



# THROUGH OUR LENS

SPRING 2026

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*Parents who identified as Hispanic, non-White, or low income experienced even greater stress and anxiety ... likely compounded by financial and other concerns. "During that time the child is being admitted [to the hospital], do they lose time off work?"*

— Krow Ampofo, MD, a pediatrician at the University of Utah

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# THE LATEST ON

## Respiratory Syncytial Virus (RSV)



### PRACTICE PREVENTION YEAR ROUND

Even when families think the RSV season has passed, infants continue to get sick. Researchers in the U.S. found that nearly 60% of RSV cases occur in infants younger than 1 year during both in- and off-season periods. During the off-season months, Hispanic infants made up 30% of RSV cases compared with 19% during in-season, while Black infants accounted for 22% off-season versus 15% in-season. These findings reinforce that RSV is present throughout the year and affects some groups more, so ongoing awareness, early access to testing, and prevention planning should not be limited to RSV season.

SOURCE: *Open Forum Infectious Diseases*

### EARLY RSV SAFEGUARDING WORKS

Protecting infants from RSV starts with having an effective prevention plan in place. In a U.S. study of 31,900 infants, about 15,600 received a long-acting monoclonal antibody, which reduced RSV-related lung illness by 87% and RSV-related hospitalizations by 98% compared with infants who did not receive it. Notably, about 63% of infants were born during the typical RSV off-season. The study population was diverse, with Hispanic infants representing 31% of the participants. Results suggest that routine use of this RSV preventive may help reduce clinic visits, emergency care, and hospital stays.

SOURCE: *Pediatrics*

## About 13% to 41%

Amount of mothers who immunized their infants against RSV with the monoclonal antibody shot over the 2023-2024 RSV season.

SOURCE: *National Minority Quality Forum*

### WHO'S AT HIGHER RISK?

RSV remains a leading cause of hospitalization among U.S. infants, and research shows that babies covered by Medicaid were hospitalized with RSV more often than those with other types of insurance across all racial and ethnic groups. Because many Black and Hispanic infants have parents who rely on Medicaid, they were more affected by this burden. The study also found that these infants made up 63% of RSV-related hospital costs. Experts suggest that giving parents on Medicaid timely RSV prevention tips in the off-season could help keep more infants out of the hospital and reduce health care costs.

SOURCE: *Open Forum Infectious Diseases*



## 2% to 3%

Amount of infants younger than 6 months who are hospitalized with RSV each year.

SOURCE: *CDC*

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

# 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%.”



# 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

 **Beyfortus**<sup>®</sup> | 50 mg  
(nirsevimab-alip) | 100 mg  
Injection

Join the **6,000,000 moms\***  
and counting who've  
protected their babies

with **Beyfortus<sup>®</sup>** | 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](http://www.fda.gov/medwatch), or call 1-800-FDA-1088.

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<p><b>BEYFORTUS® (Bay for tus) (nirsevimab-alip) injection, for intramuscular use</b></p> <p><b>Rx Only</b></p> <p><b>Summary of Information about BEYFORTUS</b></p>
<p><b>What is BEYFORTUS?</b></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"> <li>• newborns and babies under 1 year of age born during or entering their first RSV season.</li> <li>• children up to 24 months of age who remain at risk of severe RSV disease through their second RSV season.</li> </ul> <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><b>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.</b></p>
<p><b>Before your child receives BEYFORTUS, tell your healthcare provider about all of your child's medical conditions, including if your child:</b></p> <ul style="list-style-type: none"> <li>• has ever had a reaction to BEYFORTUS</li> <li>• has bleeding or bruising problems. If your child has a problem with bleeding or bruises easily, an injection could cause a problem.</li> </ul> <p><b>Tell your child's healthcare provider about all the medicines your child takes,</b> 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><b>How is BEYFORTUS given?</b></p> <ul style="list-style-type: none"> <li>• BEYFORTUS is given as an injection, usually in the thigh (leg) muscle, by your child's healthcare provider.</li> <li>• <b>Your child should receive BEYFORTUS before or during the RSV season.</b> 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.</li> <li>• <b>Your child may still get RSV disease after receiving BEYFORTUS.</b> Talk to your child's healthcare provider about what symptoms to look for.</li> <li>• If your child has heart surgery, your child's healthcare provider may need to give your child an additional BEYFORTUS injection soon after surgery</li> </ul>

