



THROUGH OUR LENS

FALL 2026

RESPIRATORY SYNCYTIAL VIRUS

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SCAN ME

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Who's covering what?

"When families leave the hospital, especially for our minoritized communities, there are all kinds of circumstances that impact them in returning for that two-week visit."

—Adjoa Kyerematen, health equity advocate and vice president of public affairs and communications for the National Minority Quality Forum in Washington, DC

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THE LATEST ON

Respiratory Syncytial Virus (RSV)



LET'S CLOSE THE GAP

With monoclonal antibodies now available, attention has turned to who is receiving them and where gaps remain. When reviewing medical records, researchers found that RSV protection increased from 47.7% in 2023-2024 to 60.5% in 2024-2025. Infants whose families had food, housing, or transportation challenges were more likely to receive RSV protection, regardless of race or ethnicity. Yet Black, non-Hispanic infants remained less likely to be protected, highlighting ongoing disparities. While access is improving, continued efforts are still needed to close equity gaps.

SOURCE: *Academic Pediatrics*

PROTECT PREEMIES

Respiratory infections, including RSV, hit premature lungs harder, and without consistent follow-up care, small symptoms can quickly become big emergencies. A U.S. study found that Black and Hispanic premature infants had more emergency room visits for respiratory illnesses during their first year of life than White infants. Challenges in accessing healthcare may contribute to these disparities. The findings underscore the importance of asking questions, keeping follow-up appointments, and speaking up if you notice changes in your baby's breathing or overall health.

SOURCE: *Journal of Perinatology*

**OVER
3.6 million**

**RSV-related hospitalizations
each year among children
under the age of 5 worldwide.**

SOURCE: WHO

KNOWLEDGE IS POWER

Many factors can influence whether a baby receives RSV protection. A survey of parents of young infants found that families with higher incomes, private insurance, or a parent working in healthcare were more likely to say they planned to have their baby receive the RSV monoclonal antibody.

Infants enrolled in out-of-home childcare were also more likely to receive the antibody, possibly because children in these settings are exposed to more respiratory illnesses. Improving awareness, health education, and ensuring consistent availability of options to help protect against RSV could enable more infants to receive the support they need.

SOURCE: *Pediatric Reports*



30 minutes

**Amount of time RSV can survive on unwashed hands,
increasing the risk of spreading the virus.**

SOURCE: OHSU Health

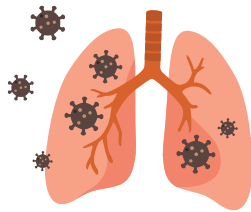
This content was created using several editorial tools, including AI, as part of the process. Human editors reviewed this content before publication.

STATS & FACTS

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

ABOUT 20% to 30%

Amount of children infected with RSV who develop serious lung infections, such as bronchiolitis or pneumonia.



Amount of mothers who were unlikely to get RSV antibody protection for their baby during the 2023 to 2024 RSV season, emphasizing the need for continued education.

UP TO 12%

ABOUT 70%

Amount of Black infants protected against RSV, compared with about 87% of Asian infants, reflecting differences in access to RSV-related care.

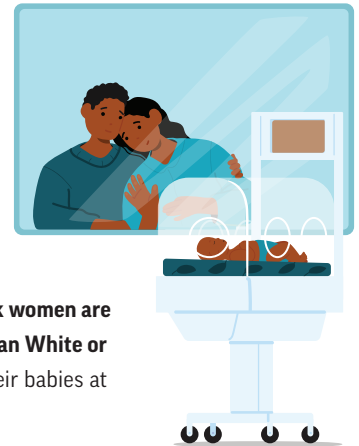
UP TO 3%

Amount of children in their first year of life who are hospitalized due to RSV infection each year in the U.S.



50%

How much more likely Black women are to give birth prematurely than White or Hispanic women, putting their babies at higher risk for severe RSV.



81%

Amount of Hispanic parents who planned to give the RSV antibody to their infant, based on a study.



