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Department of HEALTH & HUMAN SERVICES

Monoclonal Antibody Immunization Extension to Protect Infants Against Respiratory Syncytial Virus (RSV)

Key Points and Recommendations:

- New Hampshire and the U.S. are experiencing a prolonged but less severe RSV season this year. Levels are slowly declining, but RSV continues to circulate in New Hampshire (see Weekly Influenza Activity Report).
- New Hampshire Division of Public Health (DPH) is recommending that providers continue to recommend and offer long-acting RSV monoclonal antibody immunizations (nirsevimab or clesrovimab) through the end of April 2026 to infants <8 months old who are experiencing their first RSV season and not previously immunized against RSV (see **Background** below).
  - RSV vaccination of pregnant mothers should NOT continue past the recommended timeframe (September through January each season) because vaccination of pregnant mothers now will not offer meaningful protection to infants this or next RSV season.
- When counseling parents/guardians and assessing risks/benefits of RSV immunization through the end of April 2026, providers should keep in mind that infants who are not high risk for severe RSV disease and who receive an RSV monoclonal antibody at the end of this 2025-2026 season are NOT eligible to receive a second dose during the 2026-2027 season.
- Children 8-19 months of age who are at high risk of severe RSV disease may qualify for a second monoclonal antibody immunization when entering their second RSV season (nirsevimab only is recommended in this age/risk group). See the AAP Immunization Schedule for high-risk recommendations.

Background:

RSV immunizations to protect infants involve either maternal vaccination with Pfizer's Abrysvo vaccine (the only RSV vaccine currently approved and recommended for use during pregnancy), or administration of a long-acting RSV monoclonal antibody (nirsevimab or clesrovimab) to the infant. Vaccination of a pregnant mother leads to protection of the infant through passive placental transfer of antibodies, whereas administration of a monoclonal antibody to an infant directly protects the infant. The half-lives of nirsevimab and clesrovimab are approximately 69 and 45 days, respectively, and serum concentrations decrease linearly over time. However, clinical trials have demonstrated protection against RSV for 5-6 months (Hammitt et al. NEJM. 2022; Madhi et al. J Infect Dis. 2025; Zar et al. NEJM. 2025).

Maternal RSV vaccination during pregnancy vs. infant administration of a RSV monoclonal antibody have different recommendations associated with timing of administration. Per the American Academy of Pediatrics (AAP) recommendations, infants are recommended to be protected through either:

- Maternal vaccination during weeks 32 through 36 of pregnancy using Pfizer's Abrysvo vaccine (routinely administered **September through January** to eligible pregnant women*),

  OR

- Administration of a long-acting RSV monoclonal antibody (nirsevimab or clesrovimab) in infants <8 months old born during or entering their first RSV season (routinely administered **October through March**).

Maternal RSV vaccination during pregnancy and infant administration of a RSV monoclonal antibody are not both typically recommended for most infants, with a few exceptions.

* Note that infants born to pregnant women who received the RSV vaccine during a previous pregnancy are recommended to receive nirsevimab or clesrovimab because additional maternal doses of the RSV vaccine during subsequent pregnancies have not been studied.

- For any questions regarding this notification, please call the NH DHHS, DPH, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:00 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov or visit https://nhhan.org/.

Status:	Actual
Message Type:	Alert
Severity:	Moderate
Sensitivity:	Not Sensitive
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Originating Agency:	NH Department of Health and Human Services, Division of Public Health Services

Attachments: None