

Overview of the RSV Prevention Landscape in Infants



All Infants are Recommended for Protection Against RSV LRTD Utilizing Multiple Available Strategies^{1,2}

Prevention strategies and target populations

Long-acting mAbs

- **Nirsevimab**, an extended half-life human mAb, approved for use in infants³
- Infants born during or entering their first RSV season^{3,4*}
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their 2nd RSV season³
- **Clesrovimab**, an extended half-life human mAb, approved for use in infants⁵
- Infants born during or entering their first RSV season^{5*}

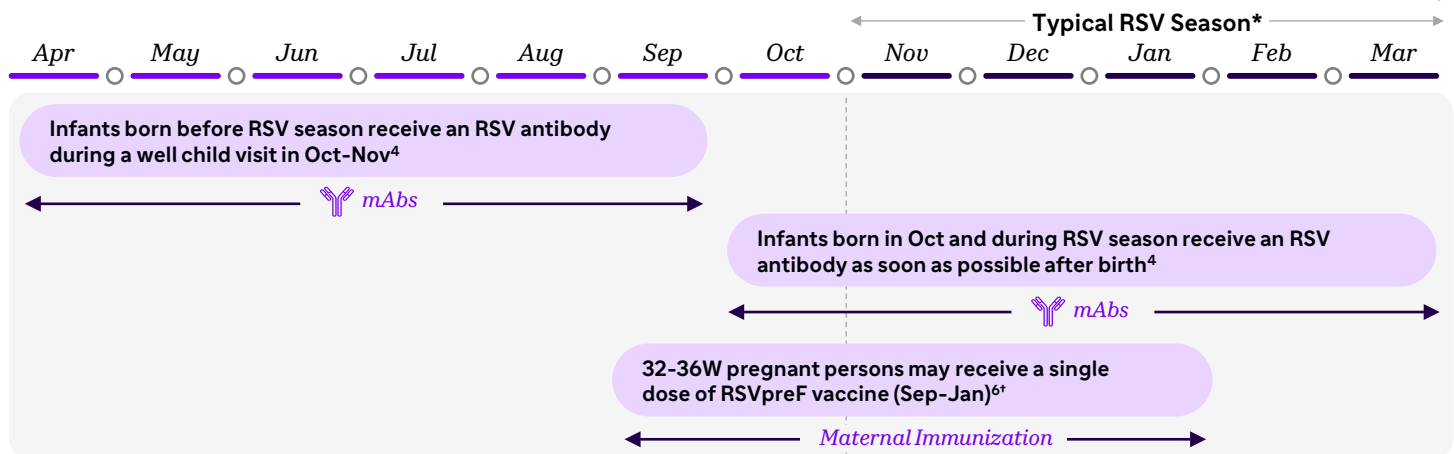
Vaccination in Pregnancy

- **RSVpreF vaccine** approved for vaccination in pregnancy for passive protection of infants⁶
- Targeted for infants expected to be born during RSV season⁶



*The typical RSV season in the US is Nov-Mar; infants born out of season receive a dose of RSV antibody in Oct-Nov. Infants born in Oct and during RSV season receive a dose as soon as possible after birth, ideally during the birth hospitalization³

Timing for Prevention Strategies for Infants Born During or Entering Their First RSV Season



*Providers in tropical climates (Southern Florida, Hawaii, etc.) and Alaska, which may have more unpredictable or longer RSV seasons, should consult local guidance on the timing of administration for RSV prevention strategies
[†]Most infants will not need both maternal vaccination and infant RSV antibodies⁶

Advantages and Disadvantages of RSV Prevention Strategies²

RSV Monoclonal Antibodies

Advantages

- Protection might last longer
- Ensures infant receives antibodies directly rather than relying on transplacental transfer
- No risk for adverse pregnancy outcomes
- Can be utilized for infants in subsequent pregnancies

Disadvantages

- Requires infant to receive an injection



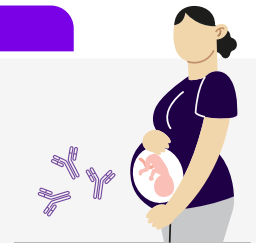
Maternal RSV Vaccine (RSVpreF)

Advantages

- Provides protection immediately after birth
- Might be more resistant to potential RSV mutation*

Disadvantages

- Protection potentially reduced if fewer antibodies are produced or are transferred from mother to infant (e.g., mother is immunocompromised, infant is born soon after vaccination, or infant has prematurity)
- Potential risk for hypertensive disorders of pregnancy[†]
- Not recommended for subsequent pregnancies



* RSVpreF vaccination results in a polyclonal antibody response, which is expected to be more resistant to potential mutations in the RSV F protein than is a monoclonal RSV antibody
[†] In a 2025 Vaccine Safety Datalink matched cohort study of vaccinated and unvaccinated pregnant women (13,474 matched pairs), an association between RSVpreF vaccination and hypertensive disorder of pregnancy (adjusted odds ratio = 1.09 [95% CI = 1.03-1.15]) was observed.
 RSVpreF Vaccine Safety 2023-24 Respiratory Season | Health Partners Institute

ABBREVIATIONS: Abs, antibodies; CDC, Centers for Disease Control and Prevention; LRTD, lower respiratory tract disease; mAbs, monoclonal antibodies; MI, maternal immunization; preF, prefusion F; RSV, respiratory syncytial virus; W, week

REFERENCES: 1. Committee on Infectious Diseases, American Academy of Pediatrics; Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement. November, 2025. Available at <https://doi.org/10.1542/peds.2025-073923>. Accessed January 2026. 2. Moullia DL, et al. *MMWR Morb Mortal Wkly Rep.* 2025 Aug 28;74(32):508-514. doi:10.15585/mmwr.mm7432a3. PMID: 40880502; PMCID: PMC12393692. 3. Beyfortus [package insert]. Swiftwater, PA: Sanofi Pasteur Inc., 08/2024. 4. Jones JM, et al. *MMWR Morb Mortal Wkly Rep.* 2023;72(34):920-925. 5. Enfliorsia [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC, 06/2025. 6. Fleming-Dutra KE et al. *MMWR Morb Mortal Wkly Rep.* 2023;72(41):1115-1122. 7. Centers for Disease Control and Prevention. RSV vaccination for infants and young children. CDC website. Accessed November 4, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>.

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