Population Health Impact Through RSV Immunization

RSV, respiratory syncytial virus.

Please see Important Safety Information on slide 2 and full Prescribing Information.

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

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Beyfortus® (nirsevimab-alip) Indication and Important Safety Information

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.

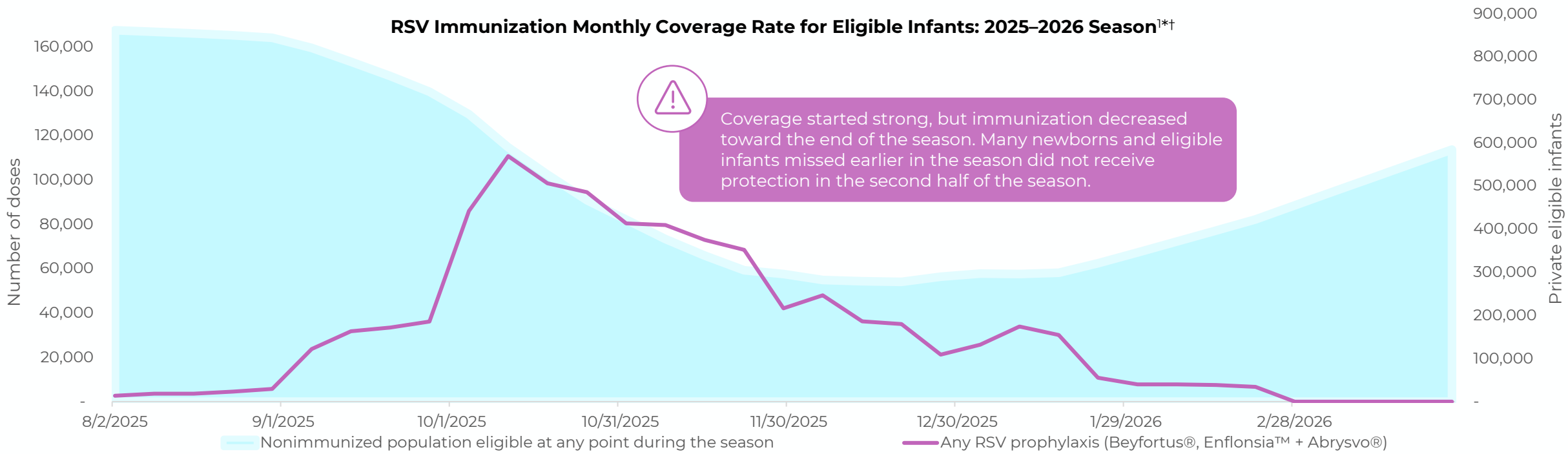
Warnings and Precautions

- **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 full Prescribing Information for more details.

There are opportunities to improve VCR throughout the RSV season[1]



Methodology: Eligible population is defined as eligible estimated privately insured infants born April–September, plus infants entering their second RSV season with qualifying comorbid conditions as specified in ACIP and AAP guidance, indexed to October 1. Infants whose mothers received RSV maternal immunization prior to October 1 are excluded from the opening denominator. Monthly birth additions assume approximately 300,000 births per month, consistent with CDC and WHO estimates; birth volume is treated as seasonally uniform. One infant is removed from the eligible pool per administered dose of any RSV immunization product. The denominator reflects cumulative exposure—infants likely eligible at any point during the season who remain unimmunized. Age-related attrition is not applied; this avoids introducing cohort-level attribution assumptions and ensures that changes in the eligible pool reflect only immunization activity, not modeling artifacts.

AAP, American Academy of Pediatrics; **ACIP**, Advisory Committee on Immunization Practices; **CDC**, Centers for Disease Control and Prevention; **VCR**, vaccine coverage rate; **WHO**, World Health Organization.
*All data are based on private market claims only. Assumes the private birth cohort is equal to 45% of the total cohort, based on historical splits across multitude of products.[1]
†Beyfortus IQVIA medical claims are projected by ~35% to align on private claims market; IQVIA Abrysvo claims capture ~90% of private clinic (non-hospital) claims and are increased by 10% to reflect the overall market; retail coverage is synonymous with the market but claims are decreased by 6% to exclude high-risk women.[1]

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

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Reference: 1. Data on File. Sanofi.

