

# RSV (Respiratory Syncytial Virus) Vaccine:

## What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- RSV is the most common cause of hospitalization in U.S. infants. Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease, or a weakened immune system, are at increased risk of severe RSV disease.
- RSV infections can be dangerous for certain adults. Adults at highest risk for severe RSV disease include older adults, especially those with chronic heart or lung disease, a weakened immune system, certain other chronic medical conditions, or who live in nursing homes.

RSV spreads through direct contact with the virus, such as when droplets from an infected person's cough or sneeze contact your eyes, nose, or mouth. It can also be spread by someone touching a surface, such as a doorknob, that has the virus on it, and then touching your face.

Symptoms of RSV infection may include runny nose, decreased appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be more serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can also lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease

(a chronic disease of the lungs that makes it hard to breathe), or heart failure (when the heart cannot pump enough blood and oxygen throughout the body).

Infants and older adults who get very sick from RSV may need to be hospitalized. Some may even die.

### 2. RSV vaccine

There are two immunization options available for protecting infants against RSV: maternal vaccine for the pregnant woman or preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected.

CDC recommends a one-time dose of RSV vaccine for **pregnant women from week 32 through week 36 of pregnancy** for the prevention of RSV disease in their infants during the first 6 months of life.

This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (for example, the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may differ based on the time of year when RSV circulates in the area.

CDC recommends a one-time-dose of RSV vaccine for **everyone 75 years and older** and for **adults 60 through 74 years of age who are at increased risk of severe RSV disease**. Adults 60 through 74 years old who are at increased risk include those with chronic heart or lung disease, a weakened immune system, or certain other chronic medical conditions, and those who are residents of nursing homes.

RSV vaccine may be given at the same time as other vaccines.



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### 3. Talk with your health care provider

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Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

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### 4. Risks of a vaccine reaction

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- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in some older adults. At this time, an increased risk of GBS following RSV vaccine among persons aged 60 years and older cannot be confirmed or ruled out.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant women who received RSV vaccine. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting RSV vaccine. You can find information and enroll in V-Safe at [vsafe.cdc.gov](https://vsafe.cdc.gov).

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### 5. What if there is a serious problem?

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An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](https://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

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### 6. How can I learn more?

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- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at [www.fda.gov/vaccines-blood-biologics/vaccines](https://www.fda.gov/vaccines-blood-biologics/vaccines)
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](https://www.cdc.gov/vaccines).



# Addendum to RSV (Respiratory Syncytial Virus) Vaccine: What You Need to Know Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) for the vaccine listed above.
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease the vaccine prevents, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent the disease this vaccine prevents.
7. I am an adult who can legally consent for the person named below to get the vaccine. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given:  RSV (Respiratory Syncytial Virus) Vaccine

PRIVACY NOTIFICATION - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

Privacy Notice: I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

Information about person to receive vaccine (Please print)				
Name: Last	First	Middle Initial	Birthdate (mmddyyyy)	Sex (circle one)
				M   F
Address: Street	City	County	State TX	Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):				
X _____			Date: _____	
X _____			Date: _____	
Witness				

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For Clinic / Office Use Only

Clinic / Office Address:	Date Vaccine Administered:
	Vaccine Manufacturer:
	Vaccine Lot Number:
	Site of Injection:
	Title of Vaccine Administrator:
	Signature of Vaccine Administrator:
	Date VIS Given:

Notice: Alterations or changes to this publication is prohibited.

Instructions: File this consent statement in the patient's chart.