

Extension of Respiratory Syncytial Virus (RSV) Monoclonal Antibody (mAb) Use

FREQUENTLY ASKED QUESTIONS

[Health Advisory: Health Advisory: MDH Extends Date for Use of RSV Monoclonal Antibodies Through April 30, 2026 \(www.health.state.mn.us/communities/ep/han/2026/mar16rsv.pdf\)](https://www.health.state.mn.us/communities/ep/han/2026/mar16rsv.pdf)

Why is MDH extending the date for use of infant RSV long-acting mAbs?

- This season in Minnesota, RSV activity started later than usual, and in several regions nationally. Additionally, as of March 9, RSV activity continued to rise, particularly among young children. Minnesota-specific data (RSV tests, percent positivity, ED visits, and hospitalizations) and RSV modeling indicate that RSV will likely continue through April at significant levels in Minnesota. To protect infants and young children from RSV disease and severe outcomes the RSV mAbs, nirsevimab (Beyfortus[®]) and clesrovimab (Enflonia[®]), are recommended for use until April 30.

What is the American Academy of Pediatrics (AAP) recommendation for RSV mAbs?

- The recommendation for the use of RSV long-acting mAbs acknowledges that the timing of RSV activity can vary by region and season. The AAP recommendation intentionally incorporates flexibility for public health authorities to revise guidance about the timing of RSV mAb administration based on local epidemiology and feasibility of implementation. This includes, for example, continuing administration beyond March as warranted by local RSV activity.

Has the Centers for Disease Control and Prevention (CDC) recommended extending RSV mAb use through April?

- The CDC is encouraging state and local partners to monitor local RSV activity indicators and consider whether administration of RSV mAbs to eligible infants is warranted beyond March, particularly for newborns and young infants who are at greatest risk for RSV hospitalization.

Will immunizations administered in April be covered by insurance and available through the Minnesota Vaccines for Children (MnVFC) program?

- CDC immunization recommendations for RSV mAb incorporate flexibility for public health authorities to adjust the timing of administration, it is expected that MnVFC and private insurance will cover RSV mAb in April, as recommended by MDH.

What are the benefits of providing a dose of RSV mAb to an infant born in April?

- Given the continued circulation of RSV there is benefit in providing RSV antibodies to protect young infants in their first months of life when they are at the highest risk of severe RSV disease.

Should infants receive RSV mAb if maternal RSV vaccine was given during pregnancy?

- Infants whose mothers received the RSV vaccine 14 days or more prior to birth are not recommended to receive the RSV mAb (except in rare circumstances at the discretion of the health care provider. For more

information review [Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement \(https://publications.aap.org/pediatrics/article/156/5/e2025073923/203221/Recommendations-for-the-Prevention-of-RSV-Disease\)](https://publications.aap.org/pediatrics/article/156/5/e2025073923/203221/Recommendations-for-the-Prevention-of-RSV-Disease).

- RSV mAb is recommended for infants younger than 8 months of age during their first RSV season whose mothers **did not** receive RSV vaccine 14 days or more prior to birth or their vaccine status is unknown.

For infants born in April, it is generally expected that maternal vaccine would not have been received during pregnancy as the recommendation to give at 32-36 weeks gestation ended January 31.

Should infants who had a previous RSV infection receive the RSV mAb?

- RSV mAb is recommended for infants who had a prior RSV infection at any time previously, including the current season. Reinfection with RSV, even during the same season, can occur.

Will high-risk infants who receive an April dose of RSV mAb be eligible to receive another dose in October?

- Yes. Infants who are at increased risk of severe RSV disease who receive an RSV mAb dose in April will be eligible to receive a second dose in October, for their second RSV season. The [AAP-Immunization-Schedule \(https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf\)](https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf) lists criteria for infants and young children 8-19 months of age at high-risk of severe RSV disease who are recommended for a second RSV mAb dose entering their second RSV season, regardless of prior maternal RSV vaccine.

Will infants who are *not* high-risk, and who receive an April dose of RSV mAb, be recommended to receive another dose in the fall?

- No. Infants younger than 8 months of age who are *not* at increased risk of severe RSV disease who receive RSV long-acting mAb in April will not be eligible to receive an additional dose in the fall. The AAP recommends only a single dose of RSV preventive antibody product for infants younger than 8 months of age without risk of severe RSV disease, administered during, or just before, RSV season. An infant who receives RSV mAb at the end of one season and who is younger than age 8 months at the beginning of the next season should not be given an additional dose of either RSV preventive antibody product.
- During the RSV season, the optimal timing for infant RSV mAb administration is within a newborn's first week of life, so there is protection when it is needed most when the infant is at their highest risk of severe RSV disease in the first six months of life. Based on clinical data, the duration of protection of RSV mAb extends through five months.

How does a prior maternal RSV vaccine affect future pregnancies?

- Maternal RSV vaccination is only recommended as a one-time dose. It is currently **not recommended** that pregnant patients who received the maternal RSV vaccine during their last pregnancy receive an additional dose during a subsequent pregnancy.
- An infant born to a mother who was vaccinated in a *previous* pregnancy, should receive RSV mAb to ensure they are protected against RSV. Infant protection from vaccination in a previous pregnancy has not been thoroughly studied and is unknown at this time.

Will this extension impact mAb administration for the 2026-27 season?

- RSV mAb administration this April 2026 will not affect the timing of RSV mAb administration in the fall 2026. Anticipated onset of RSV mAb administration for the 2026-27 RSV season is still October 1.

Are there changes to maternal RSV vaccine recommendations?

- There are no changes in recommendations for use of the maternal RSV vaccine (Abyrsvo). Maternal RSV vaccine is recommended at 32 to 36 weeks gestation from September through January, which results in a one to two-month lead time before protection of infants born to immunized mothers. Maternal RSV vaccine is not recommended to be given after January for the 2025-26 RSV season.

Resources

- [Respiratory Syncytial Virus \(RSV\) \(www.health.state.mn.us/diseases/rsv/index.html\)](http://www.health.state.mn.us/diseases/rsv/index.html)
- [AAP: Respiratory Syncytial Virus \(RSV\) Prevention \(www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/\)](http://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/)
- [Immunize.org: Ask The Experts About Vaccines: RSV \(Respiratory Syncytial Virus\) \(https://www.immunize.org/ask-experts/topic/rsv/\)](https://www.immunize.org/ask-experts/topic/rsv/)
- [CDC: RSV Immunization Guidance for Infants and Young Children \(www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html\)](http://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html)
- [Immunize.org: FDA Package Inserts \(RSV\) \(www.immunize.org/official-guidance/fda/pkg-inserts/?wpsolr fq%5B0%5D=imm_vaccine_or_disease_str%3ARSV%20\(Respiratory%20Syncytial%20Virus\)\)](http://www.immunize.org/official-guidance/fda/pkg-inserts/?wpsolr fq%5B0%5D=imm_vaccine_or_disease_str%3ARSV%20(Respiratory%20Syncytial%20Virus)))

Minnesota Department of Health
PO Box 64975
St. Paul, MN 55164-0975
651-201-5414
www.health.state.mn.us/immunize

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