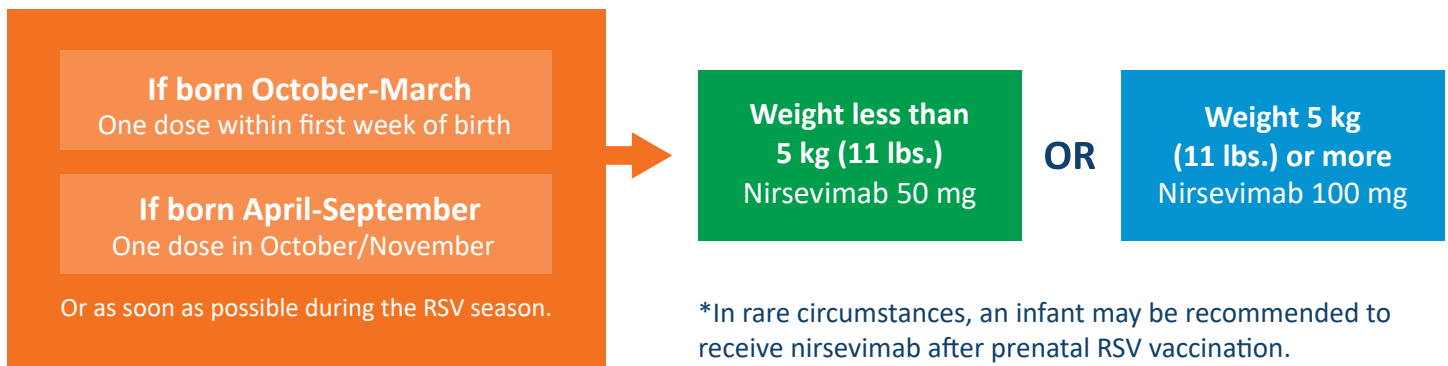
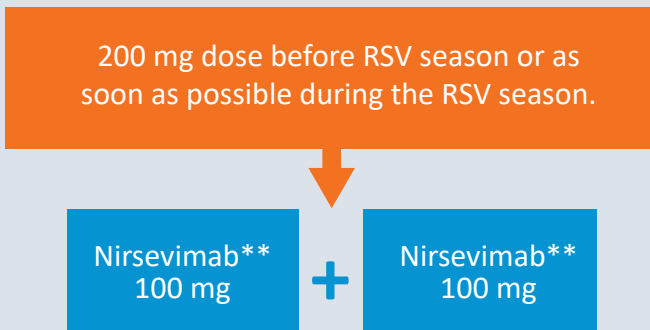


Nirsevimab should be given shortly before the start of RSV season (usually October-March). The dosage depends on age, weight and health condition. View [Centers for Disease Control and Prevention's \(CDC\) RSV page](#) for web version and additional guidance.

All infants less than 8 months entering first RSV season without history of pregnant person receiving prenatal RSV vaccine during 32-36 weeks gestation.*



Children ages 8–19 months at increased risk for severe RSV disease, entering their second RSV season.



Two 100 mg syringes, same day, different sites, regardless of weight.

**If nirsevimab is unavailable and the child is eligible to receive palivizumab, then palivizumab should be administered. If nirsevimab is administered, palivizumab should not be administered. If less than five doses of palivizumab are administered and nirsevimab becomes available, the child should receive one dose of nirsevimab (AAP,2024).

Children at increased risk for severe RSV disease include:

- 1 **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy or supplemental oxygen) any time during the six-month period before the start of the RSV season.
- 2 **Cystic fibrosis with either:**
 - Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable.
 - Or weight-for-length <10th percentile.
- 3 **Severely immunocompromised.**
- 4 Environmental and social factors, such as limited winter air circulation and multigenerational homes, contribute to higher RSV-related hospitalization and intensive care unit admission rates among American Indian and Alaska Native children under 24 months old.