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*\*NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

## Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season

### Action Requested:

These interim recommendations apply to healthcare settings with limited nirsevimab availability during the 2023–2024 RSV season. Interim recommendations are subject to change as new evidence becomes available.

1. For infants weighing <5 kg, ACIP recommendations are unchanged. For infants born before October 2023, administer a 50mg dose of nirsevimab now. For infants born during October 2023 and throughout the RSV season, administer a 50mg dose of nirsevimab in the first week of life.
2. For infants weighing  $\geq 5$  kg, prioritize using 100mg nirsevimab doses in infants 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, chronic lung disease of prematurity, 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 per [AAP recommendations](#).
4. Continue offering nirsevimab to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care may be challenging, or in communities with known high rates of severe RSV among older infants and toddlers.
5. Follow [AAP recommendations](#) for palivizumab-eligible infants aged <8 months when the appropriate dose of nirsevimab is not available.

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6. Avoid using two 50mg doses for infants weighing  $\geq 5$  kilograms ( $\geq 11$  pounds), because 50mg doses should be reserved only for infants weighing  $< 5$  kilograms ( $< 11$  pounds), for example, those born during the season who will be at increased risk for severe RSV illness because of their young age. Furthermore, providers should be aware that some insurers may not cover the cost of two 50mg doses for an individual infant.
7. Providers should encourage pregnant people to receive the RSVpreF vaccine (Abrysvo, Pfizer) from 32 weeks' gestation through 36 weeks and 6 days gestation to prevent RSV-associated lower respiratory tract disease in infants. Only the Pfizer RSVpreF vaccine (Abrysvo) is approved and recommended for use in pregnant people. The GSK RSVpreF3 vaccine (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, but [administration of both products](#) is not needed for most infants.

## Background:

The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to provide options for clinicians to protect infants from respiratory syncytial virus (RSV) in the context of a limited supply of nirsevimab, a long-acting monoclonal antibody immunization product recommended for preventing RSV-associated lower respiratory tract disease in infants.

In the context of limited supply during the 2023–2024 RSV season, CDC recommends prioritizing available nirsevimab 100mg doses for infants at the highest risk for severe RSV disease: young infants (age  $< 6$  months) and infants with underlying conditions that place them at highest risk for severe RSV disease. Recommendations for using 50mg doses remain unchanged at this time. Avoid using two 50mg doses for infants weighing  $\geq 5$  kilograms ( $\geq 11$  pounds) to preserve supply of 50mg doses for infants weighing  $< 5$  kilograms ( $< 11$  pounds). Providers should be aware that some insurers may not cover the cost of two 50mg doses for an individual infant.

CDC further recommends that providers suspend using nirsevimab in [palivizumab-eligible children](#) aged 8–19 months for the 2023–2024 RSV season. These children should receive palivizumab per the [American Academy of Pediatrics \(AAP\) recommendations](#). Nirsevimab should continue to be offered to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting

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children with severe RSV for escalation of medical care is more challenging or in communities with known high rates of RSV among older infants and toddlers. Prenatal care providers should discuss potential nirsevimab supply concerns when counseling pregnant people about the RSVpreF vaccine (Abrysvo, Pfizer) as maternal vaccination is effective and will reduce the number of infants requiring nirsevimab during the RSV season.

## Resources:

- [CDC HAN Alert 499: Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season|CDC](#)
- [Respiratory Syncytial Virus|Washington State Department of Health](#)
- [Symptoms and Care of RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [Preventing RSV \(Respiratory Syncytial Virus\) | CDC](#)
- [RSV Vaccination: What Parents Should Know | CDC](#)
- [RSV Vaccination for Pregnant People | CDC](#)
- [Frequently Asked Questions About RSV Vaccine for Children 19 Months and Younger | CDC](#)
- [Protect yourself from COVID-19, Flu, and RSV | CDC](#)
- [RSV National Trends – NREVSS | CDC](#)
- [RSV \(Respiratory Syncytial Virus\) Preventive Antibody Immunization Information Statement | CDC](#)

## THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting <b>non-immediately reportable conditions (24 hours a day):</b> <a href="#">Reporting a Notifiable Condition (thurstoncountywa.gov)</a>	Phone: <b>360-786-5470</b> Fax: 360-867-2601
<b>Day time immediately reportable conditions</b> – Calls are answered during business hours Monday-Friday 8am-5pm (excluding holidays) and routed to the appropriate communicable disease team member.	Phone: 360-867-2610 Secure eFax: 1-833-418-1916
<b>After hours immediately and 24-hour reportable conditions or a public health emergency</b>	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is <b>immediately notifiable or a public health emergency</b>	Call 1-877-539-4344

Communicable Disease Updates are posted online at: [Communicable Disease Updates \(thurstoncountywa.gov\)](#)