



Association of  
Immunization  
Managers

## Summary of 2026-2027 Respiratory Syncytial Virus Vaccine and Monoclonal Antibody Product Indications and Recommendations

(As of September 2)

Updates to guidance around the use of respiratory syncytial virus (RSV) vaccines and long-acting monoclonal antibody (mAb) products by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the Infectious Diseases Society of America (IDSA), were released by the American Medical Association and the Vaccine Integrity Project on September 2, 2026:

[AAP guidance](#) has been updated to expand eligibility for the second season:

- **All infants <8 months of age** born during or entering their first RSV season should receive RSV mAb (nirsevimab (Beyfortus <sup>™</sup> (Sanofi)) or clesrovimab (Enflonsia <sup>™</sup> (Merck))) if:
  - The birthing parent did not receive RSVpreF vaccine during this pregnancy
  - The birthing parent RSV vaccination status is unknown, or
  - The infant was born <14 days after the pregnant parent received an RSV vaccination
- **Infants and children 8-19 months of age at high risk** for severe RSV disease and entering their second RSV season should receive RSV mAb, regardless of the vaccination status of the pregnant parent or the child's prior receipt of an RSV mAb product when <8 months of age in their first RSV season.  
**Nirsevimab (Beyfortus <sup>™</sup> (Sanofi)) is the only mAb indicated for the second season.** High risk criteria include:
  - **Children born at <32 weeks, 0 days gestation** (*new recommendation*)
  - Children with chronic lung disease attributed to prematurity or other significant conditions who required medical support at any time during the 6-month period before the start of the second RSV season
  - Children with hemodynamically significant congenital heart disease
  - **Children with anatomic pulmonary abnormalities or neuromuscular disorders that place them at high risk for severe RSV disease** (*new recommendation*)
  - Children with severe immunocompromise
  - **Children with Down syndrome or other chromosomal differences placing them at high risk of severe RSV disease** (*new recommendation*)

- Children with cystic fibrosis who have either severe lung disease or weight-for-length <10<sup>th</sup> percentile
- American Indian and Alaska Native children

**AAFP guidance** for non-pregnant, immunocompetent adults ≥19 years now also includes guidance for healthcare personnel (HCP):

- Adults ≥75 years should receive a single dose of any age-appropriate RSV vaccine
- Adults 50-74 years at increased risk of severe RSV should receive a single dose of any age-appropriate RSV vaccine
- **HCP should receive an RSV vaccine based upon their individual health and age/risk eligibility**

**ACOG guidance** (released in June):

- Pregnant people should receive the Abrysvo™ (Pfizer) RSV vaccine between 32 and 36 weeks of pregnancy from September 1 through March 1 in most parts of the U.S.
- Do not revaccinate with subsequent pregnancies. Rather, recommend RSV mAb if the baby is born between October 1 and March 31 in most parts of the U.S.

**IDSA guidance** for individuals with compromised immunity:

- Administer age-appropriate RSV vaccination to adults with compromised immunity as soon as possible
- Repeat vaccination should be guided on a case-by-case basis
- COVID-19, seasonal influenza, and RSV vaccines may be given together
- Household members and close contacts should be up to date with RSV vaccination, if eligible
- Solid organ transplant candidates should be vaccinated prior to transplant, if possible

**Centers for Disease Control and Prevention (CDC) RSV vaccination guidance** (last updated February 24, 2026)

- All adults ages 75 and older are recommended to receive a single dose of RSV vaccine
- Adults ages 50-74 who are at increased risk of severe RSV illness are recommended to receive a single dose of RSV vaccine

- The best time to vaccinate is late summer/early fall, but adults can be vaccinated at any time
- There is no current recommendation for repeated dosing
- Either maternal RSV vaccination or infant immunization with a long-acting RSV mAb is recommended for all infants
- Administration of RSV mAb is recommended during October through March in most of the U.S.
- Infant immunization should occur within the baby's first week of life if born October through March, but ideally during the birth hospitalization
- Nirsevimab (Beyfortus™) is recommended for some children 8-19 months of age who are at increased risk for severe RSV disease and entering their second RSV season

Consolidated recommendations from the American Medical Association and the Vaccine Integrity Project can be found [here](#) and the evidence base can be found [here](#).

#### 2026 RSV Vaccines Brands and FDA Indications:

| Brand                               | Platform                                 | Age or Condition Indication                                                                                                                                                                | Preparation                                                                              |
|-------------------------------------|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <a href="#">Arexvy™ (GSK)</a>       | Adjuvanted, recombinant, protein subunit | Any 60+<br>18-59 with underlying condition                                                                                                                                                 | 0.5ml vial or PFS*                                                                       |
| <a href="#">mResvia™ (Moderna)</a>  | mRNA                                     | Any 60+<br>18-59 with underlying condition                                                                                                                                                 | 0.5ml PFS                                                                                |
| <a href="#">Abrysvo™ (Pfizer)</a>   | Recombinant protein subunit              | Pregnant individuals at 32-36 weeks gestational age<br>Any 60+<br>18-59 with underlying condition                                                                                          | 0.5ml Act-O-Vial, vial, or PFS                                                           |
| <a href="#">Beyfortus™ (Sanofi)</a> | Monoclonal antibody                      | Infants born October 1-March 31 in most U.S. locations where maternal vaccination was not given or unknown<br>Infants at high risk for severe disease and entering their second RSV season | First season:<br>50mg PFS if <5kg<br>100mg if ≥5kg<br>Second season:<br>200mg (2 x100mg) |

|                                                                    |                     |                                                                                                            |                 |
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| <a href="#"><u>Enflosia™</u></a><br><a href="#"><u>(Merck)</u></a> | Monoclonal antibody | Infants born October 1-March 31 in most U.S. locations where maternal vaccination was not given or unknown | 105mg/0.7ml PFS |
|--------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------|-----------------|

\*PFS = Prefilled syringe