

SYNAGIS AND RSV

Client:

Date:

Clinician:

The Sohm America Integrations

Q. Is Synagis a vaccine?

A. No. Even though Synagis is given as a shot, it's not a vaccine and it works differently. Each Synagis shot provides a dose of virus-fighting substances called antibodies that help prevent RSV from infecting your baby's lungs for about 28 to 30 days. That's why babies who need Synagis get monthly shots during RSV season.

Q. How many Synagis shots will my baby need?

A. If your baby is on Synagis, he or she will need one shot each month during RSV season. Your baby needs to keep getting Synagis as long as prescribed by your healthcare provider.

Q. My baby looks healthy. Are monthly Synagis shots still necessary?

A. Yes. No matter how big and strong you baby looks, a prescription for Synagis means he or she is still at high risk for severe RSV disease. Remember, your baby's lungs are still developing and need protection from RSV. Only your doctor can tell when your baby can stop getting Synagis shots.

Q. Will my baby need Synagis for a second RSV season?

A. Most babies won't need Synagis for a second season. But some babies are still at high risk for severe RSV disease in their second year and may need Synagis for more than one RSV season. Ask your doctor if your baby will need a second season of Synagis.

Q. What is RSV season?

A. Like the flu or common cold, RSV is a seasonal virus. The season start varies from one part of the country to the next, but it usually starts in the fall and continues into the spring. In some parts of the country, such as Alaska, Hawaii and parts of Texas and Florida, for example, the length of the RSV season may be different. To find out when the season starts in your area, talk to your baby's healthcare provider.

Q. How serious is RSV?

A. Most people with RSV suffer moderate to severe cold-like symptoms. But in some cases, RSV can be more serious. Preemies and babies born with certain types of heart disease and those with chronic lung disease are at high risk for severe RSV disease, which could lead to hospitalization or serious lung infections like pneumonia and bronchiolitis.

IMPORTANT NOTICE

Contact the on-call nurse if you are experiencing any change in your current health condition. For ALL emergencies requiring IMMEDIATE medical attention, call 911. Teachingsheet-synagisFAQ/11-10: Page 1 of 2

Q. What are the symptoms of a severe RSV infection?

- **A**. The symptoms are:
- Persistent coughing
- Wheezing (a whistling sound when breathing)
- Rapid breathing
- Problems breathing, or gasping for breath
- A bluish color around the mouth or fingernails
- A fever. In infants under three months of age, a fever greater than 100.4°F (rectal) is a cause for concern.
- Call your doctor right away if you notice any of the symptoms above.

Q. How easy is it to catch RSV?

A. Like a common cold, RSV can be spread by sneezing and coughing or by physical contact such as kissing, touching or shaking hands. Unlike cold viruses, RSV can live up to 7 hours on countertops and other surfaces, and spreads very quickly in daycare centers and crowded households. No wonder nearly all babies will have had RSV disease by the age of two.

Q. What could put my baby at high risk for severe RSV disease?

A. Here are some of the main factors that can increase your baby's risk for severe RSV disease:

- **Premature birth.** Lung infections are more common in preemies born at less than 36 weeks.
- **Having chronic lung disease.** Babies two years of age or younger who have been treated for chronic lung disease within six months of the start of RSV season are at higher risk.
- **Being born with heart disease.** Babies two years of age or younger who were born with certain types of heart disease are at higher risk.
- Additional risk factors for premature infants may include:
 - Young chronological age. (≤ 12 weeks of age at the start of RSV season)
 - **Being around other children, at home or in daycare.** If there are toddlers and children in the house, make sure they wash their hands before they touch the baby.
 - Family history of wheezing or asthma.
 - **Exposure to tobacco smoke and other air pollutants.** Never let anyone smoke around your baby.
 - **Multiple births.** Twins, triplets and other multiples are often premature and have a low birth weight.
 - Low birth weight. (less than 5.5 pounds)
 - Crowded living conditions.
 - School-aged siblings.

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