

This material has been developed and funded by MSD. It contains educational information and does not replace the advice of your healthcare professional.

This material is intended for parents and carers of UK infants immunised with Enflonsia (clesrovimab).




ENFLONSIA[®] ▼
(clesrovimab) 105 mg injection

For respiratory syncytial virus (RSV)

Your baby has been given clesrovimab, an antibody injection that helps prevent lung disease caused by RSV. This leaflet is designed to provide you with more information about RSV and clesrovimab.

This medicine is subject to additional monitoring. This will allow quick identification of new safety information. You can help by reporting any side effects you may get. See <https://yellowcard.mhra.gov.uk/> for how to report side effects.

This material is supplementary to the patient information leaflet, a QR code and link to this can be found on the back page of this booklet. Please consult your clinical team or Patient Information Leaflet if you have any questions about this material.

Clesrovimab helps to prevent respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants during their first year of life.

Contents of this booklet:

What is RSV and which babies are at increased risk?	Page 2
What is clesrovimab and why has it been given to my baby?	Page 4
Additional information about clesrovimab	Page 7
What side effects can be expected from clesrovimab?	Page 8
Where can I find more information and when should I seek medical help?	Page 9

What is RSV and which babies are at increased risk?

Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common and contagious respiratory virus that infects the nose, throat, and lungs.

You may not have heard of RSV, but might be familiar with bronchiolitis, which can be caused by RSV infection.

RSV causes a mild, cold-like illness, but for some babies, it can become worse after a few days of being sick. **Up to 30% of infants** experiencing their first infection **can develop bronchiolitis** (an infection in the small airways of the lung) or **pneumonia** (an infection of the lungs). RSV can be unpredictable. If your baby gets RSV, it is hard to know if it will be a mild or severe infection.



Symptoms of RSV often look like a common cold and can include:

- Runny or stuffy nose
- Eating or drinking less
- Coughing
- Fever
- Increased fussiness
- Less active than usual



RSV can worsen, affect the lungs, and turn into lung disease, leading to symptoms such as:

- Having a hard time breathing (rapid breathing or grunting)
- Moments when breathing stops for more than 10 seconds
- Noisy breathing and wheezing
- Flaring (spreading out) of the nostrils while breathing
- Difficulty drinking or eating
- Lips, mouth, and fingernails turning blue



Contact your GP or get urgent medical help if your baby is struggling to breathe, not drinking enough fluids, or if their symptoms are getting worse.

How do babies get RSV?

Young babies are vulnerable to RSV, so it's important to help protect them during their first RSV season. The most common age to be hospitalised for RSV is **within the first 3 months of life**. RSV is most common in the UK from October to February.

During RSV season, your baby can get RSV from everyday activities, like:

- Playing with or sharing toys that could carry the virus
- Getting hugs and kisses from family
- Visiting public places like daycares

What is the RSV season?

RSV season is the time of the year when your baby is at increased risk of getting RSV.

In the UK, the RSV season is from October to February.

If your baby is born within the RSV season, they will be immunised after birth to help protect them from RSV.

If your baby is born outside of the season, between March and September, they will be called for immunisation prior to when the RSV season begins in October, which may be in August or September.

 OCTOBER	 NOVEMBER	 DECEMBER	 JANUARY	 FEBRUARY	 MARCH
 APRIL	 MAY	 JUNE	 JULY	 AUGUST	 SEPTEMBER

Which babies are at an increased risk of getting RSV?

Some babies have a higher chance of severe lung disease caused by RSV if they:

- Were born early (premature), or
- Developed chronic lung disease due to being born early (prematurity), or
- Were born either early (premature) or on time (full-term) with certain types of heart disease

Your healthcare provider has given your baby clesrovimab to reduce their risk of lung disease caused by RSV.