<p><b>What are the possible side effects of BEYFORTUS?</b></p> <ul style="list-style-type: none"> <li>• <b>Serious allergic reactions</b> 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"> <li>○ swelling of the face, mouth or tongue</li> <li>○ difficulty swallowing or breathing</li> <li>○ unresponsiveness</li> <li>○ bluish color of skin, lips or under fingernails</li> <li>○ muscle weakness</li> <li>○ severe rash, hives or itching</li> </ul> </li> </ul> <p><b>The most common side effects of BEYFORTUS include</b> 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><b>General information about the safe and effective use of BEYFORTUS.</b></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><b>What are the ingredients in BEYFORTUS?</b></p> <p><b>Active ingredient:</b> nirsevimab-alip</p> <p><b>Inactive ingredients:</b> 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 <a href="http://www.beyfortus.com">www.beyfortus.com</a> or call 1-855-239-3678 (1-855-BEYFORTUS).</p>
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# THE EMOTIONAL IMPACT OF YOUR CHILD'S RSV

## Hospitalized infants can lead to extreme stress and anxiety for you

By Kendall K. Morgan Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

New babies bring challenges for parents under even the best circumstances, including lost sleep and demanding schedules. A bout of RSV and its symptoms, including eating or drinking less and coughing that can make breathing difficult, only compound those worries.

According to the CDC, 2 to 3 out of every 100 infants are hospitalized with RSV each year in the first six months of life. Hospitalized infants with RSV may need oxygen, IV fluids, and mechanical

ventilation to help them breathe. Krow Ampofo, MD, a pediatrician at the University of Utah, Salt Lake City, says a child's RSV can take a major toll on parents.

"There are hidden extra costs, which are not captured by what happens in the hospital," Ampofo says.

### STRESS AND DISPARITIES

Ampofo and sociologist Lazarus Adua, PhD, measured the psychological toll of RSV

hospitalizations in children under 2 by surveying almost 150 caregivers. They found substantial stress and anxiety in parents. Parents reported feelings of helplessness and concern about their child's breathing difficulties. They also worried they couldn't protect their baby from painful procedures. Parents who identified as Hispanic, non-White, or low income experienced even greater stress and anxiety, they found, likely compounded by financial and other concerns.

"During that time the child is being admitted, do they lose time off work?" Ampofo says. "Do they need to hire a babysitter to look after other kids if they're at home or engage other family members? This means running around adding another level of stress."

### MEASURING THE COSTS

Ampofo and Adua note that these stresses and costs are usually overlooked. But these real consequences of severe RSV illness could persist long after RSV season ends.

"Health is more than just a physical ailment," Adua says. "It includes so many other variables that drive a lot of things that happen to families and households."

Adua and Ampofo hope that their findings will encourage more parents to protect their youngest children from RSV. The CDC recommends all unprotected babies under 8 months old get an RSV antibody, which offers protection against the virus for at least five months.



# 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 Chief Physician 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



MONKEYBUSINESSIMAGES/VIA GETTY IMAGES

### **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 Chief Physician 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



BUNTIAN/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 Chief Physician Editor

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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.)

FLY VIEW PRODUCTIONS/VIA 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



### ECHINACEA

Beautiful flower traditionally thought to help your body's defenses

### LEMONGRASS

Tasty herb commonly thought to be a supportive hand to your overall health



### ROSE HIPS

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### ELDERFLOWERS

Light colored flower traditionally considered to help support a healthy lifestyle



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 EVERY DAY