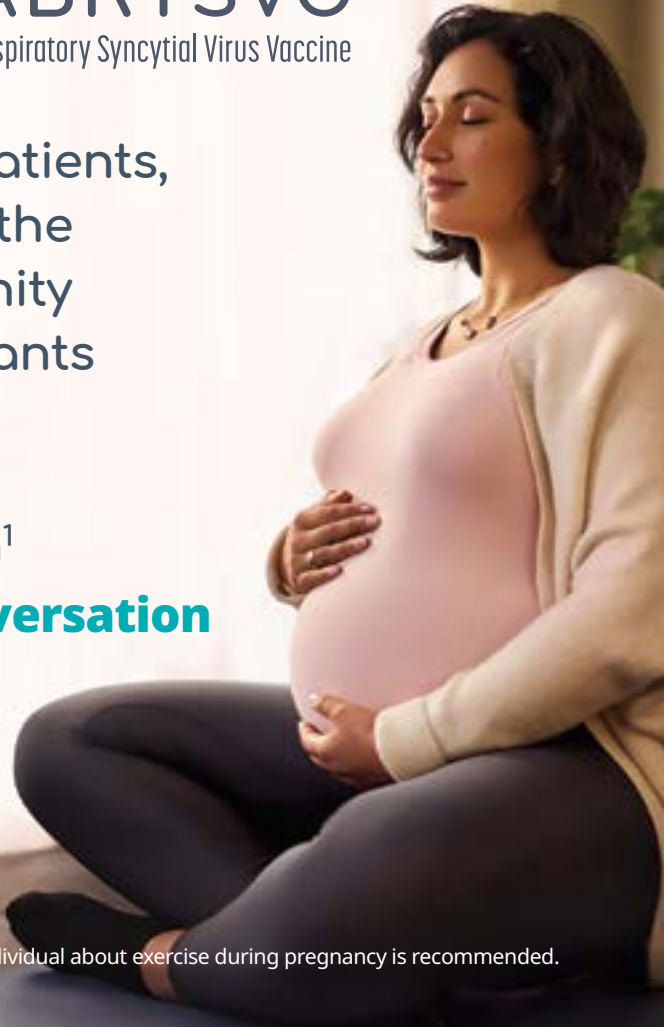




For eligible patients,  
ABRYSVO® is the  
first opportunity  
to protect infants  
against RSV  
via maternal  
immunization<sup>1</sup>

**Start the conversation**



Actor portrayal.

Consultation with a pregnant individual about exercise during pregnancy is recommended.  
RSV=respiratory syncytial virus.

For immunization of pregnant individuals from 32 through 36 weeks gestational age.

## INDICATION

ABRYSVO is a vaccine indicated for active immunization of pregnant individuals at 32 through 36 weeks gestational age for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age.

## IMPORTANT SAFETY INFORMATION

- Do not administer ABRYSVO to individuals with a history of a severe allergic reaction (e.g., anaphylaxis) to any component of ABRYSVO
- The results of a postmarketing observational study suggest an increased risk of Guillain-Barré syndrome during the 42 days following vaccination with ABRYSVO

Please see additional Important Safety Information throughout.  
Please see full Prescribing Information for ABRYSVO.



# ABRYSVO® (Respiratory Syncytial Virus Vaccine) Helps Protect Infants Against RSV via Maternal Immunization<sup>1</sup>

Maternal RSV immunization is here.  
Discuss the option with your patients.



## **RSV is highly contagious and risk starts at birth<sup>2,3</sup>**

Infants  $\leq 2$  months are at highest risk of hospitalization<sup>3</sup>



## **ABRYSVO is a CDC-recommended RSV vaccine**

The CDC recommends maternal vaccination with ABRYSVO as a single dose at 32 through 36 weeks' gestation using seasonal administration (September through January in most of the U.S.) for prevention of RSV in infants aged  $< 6$  months<sup>4\*</sup>



## **For eligible patients, maternal immunization is something you can do now to help protect the baby from birth through 6 months<sup>1</sup>**

With maternal immunization against RSV, infants are born with protection, and it may mean one less immunization is needed for the baby after delivery<sup>1,4†</sup>

RSV protection starts with you.<sup>1</sup>

\*In jurisdictions with RSV seasonality that differs from most of the continental U.S., including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance on timing of maternal RSV vaccination.

†In some cases, your doctor may recommend that your baby receive an additional immunization.<sup>5</sup>  
CDC=Centers for Disease Control and Prevention; RSV=respiratory syncytial virus.

