

2026 - 2027 Respiratory Syncytial Virus (RSV) Immunization Recommendations

Maine Immunization Program



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2026 – 2027 Respiratory Syncytial Virus (RSV) Season

Immunizations to Protect Against Severe RSV

Who Does It Protect?	Type of Product	Who Is It Recommended For?	When Is It Available?
 Adults 50 and over	RSV vaccine	Adults ages 50-74 who are at increased risk of severe RSV AND Everyone ages 75 and older	Available any time, but best time to get vaccinated is late summer and early fall
 Babies	RSV antibody given to baby	All infants whose mother did not receive RSV vaccine during pregnancy, and some children ages 8-19 months who are at increased risk for severe RSV	October through March*
OR			
 Babies	RSV vaccine (Pfizer's ABRYSVO) given to mother during pregnancy	All pregnant women during weeks 32-36 of their pregnancy	September through January

www.cdc.gov/rsv

*Recommended timing of administration in most of the continental United States. Recommended timing of administration may differ in some areas, based on state, local, or territorial guidance.



2026 – 2027 Respiratory Syncytial Virus (RSV) Season

Respiratory syncytial virus (RSV) spreads easily through the air and through physical contact, and infects the nose, throat and lungs. While it causes mild, cold-like symptoms in most people, it is common and can lead to severe lung infections like bronchiolitis or pneumonia in babies.

RSV has been the leading cause of infant hospitalization in the United States and causes about 50,000 to 80,000 hospitalizations each year in children under 5 years old, according to Centers for Disease Control and Prevention (CDC) data.

Children at greatest risk for severe illness from RSV include:

- Infants and young children (the younger the age, the higher the risk)
- [American Indian and Alaska Native children](#)
- Children born prematurely
- Children with chronic lung disease or congenital (present from birth) heart disease
- Children with weakened immune systems
- Children with severe cystic fibrosis
- Children who have neuromuscular disorders, especially those who have difficulty swallowing or clearing mucus secretions



**RSV is the
LEADING CAUSE
of infant
hospitalization
in the U.S.**

Expanded High-Risk Criteria for Children 8 Months – 19 Months

New guidance released September 2026, from the American Academy of Pediatrics (AAP) expands the categories of high-risk children eligible for immunization against respiratory syncytial virus (RSV) for children ages 8 months through 19 months of age who are at high risk for severe disease and are entering their second RSV season.

These high-risk groups include:

- Children born preterm at less than 32 weeks gestation, regardless of the need for medication or other support.
- Children with hemodynamically significant congenital heart disease.
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease.
- Children with down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease.



<https://publications.aap.org/aapnews/news/35919/AAP-expands-high-risk-groups-recommended-for-RSV>

Timing of RSV Immunization for Infants and Pregnant Women

Timing for Infant RSV Immunization:

- Infants born during the seasonal administration window (**starting October 1st through the end of March 31st**) should get an infant RSV antibody within one week after birth – ideally during the birth hospitalization.
- Throughout March, any eligible infant or young child who has not yet received a recommended dose should receive an infant RSV monoclonal antibody at the earliest opportunity.
- For infants born *outside* of the seasonal administration window (which is April through September) and for young children who are at increased risk for severe RSV disease and entering their second RSV season, the optimal timing for infant RSV antibody administration is shortly before the RSV season begins (e.g., October or November).

Timing of Maternal RSV Immunization:

- Maternal vaccination for RSV prevention is recommended starting September 1st – March 1st rather than through January 31st to provide adequate protection during the time of circulation of RSV.
 - Recent RSV disease seasons have occurred later in the spring and have become more severe, so the extension of the eligibility window will help clinicians provide pregnant people and their infants with additional protection.

Maternal RSV Vaccination: Abrysvo

The American College of Obstetricians and Gynecologists (ACOG) recommends a single dose of Pfizer's bivalent RSV vaccine (Abrysvo) using seasonal administration, to prevent RSV lower respiratory tract infection (LRTI) in infants for eligible pregnant individuals meeting the following criteria:

- are between 32 0/7 and 36 6/7 weeks of gestation,
- do not have a planned delivery within 2 weeks,
- did not receive the maternal RSV vaccine during a previous pregnancy, and
- are not planning to have their infant receive a monoclonal antibody, nirsevimab or clesrovimab.

