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

<table>
<thead>
<tr>
<th>Weight &lt;5kg</th>
<th>Weight ≥5kg</th>
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</thead>
<tbody>
<tr>
<td>Nirsevimab 50mg OR Nirsevimab 100mg</td>
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</tbody>
</table>

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

200mg dose before 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 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.