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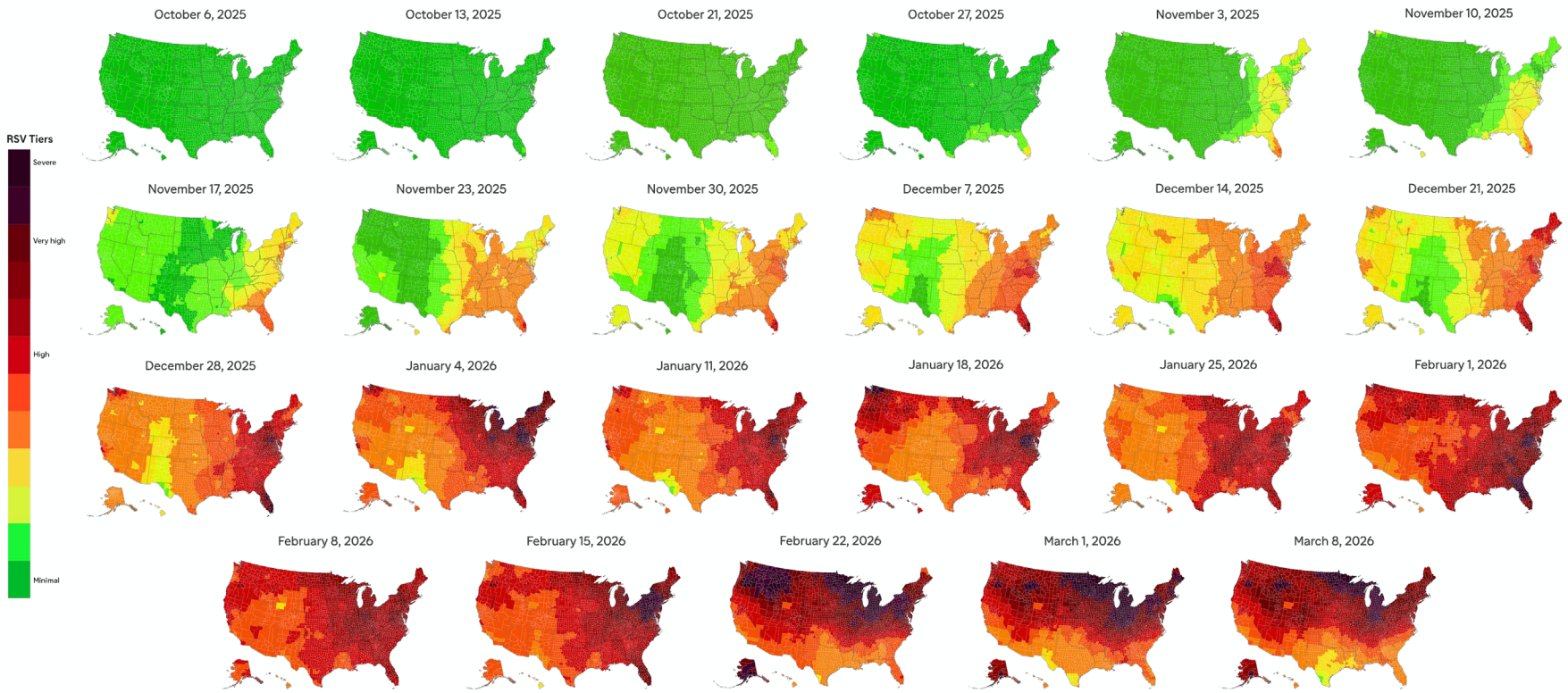
High circulation of RSV in wastewater was observed between December 2025 and March 2026[1]*

Wastewater (sewage) samples contain a mix of DNA and RNA from bacteria, viruses, animals, humans, and other living things.[2]

These maps show interpolated wastewater concentrations for all US counties. Specific data not available for every county. Values are based on actual samples from a subset of wastewater treatment facilities and modeled estimates for counties without direct measurements.



*Based on wastewater data as of March 16, 2026.

References: 1. Data on File. Sanofi. **2.** About wastewater data. CDC. Updated September 29, 2025.

RSV is a seasonal disease with a high annual burden in US infants <12 months of age[1]

More than half of infants will be infected with RSV by age 1[2]

Historical annual burden of RSV in US infants[1,3,4]

~4 million
annual births*

~2.6 million
RSV infections*

~600,000
RSV-associated LRTI requiring medical assistance†

Although most of the time RSV will cause mild cold-like symptoms, we cannot predict which infants will develop RSV lower respiratory tract disease.[5,6]

MA LRTI, medically attended lower respiratory tract infection.
*Numbers estimated based on annual birth rate from 2017 birth certificates.[3]
†From 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.[1]

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

Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Rainisch G et al. *Vaccine*. 2020;38(2):251-257. **2.** Cacho F et al. *Emerg Infect Dis*. 2024;30(10):2199-2202. **3.** Martin JA et al. *Natl Vital Stat Rep*. 2018;67(8):1-50. **4.** Glezen WP et al. *Am J Dis Child*. 1986;140(6):543-546. **5.** Arriola CS et al. *J Pediatric Infect Dis Soc*. 2020;9(5):587-595. **6.** RSV in infants and young children. CDC. Updated February 20, 2026.

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Clinical Trial and Real-World Evidence: Population Health Impact

Beyfortus® (nirsevimab-alip) pivotal trials demonstrated efficacy against MA RSV-LRTI and RSV hospitalization[1-6*]

Trial 04: Healthy term and late preterm infants (≥35 wGA)

Primary Cohort[1†‡§‖]

50 mg IM dose if <5 kg weight, 100 mg IM dose if ≥5 kg weight[1]

Primary endpoint: incidence of MA RSV-LRTI through 150 days post 1 dose[1]

74.9% RRR

(95% CI: 50.6, 87.3; *P*<0.001)
Beyfortus: 1.2% (12/994)
Placebo: 5.0% (25/496)

Secondary endpoint: incidence of RSV hospitalization through 150 days post 1 dose[1,2†]

60.2% RRR

(95% CI: -14.6, 86.2; *P*=0.09)
Beyfortus: 0.6% (6/994)
Placebo: 1.6% (8/496)

Full Study Cohort[§]

50 mg IM dose if <5 kg weight, 100 mg IM dose if ≥5 kg weight[1]

Exploratory post hoc analysis of secondary endpoint: incidence of RSV hospitalization through 150 days post 1 dose[2-4]

76.8% RRR

(95% CI: 49.4, 89.4)
Beyfortus: 0.4% (9/2,009)
Placebo: 2.0% (20/1,003)

Trial 03: Healthy preterm infants (≥29 to <35 wGA)[†¶#]

50 mg IM dose regardless of weight[1]

Primary endpoint: incidence of MA RSV-LRTI through 150 days post 1 dose[1]

70.1% RRR

(95% CI: 52.3, 81.2; *P*<0.001)
Beyfortus: 2.6% (25/969)
Placebo: 9.5% (46/484)

Secondary endpoint: incidence of RSV hospitalization through 150 days post 1 dose[1,5†]

78.4% RRR

(95% CI: 51.9, 90.3; *P*<0.001)
Beyfortus: 0.8% (8/969)
Placebo: 4.1% (20/484)

Post Hoc Analysis[**]

All infants were <5 kg and received 50 mg IM dose[1]

Exploratory post hoc analysis of primary endpoint (subgroup of infants weighing <5 kg): incidence of MA RSV-LRTI through 150 days post 1 dose[1,6]

86.2% RRR

(95% CI: 68.0, 94.0)
Beyfortus: 1.2% (7/570)
Placebo: 9.0% (26/290)

This subgroup included 860 infants weighing <5 kg who were randomized to receive Beyfortus (coinciding with the approved weight-based dose) or placebo.[1,6]

CI, confidence interval; **IM**, intramuscular; **MA RSV-LRTI**, medically attended respiratory syncytial virus lower respiratory tract infection; **RRR**, relative risk reduction; **wGA**, weeks gestational age.