ABOUT 67%

Amount of Hispanic Americans who reported being familiar with and concerned about RSV.

SOURCES: American Academy of Pediatrics, National Minority Quality Forum, Journal of Immigrant and Minority Health

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



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

RSV is unpredictable

Do you have a plan to help protect your baby?

RSV (respiratory syncytial virus) usually causes cold-like symptoms, but it can turn into a serious lung infection, such as bronchiolitis and pneumonia, in any baby.



You can't predict which babies this will happen to, not even based on their sibling's experiences.



A typical RSV season lasts 5 months. It usually lasts from fall to spring and peaks in the winter.

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.



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

**Beyfortus:
a layer of
protection
for your baby
this RSV season.**

**There's no 100% certain way to prevent
your baby from being exposed to RSV.
Your baby can get an extra layer of
protection from serious RSV lung infection
with Beyfortus.**

Beyfortus is a preventive antibody, not a vaccine. Preventive antibodies are given directly to baby to target the RSV virus. Beyfortus helps provide fast-acting protection against serious RSV lung infection. The antibodies then work like a bodyguard, fighting against RSV for your baby, which is what their immune system needs at this age.

IMPORTANT SAFETY INFORMATION

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.

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



**Make a
plan today**

**Over 11 million
babies have already
been immunized
with Beyfortus.**

**Ask your baby's doctor
about getting Beyfortus
while you're here.**

IMPORTANT SAFETY INFORMATION

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.

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.

sanofi

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MAT-US-2607655-v1.0-07/2026

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).
Manufactured by: Sanofi Vaccines US Inc. Swiftwater, PA 18370 USA US License No. 1725 At: AstraZeneca Pharmaceuticals LP, Frederick, MD 21703 USA BEYFORTUS is a registered trademark of the Sanofi group of companies. ©Sanofi 2026 MAT-US-2404205-v3.0-05/2026

WHEN YOUR BABY HAS RSV: A PARENT'S GUIDE

How to help at home and when to call the doctor

By Sonya Collins

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

RSV, or respiratory syncytial virus, is an extremely common, highly contagious virus that Black and Hispanic babies are two to three times more likely to get than White babies.

It can look like nothing more than a bad cold: runny nose, cough, congestion, poor feeding. But in babies, RSV can move into the smaller airways, called bronchioles, of their already tiny lungs.

“That automatically puts stress on how well the child can breathe,” says Eleazar Flores, MD, a family physician with Houston Methodist Primary Care Group in Texas.

MILD RSV CAN BE MANAGED AT HOME

There is no medicine that cures RSV. If your baby gets it, the goal is to keep them comfortable, hydrated, and breathing as easily as possible.

Here's how:

- Clear your baby's nose with saline drops and gentle suction, especially before feedings.
- Use a cool-mist humidifier.
- Offer fluids often.
- If your baby is congested, try smaller, more frequent feeds while holding the baby more upright. Don't force a full feeding, just keep offering.
- For fever or discomfort, ask your child's doctor what dose of acetaminophen or ibuprofen is right.
- Avoid over-the-counter cough and cold medicines unless your doctor recommends them.



WHEN TO CALL THE DOCTOR

Call your pediatrician if:

- Your baby is younger than 3 months old and has a rectal temperature of 100.4 F or higher.
- Your child's breathing is fast.
- They are grunting, flaring their nostrils, or using their shoulders or stomach to breathe.
- The skin under their ribs or neck is pulled in when they breathe.
- They can't breathe and feed at the same time.
- They pause while taking a breath.
- They are pale, gray, or blue.
- Your baby has fewer wet diapers, dry mouth, or no tears—all signs of dehydration.
- Your child is unusually sleepy or not alert.
- Their symptoms get worse or don't improve in a week.

For babies with fevers, Flores says, “Don't wait till it's 101 or 102. Even a low-grade temperature, like 99, is a sign of a baby who needs to be evaluated.”

