



THROUGH OUR LENS

SPRING 2025

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SCAN ME

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“... Poverty has always been associated with more hospitalization for RSV. Children on Medicaid are also hospitalized more often for RSV than children on private insurance.”

— Jaime Fergie, MD, medical director for the
Global Institute for Hispanic Health

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GETTY IMAGES

THE LATEST ON

Respiratory Syncytial Virus



BABY BOYS ARE AT GREATER RISK

More than half of infants that get lower respiratory tract infections due to RSV are healthy babies born from full-term pregnancies, so researchers set out to learn what puts some healthy babies at higher risk than others for potentially serious infection and hospitalization. They reviewed the medical records of 429,365 infants and found that those who were hospitalized for RSV were more likely to be boys, live in an urban area, have siblings, have a younger mother, and be born by C-section. But any baby who has not received preventive care can, and most likely will, get RSV.

SOURCE: American Thoracic Association

RSV REALITY CHECK

Do you know just how common RSV is among young children? Most Americans don't, according to a survey conducted by the University of Pennsylvania. Only 2% of those surveyed knew that virtually all unvaccinated children get RSV before they turn 2. Fewer than half of the people surveyed could recognize the symptoms of RSV. Few had correct information about available vaccines either. RSV is a very common cold-like condition that can be serious and require a stay in the hospital.

SOURCE: University of Pennsylvania

2x

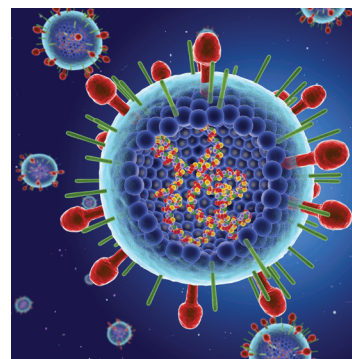
How many more Black children get RSV than White children.

SOURCE: National Library of Medicine

IMMUNE CELLS RUN AMOK

Doctors don't know why some RSV infections are extremely severe and others look more like a mild cold. Researchers compared the tissue and blood samples of young children with mild and severe RSV. In the samples from those with the most severe infections, researchers found much higher levels of what's called natural killer (NK) cells. These immune system cells fight infection and disease, but too many of them can cause serious lung inflammation. This new discovery—that severe RSV infection comes with high levels of NK cells—could lead to new treatments that aim to shut these cells down.

SOURCE: Science Translational Medicine



No. 1

RSV's rank among causes of infant hospitalization.

SOURCE: CDC

STATS & FACTS

By Sonya Collins Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

1 in 42

Number of babies up to 2 months old who go to the hospital for RSV every year.



1 in 250

Number of kids under age 5 who go to the hospital for RSV every year.



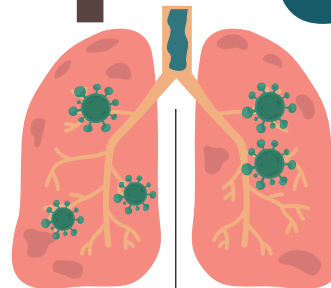
1.5x

How much more likely non-Hispanic Black children are than non-Hispanic White children to go to the hospital for RSV.



3 in 4

Number of infants with RSV who were born full-term and have no chronic illnesses. RSV can infect any baby who's not protected.



3 in 5

Number of kids with RSV who were born full-term and don't have any chronic illnesses. Typical, healthy kids often get RSV.



NEARLY
How many more Hispanic children get RSV than non-Hispanic White children.

3x

3 in 100

Number of pregnant women who get RSV.



SOURCES: National Library of Medicine, *Pediatrics*, *Journal of Infectious Diseases*, CDC

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

Protection when they need it most.

For babies under age one born during or entering their first Respiratory Syncytial Virus (RSV) season, Beyfortus is a preventative antibody that can help protect them against serious RSV lung infection.

You would do anything to protect your child. And you can help protect them against serious RSV.



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.



Help Prevent Serious RSV Lung Infections with Beyfortus



• **Beyfortus helps protect against serious lung infection caused by RSV** that may require medical care, such as: trips to the doctor, urgent care, ER or hospital.



• **Beyfortus works by providing your child with the RSV-fighting antibodies they lack**, giving them an extra layer of protection as their immune system matures. Beyfortus may not protect all children.



