



THROUGH OUR LENS

WINTER 2026

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“The social determinants of health and the intersectionality between race and socioeconomic status really do influence RSV”

— Tisa M. Johnson, MD, pediatrician at Henry Ford Health in Detroit

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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%.”

THE LATEST ON

Respiratory Syncytial Virus (RSV)



INEQUITIES ACROSS COMMUNITIES

RSV puts every baby at risk, but a U.S. study found that Hispanic and Black children face an even greater risk of hospitalization and are more likely to need ICU care than their non-Hispanic and White peers. Living in neighborhoods with crowded housing, having limited access to health care, and lower incomes added to the likelihood of negative health outcomes. These disparities place an additional burden on parents of color trying to protect their infants. Experts urge families to recognize severe RSV symptoms, plan ahead with their pediatrician about prevention strategies, and understand how to access care quickly if their baby becomes sick.

SOURCE: *Open Forum Infectious Diseases*

IS RSV A YEAR-ROUND VIRUS?

Each year, thousands of babies are hospitalized during the RSV season with serious infections. Yet when researchers looked at more than 20,000 hospitalizations among infants across the U.S., they found around 1 in 5 happened outside of the usual October to March RSV season, and many of these off-season (April to September) cases involved Black infants. Babies born in these months not covered by current RSV prevention efforts faced greater challenges: Their hospital stays were longer and treatment costs were about 40% higher. The findings suggest expanding the protection window beyond the traditional RSV season and improving access to care for this community.

SOURCE: *Vaccines*

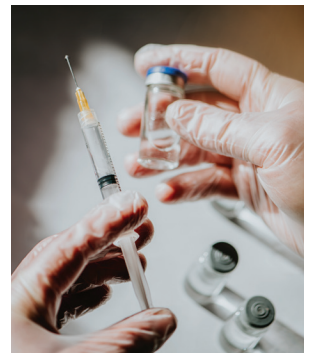
43% Drop in RSV hospitalization rates among U.S. infants (0 to 7 months) from 2024 to 2025 when prevention products such as a monoclonal antibody shot were widely available.

SOURCE: *CDC*

ALERT PARENTS BEFORE BIRTH

For many new parents, understanding RSV during pregnancy can make a big difference. A recent U.S. study interviewed 25 Hispanic parents of newborns and found that many learned about it too late—right after delivery, when fatigue and language barriers made information about the virus hard to process. Despite this, 81% chose the RSV protection shot (monoclonal antibody) for their infants, showing how trust in doctors can fill gaps in understanding. Experts recommend sharing RSV facts earlier in pregnancy, with better translation support and time for questions, so that families can build knowledge and make informed decisions.

SOURCE: *Journal of Immigrant and Minority Health*



At least 4

Number of weeks some infants with a weakened immune system can keep spreading RSV after their symptoms have gone away.

SOURCE: *CDC*

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



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.

