boys were just back to school and got colds. I told my husband, "I think the baby is getting sick."

I took Max to the pediatrician that morning. The doctor saw him and said it was probably RSV but they'd do a swab. They said to keep him hydrated and fed. He looked OK, and I took him home.

WORSENING SIGNS

Throughout the evening, he looked worse and worse. His breathing looked worse. His eyes were watery. I couldn't get him to eat. It was just awful. I decided to take him to the emergency room, and he was admitted.

They put him on high-flow oxygen almost immediately. His little airways were working so hard, and they were too small. They put him on the oxygen to keep that airway open, and he was breathing a little more comfortably. But it got progressively worse. He was getting tired, and they put him on a breathing machine for about two weeks. At one point, he had a cardiopulmonary arrest. They had to do little chest compressions and reintubate him, and so that bought us a couple more days on the ventilator.

WATCHING CLOSELY

The year after the bout with RSV, he had another hospital admission into the intensive care unit (ICU). This time he was negative for all viruses they tested, including RSV, but the doctors still suspected Max had another viral illness. He didn't get intubated at that time, but he was on high-flow oxygen, and we were in the hospital for about a week.

Max is now 2 1/2, and we still watch him closely. We have breathing medications that we can give him and an asthma action plan. The goal is to make sure that it doesn't happen again. If he does get any type of illness, we just monitor it closely.

RSV AWARENESS

I'm a nurse and, of course, I knew about coughs and colds before all this happened. Our other boys had coughs and colds and fevers, but it never turned into something like this. So it didn't really cross our minds in the beginning that it could get so bad so quickly.

Prevention is the first thing. I'm a big advocate now for all those things they tell you, like don't kiss or hold babies. Parents shouldn't be embarrassed to ask if someone has washed their hands.

PHOTOGRAPHY BY CHELSEA KULHANEK;
INSET PHOTOGRAPHY BY ERIK SCHUMANN



A FAMILY AFFAIR: Jackson (far left), Samantha, Erik, Maxwell, and Henry (far right) took to Mitchell's Ice Cream shop after one of Jackson's baseball games in May 2025.



We're just a regular family with three little kids, and we didn't know that Max was at risk. We didn't think it would happen to us, and it can happen to anybody. I want people to know that you need to be careful. It can be tough around the holidays to keep a new baby home. We got home with Max right around Thanksgiving, and it was lonely. You do what you can to protect your kids.

SAMANTHA'S TIPS



- + Know how to recognize the signs of breathing trouble.
- + Keep watch and prevent what you can by washing hands and avoiding large gatherings or people who are sick.
- + Go to the hospital when you need to.

FINDING FINANCIAL SUPPORT

Ensure access to the care your baby needs to avoid a costly emergency

By Kendall K. Morgan

Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

While you may have heard something about RSV, you might not know how to protect your growing family. RSV infections send 80,000 young children to the hospital each year. The threat is biggest for Black, Hispanic, American Indian, and Alaskan Native children. While there's now a preventive antibody to protect babies in those critical early months, you may wonder: Who will pay for it?

PRIORITIZING PROTECTION

The RSV immunization is included in the federally funded Vaccines for Children (VFC) program. It's also covered by Medicaid and the Children's Health Insurance Program (CHIP), which guarantees coverage for all recommended vaccines. If you have private health insurance, you should have coverage, too. Even so, you may need to take steps to ensure your infant has access at the right time, before they get sick with RSV, says Ruth Karron, MD, an international health expert at the Johns Hopkins Bloomberg School of Public Health in Baltimore, MD.

VACCINES FOR CHILDREN

Your infant may be eligible for the RSV antibody at no cost under the Vaccines for Children Program if you are:

- + Eligible for Medicaid
- + Uninsured
- + Underinsured



“We’re really talking about prioritizing prevention in infants in the first year of life, particularly infants under 6 to 8 months of age,” Karron says. “And the reason we do is because before these products were introduced, and I think it’s still true today, that RSV is the No. 1 cause of hospitalization for infants. It also causes a lot of illness that’s seen in pediatricians’ offices or the emergency room even if children aren’t sick enough to end up in the hospital.”

ASK QUESTIONS

Be sure to ask your obstetrician or pediatrician in advance when to get your baby immunized against RSV. It will depend on when they’re born to ensure it will protect them through RSV season, from October through March.

Even if your child is born during RSV season, they may not get the shot in the hospital before they go home, Karron says. It’s a good thing to check on during your regular doctor visits in the first weeks. In some cases, you may need to schedule a special visit. Rest assured that, either way, “when you get to the pediatrician, it [should] either be covered by Medicaid or private health insurance,” Karron says.

A MEDICAL HOME

To make sure you know what to expect and avoid extra costs, it’s best to do all you can to prevent RSV and other illnesses and keep your infant out of the emergency room, says Kelley Meade, MD, a pediatrician at the University of California, San Francisco.

“You don’t want to go to the emergency room with every illness and pick up other things,” Meade says. “It’s important to have a medical home and assigned primary care provider that may operate in one or more offices and that has a relationship between the family and the provider. Usually for children that’s where you get your vaccines, we’ll survey growth, and check for any other complicating factors in the health history. That’s the first place you will seek care.”

looking to
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every day



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