



COUNTY OF SAN LUIS OBISPO HEALTH AGENCY  
PUBLIC HEALTH DEPARTMENT  
**PROVIDER HEALTH ADVISORY**

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**Updated CDC Guidance—Increased Supply of Nirsevimab for RSV Season  
2023-2024**

*To protect young children from RSV*

**Date:** January 9, 2024

**Contact:** Rick Rosen, MD, MPH, [frosen@co.slo.ca.us](mailto:frosen@co.slo.ca.us), 805-781-5500

Please see the most recent [guidance](#) from the Centers for Disease Control (CDC) regarding nirsevimab (Beyfortus), the RSV immunization for young children. The CDC asks that health care providers return to previous recommendations now that nirsevimab is increasing in supply.

Also attached is a recent [infographic](#) from the California Department of Public Health with guidance about administering RSV immunizations to pregnant people (Abrysvo) and young children/infants (nirsevimab).

As a reminder, the Public Health Department has received a small supply of nirsevimab. This supply is provided through the Vaccines for Children program and is **available to infants who are uninsured or are eligible for Medi-Cal**. Nirsevimab is administered at Public Health clinics in Grover Beach, Paso Robles, and San Luis Obispo.

**To make a referral:**

- Providers may fax referrals to 805-781-5543 and Public Health staff will follow up with patients to schedule.
- Patients/families may call 805-781-5500 directly to schedule; referrals are not required.

Public Health is also providing Abrysvo (the RSV immunization for pregnant people) to patients regardless of their health insurance status. Patients can call 805-781-5500 to schedule.

Thank you for your attention to this important matter.

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**Public Health Department**

2191 Johnson Avenue | San Luis Obispo, CA 93401 | (P) 805-781-5500 | (F) 805-781-5543

[www.slopublichealth.org](http://www.slopublichealth.org)

# Optimizing RSV Protection for Infants with Limited Supply of Nirsevimab (Beyfortus™)<sup>1</sup> — Update January 2024



## Prenatal Vaccination

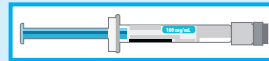
Administer prenatal RSV vaccine (ABRYSVO™, Pfizer) during 32-36 weeks' gestation, September through January.

- Prenatal vaccination may be the best and only option while RSV immunization for infants (nirsevimab) is in short supply.
- Most infants born to vaccinated birth parents will not need nirsevimab.



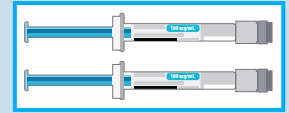
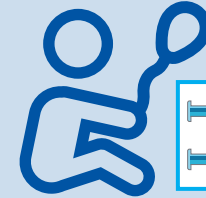
**Nirsevimab 50mg** for infants < 5kg and < 8 months without prenatal vaccination<sup>2</sup>

- Administer:
  - Now—infants born prior to October.
  - Within the first week of life—infants born during RSV season.



**Nirsevimab 100mg** for infants ≥ 5kg and < 8 months without prenatal vaccination<sup>2</sup>

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.



**Nirsevimab 200mg (two 100mg doses)** for children 8 – 19 months

- For palivizumab-eligible children, follow [AAP palivizumab recommendations](#) when nirsevimab is not available.

**RSV Season is here now!  
Use and reorder remaining nirsevimab  
supplies promptly to protect infants and toddlers.**

## Encourage other preventative measures including:

- [Breastfeeding](#) to decrease the risk of severe RSV and hospitalization among infants
- Recommend everyone around infants are up to date on vaccines including flu, COVID-19, Tdap, and RSV for adults 60 years and older
- Wash hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Sick persons should stay away from infants
- Limit number of visitors for infants

### Footnotes:

<sup>1</sup>[Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season](#)

<sup>2</sup>Infants <8 months entering their first RSV season should receive immunization if birth parent's prenatal vaccination status is: unvaccinated, unknown, or vaccinated <14 days before birth.



January 5, 2024

# Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season

On October 23, 2023, the Centers for Disease Control and Prevention (CDC) issued Health Alert Network (HAN) [Health Advisory 499](#) to provide guidance for prioritization of nirsevimab given limited supply. Nirsevimab (Beyfortus, Sanofi and AstraZeneca) is a long-acting monoclonal antibody immunization recommended for preventing RSV-associated lower respiratory tract disease in young children. Given the recent increase in nirsevimab supply and the [manufacturers' plan to release an additional 230,000 doses in January](#), CDC advises healthcare providers to return to recommendations put forward by CDC and the [Advisory Committee on Immunization Practices \(ACIP\)](#) on use of nirsevimab in young children. **Infants and children recommended to receive nirsevimab should be immunized as quickly as possible.** Healthcare providers should not reserve nirsevimab doses for infants born later in the season when RSV circulation and risk for exposure to RSV may be lower. RSV activity remains elevated nationwide and is continuing to increase in many parts of the country, though decreased activity has been observed in the Southeast.

## Recommendations for Healthcare Providers

1. In the setting of increasing supply, healthcare providers should administer a single dose of [nirsevimab](#) to all infants aged less than 8 months, as well as children aged 8 through 19 months at [increased risk](#).
  - a. Healthcare providers should continue to work with their state immunization program and the manufacturer to order available nirsevimab doses. CDC is working closely with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
  - b. Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children. Healthcare providers should take care to use the correct product for the correct population.
  - c. Although supply of nirsevimab is expected to increase, available supply may continue to vary locally and by healthcare facility. For healthcare providers who continue to have limited supply, nirsevimab should be

prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by [high-risk conditions](#) and then by age, prioritizing the youngest infants first.

2. [Pregnant people 32 through 36 weeks gestation should receive RSV vaccination](#) through January.
  - a. Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnant people. GSK Arexvy is not recommended for use in pregnant people.
3. Administration of both nirsevimab and RSV vaccination for pregnant people is not needed to protect most infants.

## For More Information

### Respiratory Diseases

- [Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season | CDC](#)

### RSV

- [RSV Information for Healthcare Providers | CDC](#)
- [RSV Symptoms and Care | CDC](#)
- [Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)
- [Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR \(cdc.gov\)](#)

**The Emergency Risk Communication Branch in the Division of Emergency Operations, Office of Readiness and Response is responsible for the management of all COCA Products.**

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[COCA RSS Feed](#)—subscribe to be notified of conference calls, updates, and CDC guidance for health providers

[Crisis & Emergency Risk Communication Training](#)—training program that draws from lessons learned during public health emergencies, and incorporates best practices from the fields of risk and crisis communication

[Health Alert Network](#)—CDC's primary method of sharing cleared information about urgent public health incidents with public information officers; federal, state, territorial, and local public health practitioners; clinicians; and public health laboratories



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## Centers for Disease Control and Prevention

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