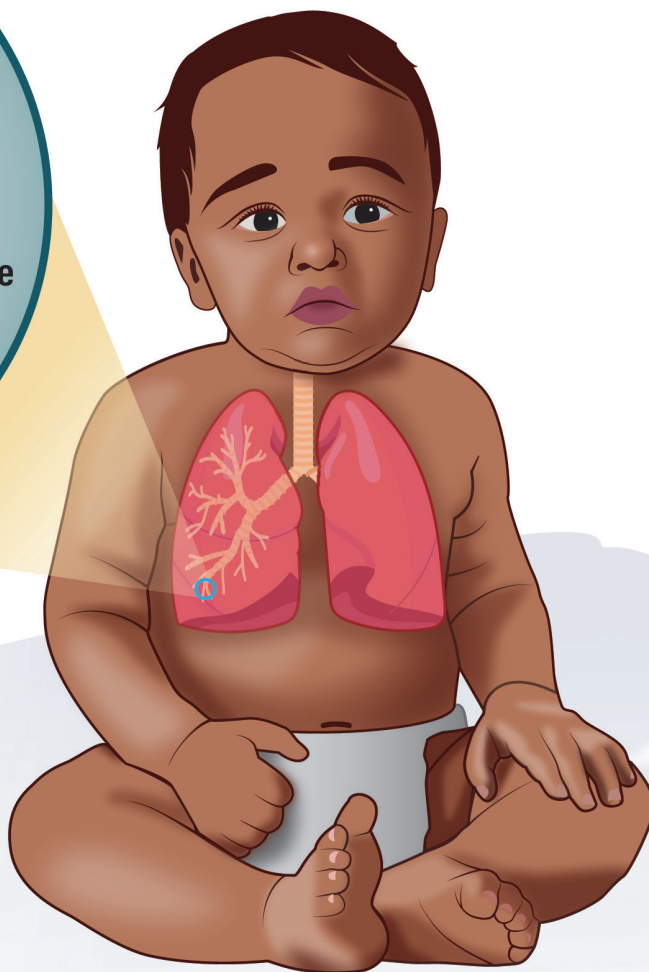
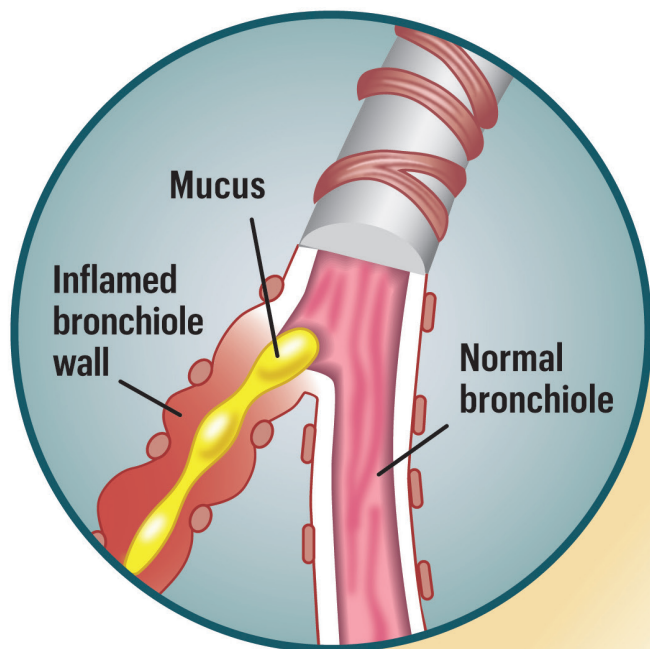
Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

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<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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RSV

in Infants and Young Children

RSV is a serious health risk for babies and young children. It's incredibly common—as many as 80,000 kids under 5 are hospitalized with RSV each year. Almost all kids under 2 will get it at some point. For many babies, RSV symptoms look like a mild cold. But some children get very sick with it.

Kids who have the highest risk of RSV infection include:

- Babies born prematurely
- Infants under 6 months
- Children under 2 with chronic lung disease
- Children under 2 born with heart disease
- Children with weakened immune systems
- Children with neuromuscular disorders that prevent them from clearing mucus

SOURCES: CDC: "RSV in Infants and Young Children"; HealthyChildren.org: "RSV: When It's More Than Just a Cold"

EQUAL ACCESS

Get the care your baby needs
from a team you can trust

By Rachel Reiff Ellis

Reviewed by Dan Brennan, MD, WebMD Medical Reviewer



Your cultural and racial background can affect your ability to find good medical care for your baby. Where you live, your income, health insurance (or lack of it), access to transportation, and language barriers are a few of the things that come into play when it comes to getting your baby seen and having your concerns heard. These are known as social determinants of health.

“Health care is a right that should be afforded to every human being,” says Irene Murema, MD, a pediatrician with Valley Children’s Healthcare in Fresno, CA. “When the system creates barriers to care, it puts lives at risk.”

BEYOND PHYSICAL ACCESS

Equal access to care means more than just being able to get to a health facility or a health provider. You need a doctor you feel comfortable with, says Tisa M. Johnson, MD, a pediatrician at Henry Ford Health in Detroit.

“Physical access is important, obviously, but if you don’t have trust and faith in the providers, the information you get will fall on deaf ears,” she says. “[Patients need] access to care that takes into the perspective of literacy, and not just health literacy, but literacy when English is not one’s first language.”

WHY IT MATTERS

Hispanic and Black children have a higher percentage of illness from respiratory diseases than other races. And other race-specific factors raise risks for these communities, too.

