

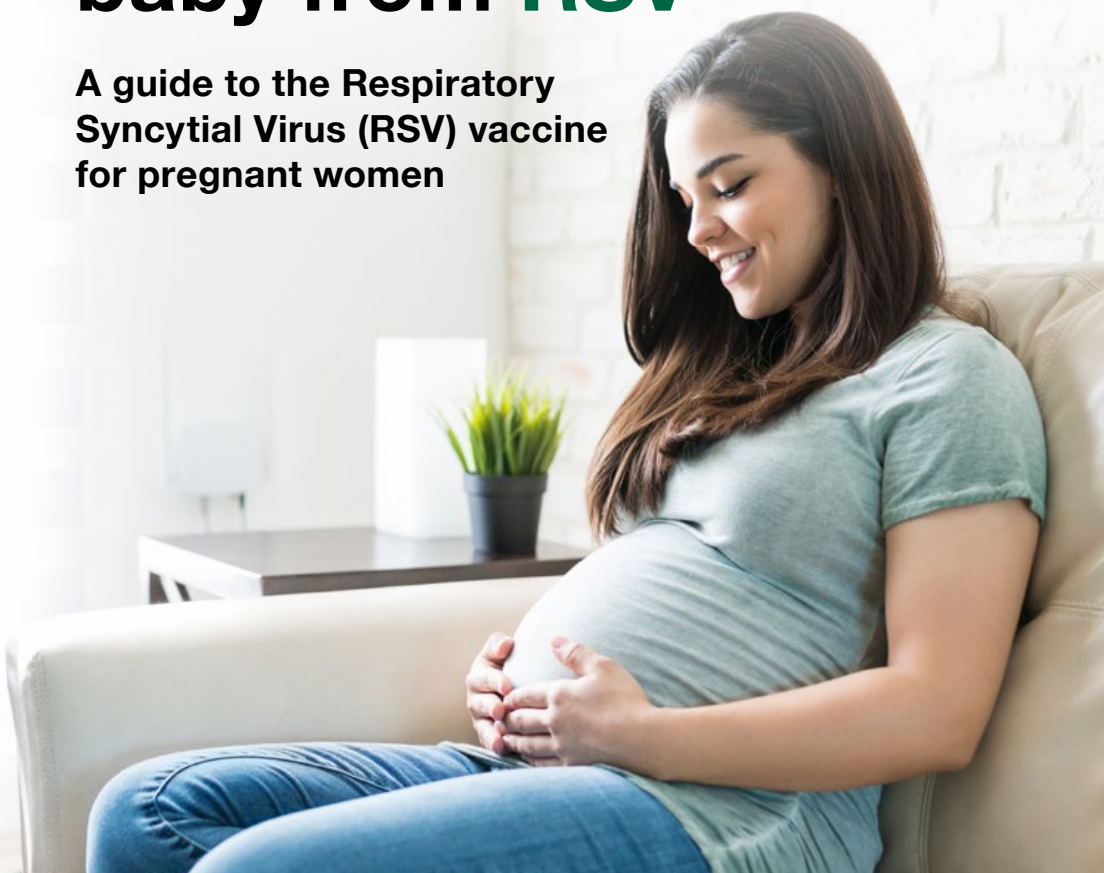


UK Health
Security
Agency



How to protect your baby from **RSV**

A guide to the Respiratory Syncytial Virus (RSV) vaccine for pregnant women



From September 2024, pregnant women can have a free vaccine in each pregnancy, to protect their babies against Respiratory Syncytial Virus (RSV).

Why do we need to protect babies from RSV?

Respiratory syncytial virus or RSV is a common virus which can cause a lung infection called bronchiolitis. In small babies this condition can make it hard to breathe and to feed. Most cases can be managed at home but around 20,000 infants are admitted to hospital with bronchiolitis each year in England. Infants with severe bronchiolitis may need intensive care and the infection can be fatal. RSV is more likely to be serious in very young babies, those born prematurely, and those with conditions that affect their heart, breathing or immune system.

RSV infections can occur all year round but cases peak every winter.

How is RSV spread?

RSV is highly infectious and spreads easily, particularly among children, through coughing and sneezing. Even with simple measures such as hand-washing and covering your mouth and nose when you sneeze, it is difficult to avoid spreading the infection within the family. The best way to protect your baby against RSV infection is for you to have the vaccine during pregnancy.

How effective is the RSV vaccine?

The vaccine boosts your immune system to produce more antibodies against the virus. These antibodies then pass through the placenta to help protect your baby from the day they are born. RSV vaccination reduces the risk of severe bronchiolitis by 70% in the first 6 months of life.

