

THE VOICE OF ALL INFANTS



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ARE ALL INFANTS AT RISK FROM RSV?

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SPREADING INFORMATION, NOT THE VIRUS

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COMMON QUESTIONS ABOUT RSV

SEVERE RSV DISEASE IS UNPREDICTABLE

Any infant (born at term and healthy, or premature with underlying conditions) can be hospitalized in their first season.^{1*}

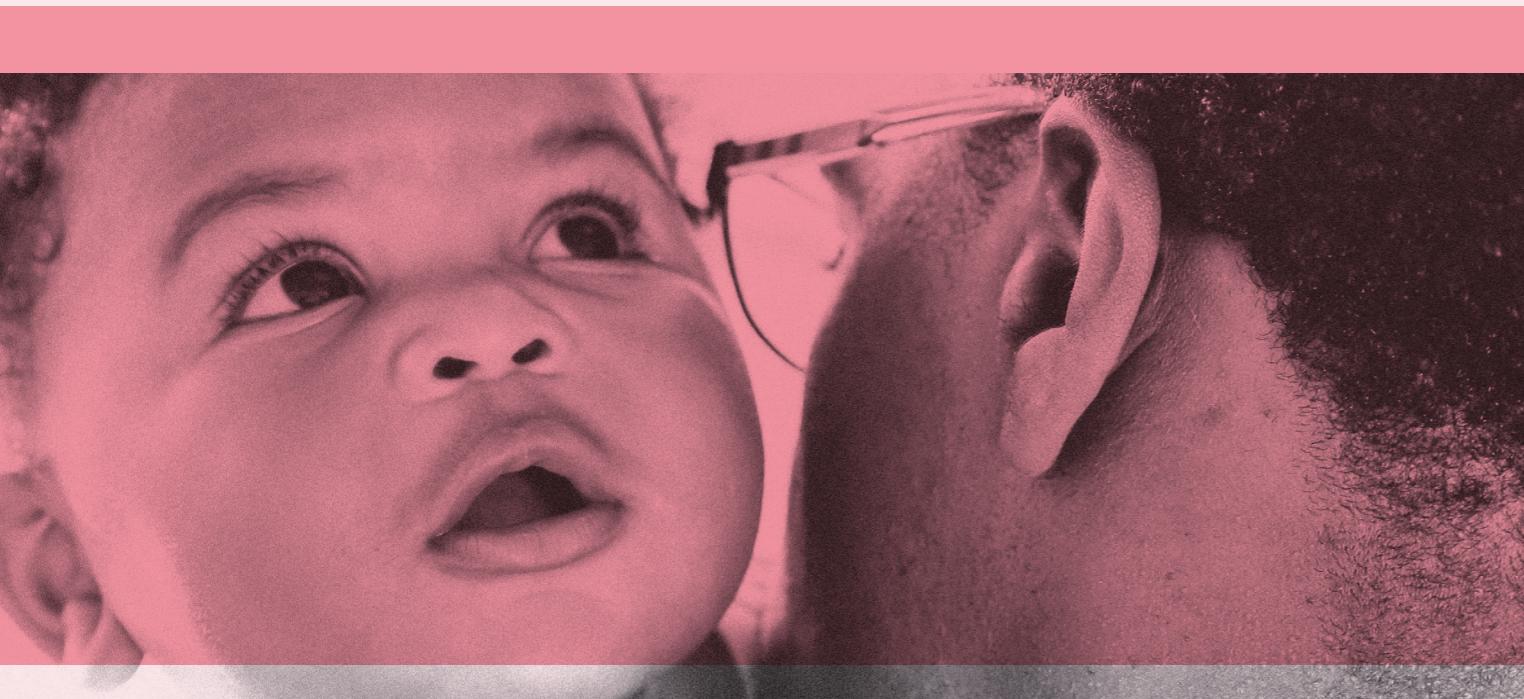


RSV, respiratory syncytial virus.

*Surveillance data between October 2014 and April 2015. Among 1,176 RSV-hospitalized infants aged under 12 months, 851 had no reported underlying condition (prematurity was classified as an underlying condition in the study).



WHAT COULD THIS MEAN FOR ALL INFANTS?