“When you look at who are at highest risk with respect to the pediatric

FIND A PHYSICIAN FIT

These organizations may be able to help you locate a culturally sensitive doctor in your area.

- ★ **Skin of Color Society**
(SkinOfColorSociety.org)
- ★ **BlackDoctor.org**
(BlackDoctor.org)
- ★ **HUED**
(HuedCo.com)
- ★ **National Alliance for Hispanic Health**
(HealthyAmericas.org)
- ★ **Hispanic Access Foundation**
(HispanicAccess.org)

Inclusion of these organizations does not constitute an endorsement by WebMD and no endorsement is implied.



population, it's definitely babies that are born prematurely, and African Americans have a higher rate of premature birth, as compared to White families," Johnson says.

Families who are on Medicaid are more likely to see their infants hospitalized for their RSV, as are families with lower socioeconomic status.

"The social determinants of health and the intersectionality between race and socioeconomic status really do influence RSV—its prevalence as well as the severity of the disease," Johnson says.

TAP INTO YOUR COMMUNITY

Talk to other families in your community to see which practices they trust with their child's care. You may be able to do this by word of mouth with people you know personally, or you may find valuable information on social media from local groups.

"In my own experience as a physician, I definitely know word of mouth is how

families find me in their various social media groups," Johnson says. "They often say, 'Oh, I heard your name,' or 'This is what people are saying about you,' or 'You look like me.' It's how a lot of patients find their provider."

ASK ABOUT VACCINES

You may feel unsure about getting vaccines, and rightfully so, Johnson says. "The root cause of vaccine hesitancy is years of abuse and mistreatment that has led to this point," she says. "We're just starting to appreciate the need to have targeted programs to improve access and education around vaccines, their safety, their efficacy, and who they're intended for."

Once you've found a doctor who fits your needs, talk to them about your concerns. Find out for yourself, face-to-face, the facts about RSV prevention, including immunizations during pregnancy and monoclonal antibodies for infants.

QUALITY CARE

Irene Murema, MD, lists qualities to look for in a doctor. Find someone who:

- ★ **Listens to your concerns**
- ★ **Is sensitive to your culture**
- ★ **Explains things in a way you understand**
- ★ **Partners with you to care for your baby**

MY BABY'S JOURNEY WITH RSV

It was scary, but he survived.
I am forever grateful for my little ball of energy.

By Samantha Rivera

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

If you look at my son now, you wouldn't know he had fought RSV—and won! He's my little fighter.

BABY BROTHER

My daughter (now 7) was born healthy. So when I got pregnant with my son, I didn't expect any issues. My pregnancy went well, but he was born early. I was so happy to be a “boy mom.” I smiled when I saw Rakim had ears like his daddy. My daughter was also excited. Life was good.

AN UNEXPECTED TURN

After 11 beautiful days with my son at home—and after being in the NICU—he started having heavy breathing. Fortunately, his checkup was around that time. The doctor said he was very congested and told me to go to the local children's hospital right

away! I didn't think it was a big deal, so I went home to grab a few things. I knew something was different when the hospital called *me* and asked if I was on my way.

Once I arrived at the hospital, they brought him back immediately for more tests. They confirmed he had RSV and that they would need to monitor him. I'm thinking the fuss is because he's so young, not because what he has is so serious. I didn't know a lot about RSV at the time.

A RETURN VISIT

After being in the hospital for a few days, Rakim started getting better. He seemed to be healing. But things changed. He started breathing rapidly, and I asked one of the nurses about it. I wanted to know if I should be worried. They said his body was learning his breathing. Another nurse agreed. They then sent us home.

After a few days, his breathing was still labored. I scheduled an appointment with his pediatrician, who was also my pediatrician.



CONNECT IMAGES/VIA GETTY IMAGES; INSET PHOTOGRAPHY BY CHEYENNE RIVERA



After testing his breathing, she said that we needed to go straight to the hospital—no stops! She explained that his little body could get tired of breathing so hard and could stop if we didn't take action.

I was upset and angry. What would have happened if he got sicker at home?

This second time at the hospital, I was scared. I was praying and crying and looking on social media for information.

They gave him breathing treatments in the hospital. A social worker met with me since this was a return visit. Rakim's

dad felt bad because he felt he also wasn't familiar with RSV or the symptoms.