After this age your baby is at much lower risk of severe RSV.

Older children and adults can also get RSV infection, but the disease is more serious for small babies and people aged 75 and over.

When should I get vaccinated?

You should be offered it around the time of your 28 week antenatal appointment. If you haven't heard by this stage, contact your maternity service or GP practice to make an appointment. Having the vaccine in week 28 or within a few weeks of this will help you build a good level of antibodies to pass on to your baby before birth. This will give your baby the best protection, including if they are born early.

You can still have the vaccine later in your pregnancy but it may be less effective. If it wasn't possible to have your vaccine earlier, it can be given right up until you have the baby. If you have it very late in pregnancy, it may still protect you from infection and reduce the risk of you spreading infection to your newborn baby.

How is it given and what are the side effects?

The vaccine is a single injection in your upper arm.

Side effects are usually mild.

These include:

- headache
- muscle ache
- soreness, redness or swelling at the site of the injection

Is having the RSV vaccine during pregnancy safe for my baby?

The vaccine has been studied in clinical trials of almost 4,000 women and been given to many thousands of women in national programmes. Monitoring in the USA, where it has been given to over 100,000 women, has shown a good safety profile. In the main clinical trial, in the month after vaccination, there were slightly more premature babies in the vaccine group (2.1%) than the group that didn't have the vaccine (1.9%). This difference is most likely to be due to chance. The vaccine has been approved by medicines regulators in the UK, Europe and USA on the basis of protection, quality and safety.

Will having the vaccine mean that my baby doesn't get RSV?

The vaccine has been shown to reduce the chance of your baby suffering from severe RSV disease. Like all medicines, no vaccine is completely effective and some babies may still get RSV infection despite their mothers having the vaccine. However, for most babies born to vaccinated mums, any RSV infection should be less severe.

You can read the patient information leaflet for the RSV vaccine called Abrysvo here: www.medicines.org.uk/emc/product/15309/pil

What if my baby is at higher risk?

Some babies at higher risk of RSV, such as those who are very premature, those with severe heart disease or those with weakened immunity may also be offered an antibody injection. This injection will provide additional protection on top of any antibodies they might get from their mother.

Do I need to have the RSV vaccine in every pregnancy?

Yes, you should have it in every pregnancy to give your new baby the best protection.

Can I have my other maternal vaccines at the same time as my RSV vaccine?

It is important to have your vaccines at the right time in pregnancy:

- the whooping cough vaccine is usually given earlier in pregnancy (around the time of the mid pregnancy scan, usually 20 weeks)
- you should have your RSV vaccine once you are 28 weeks pregnant
- flu vaccine can be given at any stage of pregnancy. You should have it as soon as it becomes available to you

When you are called for your RSV vaccine, if you have not yet had your whooping cough or flu vaccines, then you should have them at the same time.

Where can I get more information?

You can talk to your midwife or GP practice and you can read this leaflet online here:

www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-maternal-vaccination

www.nhs.uk/pregnancy/keeping-well/vaccinations

For further information on vaccines you will be offered when pregnant can be found at:

www.gov.uk/government/publications/pregnancy-how-to-help-protect-you-and-your-baby

Could my baby have RSV bronchiolitis?

The symptoms of RSV bronchiolitis can include:

- runny or blocked nose
- breathing is difficult, fast or noisy (wheezing)
- difficulty feeding
- cough
- fever
- unsettled or difficult to comfort
- tiredness or lethargy

RSV can also cause other conditions in young children such as a barking cough (croup) and a painful infection inside the ear (otitis media).



You can report suspected side effects on the Yellow Card website

or by calling the free phone line 0800 731 6789 (9am to 5pm Monday to Friday) or by downloading the Yellow Card app.

www.mhra.gov.uk/yellowcard

Ask for an urgent GP appointment or call 111 if:

- your child has had a cold and it's getting worse
- your child is feeding or eating much less than normal
- your child has had a dry nappy for 12 hours or more, or shows other signs of dehydration
- your baby is under 3 months and has a temperature of 38°C, or is older than 3 months and has a temperature of 39°C or higher

Call 999 or go to A&E if:

Your child seems seriously unwell, trust your own judgement. You should act if:

- your child is having difficulty breathing – you may notice grunting noises or their chest and tummy wall being sucked in between or just under their ribs
- there are pauses when your child breathes
- your child's skin, tongue or lips are blue
- your child is floppy and will not wake up or stay awake