Medically attended (MA) includes all healthcare provider visits, such as physician's office, urgent care, emergency room, and hospitalizations.[1]

Signs of LRTI involvement included rhonchi, rales, crackles, or wheezing and at least one sign of worsening clinical severity, including at least one of the following: increased respiratory rate, hypoxemia, acute hypoxic or ventilatory failure, new onset apnea, nasal flaring, retractions, grunting, or dehydration due to respiratory distress.[1]

The most common adverse reactions reported at an incidence higher than placebo in the safety population (Trial 04 and Trial 03) were rash (0.9%) and injection site reactions (0.3%).[1††]

Trial 04 and Trial 03 were pooled to evaluate the safety of Beyfortus (N=2,570) compared to placebo (N=1,284).[1]

- Adverse reactions were reported in 1.2% of infants who received Beyfortus; most (97%) adverse reactions were mild to moderate in severity

*Results of Trials 04 and 03 for infants entering their first RSV season.[1]
†RSV hospitalization was defined as hospitalization for LRTI with a positive RSV test.[1]
‡Primary Cohort: 1,490 healthy term and late preterm infants (≥35 wGA) in Trial 04.[1]
§During Trial 04, the COVID-19 pandemic interrupted trial enrollment. The efficacy analysis is based on the Primary Cohort, which included those participants enrolled prior to the pause due to COVID-19. Trial 04 continued monitoring the Primary Cohort and included an additional 1,522 subjects enrolled after the pause to comprise the full study cohort. The full study cohort included 3,012 infants randomized to receive Beyfortus or placebo in the post hoc analysis.[4]
‖Efficacy for MA RSV-LRTI based on RRR against placebo adjusted for age at randomization.[1]
¶1,453 preterm infants (≥29 to <35 wGA) in Trial 03.[1]
#Efficacy for MA RSV-LRTI based on RRR against placebo adjusted for age at randomization and hemisphere.[1]
**860 infants from the full study cohort of 1,453 healthy preterm infants in Trial 03 were analyzed in a post hoc analysis. For infants in their first RSV season, the recommended dose is 50 mg for infants <5 kg or 100 mg for infants ≥5 kg via IM injection.[1,6]
††The safety population includes all infants who received the recommended dose of Beyfortus in Trials 04 and 03: Primary and Safety cohorts from Trial 04; infants who weighed <5 kg and who received the recommended dose of Beyfortus (single 50 mg IM dose) in Trial 03.[1]

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

Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **2.** US Food and Drug Administration. Biologics license application 761328. June 8, 2023. **3.** Muller WJ et al; MELODY Study Group. *N Engl J Med*. 2023;388(16):1533-1534. **4.** Muller WJ et al; MELODY Study Group. *N Engl J Med*. 2023;388(16)(suppl):1533-1534. **5.** Griffin MP et al. *N Engl J Med*. 2020;383(5):415-425. **6.** US Food and Drug Administration. Advisory Committee Briefing Document: nirsevimab. May 17, 2023.

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Real-World Evidence

NIRSE-GAL Study: Effectiveness of population-wide administration of Beyfortus® (nirsevimab-alip) on infant RSV hospitalization in Galicia, Spain[1,2]

	NIRSE-GAL Study Infants aged <6 months		
Study Population	**Infants aged <6 months eligible for Beyfortus immunization** in Galicia, Spain, were analyzed in a longitudinal, population-based study. The 2023-2024 immunization campaign ran from September 25, 2023, to March 31, 2024. The population eligible to receive Beyfortus during the data collection period consisted of 3 groups: born during the season (infants born during the immunization campaign), born before the season (infants younger than 6 months at the start of the campaign), and a high-risk group. The high-risk group was not included in this analysis due to small sample size and low number of events.[3*]		
Receipt of Beyfortus	**Infants born before the season** received electronic appointments to be immunized in their reference hospitals.[3†]	**Infants born during the season** were offered Beyfortus immunization on the first day of life before being discharged.[3†]	
Number of Subjects and Beyfortus Immunization Coverage	**Total infants** immunized with Beyfortus (% [n/N]): **92.0%** (13,320/14,476).[1]	**Infants born before the season** immunized with Beyfortus (% [n/N]): **88.5%** (6,249/7,062).[1†]	**Infants born during the season** immunized with Beyfortus (% [n/N]): **95.3%** (7,071/7,414).[1†]
Key Assessments	Effectiveness and population health impact of Beyfortus against RSV-LRTI hospitalization.[1,3‡§]		

Baseline characteristics: Among the overall cohort of 14,476 infants, 12,950 were ≥37 wGA and 931 were <37 wGA. A total of 595 infants had missing wGA data.[2]
Safety was routinely monitored by the Galician pharmacovigilance system.[2‖]

GA, gestational age.
*Infants born during the season were born between September 25, 2023, and March 31, 2024. Infants born before the season were born between April 1, 2023, and September 24, 2023.[3]
†In the NIRSE-GAL study, infants born during the season were labeled "seasonal group" and infants born before the season were labeled "catch-up group."[3]
‡RSV hospitalization was defined as hospitalization for RSV-related LRTI. Effectiveness was estimated only using the catch-up group.[1,3]
§Nosocomial RSV infections were excluded from the study analysis.[3]
‖Adverse events (AEs) related to Beyfortus administration were routinely monitored through the Galician pharmacovigilance system. In addition, active surveillance of any potential AE or hospitalization in the first 3 weeks after Beyfortus administration was conducted in the preterm population (infants with a GA <37 weeks).[3]

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

Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2):e62-e63. **2.** Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2)(suppl):e62-e63. **3.** Ares-Gómez S et al; NIRSE-GAL study group. *Lancet Infect Dis.* 2024;24(8):817-828.