RSV is the most common cause of serious lung disease and the **leading cause of hospital stays in babies under 12 months old.**



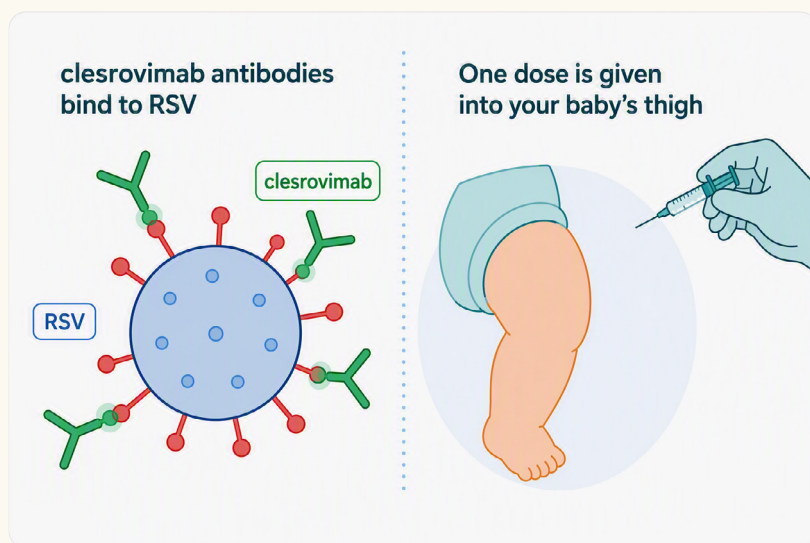
A close-up photograph of a woman with dark hair and a pearl earring looking affectionately at her newborn baby. The baby is wearing a red sweater and has its hand near its mouth. The background is a dark, textured fabric.

What is clesrovimab and why has it been given to my baby?

Clesrovimab is a medicine designed to help protect babies against RSV disease in their first year of life. It is given as one dose and helps protect against RSV-related lower respiratory tract disease.

Is clesrovimab a vaccine?

No. clesrovimab is not a vaccine. A vaccine encourages the body to make its own antibodies over time. Clesrovimab is an immunisation which directly provides ready-made antibodies that start working shortly after administration. **This can help provide protection from RSV whilst your baby's immune system is still developing.**



How does clesrovimab work?

Clesrovimab contains antibodies. Antibodies are proteins that help protect the body against harmful germs and infections.

Clesrovimab provides antibodies that are specifically designed to help protect against RSV. These antibodies begin working shortly after the injection is given, helping to protect babies during their first RSV season.

How is clesrovimab given to my baby?

Clesrovimab is given as one dose into the thigh muscle by a healthcare professional. It is typically given before or during a baby's first RSV season.

How many doses are needed?

For most babies, clesrovimab is given as one dose to help protect them throughout their first RSV season.

How long does protection last?



Protection lasts for 5 months from when clesrovimab is administered, providing protection for your child throughout the RSV season which runs from October to the end of February in UK.

Can clesrovimab be given alongside routine childhood vaccinations?



Yes, clesrovimab can be administered with your baby's routine vaccinations. If your baby is due to receive routine childhood vaccinations, your healthcare professional can advise you about timing and administration. Be sure to tell your healthcare professional about any medicines or immunisations your child has recently received or is due to receive.



Additional information about clesrovimab

What is the difference between immunisation and vaccination?

These terms are often used interchangeably, but they are not exactly the same.

Vaccination means receiving a vaccine that teaches the immune system to make its own protection against a disease.

Immunisation means becoming protected against a disease. Some immunisations work through vaccination, while others use antibodies that are already made. Clesrovimab works by providing antibodies directly to your baby to help protect against RSV.

Why might my baby receive clesrovimab if I received the RSV vaccine during pregnancy?

You may wonder why additional RSV protection is being offered to your baby if you received an RSV vaccine during pregnancy.

Maternal vaccination and clesrovimab are different approaches to helping protect babies against RSV. Your healthcare professional will consider your baby's circumstances and explain what protection may be recommended for your baby and why. If you have any questions about RSV protection options, speak with your midwife, health visitor or doctor.



What side effects can be expected from clesrovimab?

What side effects can I expect?

Like all medicines, clesrovimab can cause side effects, although not every baby will experience them.

Common (may affect up to 1 in 10 children)

- ***pain, redness (erythema), or swelling where your child got the injection***
- ***rash***

Uncommon (may affect up to 1 in 100 children)

- ***red, itchy swollen bumps on the skin; also called hives***

Most side effects are mild and temporary. If you are concerned about any symptoms after your baby receives clesrovimab, contact your healthcare professional for advice.

