

THE MORE YOU KNOW ABOUT RSV DISEASE, THE LESS OF A WORRY IT CAN BE

TOGETHER, you and Beyfortus® can help protect infants

- Beyfortus is a monoclonal antibody, not a vaccine¹
- Provides antibodies on Day 1 to help prevent RSV-LRTI^{1*}
- Helps protect through 5 months (the typical length of an RSV season), based on clinical data^{1,2}
- Preventive antibodies like Beyfortus have been used for over 25 years^{1,3}

100% of infants are at risk, regardless of age, health, or gestational age at birth⁷



Preterm births⁸



Full term births⁸



Healthy⁸



Underlying conditions⁸



Born before the season⁸



Born during the season⁸

Historical annual burden of RSV in US infants⁶

~4 MILLION ANNUAL BIRTHS¹

~600,000 RSV-ASSOCIATED LRTIs REQUIRING MEDICAL ASSISTANCE¹

~33,000 RSV-LRTI HOSPITALIZATIONS

OVER 1/2 of all infants will be affected by RSV by age 1 ...and it can have a severe impact^{4,5}

Although usually a mild, cold-like illness, RSV is a leading cause of hospitalization in infants <12 months old.⁵

KEEP THE CONVERSATION GOING

Encourage parents to immunize their infants with Beyfortus.

INDICATION

Beyfortus is indicated for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in:

- Neonates and infants born during or entering their first RSV season.
- Children up to 24 months of age who remain vulnerable to severe RSV disease through their second RSV season.

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.

Please see accompanying full [Prescribing Information](#) and visit [Beyfortus.com](#)

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%).

LRTI, lower respiratory tract infection; MA, medically attended; RSV, respiratory syncytial virus.

*Estimated absorption half-life following intramuscular injection from an infant pharmacokinetic analysis was 1.7 days. Time to maximum concentration is 6 days in adults.^{1,9}

¹Numbers estimated based on the annual birth rate from 2017 birth certificates.¹⁰

⁴From a US study designed to estimate the impact of immunization strategies on RSV-associated MA LRTI in various healthcare settings among infants aged <12 months, based on the average proportion of laboratory-confirmed RSV visits in a national vaccine surveillance network from 2002 to 2009.⁶

References: **1.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **2.** 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. **3.** Synagis (palivizumab). Prescribing Information. Sobi. **4.** Cacho F, Gebretsadik T, Anderson LJ, et al. Respiratory syncytial virus prevalence and risk factors among healthy term infants, United States. *Emerg Infect Dis.* 2024;30(10):2199-2202. **5.** RSV in infants and young children. Centers for Disease Control and Prevention. Updated February 20, 2026. Accessed April 14, 2026. <https://www.cdc.gov/rsv/infants-young-children/index.html> **6.** Rainisch G, Adhikari B, Meltzer MI, et al. Estimating the impact of multiple immunization products on medically-attended respiratory syncytial virus (RSV) infections in infants. *Vaccine.* 2020;38(2):251-257. **7.** 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. **8.** Ares-Gómez S, Mallah N, Santiago-Pérez MI, et al; NIRSE-GAL study group. Effectiveness and impact of universal prophylaxis with nirsevimab in infants against hospitalisation for respiratory syncytial virus in Galicia, Spain: initial results of a population-based longitudinal study. *Lancet Infect Dis.* 2024;24(8):817-828. **9.** Clegg L, Freshwater E, Leach A, et al. Population pharmacokinetics of nirsevimab in preterm and term infants. *J Clin Pharmacol.* 2024;64(5):555-567. **10.** Martin JA, Hamilton BE, Osterman MJK, et al. Births: final data for 2017. *Natl Vital Stat Rep.* 2018;67(8):1-50.

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