• **Beyfortus is an injection given directly to your baby that provides fast acting protection against serious RSV lung infection.**



• **Beyfortus is FDA approved for babies under one born during or entering their first RSV season.**

Understanding the Risks of RSV

Most of the time, RSV will cause a mild, cold-like illness. But it's important to know that RSV:

- + Is the **leading cause of hospitalizations** in babies 1 and under.
- + Is **16 times** more likely to lead to hospitalization in babies than the flu.
- + Can affect even the **healthiest** of babies.
- + Is a **highly contagious** virus that can lead to respiratory infection in babies.
- + Is **unpredictable**; it's hard to know if a baby will have a mild or serious infection.
- + Is most common and spreads most often during the **winter virus season** (fall through spring) but can vary by local area.

Important Safety Information (cont'd):

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.

Ask your baby's doctor about Beyfortus today.

Important Safety Information (cont'd):

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 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.

<p style="text-align: right;">Rx Only</p> <p style="text-align: center;">BEYFORTUS® (Bay for tus) (nirsevimab-alip) injection, for intramuscular use</p> <p style="text-align: center;">Summary of Information about BEYFORTUS</p>
<p>What is BEYFORTUS?</p> <p>BEYFORTUS is a prescription medicine that is used to help prevent a serious lung disease caused by Respiratory Syncytial Virus (RSV) in:</p> <ul style="list-style-type: none"> 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. <p>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.</p>
<p>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.</p>
<p>Before your child receives BEYFORTUS, tell your healthcare provider about all of your child's medical conditions, including if your child:</p> <ul style="list-style-type: none"> 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. <p>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.</p>
<p>How is BEYFORTUS given?</p> <ul style="list-style-type: none"> 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

<p>What are the possible side effects of BEYFORTUS?</p> <ul style="list-style-type: none"> 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. <ul style="list-style-type: none"> 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 <p>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.</p>
<p>General information about the safe and effective use of BEYFORTUS.</p> <p>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.</p>
<p>What are the ingredients in BEYFORTUS?</p> <p>Active ingredient: nirsevimab-alip</p> <p>Inactive ingredients: arginine hydrochloride, histidine, L-histidine hydrochloride monohydrate, polysorbate 80, sucrose and water for injection.</p>
<p>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).</p>
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WHAT IS RSV?

Get the facts about this illness and how to protect your baby

By Sonya Collins Reviewed by Dan Brennan, MD, WebMD Medical Reviewer

Almost every baby gets RSV, or respiratory syncytial virus, before age 2. This extremely common infection of the lungs and airways usually looks like a cold and clears up on its own. But for a few people, most often babies and older adults, the virus can progress to severe illness and lead to hospitalization or even death.

“RSV is the most common cause of infant pneumonia, bronchiolitis, and hospitalization in the U.S.,” says Jaime Fergie, MD, director of pediatric infectious diseases at Driscoll Children’s Hospital in Corpus Christi, TX, and medical director for the Global Institute for Hispanic Health.

USUALLY JUST A RUNNY NOSE

Most babies with RSV get a runny nose, a cough, congestion, and possibly a fever. You can use a humidifier, nasal saline drops, and a nasal suction bulb to clear your baby’s nose and help them breathe.



“If you do all these little things and the baby still has trouble, you need to bring the baby into the doctor or the ER,” Fergie says.

WHEN A COLD BECOMES MORE SERIOUS

Babies are “obligate nose breathers” — they can breathe only through their nose, except when they cry. Babies who can’t breathe through their nose can’t take a bottle or a breast.

“If the baby can’t feed properly, you have to take him to see a doctor,” Fergie says. “The baby might require IV fluids or IV nutrition.”

As the virus moves from the nose and into the airways of the respiratory tract and the lungs, breathing will become even more labored. You might hear your baby wheeze or breathe faster. As breathing becomes more difficult, babies may start to sweat, too.

“It’s absolutely terrifying for parents when they see their baby struggle like this,” Fergie says. “It’s very distressing.”

THE MOST VULNERABLE

Infants, especially those who were born prematurely or have a weakened immune system or heart or lung disease, might be at higher risk of severe illness from RSV. Black and Hispanic children may be two to three times more likely to get RSV than White children.

“Crowding and more children in a single household may cause them to get it more often,” Fergie says. “Socioeconomic factors may also be at play. Poverty has always been associated with more hospitalization for RSV. Children on Medicaid are also hospitalized more often for RSV than children on private insurance.”