MY BIRTH PLAN

Details to consider ahead of delivery day

Reviewed by Neha Pathak, MD, WebMD Chief Physician Editor

People of color giving birth are more likely to have serious birth complications and have their pain dismissed than their White counterparts, so speaking up before, during, and after labor can be lifesaving. Use this checklist to decide your preferences.

YOUR SUPPORT TEAM

Who do you want in the room?

- ☐ Partner/spouse
- ☐ Family member
- ☐ Friend
- ☐ Doula
- ☐ Other: _____

Ask your doctor:

How many support people can I have with me in my labor room?
What guidelines are there for support team members?

PRENATAL CHECKUP

What are the best ways to protect my baby from infectious diseases including:

- ☐ Influenza
- ☐ COVID-19
- ☐ RSV
- ☐ Whooping cough
- ☐ Other: _____

BIRTH ENVIRONMENT AND CULTURAL CONSIDERATIONS

- ☐ Calm, quiet, very little talking
- ☐ Energized, upbeat, words of encouragement
- ☐ Prayer, rituals
- ☐ Dim lighting
- ☐ Music
- ☐ Minimal interruptions

Ask your doctor:

Will there be a translator available?
Can I limit the number of people (such as hospital staff) in my labor room?

COMFORT DURING LABOR

I'd prefer trying:

- ☐ Walking
- ☐ Changing positions

- ☐ Birthing ball
- ☐ Shower or bath (if available)
- ☐ No preference

Ask your doctor:

What monitoring is required during labor?
Will I be able to eat or drink?

MEDICAL PAIN MANAGEMENT

- ☐ I prefer an unmedicated labor
- ☐ IV pain medication
- ☐ Epidural
- ☐ I'm open to discussing options as labor progresses

Ask your doctor:

What pain relief options do you offer during labor?
What is my epidural window?

DELIVERY PREFERENCES

I'd prefer:

- ☐ Avoiding assisted delivery with forceps or vacuum extraction if possible
- ☐ Delaying cord clamping
- ☐ Saving or donating cord blood
- ☐ Immediate skin-to-skin contact with my baby
- ☐ My labor support person to cut the umbilical cord
- ☐ Special instructions for the placenta
- ☐ Other: _____

Ask your doctor:

What interventions do you commonly use during delivery?
How will you communicate with me if unexpected changes need to happen?

IN CASE OF A C-SECTION

I'd prefer:

- ☐ A support person be present if possible
- ☐ Immediate skin-to-skin contact if possible
- ☐ Breastfeeding as soon as possible



Ask your doctor:

What should I expect before, during, and after a C-section?
Will my birth partner be allowed in the room with me?

CARE FOR YOURSELF DURING PREGNANCY

I plan to:

- ☐ Eat well
- ☐ Be active
- ☐ Get regular blood tests and ultrasounds
- ☐ Ask my doctor about vaccines recommended during pregnancy—Tdap, seasonal flu, and COVID (to protect me and my baby)—and whether I’m eligible for the RSV vaccine, a one-time dose given late in pregnancy to help protect my baby in their first six months of life

Ask your doctor:

What are the windows for immunizations during pregnancy?
Are there vaccines I should avoid during pregnancy?

CARE FOR YOUR NEWBORN

My preferences:

- ☐ Baby stays in room with me (rooming in)
- ☐ Baby gets care in the nursery if available
- ☐ Delay the first bath
- ☐ No pacifier use
- ☐ Vaccinations such as hepatitis B
- ☐ Vitamin K
- ☐ RSV antibody shot—usually given if I didn’t get the RSV vaccine during pregnancy or if my baby is entering RSV season unprotected
- ☐ Erythromycin ointment for eyes

Ask your doctor:

What newborn procedures and screenings happen after birth?

What will happen if a screening has concerning results?

FEEDING MY BABY

Consider how you’d like to feed your newborn.

- ☐ Exclusive breastfeeding
- ☐ Formula supplementation
- ☐ Combination of breastfeeding and formula

Ask your doctor:

Who is available for help with breastfeeding in the hospital and at home?
How often should I feed my baby?

