

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 [CDC's RSV page](#) for web version and additional guidance.

All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age*

If born October-March
1 dose in <1 week of birth

If born April-September
1 dose in October/November

or as soon as possible during
the RSV season

Weight <5kg

**Nirsevimab
50mg**

OR

Weight ≥5kg

**Nirsevimab
100mg**

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

**200mg dose
before RSV season**

or as soon as possible during
the RSV season

Nirsevimab
100mg**

+

Nirsevimab
100mg**

**(Two 100mg syringes, same day, different sites,
regardless of weight)**

High-risk conditions include:

- **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 of 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.