

Limited Availability of Nirsevimab – Recommendations for Clinicians for Respiratory Syncytial Virus (RSV)

October 26, 2023

Situational Update

There is limited supply of the monoclonal antibody, nirsevimab, for the prevention of RSV-associated lower respiratory tract disease among infants and young children. These interim recommendations apply to healthcare settings with limited nirsevimab availability during the 2023–2024 RSV season.

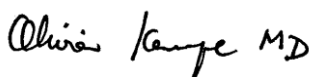
Recommendations for Healthcare Providers

1. For infants born before October 2023 administer a 50mg dose of nirsevimab now.
 - a. For infants born during October 2023 and throughout RSV season, administer a 50mg dose of nirsevimab in the first week of life.
2. Prioritize 100mg nirsevimab for infants weighing ≥ 5 kg and at highest risk of severe RSV disease.
 - a. Young infants aged < 6 months.
 - b. American Indian and Alaska Native infants aged < 8 months.
 - c. Infants aged 6 to < 8 months with conditions that place them at high risk of severe RSV disease: *premature birth at < 29 weeks' gestation, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.*
3. In palivizumab-eligible children aged 8–19 months, suspend using nirsevimab for the 2023–2024 RSV season. These children should receive palivizumab.
4. Continue offering nirsevimab to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and in communities with known high rates of severe RSV among older infants and toddlers.
5. Follow American Academy of Pediatrics (AAP) recommendations¹ for palivizumab-eligible infants aged < 8 months when the appropriate dose of nirsevimab is not available.
6. Avoid using two 50mg doses for infants weighing ≥ 5 kilograms (≥ 11 pounds). Reserve 50mg doses for infants weighing < 5 kilograms (< 11 pounds).
7. Encourage pregnant people (32 weeks' through 36 weeks and 6 days' gestation) to receive RSVpreF vaccine (Abrysvo) to prevent RSV-associated lower respiratory tract disease in infants. Arexvy should **not** be used in pregnant people.
8. Either RSVpreF vaccination or nirsevimab immunization for infants is recommended to prevent RSV-associated lower respiratory tract disease in infants.

References

1. ACIP and AAP Recommendations for the Use of the Monoclonal Antibody Nirsevimab for the Prevention of RSV Disease - <https://publications.aap.org/redbook/resources/25379>
2. Interim CDC Recommendations to Protect Infants from RSV - <https://emergency.cdc.gov/han/2023/han00499.asp>

Sincerely,



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