### ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES

#### VACCINES FOR CHILDREN PROGRAM

## VACCINES TO PREVENT RESPIRATORY SYNCYTIAL VIRUS (RSV)

The purpose of this resolution is to update the resolution to include an additional RSV long-acting monoclonal antibody.

VFC resolution —09/23-1 is repealed and replaced by the following:

### A. RSV Maternal vaccine

### **Eligible Groups**

• Pregnant women aged <19 years

### **Recommended Vaccination Schedule and Intervals**

- During 32 through 36 weeks gestation, with seasonal administration. This would be during September through January in most of the continental United States. In jurisdictions with seasonality that differs from most of the continental United States (e.g., those with tropical climates, Alaska), providers should follow state, local, or territorial guidance on timing of administration.
- Either RSV vaccination during pregnancy at 32 through 36 weeks gestation or RSV long-acting monoclonal antibody administration for infants age <8 months shortly before or during the RSV season is recommended to prevent RSV lower respiratory tract infection, but both products are not indicated for most infants.

# Recommended dosage

Refer to product package inserts available at: <u>Vaccines Licensed for Use in the United States | FDA</u>

### **Contraindications and Precautions**

Contraindications can be found in the package inserts available at: <u>Vaccines Licensed for Use</u> in the United States | FDA

## B. RSV Long-acting Monoclonal Antibody

# **Eligible Groups**

- Infants aged <8 months born during or entering their first RSV season
- Children aged 8-19 months as noted in Table 1 who are at increased risk of severe RSV disease and entering their second RSV season

### Table 1. Children at increased risk of severe RSV disease

Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) 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 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 <10th percentile

American Indian and Alaska Native children

### **Recommended Vaccination Schedule and Intervals**

The table below summarizes the immunization schedule for administering RSV long-acting monoclonal antibody during the first and second RSV season.

Table 2. Immunization Schedule

<u>Product (1) (2)</u>	Schedule for First RSV Season	Schedule for Second RSV Season	Timing (3)
Nirsevimab (Sanofi)	One dose for infants aged <8 months born during or entering their first RSV season whose mother did not receive RSV vaccine, whose mother's receipt of RSV vaccine is unknown, or who was born within 14 days of maternal vaccination.	One dose for children aged 8–19 months who are at increased risk of severe RSV disease and entering their second RSV season (see Table 1)	Administer from beginning shortly before the start of the RSV season until the end of the season
Clesrovimab (Merck)	One dose for infants aged <8 months born during or entering their first RSV season whose mother did not receive RSV vaccine, whose mother's receipt of RSV vaccine is unknown, or who was born within 14 days of maternal vaccination.	Not applicable	Administer from beginning shortly before the start of the RSV season until the end of the season

#### Table notes:

- (1) Use of brand names is not meant to preclude the use of other comparable US licensed products.
- (2) RSV long-acting monoclonal antibody products are products for which one dose provides protection for an RSV season.
- (3) Additional details about the timing of immunization are available at: <u>RSV</u> Immunization Guidance for Infants and Young Children | RSV | CDC.

For most infants aged <8 months born during or entering their first RSV season whose mother received an RSV vaccine 14 or more days prior to birth, RSV long-acting monoclonal antibody is not needed. RSV long-acting monoclonal antibody can be considered in rare circumstances when, per the clinical judgment of the healthcare provider, the potential incremental benefit of administration is warranted.

## **Recommended dosage**

Refer to product package inserts available at: <u>Vaccines Licensed for Use in the United States</u> | FDA

### **Contraindications and Precautions**

Contraindications and Precautions can be found in the package inserts available at: <u>Vaccines</u> <u>Licensed for Use in the United States | FDA</u>

[If an ACIP recommendation or notice regarding RSV prevention is published within 6 months following this resolution, the relevant language above (except in the eligible groups sections) will be replaced with the language in the recommendation and incorporated by reference to the publication URL.]

Adopted and Effective: June 25, 2025

This document can be found on the CDC website at: <u>Vaccines Provided by the VFC Program | VFC Program | CDC</u>