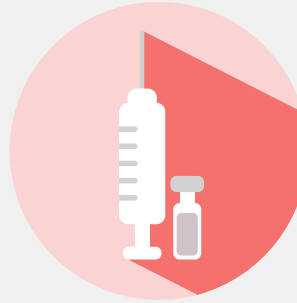


3 RSV MONOCLONAL ANTIBODIES FOR INFANTS

75% EFFICACY

Preventing medically-attended RSV in infants born ≥ 35 Weeks



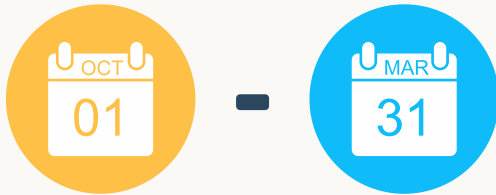
ONE DOSE

One dose provides protection for the entire RSV season

WHO QUALIFIES FOR NIRSEVIMAB?

- 1 INFANTS LESS THAN 8 MONTHS OF AGE**
All children born during or entering their first RSV season aged less than 8 months are recommended to receive one dose of nirsevimab.
- 2 CHILDREN AGED 8 - 19 MONTHS**
Children aged 8-19 months who are at an increased risk of severe RSV and entering their second RSV season are recommended to receive a single seasonal dose of nirsevimab.

ADMINISTRATION WINDOW



Nirsevimab administration should begin shortly before the RSV season and may be administered through the end of RSV season.

The administration window **begins October 1st** and **concludes on March 31st**. Children may receive nirsevimab anytime during this window.

HOW DOES NIRSEVIMAB (BEYFORTUS) WORK?

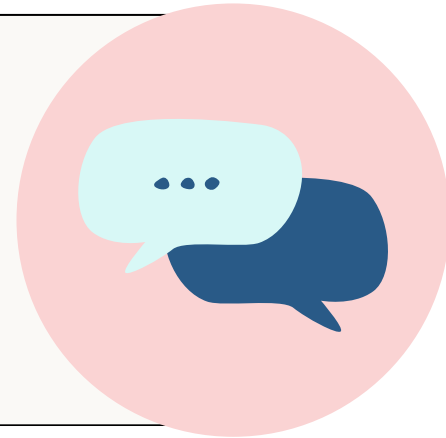
- Monoclonal antibodies are used to provide passive immunity
- Nirsevimab is a recombinant human monoclonal antibody used to protect against RSV in infants
- Nirsevimab neutralizes RSV by inhibiting conformation changes in the F protein necessary for viral fusion and entry

RSV 1 2 3

3 RSV MONOCLONAL ANTIBODIES FOR INFANTS

Which Children Qualify for Nirsevimab during their Second RSV Season (High-Risk for RSV)?

- Children with chronic lung disease of prematurity who required medical support any time during the 6-month period before the start of the second RSV season
- Children who are severely immunocompromised
- Children with cystic fibrosis who have manifestations of severe lung disease or have weight-for-length that is <10th percentile
- American Indian and Alaska Native children



Is Nirsevimab Still Indicated if the Parent was Vaccinated with RSVpreF while Pregnant?

Nirsevimab is generally not recommended if the parent was vaccinated during the current pregnancy with RSVpreF at least two weeks prior to birth and during 32 to 36 weeks gestation.

If the parent received RSV vaccine during a previous pregnancy, additional doses of RSV vaccine are not currently recommended during subsequent pregnancies and the baby should instead receive nirsevimab.



NIRSEVIMAB DOSING INFO

Neonates and Infants Born During or Entering Their First RSV Season

LESS THAN 5 KG:

50 MG

5 KG OR GREATER:

100 MG

Children Who Remain Vulnerable Through Their Second RSV Season

200 MG

(2 X 100 MG SYRINGES)



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MICIS is administered by the Maine Medical Association with funding from Maine DHHS. MICIS does not accept compensation from pharmaceutical companies.

Disclaimer: These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition.

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RSV 1 2 3

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Version 2.0 October 2024