

FLU and RSV

Get Vaccinated to Protect Yourself and Your Baby

FLU

Why is it important for me to get the flu vaccine if I'm pregnant?

The flu vaccine is especially important during pregnancy. Pregnant people who get the flu can become much sicker than nonpregnant people who get the flu. The flu vaccine is your best protection.

Flu vaccination performs double duty by protecting both pregnant persons and their fetuses. The vaccine creates antibodies that are passed to the fetus (unborn child). After birth, these antibodies protect your baby until he or she can get the flu shot at 6 months old.

Is the flu vaccine safe for pregnant people and people who are breastfeeding?

Yes, the flu vaccine is safe for you and your fetus. You cannot get the flu from the flu vaccine.

The CDC (Centers for Disease Control and Prevention) recommends that everyone 6 months of age and older get the flu vaccine each year. This includes pregnant women and women who are breastfeeding. If you are pregnant, it is best to get the vaccine early in the flu season, as soon as the vaccine is available.

Respiratory Syncytial Virus (RSV)

What is RSV?

RSV, or respiratory syncytial virus, that spreads in the fall and winter, is a common virus that usually causes mild cold-like symptoms that most people recover from in 1 to 2 weeks. For most of the United States, RSV season occurs from September through January.

RSV can be **dangerous for babies and young children**. It can lead to severe **lower respiratory tract infection (LRTI)** and is the leading cause of hospitalization among infants in the U.S. It is estimated that 100-300 children in the U.S. younger than 5 years die each year because of RSV.

How do I protect myself and my baby from RSV?

- 1. The recommended option is the RSV vaccine** given to pregnant persons between 32 and 37 weeks of pregnancy during RSV season (typically Fall through Winter). **The RSV vaccine reduces the risk of severe lower respiratory tract infections by 91.1% within 90 days (about 3 months) of birth and 76.5% within 180 days (about 6 months) of birth**
 - a.** The most common side effects reported by pregnant people who received the RSV vaccine were pain at the injection site, headache, muscle pain, and nausea
- 2. Nirsevimab** (Beyfortus©) is not a vaccine and provides passive immunity. It is **an immunization** (shot) that can be given to infants younger than 8 months of age to protect against RSV infection. **Nirsevimab** contains lab-made antibodies that protect against RSV.

Nirsevimab reduces the risk of severe RSV disease by about 80%. One dose of nirsevimab protects infants for at least 5 months.

In most cases, you should choose between the RSV vaccine during pregnancy and nirsevimab after birth.

The goal is to protect your baby from severe lower respiratory tract infection (LRTI) caused by RSV, either with antibodies made during pregnancy after vaccination or with antibodies given directly to your baby after birth. Your provider can help you decide between these two options. **Both options are considered safe and effective.**

You may want to consider the following:

- The maternal RSV vaccine, given during RSV season (typically September through January), gives your baby protection right after birth if your baby is born after 14 days after the vaccine was given.
- Most infants whose mothers got the RSV vaccine do not need to get nirsevimab, too.
- Except in rare circumstances, most infants younger than 8 months of age do not need nirsevimab if they were born 14 or more days after their mother got the RSV vaccine.
- If you get the RSV vaccine, there is one less injection for your baby to get after birth.
- Nirsevimab may provide your baby with longer-lasting protection.

Getting vaccinated is the best way to protect yourself and your baby. Talk to your CHN provider if you have more questions!