PROTECTING THE LITTLEST PATIENTS

This RSV season, babies up to 8 months old and some older babies up to 19 months of age with high-risk conditions can receive a monoclonal antibody that helps prevent RSV and lowers the risk of severe illness and hospitalization.

“I absolutely encourage this,” Fergie says. “It demonstrates a decrease in hospitalizations of about 80%.”

PREVENTING INFANT ILLNESS

Take steps during the “offseason” to keep your growing family safe and well

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

When your new baby first comes home and throughout that first year, you’ll want to introduce them to key people in your life. You’ll want to get out and about with your baby in tow, even if it’s only to church or the grocery store. But—even when it isn’t prime cold and flu season—you should take steps to keep your infant well before inviting family over for that meet and greet or venturing out yourself.

“It’s important to protect infants from infection in the first year because they are more susceptible to severe illnesses and outcomes,” says Gina Robinson, MD, a pediatrician at Cleveland Clinic Children’s in Mayfield Heights, OH.

KEEP IT CLEAN

Ask anyone who plans to touch or hold your baby to wash or sanitize their hands first. Have them take off jewelry and keep any kissing to a minimum. Wiping down surfaces and frequent handwashing are extra important when your baby is in contact with objects such as grocery carts or floors that may have been touched by many other people including strangers. While viruses often are spread from person to person through direct contact, coughing, or sneezing, some viruses can linger on surfaces, too. RSV is a good example.

“RSV can be spread in the traditional ways that we think of viruses spreading—coughing, sneezing, etc.—but it can also live on surfaces for hours,” Robinson says. “That means touching contaminated surfaces and then touching your eyes, nose, or mouth can potentially spread the infection. This makes handwashing even more essential.”

VACCINES FOR FAMILY AND CAREGIVERS

The CDC recommends anyone around babies is current on routine vaccines for at least two weeks before meeting the baby. Check their status for vaccines, including those that protect against:

- ★ Whooping cough (pertussis)
- ★ Flu
- ★ COVID-19





FOLLOW THE SCHEDULE

Robinson says her No. 1 recommendation for keeping infants well is to follow the immunization schedule. In other words, make sure your baby gets all recommended vaccines and preventive medicines right on time.

“We are not going to be able to avoid every illness, but we can certainly reduce the risk of vaccine-preventable illnesses by following the immunization schedule,” Robinson says.

LAYER OF PROTECTION

Ensure your immediate family, including older children, are current on all recommended immunizations before your baby is born, too. This includes you.

“It is important for expectant and new moms to take measures to keep themselves as healthy as possible and seek medical advice from trusted medical providers when they have questions,” Robinson says.

Talk with your family members or friends who plan to visit your new baby well in advance of cold and flu season to make sure they’re current on their vaccines and less likely to spread illnesses, such as RSV or whooping cough. Surrounding infants with people who are up to date on their immunizations “gives them a layer of protection from diseases” that they can’t be fully vaccinated for yet, Robinson says.

INFANT VACCINES 101

Prepare to give your new baby immune protection when it's needed most

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Infant vaccines, also known as immunizations or shots, offer protection against common illnesses that may circulate any time of year. Starting at birth and through the first year, recommended infant vaccines and other immunizing agents can afford protection against RSV, hepatitis B, rotavirus, diphtheria, polio, and more.

If you've never heard of a baby getting some of these illnesses before, you have vaccines to thank for that. But even though vaccines are recommended by doctors, the CDC, and other health organizations and have a proven track record of safety, too many U.S. children don't get the full series of recommended vaccines. Compared to non-Hispanic White children, children who are Hispanic or Black get their vaccines at even lower rates, leaving about 1 in every 3 Hispanic and Black children at more risk for severe illnesses. As a result, racial disparities also exist in the number of children hospitalized with severe illnesses, including RSV.

NEW RSV PROTECTION

"[RSV] is the leading cause of hospitalization for babies under 12 months of age," says Joanna J. Parga-Belinkie, MD, a pediatrician at Children's Hospital of Philadelphia. "I've seen babies who were previously healthy get really sick and wind up in the NICU from this virus."



While there is no traditional RSV vaccine for babies, Parga-Belinkie explains that you can protect your new baby from RSV in the first 8 months with a shot that gives them antibodies against the virus when they need it most. Your baby can get this immunization along with their other routine vaccines. It's most often given from October through March, but check with your pediatrician about optimal timing and schedule your appointment early before the infection risk goes up.