It is **not recommended** that pregnant patients who received the maternal RSV vaccine during their last pregnancy receive an additional dose during a subsequent pregnancy.

For patients vaccinated in a previous pregnancy, their infants should receive an RSV monoclonal antibody.

Protection provided by Abrysvo will last approximately six months after birth, which covers the window when infants are most vulnerable to severe RSV.



Enflonsia (Clesrovimab)

Enflonsia (clesrovimab) is a preventive, long-acting monoclonal antibody (mAb) indicated for the prevention of respiratory syncytial virus (RSV) designed to provide protection through 5 months, a typical RSV season.

Enflonsia (clesrovimab) is administered to neonates and infants using the same dose regardless of weight (105 mg/0.7 mL in a prefilled syringe, single intramuscular (IM) injection) if born to mothers who did not receive a maternal RSV vaccine (Pfizer's Abrysvo) during pregnancy.

Recommendations:

- For neonates and infants born during the RSV season (October – March), Enflonsia is to be administered within the first week of life.
- For infants born *outside* of the RSV season (April – September), Enflonsia should be administered shortly before the start of the first RSV season begins.

❖ *Clesrovimab is not recommended for children over 8 months of age and does not have FDA approval for children entering their second RSV season.*



<https://www.merckvaccines.com/enflonsia/dosing-administration/>



Enflonsia (Clesrovimab)

Storage and Handling

Storage and Handling:

- Store prefilled syringes under refrigeration at 36°F to 46°F (2°C to 8°C).
- Keep the prefilled syringe in the original carton to protect from light until time of use.
- Enflonsia (clesrovimab) may be kept at room temperature between 68°F to 77°F (20°C to 25°C) for a maximum of **48 hours**.
 - After removal from the refrigerator, Enflonsia (clesrovimab) must be used within **48 hours** or discarded.
- Before injection, remove Enflonsia (clesrovimab) from the refrigerator and allow the prefilled syringe to come to room temperature for approximately 15 minutes.
- Enflonsia (clesrovimab) has a 30-month shelf life
- Do not freeze. Do not shake



Beyfortus (Nirsevimab)

Beyfortus (Nirsevimab):

Beyfortus (nirsevimab) is an injectable long-acting monoclonal antibody that provides immediate protection against RSV disease in infants and young children and last up to 5 months.

Nirsevimab is recommended for all babies weighing less than 5 kg (<11lbs) who are younger than 8 months of age entering their first RSV season, born to mothers who did not receive a maternal RSV vaccine (Pfizer's Abrysvo) during pregnancy.

Nirsevimab is also recommended for a small group of young children 8 months through 19 months of age, weighing greater than 5 kg (>11lbs), who remain at increased risk in their second RSV season.

Increase risk group includes:

- Children who were born prematurely and have chronic lung disease
- Children with severe immunocompromise
- Children with severe cystic fibrosis
- American Indian and Alaska Native children

➤ *Children ages 8 months and older who are not at increased risk of severe RSV disease should not receive nirsevimab.*

2026 Expanded high risk group includes:

- Children born preterm at less than 32 weeks gestation, regardless of the need for medication or other support.
- Children with hemodynamically significant congenital heart disease.
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease.
- Children with down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease.

Beyfortus (Nirsevimab) Recommendations

Dosage and Administration

- Age less than 8 months:

The recommended dosage of nirsevimab in neonates and infants born during or entering their *first* RSV season is based on body weight.

- 50 mg for infants weighing <5 kg [<11 lbs.]
- 100 mg for infants weighing ≥5 kg [≥11 lbs.]

- Age 8 through 19 months:

The recommended dosage for a small group of children entering their *second* RSV season, weighing >5 kg [>11 lbs.], who remain at increased risk for RSV.