This second time around, we stayed in the hospital for two weeks. The medical team was a lot more attentive, and they explained RSV a little more.




BOUNDLESS ENERGY

Today, Rakim is a very active 18-month-old. He loves to climb and throw balls. He likes to go outside and he loves to dance. He also loves his mommy!

This ordeal gave me a better appreciation for life. I am so grateful.



SAMANTHA'S TIPS

-  Stay inside and away from sick people when you have a newborn.
-  Don't think it can't be you.
-  Stay on top of your baby's doctor appointments. Consider protecting them with the FDA-approved monoclonal antibody.



FIND PROVIDERS YOU TRUST

Make sure your provider is allowing room for your questions during your visit. They're not there simply to tell you what to do, but to provide you with educated answers so you can make an informed decision about you and your baby's health.

"It's important for your visit to be a conversation," Ruiz says.

If you're still searching for a doctor, or your current doctor doesn't feel like a fit, find one you're comfortable with. Cultural competence matters, says Ruiz.

"Do a little bit of research depending on what clinic or what hospital system you want to go to and look at the providers in pediatrics or OB and see which one seems like someone you could relate to and trust based on their bio," Ruiz says.

"Sometimes their bio can give you a sense of their approach to patients and cultural sensitivities."

RSV RESOURCES

Where to find education, community, and support

By Rachel Reiff Ellis

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

When you have questions about respiratory syncytial virus (RSV) and keeping yourself and your baby protected, you want to have solid, trustworthy information you can rely on.

"When you look at people who are hospitalized [from RSV], there are more people of color, more Blacks, more Hispanics," says Maria Elena Ruiz, MD, associate professor of infectious diseases at the George Washington University School of Medicine and Health Sciences in Washington, DC. "It's important that the community be aware of that risk factor and protect itself."

KNOWLEDGE IS POWER

Start with your doctor. Not only can they answer your personal questions about RSV, but they can point you in the direction of local resources you can use to expand your knowledge base.

Use the internet to get RSV information in a mode that works for you, Ruiz says. For example, if you prefer not to read articles, there are videos or podcasts with a wealth of RSV facts.

"The National Coalition for Infant Health has a really nice page on RSV with videos that feature doctors of color and people sharing their stories of having RSV," Ruiz says.

WHERE TO TURN

Maria Elena Ruiz, MD, offers tips for RSV connection in your community.

★ Read provider bios.

Their clinic website can tell you more about who they are, including languages they speak.

★ Visit solid sites. Google

"CDC and RSV" to be directed to the latest information, or visit The National Coalition for Infant Health (InfantHealth.org).

★ Talk to friends and

family. Hearing personal experiences can help you find a good fit for you.

STATS & FACTS

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



58,000 to 80,000

Number of infants and young children hospitalized for RSV infection each year in the U.S., including a higher proportion of Black and Hispanic children compared with White children.

80% to 90%

Effectiveness of RSV monoclonal antibodies in preventing hospitalization in babies with RSV.

ABOUT 65%

Amount of Hispanic and Black American parents familiar with RSV who say they're concerned about it.

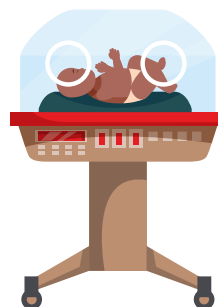


UP TO 8 months



Age when monoclonal RSV antibodies are recommended for all unprotected infants to guard against severe illness.

Babies at more risk from RSV may benefit from antibodies up to age 19 months.



2x to 3x

Increase in risk of preterm birth in babies born to Black mothers, which more than doubles the risk for severe and potentially life-threatening RSV.

MORE THAN \$20,000

Average cost for each infant hospitalized for RSV in the U.S., according to a recent study.

60%



Amount of infants in the U.S. hospitalized for RSV who are covered by Medicaid, including many Black and Hispanic children.

SOURCES: *Pediatrics*, CDC, *Frontiers in Public Health*, *BMC Infectious Diseases*, *Open Forum Infectious Diseases*, Hispanic Medical Association's National Minority Quality Forum

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

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



BIGELOW®
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Redefining Wellness
EVERY DAY