Nirsevimab (Beyfortus) Guide to Prevent Severe RSV in Infants and Toddlers

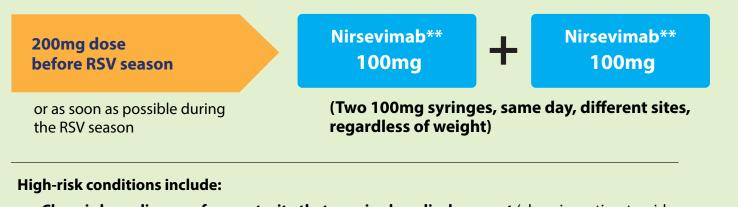
Nirsevimab should be given before the start of RSV season (usually October-March). The dosage depends on age, weight, and health condition. View <u>CDC's RSV page</u> for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age*



High-Risk Children 8-19 Months Entering 2nd RSV Season



- Chronic lung disease of prematurity that required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- Cystic fibrosis with either:
 - 1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
 - 2. Weight-for-length <10th percentile
- Severe immunocompromise
- American Indian or Alaskan Native children



- * In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.
- ** If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If < 5 doses of palivizumab are administered and nirsevimab becomes available, the child should receive 1 dose of nirsevimab.