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NIRSE-GAL Study: Beyfortus® (nirsevimab-alip) implementation and effectiveness

NIRSE-GAL Study Results

Implementation and effectiveness[1]

92.0%

of eligible infants in Galicia received Beyfortus for the 2023-2024 season (n/N=13,320/14,476)

70.7%

(95% CI: 42.4, 85.1) estimated effectiveness against RSV hospitalization for the 2023-2024 season*†

Intention-to-treat analysis (N=7,061) using catch-up group only.

Safety results: No severe AEs directly related to Beyfortus were registered.[1]

Because Beyfortus coverage exceeded 90% in the seasonal cohort, and when combining the catch-up and seasonal cohorts, immunization effectiveness from Cox regression models was estimated only from the catch-up cohort.[1]

The NIRSE-GAL study is ongoing with a planned follow-up of 36 months.[2]

AE, adverse event.
*In the intention-to-treat analysis, there were 24 RSV hospitalizations among a total of 6,249 immunized infants and 15 RSV hospitalizations among a total of 813 nonimmunized infants.[1,3]
†RSV hospitalization was defined as hospitalization for RSV-related LRTI. Effectiveness was estimated only using the intention-to-treat cohort.[1,2]

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

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References: 1. Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2):e62-e63. **2.** Ares-Gómez S et al; NIRSE-GAL study group. *Lancet Infect Dis.* 2024;24(8):817-828. **3.** Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2)(suppl):e62-e63.

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Population health impact of Beyfortus® (nirsevimab-alip) on RSV hospitalization in Galicia, Spain[1,2*]

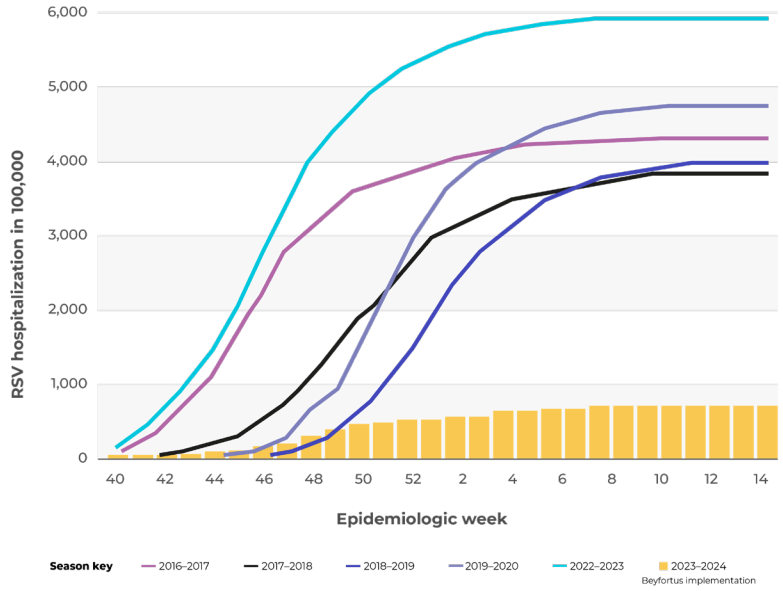
89.2%

(IQR: 89.1–91.4)

estimated median reduction in RSV hospitalization compared with the data from 5 previous RSV seasons for infants born before or during the RSV season[1,2*†]

All eligible infants[2]

Cumulative RSV hospitalization rate (per 100,000)



No serious AEs directly linked to Beyfortus were reported.[1,3‡]

IQR, interquartile range.
*RSV hospitalization was defined as hospitalization for RSV-related LRTI. Effectiveness was estimated only using the intention-to-treat cohort.[1,3]
†Estimated by comparing events against historical data since 2016, excluding RSV seasons spanning the COVID-19 pandemic (2020-2022).[1,3]
‡AEs related to Beyfortus administration were routinely monitored through the Galician pharmacovigilance system. In addition, active surveillance of any potential AE or hospitalization in the first 3 weeks after Beyfortus administration was conducted in the preterm population (infants with a GA <37 weeks).[3]

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

Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2):e62-e63. **2.** Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2)(suppl):e62-e63. **3.** Ares-Gómez S et al; NIRSE-GAL study group. *Lancet Infect Dis.* 2024;24(8):817-828.

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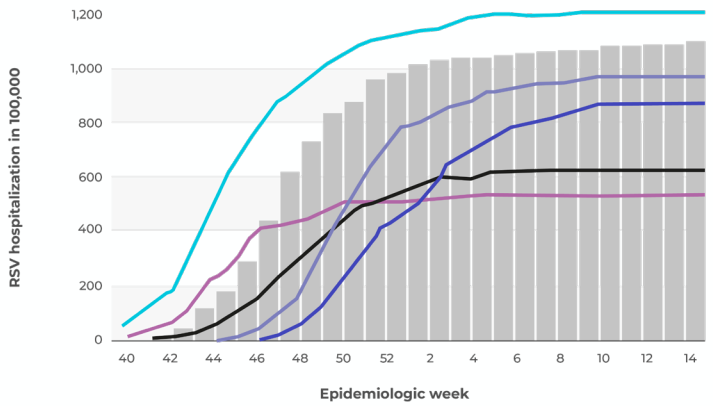
RSV-LRTI hospitalization after Beyfortus® (nirsevimab-alip) implementation[1]

