RSV (Respiratory Syncytial Virus) Vaccine:
What You Need to Know

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.

- 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.
- Adults at highest risk for severe RSV disease include older adults, adults with chronic medical conditions such as heart or lung disease, weakened immune systems, or certain other underlying medical conditions, or who live in nursing homes or long-term care facilities.

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

Symptoms of RSV infection may include runny nose, decrease in 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 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 sometimes 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 congestive heart failure (when the heart can't pump enough blood and oxygen throughout the body).

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

2. RSV vaccine

CDC recommends adults 60 years of age and older have the option to receive a single dose of RSV vaccine, based on discussions between the patient and their health care provider.

There are two options for protection of infants against RSV: maternal vaccine for the pregnant person and preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected. CDC recommends a single dose of RSV vaccine for pregnant people from week 32 through week 36 of pregnancy for the prevention of RSV disease in infants under 6 months of age. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may vary as RSV circulating in these locations differs from the timing of the RSV season in the rest of the U.S.

RSV vaccine may be given at the same time as other vaccines.
3. Talk with your health care provider

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.

4. Risks of a vaccine reaction

- 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 clinical trials of older adults. It is unclear whether the vaccine caused these events.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant people who received RSV vaccine during clinical trials. 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.

5. What if there is a serious problem?

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 or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.

6. How can I learn more?

- 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
- 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.
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

<table>
<thead>
<tr>
<th>Information about person to receive vaccine (Please print)</th>
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<tbody>
<tr>
<td>Name: Last First Middle Initial Birthdate (mm/dd/yy) Sex (circle one)</td>
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<tr>
<td>Address: Street City County State Zip</td>
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<tr>
<td>Signature of person to receive vaccine or person authorized to make the request (parent or guardian):</td>
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<tr>
<td>x __________________________ Date: __________</td>
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<td>x __________________________ Date: __________</td>
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<td>Witness</td>
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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.

For Clinic / Office Use Only

<table>
<thead>
<tr>
<th>Clinic / Office Address:</th>
<th>Date Vaccine Administered:</th>
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<tbody>
<tr>
<td></td>
<td>Vaccine Manufacturer:</td>
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<tr>
<td></td>
<td>Vaccine Lot Number:</td>
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<td></td>
<td>Site of Injection:</td>
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<td>Title of Vaccine Administrator:</td>
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<td>Signature of Vaccine Administrator:</td>
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<td>Date VIS Given:</td>
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Notice: Alterations or changes to this publication is prohibited.

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