Are there any serious side effects to watch out for?

Serious allergic reactions are uncommon but require urgent medical attention. You should seek immediate medical help if your baby develops symptoms such as swelling of the face, mouth or tongue, difficulty breathing, severe rash or other signs of a serious allergic reaction after receiving clesrovimab.

Over
96%

of the side effects
seen in babies
treated with
clesrovimab are
mild or moderate



Do I need to wait after my baby receives clesrovimab?

After any immunisation, healthcare professionals may ask you to remain at the clinic or hospital for a short period so that your baby can be observed and any immediate concerns can be addressed. Your healthcare professional will advise you if this is necessary.

When should I seek medical help?

Seek urgent medical advice if your baby:

- *Is struggling to breathe*
- *Is not feeding or drinking enough*
- *Has symptoms that are worsening*
- *Shows signs of a serious allergic reaction*

These are important signs that require prompt assessment by a healthcare professional.

Where can I find more information?

If you have questions about RSV, clesrovimab or your baby's protection, speak to your neonatal hospital team.

They can provide advice tailored to your baby's individual circumstances.

Here is some space to write notes about your baby's treatment with clesrovimab:

What date did my baby get clesrovimab?

Do I need to follow up with my baby's doctor or nurse?

Healthcare professional's name and contact number:

My notes:

Help keep your baby protected as they enter their first RSV season

- ✓ RSV can be unpredictable. Most babies have mild illness, but for some it can quickly become worse and cause severe illness (or severe illness in the lungs)
- ✓ Clesrovimab is an antibody injection that is given before the start of RSV season or ideally within the first week of life if born during RSV season
- ✓ Clesrovimab helps prevent RSV lung disease, including bronchiolitis and severe lung disease.

If you have questions about RSV, clesrovimab or your baby's protection, speak to your neonatal hospital team.

They can provide advice tailored to your baby's individual circumstances.

What Is clesrovimab?

- Clesrovimab is a prescription medicine to help prevent lung disease, including severe lung disease, caused by respiratory syncytial virus (RSV) in newborns and babies who are born during or entering their first RSV season.

Important Safety Information

- Your child should not get clesrovimab if they have had a serious allergic reaction to any of the ingredients in clesrovimab.

References:

NHS (2024) Respiratory syncytial virus (RSV). Available at: <https://www.nhs.uk/conditions/respiratory-syncytial-virus-rsv/> (Accessed: 24 July 2026)

Merck Sharp & Dohme (2026) Enflonsia 105 mg/0.7 ml Solution for injection in pre-filled syringe: Package leaflet. Available at: <https://www.medicines.org.uk/emc/product/102120/pil> (Accessed: 24 July 2026)

Merck Sharp & Dohme (2026) Enflonsia 105 mg/0.7 ml solution for injection in pre-filled syringe: Summary of Product Characteristics. Available at: <https://www.medicines.org.uk/emc/product/102120/smpc> (Accessed: 24 July 2026).

UK Health Security Agency (2026) 'Chapter 27a: Respiratory syncytial virus', in Immunisation against infectious disease (The Green Book). London: UKHSA. Available at: GOV.UK Green Book Collection (Accessed: 24 July 2026).

[Click here to view the patient information leaflet](#)

This patient information booklet has been developed by MSD UK Ltd. It is intended to be provided to parents and carers whose child has been prescribed clesrovimab for the prevention of respiratory syncytial virus (RSV) lower respiratory tract disease in neonates and infants during their first RSV season. This material is not a replacement for the Patient Information Leaflet (PIL), which for clesrovimab treatment will be given to you by your healthcare professional. Please refer to the PIL for full information about potential side effects.

Reporting of side effects.

If you get any side effects, talk to your doctor, pharmacist or nurse. This includes any possible side effects not listed in the package leaflet. You can also report side effects directly via the Yellow Card Scheme at <https://yellowcard.mhra.gov.uk/>. By reporting side effects, you can help provide more information on the safety of this medicine.



Merck Sharp & Dohme (UK) Limited Registered Office: 120 Moorgate, London, EC2M 6UR, United Kingdom.

Registered in England No. 233687

© Merck Sharp & Dohme (UK) Limited 2026. All rights reserved.

GB-RSM-00056 | August 2026