Population health impact of Beyfortus on hospitalization[1]

Without Beyfortus

Children not eligible for Beyfortus immunization

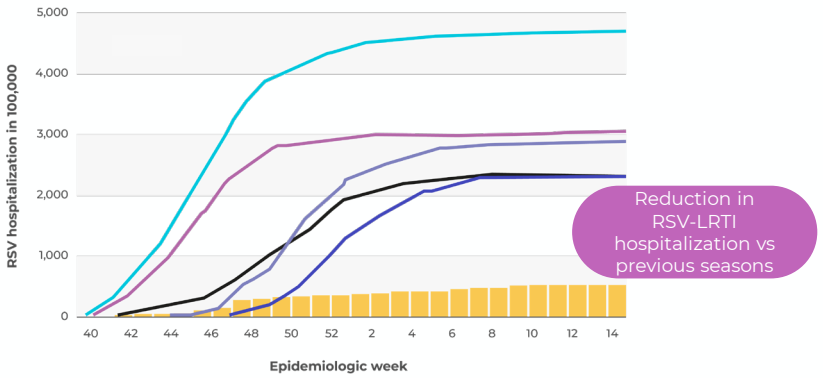
Second RSV season cohort



With Beyfortus

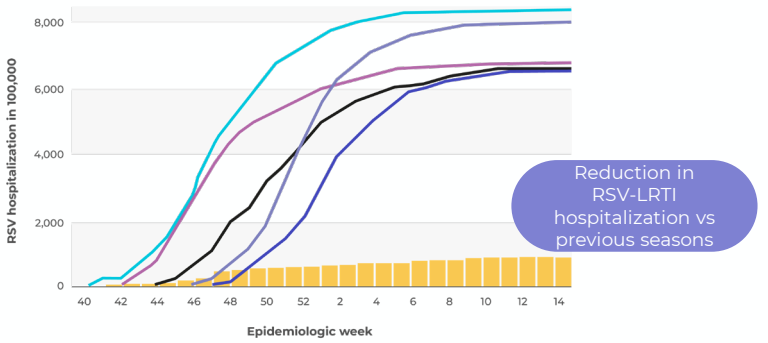
Catch-up cohort
Born before RSV season (April 1–September 24)

(ie, infants up to 6 months of age at the start of the RSV prophylaxis campaign)



Seasonal cohort
Born during RSV season (September 25–March 31)

(ie, infants born during the RSV prophylaxis campaign)



Season key — 2016–2017 | 2017–2018 | 2018–2019 | 2019–2020 | 2022–2023 | 2023–2024 (Without Beyfortus) | 2023–2024 (Beyfortus implementation)

Reference: 1. Mallah N et al; NIRSE-GAL Study Group. *Lancet Infect Dis.* 2025;25(2)(suppl):e62-e63.

Real-World Evidence

NIRSE-CL Study: Effectiveness of population-wide administration of Beyfortus® (nirsevimab-alip) on infant RSV hospitalization in Chile[1]

	NIRSE-CL Study[1] "Seasonal newborns" and "catch-up" cohort		
Study Population	**A national RSV prophylaxis strategy with Beyfortus in Chile** targeted infants born between April 1, 2024, and September 30, 2024 (seasonal group); infants born between October 1, 2023, and March 31, 2024 (catch-up group); and a high-risk group. The high-risk group was not included in this analysis because identifying infants at high risk who were born before October 1, 2023, was not possible with the data that were available.*		
Receipt of Beyfortus	**Infants born before the season:** Parents or guardians were invited to bring infants to immunization centers through a national communications campaign.	**Infants born during the season:** Beyfortus immunization was offered before hospital discharge.	
Number of Subjects and Beyfortus Immunization Coverage	**Total infants** immunized with Beyfortus (% [n/N]): **94.1%** (145,087/154,173).†	**Infants born before the season** immunized with Beyfortus (% [n/N]): **91.2%** (72,246/79,183).†	**Infants born during the season** immunized with Beyfortus (% [n/N]): **97.1%** (72,841/74,990).†
Key Assessments	Effectiveness and population health impact of Beyfortus against RSV-LRTI hospitalization.‡		

Baseline characteristics: Overall, 90.3% of infants were ≥37 wGA and 9.7% were <37 wGA.[1]

ICD-10, International Classification of Diseases, 10th Revision.

*Analysis of records from the National Hospital Discharge System, developed by the Department of Health Statistics and Information (DEIS) of the Ministry of Health. Records cover all hospital admissions in public (156 hospitals) and private (78 hospitals) institutions and document primary diagnosis using the ICD-10 classification standard and bed use during the hospitalization period.[2]

†Cumulative immunization coverage at the end of the 2024 RSV season, on epidemiologic Week 40.[1]

‡RSV hospitalization was defined as hospitalization for RSV-related LRTI.[1]

References: 1. Torres JP et al. *Lancet Infect Dis.* 2025;25(11):1189-1198. **2.** NirseCL: monitoring the impact of nirsevimab in the winter campaign in 2024 in Chile—fifth report. Ministry of Health of Chile. January 17, 2025.