IMMUNIZATIONS FOR ALL

Children without health insurance are the least likely to get



LWA/DANN TARDIF VIA GETTY IMAGES

all recommended immunizations. If you have concerns about coverage and how you'll get your new baby the recommended vaccines and preventive medicines, ask your doctor or pediatrician in advance about options. It should help you to know that the Vaccines for Children (VFC) Program offers no-cost vaccines, including the RSV immunization and all other recommended vaccines, via clinics, health departments, schools, and pharmacies enrolled in the program. Reach out to your local health department for more information about where to go in your community.

If you still have questions or are feeling nervous about vac-

inating your baby, remember that infant vaccines are thoroughly tested. Skipping or delaying them will only leave your new baby at more risk for health problems. Ask any lingering questions you have now.

Yvonne Maldonado, MD, a pediatric infectious disease specialist at Stanford Medicine Children's Health in Palo Alto, CA, says it helps to remember the primary goal of vaccines isn't to prevent your baby from getting a run-of-the-mill case of the sniffles. The goal is to prevent potentially more serious or even life-threatening complications and keep your baby safe at home, not in the hospital.

FINDING ACCESS TO TREATMENT

Tackle barriers to get your baby the care they deserve

By Kendall K. Morgan

Reviewed by Neha Pathak, MD, WebMD Lead Medical Editor

Racial and ethnic “minority” children now outnumber White children in the U.S. Despite this, a review by Glenn Flores, MD, a pediatrician at University of Miami Miller School of Medicine and the Holtz Children’s Hospital in Miami, FL, showed racial and ethnic disparities in children’s health and health care were “extensive, pervasive, and persistent,” he says.

That study was published in 2010, but Flores says, “Unfortunately, little has changed over the past 14 years, with disparities still as pervasive as ever.”

FOLLOW THE DATA

Black and Hispanic infants are less likely than White infants to have health insurance and access to care. They also tend to have worse health outcomes. For example, Black or Hispanic children with asthma more often end up in the emergency room or hospital.

Non-Hispanic Black women also have double the risk for preterm birth compared with non-Hispanic White mothers. Studies have shown that preterm infants face a greater burden of illness from RSV and other illnesses. (Note: For children born prematurely, the RSV antibody immunization is recommended through 19 months due to the increased risk for severe illness.)

JG/TOM GRILL/WIA GETTY IMAGES





OVERCOMING OBSTACLES

To overcome these challenges and get needed treatment, parents and others should ask questions, explore health insurance options, and seek a “medical home.” Having a medical home means that families and children have a caring pediatrician and care team they can call who will listen to their concerns and needs.

Make sure you know who to call after hours when there’s a concern or your child is sick. Go to appointments with any questions. Repeat back to your doctor what they’ve said to make sure you’re on the same page. Think through transportation needs and who among your family and friends you could call on for help in the event of a medical emergency.

TACKLING LANGUAGE BARRIERS

If language is a barrier for you, you should insist on getting a trained, professional interpreter.

“Title VI of the Civil Rights Act of 1964 declares that denial or delay of medical care because of language barriers constitutes discrimination and requires recipients of Medicaid or Medicare funds to provide adequate language assistance to patients with limited English proficiency,” Flores says.

ACCESSING RSV CARE

When it comes to RSV treatment, Flores says the best approach is prevention.

“Infants should receive the RSV monoclonal antibody injection, ideally before the RSV season begins, or within a baby’s first week of life if born October through March,” he says, ideally before leaving the hospital.

Getting access to needed treatment also depends on parents knowing how to recognize signs of trouble. “Because RSV can become serious, parents should be aware of the fact that initial symptoms are much like a common cold,” Flores says. “Should they progress, the child should be seen ASAP by a pediatrician or taken to the emergency department.”

RSV SYMPTOMS TO WATCH

Take action and get help if your baby shows any of these signs:

- ★ Trouble breathing
- ★ Breathing fast
- ★ Not drinking
- ★ Low activity
- ★ Nasal flaring
- ★ Blue lips or fingernails
- ★ High fever

looking to
STAY WELL
every day



Fuel Your Body with Good for You Ingredients



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Beautiful flower traditionally thought to help your body's defenses

LEMONGRASS

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ROSE HIPS

Tart and tasty herb commonly used to help support your well-being

ELDERFLOWERS

Light colored flower traditionally considered to help support a healthy lifestyle



BIGELOW
BENEFITS

Redefining Wellness
EVERY DAY