

Respiratory Syncytial Virus (RSV) Immunizations: Myths and Facts

MYTH

RSV is just a bad cold.

#1

FACT

RSV continues to place infants and older adults at risk for severe disease. During the 2025-26 season, RSV caused an estimated 2.8 million to 5.8 million outpatient visits, 170,000 to 340,000 hospitalizations and as many as 25,000 deaths. RSV is the leading cause of hospitalization among infants in the United States.

MYTH

Healthy babies don't need protection against RSV.

#2

FACT

Severe RSV illness can affect healthy babies, too. Most RSV hospitalizations occur in infants younger than 6 months of age, including those with no underlying medical conditions. One study found that over 50% of babies were infected with RSV before the age of 1, and almost 3% were hospitalized because of RSV.

MYTH

RSV only affects infants.

#3

FACT

RSV can be serious for both infants and older adults. In the United States, RSV accounts for about 180,000 hospitalizations and 14,000 deaths in adults each year. Older adults, especially those with heart disease, lung disease, or weakened immune systems or who live in long-term care settings, are at increased risk of hospitalization and death from RSV.

MYTH

RSV vaccines can give you RSV.

#4

FACT

RSV vaccines cannot cause RSV infection. They help the immune system recognize and fight the virus before exposure. However, immunity can take weeks to develop after vaccination, so it is possible to become infected in the weeks immediately following vaccination.

MYTH

RSV vaccines are too new to be trusted.

#5

FACT

RSV vaccines are continuously monitored for safety using multiple vaccine safety systems. Current safety monitoring supports the use of RSV vaccines in the populations for whom they are recommended.



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#6

MYTH

If I already had RSV, I don't need an RSV vaccine.

FACT

Having RSV in the past does not eliminate future risk. RSV infections can occur more than once, and vaccines can help protect eligible patients from severe disease.

Learn More:

Maternal RSV vaccination

Kampmann B, Madhi SA, Munjal I, et al. Bivalent Prefusion F Vaccine in Pregnancy to Prevent RSV Illness in Infants. *New Engl J Med*. 2023 Apr 20;388(16):1451-1464. doi: [10.1056/NEJMoa2216480](https://doi.org/10.1056/NEJMoa2216480)

Older adult RSV vaccination

Papi A, Ison MG, Langley JM, et al. Respiratory Syncytial Virus Prefusion F Protein Vaccine in Older Adults. *New Engl J Med*. 2023 Feb 15;388(7):595-608. doi: [10.1056/NEJMoa2209604](https://doi.org/10.1056/NEJMoa2209604)

Walsh EE, Pérez Marc G, Zareba AM, et al. Efficacy and Safety of a Bivalent RSV Prefusion F Vaccine in Older Adults. *New Engl J Med*. 2023 Apr 20;388(16):1465-1477. doi: [10.1056/NEJMoa2213836](https://doi.org/10.1056/NEJMoa2213836)

Hammit LL, Dagan R, Yuan Y, et al. Nirsevimab for Prevention of RSV in Healthy Late-Preterm and Term Infants. *New Engl J Med*. 2022 Mar 3;386(9):837-846. doi: [10.1056/NEJMoa2110275](https://doi.org/10.1056/NEJMoa2110275)

Comprehensive review

Alandijany TA, Qashqari FS. Evaluating the Efficacy, Safety, and Immunogenicity of FDA-approved RSV Vaccines: A Systematic Review of Arexvy, Abrysvo, and mResvia. *Front Immunol*. 2025 Aug 18;16:1624007. doi:10.3389/fimmu.2025.1624007 <https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2025.1624007/full>



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