

# Do your infant patients need Beyfortus® this RSV season?

Not all mothers receive maternal vaccination—but all infants need protection<sup>1</sup>

Despite RSV prevention options being widely available, infant RSV immunization coverage remains low. In the 2024-2025 RSV season, it is estimated that<sup>2</sup>:

- **Only 9%** of mothers received the maternal vaccine for RSV
- **46%** of infants were not protected by either maternal vaccination or infant RSV immunization

|                                                                                                                                          | Indication                                                                                                                                                                                                                                                                                                                                                            | Immunity                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>Beyfortus monoclonal antibody</b> <sup>3,4</sup><br> | Beyfortus is indicated for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in: <ul style="list-style-type: none"><li>• Neonates and infants born during or entering their first RSV season.</li><li>• Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.</li></ul>      | Passive immunity provided directly to the infant                               |
| <b>Abrysvo® maternal vaccine</b> <sup>4,5</sup><br>   | Abrysvo is a vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age. Please see full Prescribing Information for full safety considerations. | Passive immunity through maternal antibodies passed to infant during pregnancy |

There are no head-to-head clinical trials comparing Beyfortus and Abrysvo. The clinical significance of this information has not been established. Refer to the full Prescribing Information for other administration considerations.

**Per the CDC, an RSV monoclonal antibody like Beyfortus should be administered starting October 1 through March 31 for protection designed to last through 5 months, the length of a typical RSV season.**<sup>3,4,6\*†</sup>

## IMPORTANT SAFETY INFORMATION

### Contraindication

Beyfortus is contraindicated in infants and children with a history of serious hypersensitivity reactions, including anaphylaxis, to nirsevimab-alip or to any of the excipients.

**CDC**, Centers for Disease Control and Prevention; **RSV**, respiratory syncytial virus.

\*Based on clinical data.

†CDC-recommended timing of Beyfortus administration for most of the continental US. Timing of administration for RSV immunization may differ in certain areas.<sup>4</sup>

**Please see additional Important Safety Information on the following page and accompanying full Prescribing Information.**

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

# CDC considerations for maternal vaccination can help guide when infants need Beyfortus®

The CDC recommends an RSV monoclonal antibody such as Beyfortus for infants aged <8 months born during or entering their first RSV season<sup>7,8\*</sup>:

- Whose mother **did not receive** the RSV maternal vaccine
- Whose mother's receipt of the RSV maternal vaccine is **unknown**
- Who were **born <14 days after** maternal vaccination
- Whose mother received the RSV maternal vaccine and, based on the clinical judgment of the healthcare provider, the potential **incremental benefit of administration is warranted**
- CDC **does not recommend another dose** of RSV vaccine **during subsequent pregnancies**<sup>†</sup>

Refer to the most current CDC recommendations for full immunization guidance.

## IMPORTANT SAFETY INFORMATION (cont'd) Warnings and Precautions

- **Hypersensitivity Reactions Including Anaphylaxis:** Serious hypersensitivity reactions have been reported following Beyfortus administration. These reactions included urticaria, dyspnea, cyanosis, and/or hypotonia. Anaphylaxis has been observed with human immunoglobulin G1 (IgG1) monoclonal antibodies. If signs and symptoms of anaphylaxis or other clinically significant hypersensitivity reactions occur, initiate appropriate treatment.
- **Use in Individuals with Clinically Significant Bleeding Disorders:** As with other IM injections, Beyfortus should be given with caution to infants and children with thrombocytopenia, any coagulation disorder or to individuals on anticoagulation therapy.

Most common adverse reactions with Beyfortus were rash (0.9%) and injection site reactions (0.3%).

**Please see accompanying full Prescribing Information.**



Discuss maternal immunization status with parents and make a plan to help protect infants from RSV disease with Beyfortus

\*Beyfortus is not needed for most infants <8 months whose mother received the RSV maternal vaccine  $\geq 14$  days before birth. See Advisory Committee on Immunization Practices (ACIP) guidelines for mothers who may have limited ability to transfer antibodies to the developing fetus.<sup>9</sup>

<sup>†</sup>Current recommendations are if a pregnant woman has received a maternal RSV vaccine during a previous pregnancy, another dose of RSV vaccine is not recommended for subsequent pregnancies. Instead, the baby should receive a monoclonal antibody like Beyfortus.<sup>8</sup>

**References:** **1.** Arriola CS, Kim L, Langley G, et al. Estimated burden of community-onset respiratory syncytial virus-associated hospitalizations among children aged <2 years in the United States, 2014-15. *J Pediatric Infect Dis Soc.* 2020;9(5):587-595. **2.** Data on File. Sanofi. **3.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **4.** Immunizations to protect infants. Centers for Disease Control and Prevention. Updated August 18, 2025. Accessed September 15, 2025. <https://www.cdc.gov/rsv/vaccines/protect-infants.html> **5.** Abrysvo (Respiratory Syncytial Virus Vaccine). Prescribing Information. Pfizer Inc; July 2025. **6.** Obando-Pacheco P, Justicia-Grande AJ, Rivero-Calle I, et al. Respiratory syncytial virus seasonality: a global overview. *J Infect Dis.* 2018;217(9):1356-1364. **7.** Fleming-Dutra KE, Jones JM, Roper LE, et al. Use of the Pfizer respiratory syncytial virus vaccine during pregnancy for the prevention of respiratory syncytial virus-associated lower respiratory tract disease in infants: recommendations of the Advisory Committee on Immunization Practices—United States, 2023. *MMWR Morb Mortal Wkly Rep.* 2023;72(41):1115-1122. **8.** RSV vaccine guidance for pregnant women. Centers for Disease Control and Prevention. Updated August 30, 2024. Accessed September 16, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/pregnant-people.html> **9.** RSV immunization guidance for infants and young children. Centers for Disease Control and Prevention. Updated August 18, 2025. Accessed September 15, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>

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