

Infant RSV Immunization

Lessons Learned: What Works in Practice

Insights from Dr. Shalini Sethi (Henry Ford Health) and Dr. Deb Carter (Lehigh Valley Health Network)

1 Before the Season: Build Your Foundation

Configure your EHR before day one.

Set up health maintenance triggers to pull maternal respiratory syncytial virus (RSV) immunization status and flag eligible infants automatically. Build in risk-condition triggers for second-season infants with qualifying conditions (e.g., chronic lung disease, hemodynamically significant congenital heart disease, and immunocompromised states). If your electronic health record (EHR) build hasn't caught up, build it yourself. Waiting can cost you an entire season.



Train every role, not just clinicians.

Call center staff, medical assistants, and nurses need the same talking points as physicians. If a parent asks at check-in, the answer should be consistent. Align the whole team before the season opens, ideally starting in June or July.

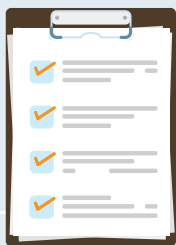
Start the conversation in the OB office.

The most effective time to prime families is before the baby is born. Coordinate with obstetrics (OB) and maternal-fetal medicine teams to flag mothers who did not receive the RSV immunization during pregnancy. Ensure that status is transmitted to the pediatric team before or at the infant's first clinical encounter, so the team knows on day one which infants are eligible.



"It needs trust. If I have taken care of their family before, they're like, what do you say, Dr. Sethi? We are going to go with you. But if they are new to me, you have to build that trust first."

— Dr. Shalini Sethi
Henry Ford Health



Build your eligible infant list early.

Identify infants born in the off-season who will age into eligibility when the season starts. Pull the list in advance so you can proactively reach families. Don't wait for them to come to you.

2 During the Season: Capture Every Opportunity

Every visit is an immunization visit.

Sick visits, weight checks, and problem visits are all valid touchpoints. If the infant is not febrile and the reason for the visit is not acutely significant, offer RSV immunization, as well as flu and COVID if applicable. Health maintenance flags should appear at every encounter type, not just well-child visits.



Hesitancy is the #1 barrier. It requires trust, not just information.

Supply and coverage are no longer the bottleneck. Parent refusal is. Families are not persuaded by a Vaccine Information Statement (VIS); they are persuaded by a clinician they trust. Frame vaccination as a shared decision. For new families, invest time early. For established families, your credibility does the work.

2 During the Season: Capture Every Opportunity (cont.)



Use the registry as a safety net.

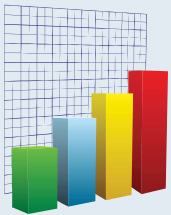
Print or pull the state immunization registry report before every visit. It catches infants born outside your system, prevents duplicate dosing, and surfaces missed opportunities, especially when maternal history is unknown or unverifiable in your EHR.

Close the loop with specialists.

Cardiology, pulmonology, and neonatal intensive care unit (NICU) follow-up teams do not stock or administer RSV immunization, but they see high-risk infants who may be eligible. Create a clear communication pathway so that when a specialist identifies eligibility, a message reaches the primary care clinician the same day.



3 Looking Ahead: Improve Before Next Season



Build a rate dashboard. Now.

If you cannot see your RSV immunization rate by provider, practice, or location, you cannot identify gaps. Disaggregating rates by patient demographic characteristics is essential for identifying and closing disparity gaps. This is the single highest-leverage infrastructure investment for next season. Aim to have it live before October.

Send proactive bulk outreach to out-of-season families.

Use your EHR portal to message families of infants born in spring and summer before the fall season begins. Tell them explicitly: Come to your 2-, 4-, or 6-month visit or schedule a standalone nurse visit for the RSV immunization before your child turns 8 months.



“RSV is more well known to parents than many other conditions; they see kids sick with it in daycare. I have personally found less hesitation with RSV than with flu or COVID vaccines.”

—Dr. Deb Carter,
Lehigh Valley
Health Network



Plan for a longer season than you expect.

Season length is unpredictable. In 2025–2026, Michigan extended the season through April 30, later than many practices had planned. Keep your stock, your list, and your staff readiness active through at least the end of April each year.

Expand the message beyond the clinic.

Community leaders, faith communities, and trusted social networks carry RSV messaging further than clinic handouts. Partner with community health workers and trusted messengers to normalize the immunization before families arrive at the office. These partnerships are especially important in communities with historically lower immunization rates.



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