- 200 mg; administered as two 100 mg injections

Recommended Dosage of Beyfortus in Neonates and Infants Born During or Entering Their First RSV Season ⁵	
Body Weight at Time of Dosing	Recommended Dosage
Less than 5 kg	50 mg by IM injection
5 kg and greater	100 mg by IM injection



50 mg by
IM injection



100 mg by
IM injection

Beyfortus (Nirsevimab)

Storage and Handling

Storage and Handling:

- Nirsevimab should be stored in the fridge between 36°F and 46°F (2°C to 8°C) .
- ❖ **NEW**: Nirsevimab may be kept at **room temperature 68°F to 77°F (20°C to 25°C) for a maximum of 48 hours**.
 - ❖ After removal from the refrigerator, must be used within **48 hours** or discarded.
- Store in original carton to protect from light until time of use. Do not freeze. Do not shake. Do not expose to heat.



RSV Vaccines for Adults

MIP will supply RSV vaccine to eligible adults aged 50-64. Ordering will begin October 1, 2026.

Vaccine Presentations Available to Order:

Manufacturer	Trade Name	NDC#	MIP - Eligible Population	Presentation
GSK	Arexvy	58160-0848-11	Eligible adults aged 50-64.	0.5 mL single-dose vial; 10-pack
Pfizer	Abrysvo	00069-2465-10	For pregnant individuals at 32 – 36 weeks gestational age OR eligible adults aged 50-64.	0.5 mL single-dose vial; 10-pack
Moderna	mResvia	80777-0345-61	Eligible adults aged 50-64.	0.5 mL single-dose prefilled syringe

Recommendations:

- RSV vaccination is recommended for all adults 75 years or older and for adults 50-74 who are at increased risk of severe RSV disease.
 - **Please Note: State-supplied adult RSV vaccine can only be given to adults aged 50-64 who are uninsured, underinsured, privately insured, or enrolled in MaineCare.**
- RSV vaccine can be administered to adults at any time of year, ideally August through October.
- RSV is not an annual vaccine. Previously vaccinated adults should not receive an additional dose at this time.

Comparison of RSV Immunizations

	<u>Maternal Vaccine</u> (Pfizer's Abrysvo)	<u>Enflonia</u> (clesrovimab)	<u>Beyfortus (nirsevimab)</u>
Who is it recommended for?	Women who are 32–36 weeks pregnant	- Babies (ages <8 months) born to mothers who did not get a maternal RSV vaccine. - No weight restrictions - Not to be given after ages <8 months	- Babies (ages <8 months) born to mothers who did not get a maternal RSV vaccine. - A small group of young children (ages 8–19 months) at increased risk of severe RSV (nirsevimab only). *High-risk criteria include the following: - Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the 6-month period before the start of the second RSV season - Children with severe immunocompromise - Children with cystic fibrosis who have either: - manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable), or - weight-for-length that is less than the 10th percentile - American Indian or Alaska Native children
How does it work?	Mom passes protection (antibodies) to baby during pregnancy	Baby receives protection (antibodies) directly	Baby receives protection (antibodies) directly
When is it recommended in most of continental U.S.?	September – January	October – March	October – March
Who does it protect from severe RSV?	Baby	Baby	Baby
How long does protection last?	Approximately 6 months after birth	At least 5 months after immunization	At least 5 months after immunization

Coadministration with Other Vaccines

- Infant RSV monoclonal antibody (nirsevimab or clesrovimab) and routine childhood vaccines can be administered during the same visit.
- No interval between infant RSV monoclonal antibodies and live vaccines (such as measles, mumps, and rubella [MMR] and varicella) is necessary.
- RSV vaccines for adults can be coadministered with other adult vaccines during the same visit.



Inventory Management

- Some enrolled provider locations still have nirsevimab and clesrovimab doses on hand from last 2025 – 2026 RSV season.
 - Our goal is for providers to utilize existing inventory until expiration date, ensuring doses are stored at the appropriate temperature.
- Separate orders **MUST** be placed from other vaccine orders in ImmImpact for RSV monoclonal antibody.
 - Combined orders with other vaccines will be denied
- Nirsevimab and clesrovimab are not currently included on the MIP replacement policy. Any doses that are wasted do not go against a sites.