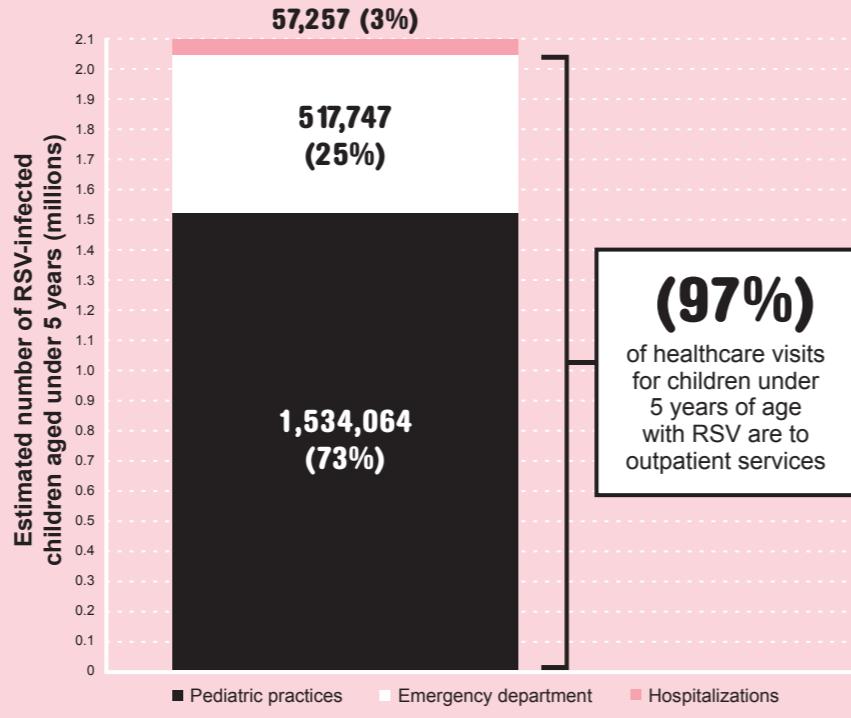
ARE ALL INFANTS AT RISK FROM SEVERE RSV DISEASE?

LET'S TAKE A CLOSER LOOK AT SOME STATISTICS

Severe RSV disease is unpredictable in that any infant (born at term and healthy, or premature with underlying conditions) can be hospitalized in their first season.^{1‡}

In most cases, RSV causes cold-like symptoms; it often progresses to LRTI (bronchiolitis and pneumonia) in infants.^{2*} It is the leading cause of hospitalization in infants under 12 months.^{2*}

Estimated healthcare utilization in the US among RSV-infected children aged under 5 years^{3†}



Adapted from Hall CB et al. 2009.

AMONG RSV-HOSPITALIZED INFANTS

~72%

WERE BORN AT TERM WITH NO UNDERLYING CONDITIONS.^{1‡}



IS IT TIME TO RETHINK RSV?

Severe RSV disease is unpredictable. Any infant (born at term and healthy, or premature with underlying conditions) can be hospitalized in their first season.^{1‡}

There are limited options to help address RSV. Prevention is restricted and available for a very limited number of infants, and treatment is largely limited to supportive care.⁴



* According to a study of pediatric hospitalizations between 1997 and 2000.
† Based on a population-based study extrapolated to the US population, representing ~2.1M encounters. "Outpatient" defined as a visit to a pediatric practice or the emergency department not requiring hospital admission for care.
‡ Surveillance data between October 2014 and April 2015. Among 1,176 RSV-hospitalized infants aged under 12 months, 851 had no reported underlying condition (prematurity was classified as an underlying condition in the study).



WHAT CAN WE DO, STARTING TODAY?



While we can't predict which infants will be affected by severe RSV disease, we can take steps to help prevent infants from catching the virus.

You have the opportunity to educate parents and caregivers on the importance of good hygiene practices and help them recognize the signs of RSV in infants early so they aren't caught by surprise.

WE CAN TAKE STEPS TO HELP PREVENT INFANTS FROM CATCHING THE VIRUS.



INFORM PARENTS ABOUT:

- How their infant's first RSV season (typically November to March) may pose a threat to the health of their child⁵
- How infants can catch RSV from close contact with infected people and surfaces⁶
- How RSV often spreads to infants via contact with infected older siblings⁷
- Early signs of mild infection, and when to urgently seek medical attention⁸

SHARE DETAILS ABOUT HAND HYGIENE TO REDUCE THE SPREAD OF VIRUSES. ADVISE THEM TO⁹:

- Ask sick friends and relatives to avoid close contact with infants (eg, kisses)
- Try to avoid close contact from siblings with cold symptoms
- Wash hands often with soap for 20 seconds
- Cover coughs and sneezes with a tissue or upper arm sleeve – not with hands
- Regularly clean and disinfect surfaces that infants touch or share with people