POSTPARTUM PHYSICAL AND MENTAL RECOVERY

Ask your doctor:

What are the concerning symptoms to watch for after birth?
Where can I go for postpartum mental support?

MY TOP PRIORITIES

What matters most to me during my birth experience?

ADDITIONAL QUESTIONS FOR MY DOCTOR

IMPORTANT CONTACT INFORMATION

Doctor’s Office: _____

After-Hours Number: _____

Hospital: _____

Pediatrician: _____

Emergency Contact: _____

SOURCES: Mount Sinai: “Mount Sinai Study Identifies Significant Inequalities Among Low-Risk Births, Finds Higher Rates of Unexpected Complications for Black and Hispanic Infants”; UC Health: “Feeling Empowered and Protected During Your Pregnancy as a Black Mother”; Texas Children’s: “How to Create a Birth Plan for Labor and Delivery”; HealthyChildren.org: “RSV Immunizations: Two Ways to Protect Babies”; UF Health: “What to Include in Your Birth Plan”; ACOG: “8 Common Questions About Newborn Screening Tests”

RSV: WHAT TO KNOW

Learn the risks, symptoms, and how to manage

By Rachel Reiff Ellis Reviewed by Brunilda Nazario, MD, WebMD Chief Physician Editor, Medical Affairs

High-Risk Newborns and Infants

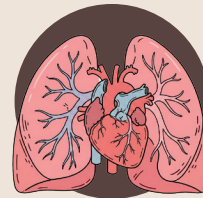
Because of higher rates of chronic disease in minority groups, many of the factors that raise the risk of severe RSV affect some families of color more than White families. RSV is most likely to cause serious illness in children who are:



Very young (the younger the child, the higher the risk)



Native American or Alaska Native



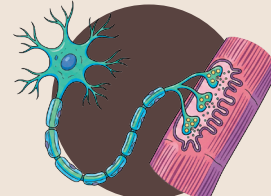
Living with chronic lung disease or congenital heart disease



Immunocompromised



Born prematurely



Diagnosed with a neuromuscular disorder or cystic fibrosis

RSV Symptoms

In babies under 12 months, early RSV symptoms may be subtle. Typically, RSV season starts in the fall and peaks in the winter, but Black and Hispanic children may be at higher risk of getting RSV in the off-season too, because they may face more barriers to healthcare. Know the signs of infection year-round. In babies under 12 months, RSV can look like:

- Irritability
- Eating, drinking, and moving less
- Runny nose and cough that can progress to wheezing or trouble breathing
- Pauses in breathing for more than 10 seconds (apnea)

Care for Newborns and Infants with RSV

RSV doesn't have a medicine to cure it. The goal is to keep your child as comfortable as possible with their symptoms until the virus goes away. Some Black and Hispanic children have higher rates of hospitalization from RSV than White children because of social and healthcare inequities, so treat your child's symptoms early and well, and call your doctor if you have concerns.

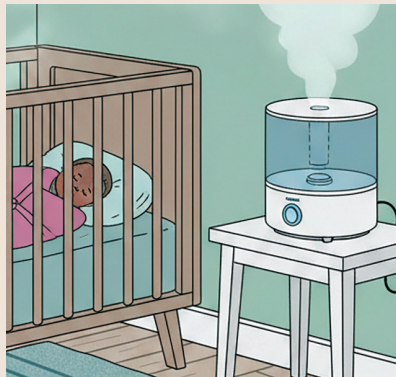


Keep Your Infant Hydrated

- Offer fluids frequently: breast milk, formula, and water.
- Keep your baby upright and gently suction out their nose with a bulb to help them breathe more easily while bottle feeding or breastfeeding.
- Watch for signs of dehydration: dry mouth, little to no urine output, sunken eyes, fussiness.



Use a saline rinse in your child's nose to thin out mucus and help it flow out.