NIRSE-CL Study: Beyfortus® (nirsevimab-alip) implementation and effectiveness

NIRSE-CL Study Results[1]

Implementation and effectiveness

94.1%

of eligible infants in Chile received Beyfortus for the 2024 season (n/N=145,087/154,173)

↓ 76.4%

(95% CI: 72.6, 79.7) estimated effectiveness against RSV hospitalization at the end of the 2024 RSV season*†‡

The findings in this report are subject to limitations[1]**:**

- Testing for RSV is not routine practice throughout Chile; RSV was inferred as a cause of hospitalization using ICD-10 codes that were selected based on historical data from hospitals that routinely test for RSV
- The immunization status of approximately 2,300 infants could not be determined and thus they were excluded from the primary analysis
- The counterfactual scenario constructed to estimate the impact of universal RSV prophylaxis with Beyfortus was based on circulation of RSV in recent years (2019, 2022, and 2023) and assumed no other strategy, such as one based on maternal vaccination, would replace Beyfortus
- Additional covariables might have improved estimation of Beyfortus effectiveness; however, data on these covariates were incomplete for most of the population
- Access to healthcare may have been limited in extreme regions of Chile and to undocumented migrants

Safety results: There were no pronounced safety events associated with the use of Beyfortus, and none of the 18 reported AEs supposedly attributable to immunization were directly attributed to the monoclonal antibody.[1]

*Infants were considered to be immunized starting 7 days after receipt of Beyfortus to account for the possibility that infants were already infected with the virus at the time of immunization. Thus, eligible infants with RSV-related hospitalization in the first 7 days after immunization were considered nonimmunized.[1]
†At the end of the RSV season, 957 RSV hospitalizations occurred among 145,087 immunized infants and 327 occurred among 9,086 nonimmunized infants.[1]
‡RSV hospitalization was defined as hospitalization for RSV-related LRTI.[1]

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Reference: 1. Torres JP et al. *Lancet Infect Dis.* 2025;25(11):1189-1198.

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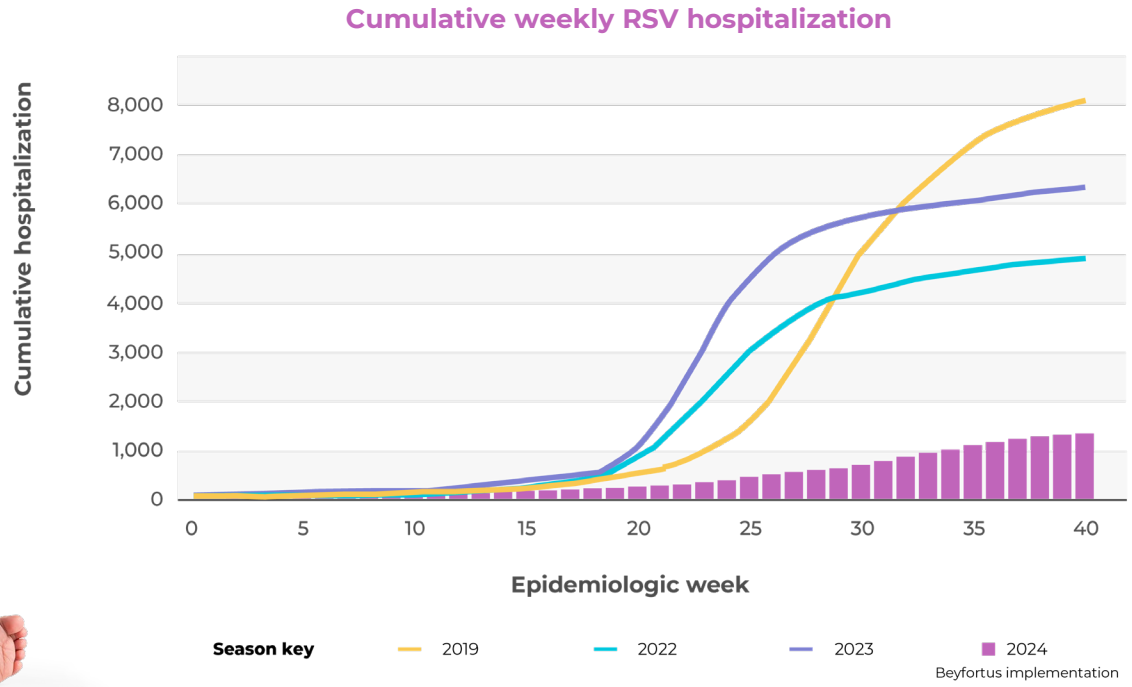
Population health impact of Beyfortus® (nirsevimab-alip) on RSV hospitalization in Chile*

77.5%

(SD: 5.0)

estimated mean relative reduction in RSV hospitalization vs 2019, 2022, and 2023 RSV seasons[1*†‡]

Infants eligible for Beyfortus[2]



There were no pronounced safety events associated with the use of Beyfortus.[1§]

SD, standard deviation.
*RSV hospitalization was defined as hospitalization for RSV-related LRTI.[1]
†The 2020 and 2021 seasons were not considered due to anomalies in RSV epidemiology caused by the COVID-19 pandemic.[1]
‡Relative reduction of cases was calculated as 100 times the averted number of cases divided by the expected number of cases, with 30.05 averted cases per 1,000 infants.[1]
§None of the 18 reported AEs, supposedly attributable to immunization, were directly attributed to the monoclonal antibody.[1]

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Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Torres JP et al. *Lancet Infect Dis.* 2025;25(11):1189-1198. **2.** Torres JP et al. *Lancet Infect Dis.* 2025;25(11)(suppl):1189-1198.

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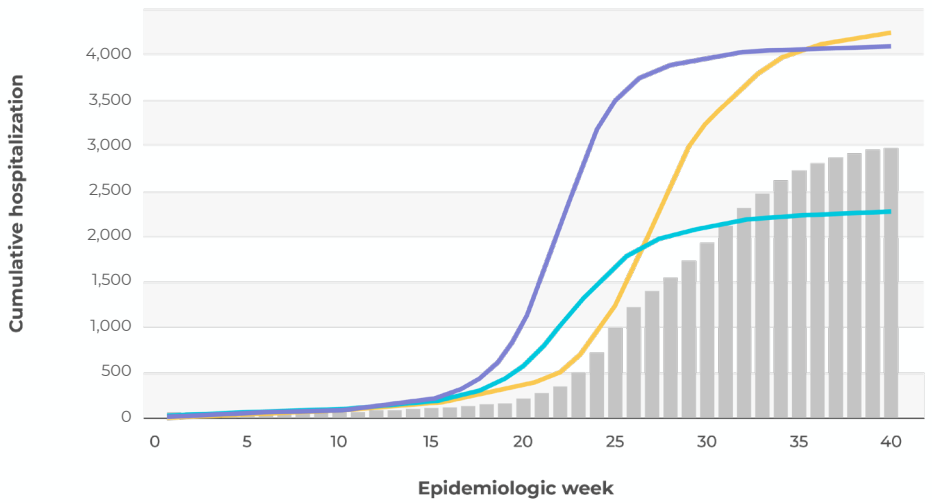
RSV-LRTI hospitalization after Beyfortus® (nirsevimab-alip) implementation[1]