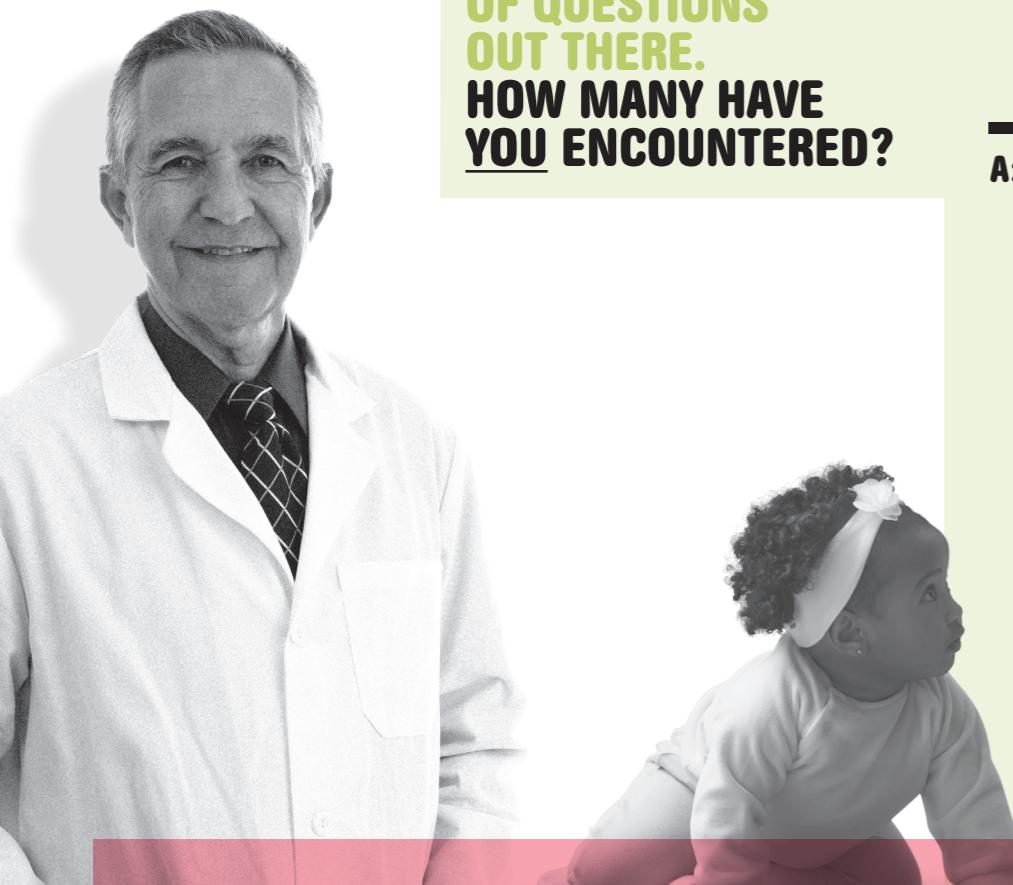


LET'S SPREAD THE WORD, NOT THE VIRUS



Q&A ON RSV

WHEN DEALING WITH RSV IN INFANTS, THERE ARE LOTS OF QUESTIONS OUT THERE. HOW MANY HAVE YOU ENCOUNTERED?



Q: IF MOST CASES OF RSV ARE MILD AND SELF-LIMITING, WON'T THE MAJORITY OF INFANTS RECOVER ON THEIR OWN OR WITH SOME HELP FROM A PEDIATRICIAN?

A: While it is true that RSV can result in mild illness, RSV is the leading cause of hospitalization among infants under 12 months of age.^{2*}

As such, we should remain vigilant for the health of all infants.

Q: AREN'T OTHER ILLNESSES LIKE INFLUENZA A BIGGER CONCERN FOR INFANTS THAN RSV?

A: Both influenza and RSV constitute public health threats in this population. However, in the US, infants under 1 year are on average 16 times more likely to be hospitalized due to RSV than for influenza.^{10†}

While the threat of influenza is mitigated by the availability of a vaccine from 6 months of age, in RSV, preventive options are available for a limited infant population.⁴

Q: DOESN'T RSV INFECTION PREDOMINANTLY CAUSE DISEASE IN PREMATURE INFANTS OR THOSE WITH PREEXISTING CONDITIONS?

A: ~72% of infants hospitalized for RSV were born at term with no underlying conditions.^{1‡} In fact, although infants who are born prematurely or who have existing health conditions are particularly vulnerable, ALL infants are at risk of developing severe RSV disease.^{1‡}

Despite this, there are limited options to address RSV disease. Prevention is available for a limited infant population, and treatment largely relies on supportive care.⁴ RSV remains a potentially life-threatening disease.¹¹



**Q:
I AM LIMITED IN WHAT I CAN OFFER MOST PARENTS.**

SO HOW DO I HAVE CONVERSATIONS WITH THEM ABOUT RSV, WITHOUT MAKING THEM WORRY?

A: Severe RSV disease is unpredictable. Any infant (born at term and healthy, or premature with underlying conditions) can be hospitalized in their first season.^{1‡}

So while it's true that prevention is available for a limited infant population,⁴ it's still important that all parents are aware of RSV and how it is transmitted, and are able to spot signs of a severe infection and know when to seek medical assistance.

Armed with this knowledge, parents can take steps to help reduce the risk of their infant coming into contact with the virus and act quickly if they suspect their infant is becoming seriously ill.

**Q:
HOW CAN RSV AFFECT PATIENTS' FAMILIES?**

A: In those instances when infants with RSV disease require hospitalization, families may be affected emotionally and financially. Unforeseen costs can accrue, due to missed work and the need for travel and accommodation to obtain medical care.^{12,13§}

*According to a study of pediatric hospitalizations between 1997 and 2000.

†Based on data between 1993 to 2008 (routine recommendation for influenza vaccines in infants 6 months and over began in 2004).

‡Surveillance data between October 2014 and April 2015. Among 1,176 RSV-hospitalized infants aged under 12 months, 851 had no reported underlying condition (prematurity was classified as an underlying condition in the study).

§Based on a study of 212 US preterm infants and a study of 67 RSV-hospitalized infants (including full term and preterm) and their parents in Alberta, Canada.



Learn more at
RethinkRSV.com

RSV, respiratory syncytial virus.

*According to a study of pediatric hospitalizations between 1997 and 2000.

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