

September 14, 2023

The number of Latine infants with RSV is considerably higher than the number of white infants with the respiratory illness¹. RSV is a common respiratory virus that affects infants and older adults more severely. While most people only experience symptoms similar to a common cold and recover within 1-2 weeks, RSV can lead to pneumonia or bronchitis in children under 1 year old².

Common symptoms of RSV include a runny nose, a decrease in appetite, coughing, sneezing, fever, and wheezing. However, in young infants, you may only see irritability or breathing difficulties³. Each year in the United States, an estimated 58,000-80,000 children younger than 5 years old are hospitalized due to RSV infection and about 6,000-10,000 older adults die of RSV^{4,5}.

The virus can easily spread through coughing and sneezing, direct contact with the virus, or touching a surface contaminated with the virus and then touching your face or eyes. Among the Latine community, RSV is more common than influenza⁶.

Immunization is the primary and most effective approach for preventing RSV. Exciting news arrived on June 29th, 2023, when the CDC granted approval for the RSV immunization targeting adults aged 60 and above, with expectations of it being accessible by this upcoming autumn (at doctor's offices and pharmacies). Adults ages 60 and above are eligible for a single dose of either the GSK or Pfizer RSV immunization, and should talk to their provider to decide which immunization is best for them.

GSK RSV immunization, containing adjuvant, demonstrated a 74.5% efficacy in preventing RSV-associated LRTD over two seasons, but it was associated with a higher rate of severe reactogenicity events. On the other hand, Pfizer RSV immunization, which is bivalent and offers

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3935481/>

² <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>

³ <https://www.cdc.gov/rsv/about/symptoms.html>

⁴ <https://www.cdc.gov/rsv/high-risk/infants-young-children.html>

⁵ <https://www.cdc.gov/rsv/high-risk/older-adults.html>

⁶ <https://www.cdc.gov/rsv/about/transmission.html>

protection against both RSV A and B strains, showed an 84.4% efficacy over two seasons, with a lower incidence of severe reactogenicity.⁷

In addition, infants up to 12 months can receive a single dose of the immunization, and infants up to 24 months in high-risk groups can receive one dose of the immunization. The FDA has approved Beyfortus™ (nirsevimab-alip), a monoclonal antibody jointly developed by Sanofi and AstraZeneca, for protecting infants against respiratory syncytial virus (RSV) disease. This is the first monoclonal antibody approved for newborns and infants through their first year, and children up to 24 months of age who are vulnerable to severe RSV. Joining forces with Sanofi, NHMA has initiated a partnership to bolster RSV immunization rates specifically within the Latine community.⁸

Fortunately, *Vaccines for Children* (VFC) will grant full access to the RSV immunization for all medicaid, insured, underinsured, and American Indian/Alaska Native children. On August 3rd, ACIP will host a meeting to vote on a recommendation and VFC inclusion for Nirsevimab. The meeting is the last chance for public comment, where advocates can express their support for RSV immunization for infants and VFC. These comments are an excellent way to protect the infant community against RSV.

NHMA encourages physicians to advise their patients, especially those over 60, to receive the immunization. Additionally, hosting cultural community immunization events can help increase the number of vaccinated individuals. To learn more about NHMA's efforts and resources available for physicians and patients, please visit: HispanicHealth.info.

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<https://www.ama-assn.org/delivering-care/public-health/rsv-vaccine-recommendations-and-acip-meeting-rcap-sandra-fryhofer-md>

⁸ <https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm>