DATE: October 30, 2023

TO: Prenatal Care Providers and other Practitioners Serving Pregnant Patients

FROM: Robert Schechter, MD, Branch Chief
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SUBJECT: Administer RSV Vaccine to Your Pregnant Patients – Shortage of Alternative (Nirsevimab) for Infants

The respiratory syncytial virus (RSV) season is underway in California, with infants at risk of hospitalization or death from RSV over the next months. To help protect them, ACOG, CDC and the Society for Maternal-Fetal Medicine recommend prenatal immunization from September through January of all pregnant patients during weeks 32 through 36 of gestation with a single dose of RSV vaccine (Abrysvo, Pfizer).

Currently, there is an extremely limited supply of nirsevimab, a long-acting monoclonal antibody immunization product also recommended to infants for preventing severe RSV disease. As there are now limited opportunities to protect young infants with nirsevimab, there is an immediate need for prenatal immunization against RSV.

Therefore, the California Department of Public Health (CDPH) urges prenatal care providers to provide RSV vaccine for your pregnant patients. If directly providing RSV vaccine is not immediately possible, please provide a strong referral to an in-network pharmacy where your patients can get immunized. RSV vaccine can be co-administered at the same visit with other recommended prenatal vaccines, including Tdap, COVID-19 and influenza vaccines.

We value your partnership as we collectively strive to protect infants from RSV and other respiratory diseases this season.

More Information and resources
- ACOG, SFMP and AAP Statement on Nirsevimab Shortage (ACOG)
- Maternal Respiratory Syncytial Virus Vaccination (ACOG)
- Should I get the RSV vaccine During Pregnancy? (ACOG)
- Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations
- CDC: RSV Vaccination for Pregnant People
- Provider and Patient RSV Resources