



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Commissioner's Office

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Commissioner & State Health Officer

MEMORANDUM

DATE: September 28, 2023

TO: Local Health Departments
Vaccines For Children (VFC) Providers

FROM: Matthew Q. Christiansen, MD, MPH
Commissioner and State Health Officer *me*

RE: Respiratory syncytial virus (RSV) Monoclonal Antibody (Nirsevimab) Approved for Vaccine for Children (VFC) Program

On August 25, 2023, the Centers for Disease Control and Prevention (CDC) published the Advisory Committee on Immunization Practices (ACIP) recommendation regarding the use of nirsevimab, a long-acting monoclonal antibody, for the prevention of RSV among infants and young children. Some providers may know nirsevimab by the brand name, *Beyfortus*.

According to the ACIP, RSV infection is the leading cause of hospitalization among United States infants, most children are infected during their first year of life, and most children are infected by age two years. Infants with RSV infection frequently develop bronchiolitis, a lower respiratory tract infection (LRTI) that can be severe and result in hospitalization. Approximately 50,000–80,000 RSV-associated hospitalizations and 100–300 RSV-associated deaths occur annually among United States infants and children aged <5 years.

The rate of RSV-associated hospitalization among infants born at ≤ 30 weeks' gestation (premature) is three times that of term infants. Although prematurity is a recognized risk factor for RSV-associated hospitalization, RSV is also the leading cause of hospitalization among healthy term infants. An estimated 79% of infants and children aged <2 years hospitalized with RSV have no underlying medical conditions.

The ACIP recommends nirsevimab for all infants aged <8 months who are born during or entering their first RSV season, and for infants and children aged 8–19 months who are at increased risk for severe RSV disease and are entering their second RSV season.

Based on pre–COVID-19 pandemic patterns, nirsevimab could be administered in West Virginia from October through the end of March. Infants born shortly before or during the RSV season should receive nirsevimab within one week of birth. Nirsevimab administration can occur during the birth hospitalization or in the outpatient setting. Optimal timing for nirsevimab administration is shortly before the RSV season begins; however, nirsevimab may be administered to age-eligible infants and children who have not yet received a dose at any time during the season. Nirsevimab may be administered with routine childhood vaccines.

The recommended dosage for infants born during or entering their first RSV season and weighing <5 kg (<11 lb) is 50 mg; for those weighing ≥5 kg (≥11 lb), the recommended dosage is 100 mg. The recommended dosage for infants and children aged 8–19 months at increased risk for severe disease entering their second RSV season is 200 mg (2 x 100 mg injections).

The complete ACIP recommendations on the prevention of RSV can be found at: www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm.

Beginning on Monday Oct 2, 2023, providers will be able to order nirsevimab in the vaccine ordering management system (VOMS), available in West Virginia Statewide Immunization Information System (WVSIIS).

Thank you for your efforts to keep West Virginians protected from vaccine-preventable diseases. Please contact the Division of Immunization Services at 1-800-642-3634 if you have questions about this or other immunization issues.