### **IMPORTANT SAFETY INFORMATION (continued)**

- A numerical imbalance in preterm births was observed compared to placebo in 2 clinical studies. Data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSVO. To avoid potential risk of preterm birth with use of ABRYSVO before 32 weeks of gestation, administer to pregnant individuals at 32 through 36 weeks gestational age

**Please see additional Important Safety Information throughout.  
Please see [full Prescribing Information](#) for ABRYSVO.**

# What is RSV maternal immunization?

Maternal immunization is a vaccination given during pregnancy that helps protect infants without having to give the infant an immunization directly in most cases.<sup>1</sup>

ACOG supports the CDC recommendation for maternal immunization with ABRYSSVO® (Respiratory Syncytial Virus Vaccine), to help protect infants from the risks of RSV at birth through 6 months.<sup>4,6</sup>

## How maternal immunization works<sup>1</sup>



### **ABRYSSVO IS ADMINISTERED**

Pregnant individual receives ABRYSSVO at **32 through 36 weeks gestational age**<sup>1</sup>



### **RSV ANTIBODIES FOR PREGNANT PERSON**

Pregnant individual's immune system **produces natural antibodies**, which are **passed through the placenta to the fetus**<sup>1</sup>



### **RSV ANTIBODIES FOR INFANT**

**Infant is born with maternal antibodies**, which help protect against RSV at birth through 6 months. Infants born to individuals maternally immunized with ABRYSSVO may not need further RSV immunization<sup>1,4</sup>

ACOG=American College of Obstetricians and Gynecologists; CDC=Centers for Disease Control and Prevention; RSV=respiratory syncytial virus.

## **IMPORTANT SAFETY INFORMATION (continued)**

- Appropriate medical treatment must be available in case of an anaphylactic reaction
- Syncope (fainting) may occur in association with administration of injectable vaccines, including ABRYSSVO. Procedures should be in place to avoid injury from fainting

**Please see additional Important Safety Information throughout. Please see full Prescribing Information for ABRYSSVO.**

## Additional considerations for your conversation

- Start the dialogue a few visits before the vaccination is needed to allow time for questions
- Sharing your own personal experience or observations with RSV in infants can enhance relatability
- Your patients may be motivated by learning that more than half of pregnant patients say they are very likely to get vaccinated for RSV to protect their infants<sup>7‡</sup>

## Patients' Most Commonly Asked Questions

### QUESTION

**Is the maternal RSV vaccine safe for me and my baby?**

### ANSWER

The safety of ABRYSVO has been studied in clinical trials and is continually monitored by both the CDC and the FDA.<sup>8-10</sup> ABRYSVO is recommended by the CDC for pregnant individuals, and ACOG, a professional medical association that helps define prenatal standards of care in the U.S., supports the CDC recommendation.<sup>4,6</sup>

### QUESTION

**When should the maternal RSV vaccine be administered during pregnancy?**

### ANSWER

ABRYSVO should be administered in your pregnant patients at 32 through 36 weeks' gestation, between September 1 and January 31 in most of the U.S.<sup>4\*</sup>

### QUESTION

**How does the maternal RSV vaccine help protect the baby?**

### ANSWER

Pfizer's ABRYSVO works through maternal immunization, passing your protective antibodies along from you to your baby, so your child is born with protection from RSV through their first 6 months.<sup>4</sup>

<sup>‡</sup>Based on an online survey that included 798 pregnant women.<sup>7</sup>

ACOG=American College of Obstetricians and Gynecologists; CDC=Centers for Disease Control and Prevention; FDA=Food and Drug Administration; RSV=respiratory syncytial virus.

## IMPORTANT SAFETY INFORMATION (continued)

- Immunocompromised individuals, including those receiving immunosuppressive therapy, may have a diminished immune response to ABRYSVO
- Vaccination with ABRYSVO may not protect all vaccine recipients

**Please see additional Important Safety Information throughout. Please see full Prescribing Information for ABRYSVO.**

## WHAT IS RSV?

RSV is a common, highly contagious respiratory virus that is particularly dangerous to infants 2 months old and younger<sup>2,3</sup>

## LACK OF RSV PROTECTION AT BIRTH CAN PUT AN INFANT AT RISK<sup>1,3,4,11</sup>



RSV can range from mild to severe. When severe, an infant may struggle to take a breath.<sup>11,12</sup>

RSV is the **leading cause of bronchiolitis and pneumonia in infants**, and in severe cases can result in respiratory failure and even death.<sup>11,13</sup>



Symptoms range from mild to moderate and **can become more severe** in just a few days. Symptoms may include<sup>12</sup>:

- Difficulty breathing
- Cough
- Pneumonia
- Wheezing



**Infants 2 months of age and younger are at the highest risk** of RSV hospitalization. Approximately 8 out of 10 infants hospitalized due to RSV were hospitalized during the first 6 months of their lives.<sup>3,11</sup>

RSV=respiratory syncytial virus.