Population health impact of Beyfortus on RSV-LRTI hospitalization[1,2]

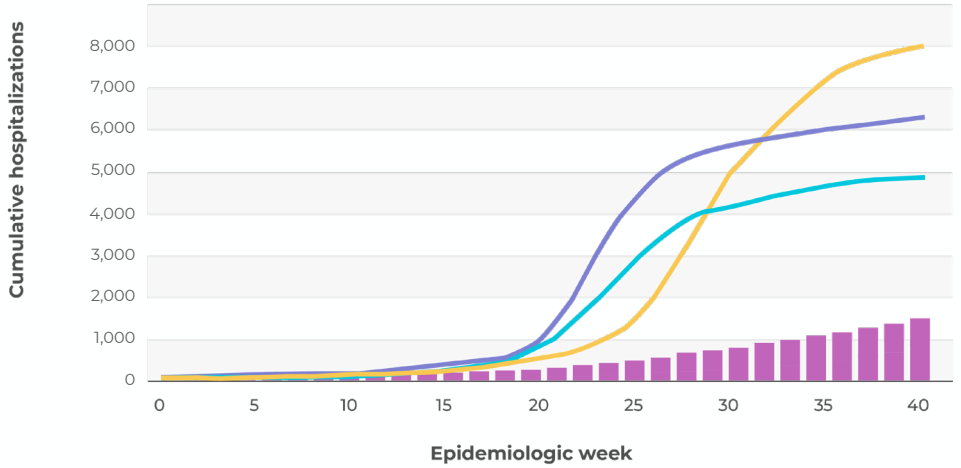
Without Beyfortus

Infants not eligible for Beyfortus immunization[2]



With Beyfortus

Infants eligible for Beyfortus[1,2]



Season key — 2019 — 2022 — 2023 — 2024 (Without Beyfortus) — 2024 (Beyfortus implementation)

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

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References: 1. Torres JP et al. *Lancet Infect Dis.* 2025;25(11):1189-1198. **2.** Torres JP et al. *Lancet Infect Dis.* 2025;25(11)(suppl):1189-1198.

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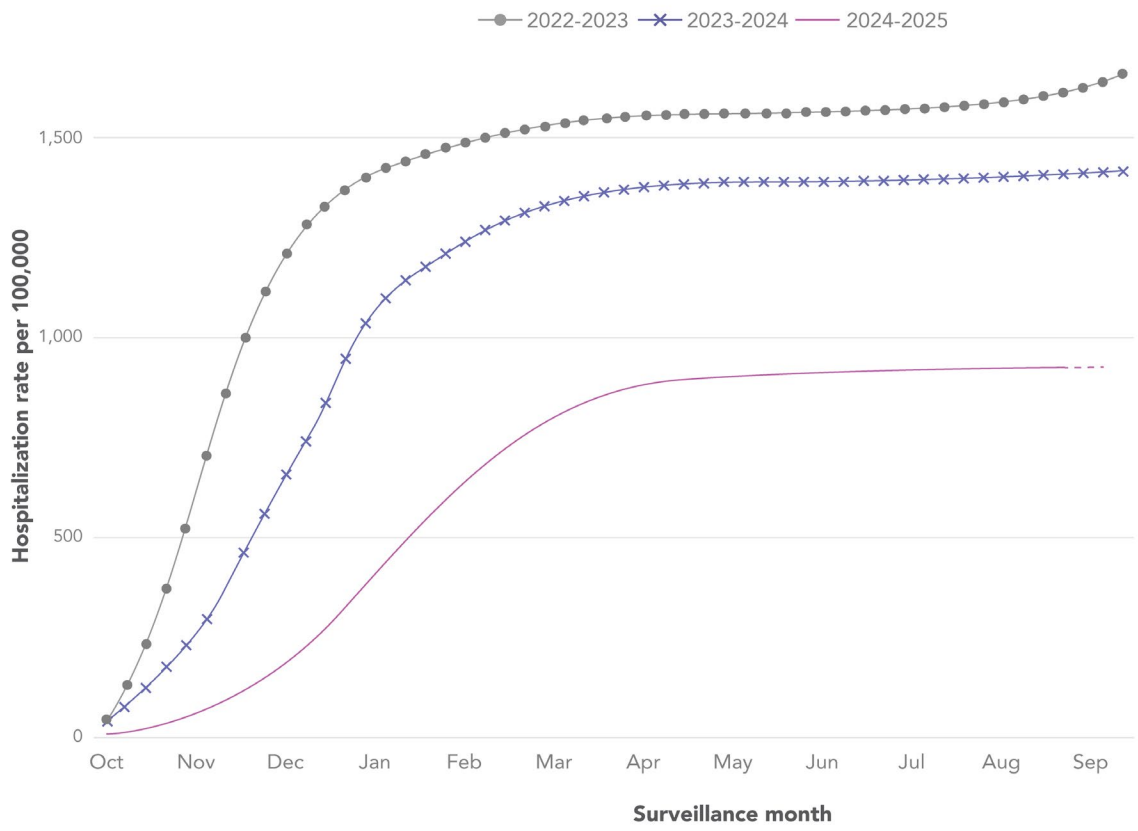
Despite the availability of preventive options, ~50% of US infants remained unprotected during the 2024-2025 season[1]

Cumulative rates of RSV-associated hospitalization in US infants <12 months[2]



2022-2023 RSV season
Beyfortus® and maternal RSV vaccine not available

2023-2024 RSV season[1]
Combined maternal and Beyfortus coverage: 39.5%

2024-2025 RSV season[1]
Combined maternal and Beyfortus coverage: 53.8%

Coverage rates based on unpublished claims data. There is no correlation between RSV hospitalizations and IQVIA claims.

