



## Centers for Disease Control and Prevention (CDC) resumes routine recommendations for nirsevimab to protect infants and high-risk toddlers from severe respiratory syncytial virus (RSV)

Date: January 18, 2024

**Public Health Message Type:**  Alert  Advisory  Update  Information

**Intended Audience:**  All public health partners  Healthcare providers

Infection preventionists  Local health departments  Schools/child care  ACOs

Animal health professionals  Other:

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### BACKGROUND:

- On October 23, 2023, the CDC issued Health Alert Network (HAN) Health Advisory 499 to provide guidance for prioritization of nirsevimab given limited supply. Nirsevimab (Beyfortus, Sanofi and AstraZeneca) is a long-acting monoclonal antibody immunization recommended for preventing RSV-associated lower respiratory tract disease in young children.
- On January 5, CDC issued a Clinician Outreach and Communication Activity (COCA) emergency alert: [Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#).
- Due to the recent increase in nirsevimab supply and the manufacturers' plan to release an additional 230,000 doses in January, **CDC advises healthcare providers to return to recommendations put forward by CDC and the Advisory Committee on Immunization Practices (ACIP) on use of nirsevimab in young children. Infants and children recommended to receive nirsevimab should be immunized as quickly as possible.**

### KEY POINTS:

- RSV activity remains elevated nationwide and is continuing to increase in many parts of the country.
- RSV is the leading cause of infant hospitalization in the United States.

- Healthcare providers should not reserve nirsevimab doses for infants born later in the season when RSV circulation and risk for exposure to RSV may be lower.

#### **ACTION ITEMS FOR HEALTHCARE PROVIDERS:**

- In the setting of increasing supply, healthcare providers should administer a single dose of nirsevimab to all infants aged less than 8 months, as well as children aged 8 through 19 months at increased risk.
- Healthcare providers should continue to work with their state immunization program and the manufacturer to order available nirsevimab doses. CDC is working closely with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
- Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children. Healthcare providers should take care to use the correct product for the correct population.
- Although supply of nirsevimab is expected to increase, available supply may continue to vary locally and by healthcare facility. For healthcare providers who continue to have limited supply, nirsevimab should be prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by high-risk conditions and then by age, prioritizing the youngest infants first.
- Pregnant people 32 through 36 weeks gestation should receive RSV vaccination through January.
- Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnant people. GSK Arexvy is **NOT** recommended for use in pregnant people.
- Administration of both nirsevimab and RSV vaccination for pregnant people is not needed to protect most infants.

#### **RESOURCES AND REFERENCES**

- [CDC HAN Health Advisory about limited availability of nirsevimab in the United States](#)
- New Jersey Department of Health (NJDOH), Respiratory Syncytial Virus (RSV) [nj.gov/health/rsv/](https://nj.gov/health/rsv/)

#### **CONTACT INFORMATION**

Please contact the Communicable Disease Service at 609-826-5964 with any questions.



January 5, 2024

## Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season

On October 23, 2023, the Centers for Disease Control and Prevention (CDC) issued Health Alert Network (HAN) [Health Advisory 499](#) to provide guidance for prioritization of nirsevimab given limited supply. Nirsevimab (Beyfortus, Sanofi and AstraZeneca) is a long-acting monoclonal antibody immunization recommended for preventing RSV-associated lower respiratory tract disease in young children. Given the recent increase in nirsevimab supply and the [manufacturers' plan to release an additional 230,000 doses in January](#), **CDC advises healthcare providers to return to recommendations put forward by CDC and the [Advisory Committee on Immunization Practices \(ACIP\)](#) on use of nirsevimab in young children. **Infants and children recommended to receive nirsevimab should be immunized as quickly as possible.** Healthcare providers should not reserve nirsevimab doses for infants born later in the season when RSV circulation and risk for exposure to RSV may be lower. RSV activity remains elevated nationwide and is continuing to increase in many parts of the country, though decreased activity has been observed in the Southeast.**

### Recommendations for Healthcare Providers

1. In the setting of increasing supply, healthcare providers should administer a single dose of [nirsevimab](#) to all infants aged less than 8 months, as well as children aged 8 through 19 months at [increased risk](#).
  - a. Healthcare providers should continue to work with their state immunization program and the manufacturer to order available nirsevimab doses. CDC is working closely with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
  - b. Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children. Healthcare providers should take care to use the correct product for the correct population.
  - c. Although supply of nirsevimab is expected to increase, available supply may continue to vary locally and by healthcare facility. For healthcare providers who continue to have limited supply, nirsevimab should be prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by [high-risk conditions](#) and then by age, prioritizing the youngest infants first.
2. [Pregnant people 32 through 36 weeks gestation should receive RSV vaccination](#) through January.
  - a. Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnant people. GSK Arexvy is not recommended for use in pregnant people.
3. Administration of both nirsevimab and RSV vaccination for pregnant people is not needed to protect most infants.

## For More Information

### Respiratory Diseases

- [Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season | CDC](#)

### RSV

- [RSV Information for Healthcare Providers | CDC](#)
- [RSV Symptoms and Care | CDC](#)
- [Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)
- [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory](#)

[Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)

**The Emergency Risk Communication Branch in the Division of Emergency Operations, Office of Readiness and Response is responsible for the management of all COCA Products.**

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[Clinician Outreach and Communication Activity](#)—resources for healthcare providers

[COCA RSS Feed](#)—subscribe to be notified of conference calls, updates, and CDC guidance for health providers

[Crisis & Emergency Risk Communication Training](#)—training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

[Health Alert Network](#)—CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories



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