Turn on a cool-mist humidifier in the room where your baby sleeps to keep the air moist and ease cough and congestion.



If your baby has a fever, medicines such as infant acetaminophen (Tylenol) can help lower it and relieve any pain they may have.

SOURCES: *Expert Review of Pharmacoeconomics & Outcomes Research*: "Disparities in Respiratory Syncytial Virus Risk Factors, Diagnosis, and Outcomes in Adults by Race, Ethnicity, and Other Social Determinants of Health in the United States"; CDC: "RSV in Infants and Young Children"; *Open Forum Infectious Disease*: "Characteristics of In- and Off-Season Respiratory Syncytial Virus Episodes—United States, 2016–2020"; National Minority Equity Forum: "What Is RSV? Origins, U.S. Burden, and Who It Harms Most"; Dartmouth Health Children's: "Caring for Children Sick at Home with RSV"; Mayo Clinic: "Respiratory Syncytial Virus (RSV)"; Texas Health: "Breastfeeding When Your Baby Is Sick"

WHO'S COVERING WHAT?

Early RSV protection can help to avoid a frightening and costly ER visit or hospital stay

By Kendall K. Morgan

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

RSV infections are a leading cause of hospitalization in young babies lacking immunity in their first year of life. The risk is higher if you and your child are Black, Hispanic, American Indian, or Alaskan Natives. If your child was born prematurely or has another health condition that affects their lungs or immune system, the risk goes up even more. When you're a new parent, severe RSV in your infant is not only scary, but it's also costly. A hospital stay for an infant with RSV can cost \$7,000 and often even more.

"The impact on families is huge," says Asunción Mejías, MD, PhD, a pediatric infectious disease specialist at St. Jude Children's Research Hospital in Memphis, TN. "It's distressing for families due to uncertainties about outcomes."

The economic burden goes beyond the hospital bill, she says. When your child is sick, you'll lose days of work. Infants with severe RSV require many follow-up doctor visits. Severe RSV infections also can have long-term health consequences, with links to long-term wheezing, asthma, and poorer lung function. To help you avoid all this, there's now a monoclonal antibody to give your new baby a layer of protection right from the start. But you may wonder how to ensure you'll get it and who will pay for that protection.

GET PROTECTED

If you have health insurance, the monoclonal antibody should be fully covered for your new infant. It's always a good idea to check with your insurance company if you

feel unsure. The monoclonal antibody immunization is covered by Medicaid and the Children's Health Insurance Program (CHIP), which guarantees coverage for all recommended vaccines. Talk to your pediatrician about what is available. It's also included in the federally funded Vaccines for Children (VFC) program. Your infant may be eligible if you are eligible for Medicaid, uninsured, or underinsured.

While you may be eligible for the VFC program, it's a good idea to ask your obstetrician or birthing hospital if they are a VFC provider, says





Adjoa Kyerematen, health equity advocate and vice president of public affairs and communications for the National Minority Quality Forum based in Washington, DC. Find out if you can get your baby protected under the VFC program even before you leave the birthing hospital, she advises.

“When families leave the hospital, especially for our minoritized communities, there are all kinds of circumstances that impact them in returning for that two-week visit,” Kyerematen says. “There are a lot of extra barriers that they face.”

DON'T DELAY

If your baby is born during RSV season, from October to March, you'll want to get them the covered antibody shot as soon as possible. Because the immunization supplies ready-made antibodies, the protection it affords is immediate. It also lasts for at least five months.

“It's important to emphasize this is a time-sensitive disease,” Mejías says. “The peak severity is in the first and second month of life. We need to act soon.”

QUESTIONS TO ASK YOUR DOCTOR

- ★ Is the RSV monoclonal antibody covered by my insurance?
- ★ If I don't have coverage, where can I get help with the cost?
- ★ Am I eligible for the VFC program?
- ★ Are you a VFC provider? If not, where can I get my new infant protected against RSV?

looking to
STAY WELL
every day



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EVERY DAY