Improving Knowledge and Awareness of Preventive Antibodies for Respiratory Syncytial Virus (RSV) for Infants and Young Children

Dear Colleague:

Thank you for your recent participation in the CE activity *Improving Knowledge and Awareness of Preventive Antibodies for Respiratory Syncytial Virus (RSV) for Infants and Young Children,* with Mary Koslap-Petraco, DNP, PPCNP-BC, CPNP; Lisa Saiman, MD, MPH; and Pablo J. Sánchez, MD, developed by the Annenberg Center for Health Sciences. Below are key concepts for consideration as you optimize RSV immunoprophylaxis among your pediatric patients.

- RSV is a widespread and highly contagious respiratory infection, with increased disease severity in infants and young children. RSV infection is responsible for up to 80,000 hospitalizations annually among children under 5 years old.
- In addition to acute complications such as bronchiolitis and pneumonia, RSV at a young age is associated with development of recurring wheezing/asthma later in life, demonstrating long-term negative impacts on lung function.
- Because treatment for RSV infection is only supportive in nature, the primary clinical focus is on prevention. Available strategies include pregnant parent vaccination with RSVpreF vaccine or use of the RSV monoclonal antibodies nirsevimab or clesrovimab in infants/young children.
- Results of the MELODY/MEDLEY/HARMONIE trials (nirsevimab) and CLEVER/SMART trials (clesrovimab), as well as real-world evidence, support the safety and efficacy of RSV antibodies to reduce medically-attended RSV lower respiratory tract infection (LRTI), as well as hospitalization and intensive care unit admission.
- All infants <8 months old (whose pregnant parent did not have confirmed vaccination with RSVpreF vaccine ≥14 days prior to birth) are recommended to receive preventive treatment with nirsevimab or clesrovimab shortly before or during their first RSV season.
- Selected at-risk young children 8 to 19 months old entering their second RSV season are recommended to receive a dose of nirsevimab. These include children with chronic lung disease of prematurity who required medical support in the 6 months prior, severe immunocompromise, severe cystic fibrosis, and Alaska Native/American Indian ethnicity.
- Resources from the American Academy of Pediatrics (assisting with patient selection and antibody administration) and the Centers for Disease Control and Prevention (providing strategies on how to talk to parents) are available to support discussions with parents about RSV antibodies in healthcare encounters.

We invite you to participate in other accredited activities we offer. You can find more information at www.Annenberg.net.

Regards, The Annenberg Center Team