

3 RSV MONOCLONAL ANTIBODIES FOR INFANTS

How Does Nirsevimab (Beyfortus) Work?

Nirsevimab (Beyfortus) is a recombinant human monoclonal antibody used to protect against respiratory syncytial virus (RSV) in infants. Monoclonal antibodies are used to provide passive immunity against pathogens. Nirsevimab neutralizes RSV inhibiting conformation changes in the F protein necessary for fusion of the viral and cellular membranes and viral entry.

Which Children Are Recommended to Receive Nirsevimab (Beyfortus)?

- 1 INFANTS 8 MONTHS OR YOUNGER**
All children born during or entering their first RSV season aged 8 months or younger 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 one dose of nirsevimab.

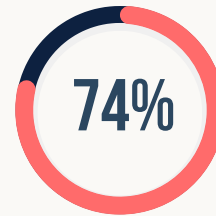
5
MONTHS

Nirsevimab provides RSV protection for 5 months



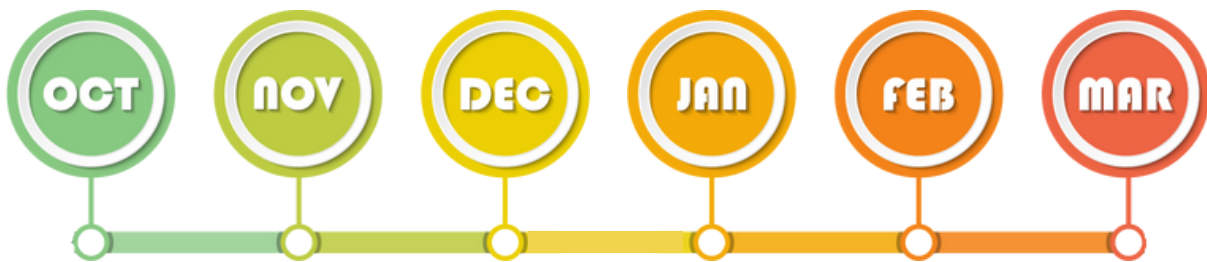
1 DOSE

One dose completes the series



Nirsevimab prevented 74% of medically-attended RSV in infants born ≥35 Weeks

During What Months Should Nirsevimab Be Administered?



Nirsevimab is a single dose and should only be administered once per season. 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.

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What about Palivizumab (Synagis)?

The American Academy of Pediatrics (AAP) recommends children meeting high-risk criteria above may receive either nirsevimab or palivizumab. Nirsevimab administration may be favorable as it is administered as a one-time dose vs. palivizumab which is administered monthly. If nirsevimab is administered, palivizumab administration during that season is not required and not recommended.

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

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

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

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) 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 (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
- American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

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.

Information Adapted From:

Jones JM, Fleming-Dutra KE, Prill MM, et al. 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 Morb Mortal Wkly Rep.* 2023; 72 (34):920-925.

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