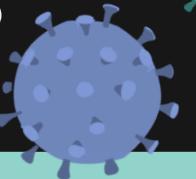


RSV PREVENTION IN INFANTS



Respiratory Syncytial Virus (RSV) is one of the most common causes of childhood respiratory illness and results in respiratory illness in all age groups. While most infants and young children experience mild, **cold-like symptoms**, some infants, especially with their first infection, develop **lower respiratory tract disease** such as pneumonia and bronchiolitis, often leading to **physician office visits or hospitalization**.

An estimated **58,000-80,000** children under 5 years of age, most of them infants, are hospitalized each year in the United States due to RSV infection. Each year, an estimated **100 to 300** children younger than 5 years of age die due to RSV. Premature infants, and those with chronic lung disease of prematurity or significant congenital heart disease, are at **highest risk for severe RSV disease**.

Nirsevimab (Beyfortus) is a **monoclonal antibody** that works as a passive immunization, to protect infants and young children at increased risk from severe RSV disease. **One dose** of nirsevimab, administered as a single intramuscular injection prior to or during RSV season, may provide protection against RSV for about **5 months** (the average length of one RSV season). If other immunizations are needed at the time of administration, nirsevimab **may** be given at the same visit.

The safety and efficacy of **nirsevimab** were supported by three clinical trials. These studies showed an approximate **70-75%** reduction in the risk of medically attended lower respiratory tract infection due to RSV, compared to placebo.

CDC recommends one dose of **nirsevimab (Beyfortus)** for all infants **< 8 months** of age, born during or entering their first RSV season if mother did **not** receive RSV vaccine, or if her vaccination status is **unknown**. Nirsevimab is not needed for most infants born **14 days** or more after maternal vaccination.

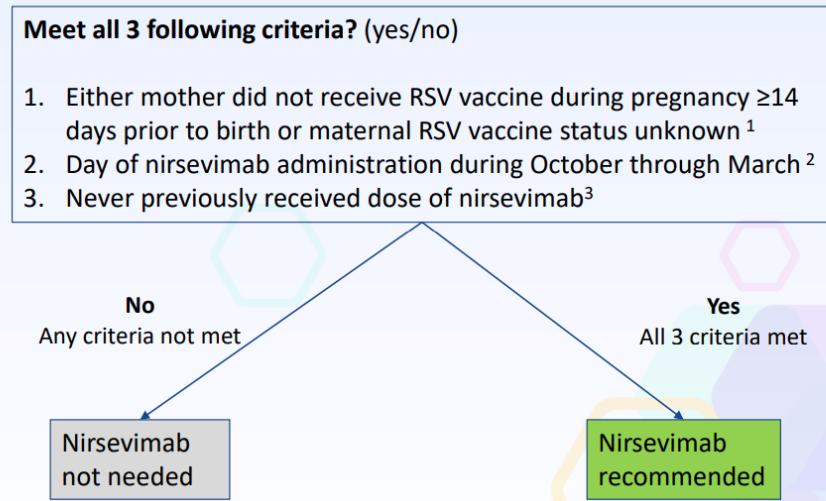
For a small group of children between the ages of **8 and 19 months** who are at **increased risk of severe RSV disease**, such as children who are severely immunocompromised, a dose is recommended in their **second RSV season**.

Palivizumab (Synagis) is another monoclonal antibody product designed to prevent severe RSV disease. It is limited to children under 24 months of age with certain conditions that place them at high risk and must be given once a month during RSV season.

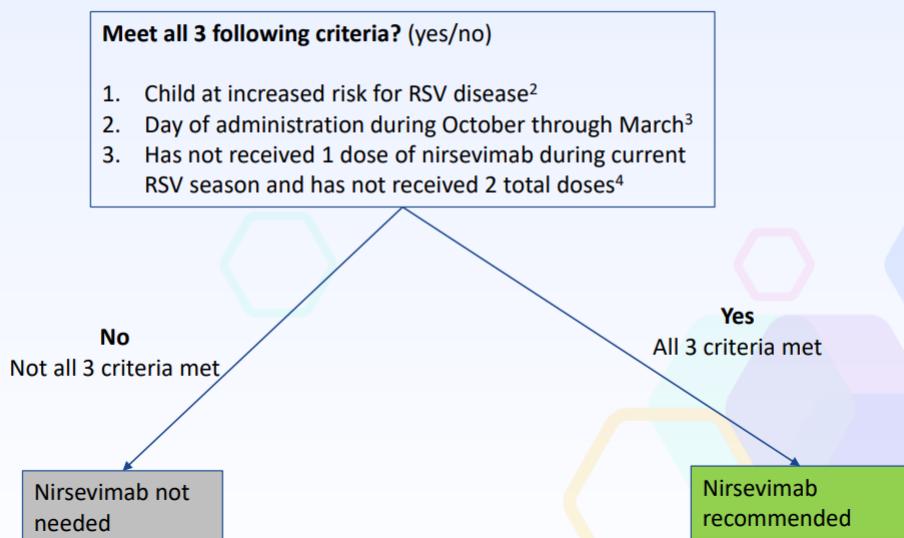


Utah Department of
Health & Human
Services

Nirsevimab administration algorithm for children aged <8 months on the day of administration



Nirsevimab administration algorithm for children aged 8 through 19 months on day of administration¹



Children at increased risk for RSV disease include:

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretics, supplemental oxygen) during 6-month period before the start of the 2nd RSV season
- Children with severe immunocompromise
- Children with cystic fibrosis who have either severe lung disease or weight for length $< 10^{\text{th}}$ percentile
- American Indian and Alaska Native children