

CLINICIAN PLAYBOOK FOR PEDIATRIC RSV PREVENTION

Assess • Recommend • Communicate



WHY ACT?

Before immunizations became available, respiratory syncytial virus (RSV) was the leading cause of US infant hospitalization, with 58,000–80,000 children hospitalized each year.

ASSESS ELIGIBILITY

Infants <8 Months First RSV Season

Recommend an infant RSV antibody if:

- The mother did not receive maternal RSV vaccine.
- Maternal vaccination status is unknown.
- The infant was born <14 days after maternal vaccination.

8–19 Months Second RSV Season

Recommend nirsevimab for children at high risk:

- Preterm birth (<32 weeks)
- Chronic lung, heart, immune, or neuromuscular condition
- Severe cystic fibrosis
- High-risk chromosomal difference
- American Indian or Alaska Native

When to Administer

October–March in most of the continental United States

- Born during the RSV season: within 1 week of birth
- Born outside of the RSV season: shortly before next season begins
- State and local health departments may also provide guidance on timing of prophylaxis

RECOMMEND APPROPRIATE PREVENTION

Nirsevimab

First season:

- <5 kg: Administer 50 mg
- ≥5 kg: Administer 100 mg

Second season:

- Administer 200 mg as 2 separate 100-mg injections

Clesrovimab

- First RSV season only
- Administer 105 mg

Maternal RSV prefusion F (RSVpreF)

- Only administer during the first eligible pregnancy
- Administer at 32–36 weeks' gestation between September 1 and March 1

Evidence & Safety

- Infant products are antibodies, not vaccines. They do not activate the immune system like a vaccine.
- Protection is immediate and lasts through the season.
- This provides strong protection against RSV-associated hospitalization.
- Reactions are usually mild and brief.

Most infants only require 1 method of protection—maternal vaccination OR infant antibody—not both. However, the following must be considered:

- If the timing of maternal vaccination before birth was <14 days
- Whether maternal vaccination was given in the previous pregnancy
- If maternal vaccination status cannot be confirmed
- If the mother is immunocompromised or antibody transfer was likely poor

COMMUNICATE WITH CONFIDENCE

RECOMMEND

"Your baby is eligible for RSV protection today and I strongly recommend it because it can protect young infants from getting very sick with RSV."

CLARIFY

"This is a long-acting antibody, not a vaccine. It provides antibodies that help protect your baby from RSV."

LISTEN

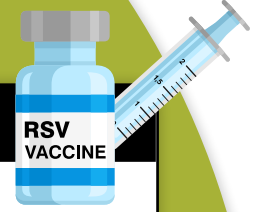
"What concerns you most about RSV protection—safety, how it works, or whether your baby needs it?"

CLOSE

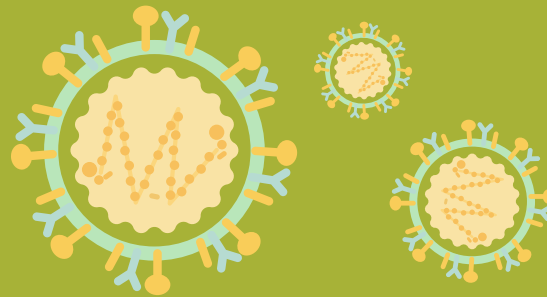
"Based on your baby's age and risk factors, I recommend giving the RSV antibody today. Would you feel comfortable moving forward?"

If the caregiver declines, provide a trusted resource, document the discussion, leave the door open, and revisit the recommendation at the next opportunity.

QUICK RESPONSES TO COMMON CONCERNS



CAREGIVER CONCERN	SUGGESTED CLINICIAN RESPONSE
"But my baby is healthy."	"Young age alone increases the risk of severe RSV. Protection is recommended for all eligible infants younger than 8 months who were not protected through maternal vaccination."
"Is this another vaccine?"	"No. The infant product is a long-acting antibody that provides protection against RSV."
"Is it safe? Can my baby get RSV from the shot?"	Studies and real-world monitoring support its safety. The shot does not contain live RSV and cannot cause RSV infection."
"I received an RSV vaccine during pregnancy."	"Let's confirm when you received it. Most babies born at least 14 days after maternal RSV vaccination do not need infant RSV antibody."
"Can it be given with other shots?"	"Yes. It can be given at the same time as routine childhood vaccines."



Additional Resources:



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Recommendations for the Prevention of Respiratory Syncytial Virus Disease in Infants and Children: Policy Statement



American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®
Maternal and Infant Immunization Discussion Guides



Immunize.org
RSV (Respiratory Syncytial Virus) Clinical Resources and Materials for Providers

References:

- Centers for Disease Control and Prevention (CDC). RSV in infants and young children. Updated February 20, 2026. Accessed September 3, 2026. <https://www.cdc.gov/rsv/infants-young-children/index.html>
- American Medical Association (AMA). Respiratory virus immunization recommendations. Published September 2026. Accessed September 3, 2026. <https://www.ama-assn.org/system/files/respiratory-virus-immunization-recommendations.pdf>
- CDC. RSV immunization guidance for infants and young children. Updated August 18, 2025. Accessed September 3, 2026. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html>
- American Academy of Pediatrics Committee on Infectious Diseases. Recommendations for the prevention of respiratory syncytial virus disease in infants and children: policy statement. *Pediatrics*. Published online September 2, 2026. doi:10.1542/peds.2026-079047
- CDC. RSV vaccine guidance for pregnant women. Updated August 30, 2024. Accessed September 3, 2026. <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/pregnant-people.html>
- O'Leary ST, et al. *Pediatrics*. 2024;153(3):e2023065483.