Talk to your pregnant patients about the only maternal RSV vaccine, Pfizer's ABRYSVO<sup>1,5</sup>

Learn more

Actor portrayal.

RSV=respiratory syncytial virus.

**References:** 1. ABRYSVO (Respiratory Syncytial Virus Vaccine) Prescribing Information. Pfizer Inc; January 2025. 2. Bueno SM, González PA, Cautivo KM, et al. Protective T cell immunity against respiratory syncytial virus is efficiently induced by recombinant BCG. *Proc Natl Acad Sci U S A.* 2008;105(52):20822-20827. 3. McMorrow M. Respiratory syncytial virus (RSV) seasonality in the United States and the burden of RSV in children. Presented at: Advisory Committee on Immunization Practices (ACIP) General Meeting; June 23, 2022; Atlanta, GA. 4. Fleming-Dutra KE, Jones JM, Roper LE, et al. Use of the Pfizer respiratory syncytial virus vaccine during pregnancy for the prevention of respiratory syncytial virus-associated lower respiratory tract disease in infants: recommendations of the Advisory Committee on Immunization Practices—United States, 2023. *MMWR Morb Mortal Wkly Rep.* 2023;72:1115-1122. 5. Centers for Disease Control and Prevention. CDC recommends new vaccine to help protect babies against severe respiratory syncytial virus (RSV) illness after birth [press release]. Published September 22, 2023. Accessed January 24, 2025. <https://www.cdc.gov/media/releases/2023/p0922-RSV-maternal-vaccine.html> 6. American College of Obstetricians and Gynecologists. Maternal respiratory syncytial virus vaccination practice advisory. Updated August 21, 2024. Accessed January 23, 2025. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination> 7. Saper JK, Heffernan M, Simon N-JE, Davis MM, Macy ML. RSV vaccination intention among people who are or plan to become pregnant. *Pediatrics.* 2024;153(5):e2023065140. 8. Kampmann B, Madhi SA, Munjal I, et al; MATISSE Study Group. Bivalent prefusion F vaccine in pregnancy to prevent RSV illness in infants. *N Engl J Med.* 2023;388(16):1451-1464. 9. Son M, Riley LE, Staniczenko AP, et al. Nonadjuvanted bivalent respiratory syncytial virus vaccination and perinatal outcomes. *JAMA Netw Open.* 2024;7(7):e2419268. 10. Marks P, Jernigan D. VAERS: a critical part of the national vaccine safety system. November 21, 2023. Accessed January 24, 2025. <https://www.fda.gov/news-events/fda-voices/vaers-critical-part-national-vaccine-safety-system> 11. Parikh RC, McLaurin KK, Margulis AV, et al. Chronologic age at hospitalization for respiratory syncytial virus among preterm and term infants in the United States. *Infect Dis Ther.* 2017;6(4):477-486. 12. Centers for Disease Control and Prevention (CDC). RSV in infants and young children. Published August 30, 2024. Accessed January 23, 2025. <https://www.cdc.gov/rsv/infants-young-children/> 13. Centers for Disease Control and Prevention. About RSV. Published August 30, 2024. Accessed January 23, 2025. <https://www.cdc.gov/rsv/about/index.html>

### IMPORTANT SAFETY INFORMATION (continued)

- In clinical trials with pregnant individuals, the most commonly reported ( $\geq 10\%$ ) adverse reactions were pain at the injection site (40.6%), headache (31.0%), muscle pain (26.5%), and nausea (20.0%)
- In clinical trials with infants born to pregnant individuals, low birth weight (5.1% ABRYSVO versus 4.4% placebo) and neonatal jaundice (7.2% ABRYSVO versus 6.7% placebo) were observed

You are encouraged to report negative side effects of vaccines to the US Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC). Visit <http://www.vaers.hhs.gov> or call 1-800-822-7967.

Individuals who received ABRYSVO during pregnancy are encouraged to contact 1-800-616-3791 to enroll in a Pregnancy Exposure Registry.

**Please see additional Important Safety Information throughout. Please see full Prescribing Information for ABRYSVO.**

