

Stay Current on RSV Immunization Guidance

Hospitals are preparing for another cold and flu season involving respiratory syncytial virus (RSV).

RSV is the most common cause of infant hospitalizations in the US. Older adults also have high risks for complications (intubation, etc).

Protect patient groups based on the latest immunization evidence.

Newborns and infants under 8 months should be immunized using nirsevimab or clesrovimab antibodies depending on mom's RSV vaccine status. But avoid palivizumab...it's being discontinued before 2026.

Advise immunization if mom is unvaccinated...the dose was given less than 14 days before birth...or the vaccination was in a PRIOR pregnancy.

Recommend a single dose...preferably within 1 week after birth...for babies born in October through March. But after March, ideally delay the baby's dose until October for the best immunity before RSV season hits.

Some infants with risk factors (chronic lung disease, etc) may need another nirsevimab dose...but NOT clesrovimab...at 8 to 19 months old.

Unvaccinated pregnant patients should get Abrysvo between 32 and 36 weeks' gestation between September and January to pass antibodies to their baby. Avoid using Arexvy or mResvia vaccines...they're NOT approved in pregnancy.

Unvaccinated older adults are eligible if they are 75 years or older...or 50 to 74 years old with risk factors (COPD, diabetes, etc).

Steer prescribers toward any of the adult vaccines...Abrysvo, Arexvy, or mResvia. Ideally vaccinate in late summer or early fall depending on when your region's RSV season starts.

Be aware that FDA approved Abrysvo and mResvia for high-risk adults between 18 and 49 years. But the ACIP doesn't recommend routine RSV vaccination for these patients until we have more safety and efficacy data.

Compare product differences to avoid errors.

For example, point out that Abrysvo, Arexvy, clesrovimab, and nirsevimab are refrigerated...but only Abrysvo and Arexvy require reconstitution. And mResvia is frozen and does NOT need reconstitution.

Limit confusion by ideally stocking the fewest product options needed to cover your patient population. For example, consider prioritizing Abrysvo if you serve both pregnant and older adults.

Check immunization records carefully to avoid giving extra doses. We don't have evidence yet for giving more than 1 dose in any age group other than high-risk infants.

Use our *Preventing RSV* chart to answer other common questions about RSV risk factors, who should be immunized, and more.

Key References:

- Committee on Infectious Diseases. Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement. Pediatrics. 2025 Aug 19. doi: 10.1542/peds.2025-073923.
- The American College of Obstetricians and Gynecologists. Maternal Respiratory Syncytial Virus Vaccination. August 2025. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination> (Accessed September 16, 2025).

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-CDC. RSV Vaccine Guidance for Adults. July 8, 2025. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html> (Accessed September 16, 2025).

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