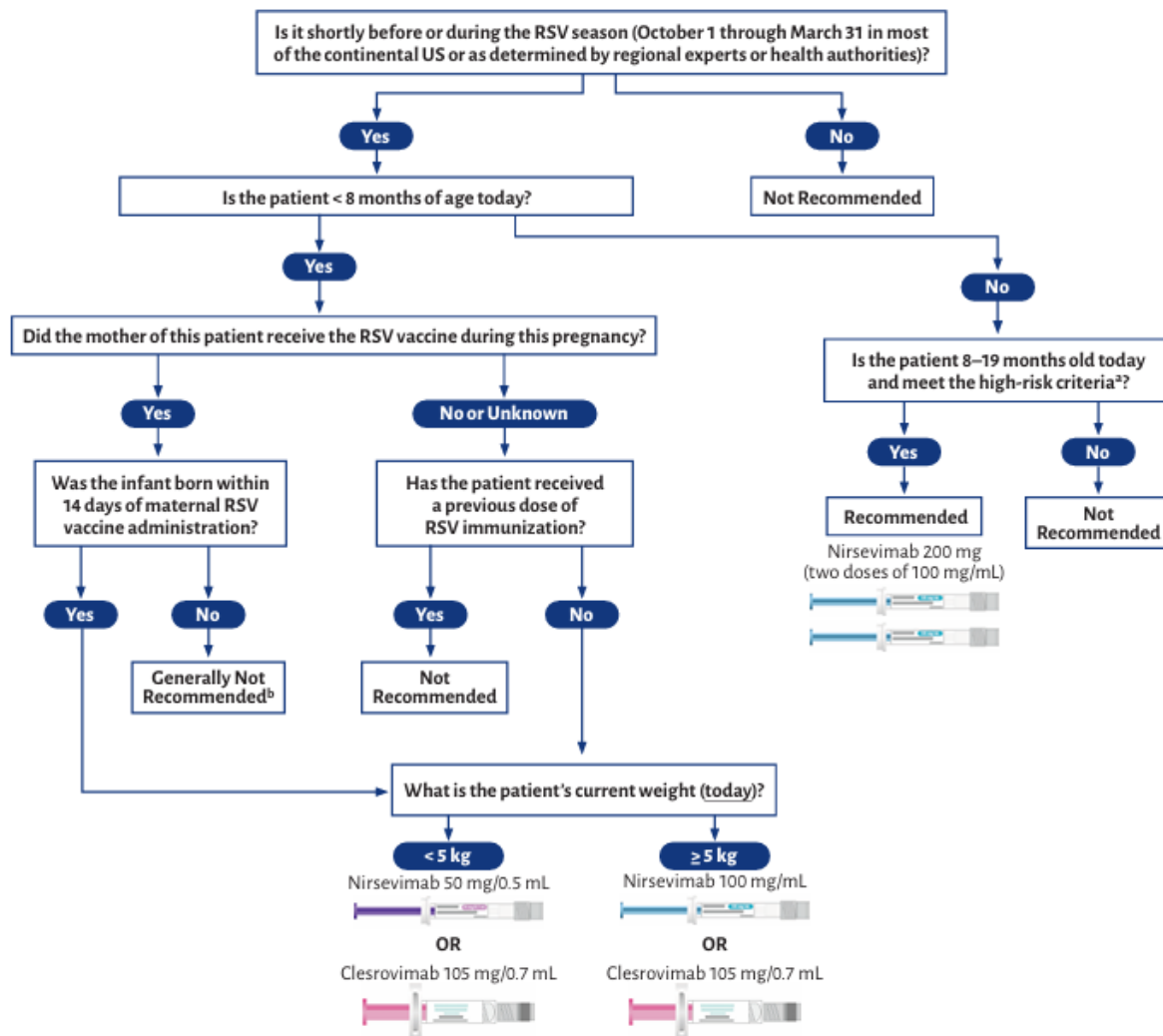


Resources

- [Respiratory Syncytial Virus \(RSV\) Prevention - AAP](#)
- [Talking with Patients About Respiratory Virus Season | Respiratory Illnesses | CDC](#)
- [ENFLONIA™ \(clesrovimab-cfor\) | Official HCP Web Site](#)
- [Beyfortus® \(nirsevimab-alip\) for RSV | For US HCPs](#)
- [RSV-Immunization-Administration-Visual-Guide.pdf](#)
- [Respiratory Virus Vaccines: Clinical Guidance And Resources | AAFP](#)
- [RSV-vaccine-chart-3272025_lc_08.15.2025_edit.pdf](#)

RSV Immunization Administration: Visual Guide

American Academy of Pediatrics
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Questions?

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