

Respiratory Syncytial Virus (RSV) Protection for Infants

What is RSV?

Respiratory syncytial virus, or RSV, is a common respiratory virus that causes mild, cold-like symptoms but can be severe for babies and infants. It can cause severe infections such as bronchiolitis (an inflammation of the small airways in the lungs) and pneumonia (an infection of the lungs).

Did you know?

RSV is the leading cause of hospitalization among infants in the United States. Every year, more than 58,000 children under 5 are hospitalized due to RSV infection.

How can infants get protected?

Infants can get protected from RSV in one of two ways: maternal RSV vaccination (Abrysvo) **or** the long-acting infant RSV monoclonal antibody immunization (nirsevimab). Most infants need only one of the two.

Abrysvo

- Administered to pregnant people between 32 and 36 weeks and 6 days gestation.
- Administered between September 1 and January 31.

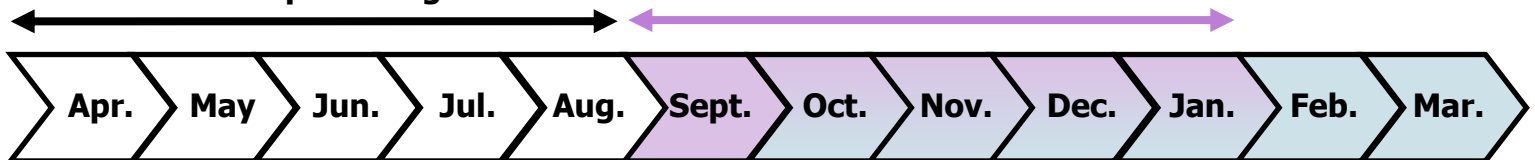
OR

Nirsevimab

- Administered to infants <8 months of age during their first RSV season.
- Administered to children 8–19 months of age who are at increased risk of severe RSV disease during their second RSV season.*
- Recommended to administer within 1 week of birth, ideally during birth hospitalization.
- Administered between October 1 and March 31.

No maternal nor infant RSV products recommended between Apr. 1–Aug. 31

Abrysvo recommended between Sept. 1–Jan. 31



Nirsevimab recommended between Oct. 1–Mar. 31

*Children 8–19 months of age who are at increased risk of severe RSV disease (American Indian and Alaska Native children; children who are severely immunocompromised; children with cystic fibrosis with severe disease; and children with chronic lung disease of prematurity who require medical support during the six months before the start of their second RSV season) should receive nirsevimab during their second RSV season.



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