Healthcare systems of Galicia and Chile differ from the healthcare systems in the US. The Respiratory Virus Hospitalization Surveillance Network (RESP-NET) monitors laboratory-confirmed hospitalizations associated with influenza, COVID-19, and RSV among children and adults.[2]

For the 2024-2025 surveillance season, data are collected and reported from a network of sites in acute care hospitals across 161 counties in 13 states covering approximately 9% of the US population, or around 30 million people.[2]

Graph based on surveillance data from CDC RSV-NET as of September 25, 2025. RSV-NET hospitalization data are preliminary and subject to change as more data become available. Case counts and rates for recent hospital admissions are subject to lag.[2]

The incidence of RSV-associated hospitalization, presented as hospitalization rates, is calculated as the number of residents in a surveillance area who are hospitalized with laboratory-confirmed RSV (numerator), divided by the total population estimate for that area (denominator) per 100,000 population.[2]

RSV-NET, Respiratory Syncytial Virus Hospitalization Surveillance Network.

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

Please see Important Safety Information on slide 2 and full Prescribing Information.

References: 1. Data on File. Sanofi. **2.** RSV-NET. CDC. Updated June 5, 2025.

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Beyfortus® (nirsevimab-alip) offers protective antibodies from Day 1 after injection[1-10*]

Unlike vaccines, which require time for the immune system to develop protection, Beyfortus is a fast-acting passive immunization to help prevent RSV disease from Day 1 after injection.[1-3*]

This means that infants born before or during the RSV season should receive Beyfortus from October 1 through March 31 to receive protective antibodies starting from Day 1 after injection, without the delay associated with active immunizations.[3-6*†]

Per the CDC, the RSV maternal vaccine is not recommended for pregnant women beyond January or for a subsequent pregnancy.[7‡]

Beyfortus is recommended by the AAP to be administered through March 31:
Administer Beyfortus at birth in the hospital or at the 3- to 5-day pediatric visit to provide RSV protective antibodies starting from Day 1 after injection.[2,3,8,9*†§]

*Estimated absorption half-life following IM injection from infant pharmacokinetic analysis was 1.7 days. Time to maximum concentration is 6 days in adults.[2,3]
†Recommended timing of Beyfortus administration for most of the continental US. Timing of administration for RSV immunization may differ in certain areas.[4,10]
‡Current recommendations are that 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 infant should receive a monoclonal antibody like Beyfortus.[7]
§For infants born during the RSV season, Beyfortus should be administered within 1 week of birth, which can be during the birth hospitalization or in the outpatient setting. Beyfortus is recommended to be given at the hospital during the typical RSV season.[9]

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

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References: 1. Explaining how vaccines work. CDC. Updated August 10, 2024. **2.** Beyfortus (nirsevimab-alip). Prescribing Information. Sanofi. **3.** Clegg L et al. *J Clin Pharmacol*. 2024;64(5):555-567. **4.** Immunizations to protect infants. CDC. Updated August 18, 2025. **5.** Recommendations for preventive pediatric health care. AAP. Updated February 2025. **6.** RSV immunization guidance for infants and young children. CDC. Updated August 18, 2025. **7.** RSV vaccine guidance for pregnant women. CDC. Updated August 30, 2024. **8.** Data on File. Sanofi. **9.** RSV immunization administration frequently asked questions. AAP. Updated February 20, 2026. **10.** Recommended child and adolescent immunization schedule for ages 18 years or younger. AAP. Updated February 5, 2026.

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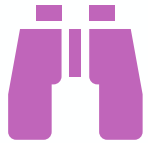
Your work to help address RSV disease does not end with the RSV season

Identify your Beyfortus® infants now

Reflect

What were your immunization rates from last season?



Set goals

Set your Beyfortus coverage goal for the next season at the earliest

Plan early

Plan ahead so that no infant is left unprotected

Start pulling your list now to prepare for 100% protection in the 2026-2027 RSV season

All infants born before their first RSV season (April 1–September 30) need to be recalled in the fall for their RSV immunization.[1,2*]

*Timing of administration for RSV immunization may differ in certain areas.[1,2]

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References: 1. Recommended child and adolescent immunization schedule for ages 18 years or younger. AAP. Updated February 5, 2026. **2.** Immunizations to protect infants. CDC. Updated August 18, 2025.

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Integrate EHR maintenance alerts for the 3- to 5-day visit and for recall

Why optimize your EHR?

EHR optimization has the potential to improve immunizations rates, quality of care, and potential outcomes for your patients by helping to:

- Simplify care management for clinicians and care teams
- Inform clinicians and care teams about gaps in care
- Identify patients who are eligible for Beyfortus® at the first visit

Consider the following:

- When an eligible patient comes in, how do you identify them for Beyfortus?
- Do you have a health maintenance flag set up for Beyfortus?
- Can the health maintenance flag be adjusted to trigger at the 3- to 5-day visit or trigger for recall?
- What EHR system are you using?

Sanofi has resources that may help you optimize your EHR

You can utilize the following instruction guides:

- **Altera TouchWorks**
- **eClinicalWorks**
- **Epic**
- **Meditech**
- **Oracle Cerner**

Image is for illustrative purposes only.

EHR, electronic health record.

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