AAP Recommendations for the Prevention of RSV Disease in Infants and Children

July 8, 2025

Article type: Resources

Topics: Infectious Diseases

Recommended Populations

The American Academy of Pediatrics (AAP) recommends respiratory syncytial virus (RSV) immunization[1] for:

- infants <8 months of age born during or entering their first RSV season if:
  - pregnant parent did not receive RSVpreF vaccine during this pregnancy,
  - pregnant parent's RSVpreF vaccination status is unknown, or
  - infant was born <14 days after the pregnant parent's RSVpreF vaccination

- infants and children 8 through 19 months of age at high risk of severe RSV disease and entering their second RSV season, regardless of the RSV vaccination status of the pregnant parent or the child's prior receipt of nirsevimab when <8 months of age. High-risk criteria include the following:
  - Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the 6-month period before the start of the second RSV season
  - Children with severe immunocompromise
  - Children with cystic fibrosis who have 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 that is less than the 10th percentile

  - American Indian or Alaska Native children

Note that all ages refer to chronologic age, not corrected age.

Equity Considerations

American Indian and Alaska Native Children are included in the high-risk category, because they experience significantly higher rates of severe RSV disease and hospitalization, with children living in rural and reservation communities most impacted. Evidence supports that this increased risk is associated with social

drivers of health, with specific attention to running water access, transportation difficulties, household crowding, and indoor air quality.[2]

Approved Products

Nirsevimab

Nirsevimab is considered the first-line recommended product for administration to infants and children to protect against medically attended RSV disease. It is a long-acting monoclonal antibody product administered as a single dose for the RSV season.

- While the timing of the onset and duration of RSV season may vary, nirsevimab may be administered from October through the end of March in most of the continental United States. The timing of the onset, peak, and decline of RSV activity vary geographically, and providers may adjust timing of administration based on guidance from public health authorities (eg, Centers for Disease Control and Prevention [CDC], local health departments) or regional medical centers.
- Infants born during the RSV season should receive nirsevimab within 1 week of birth, ideally during their birth hospitalization. However, administration can occur during any visit to a health care setting, including well-child visits.
- Eligible infants with prolonged birth hospitalizations because of prematurity or other causes who are discharged during RSV season should receive nirsevimab shortly before or promptly after discharge from the hospital.
- Eligible infants born outside of RSV season should receive nirsevimab shortly before or during the RSV season. Administration can occur during any visit to a health care setting, including well-child visits.
- Only children who meet high-risk criteria should receive more than 1 dose of nirsevimab – 1 dose in their first RSV season (at <8 months of age) and 1 dose in their second RSV season (at 8 through 19 months of age).
- In accordance with the CDC's general best practices for immunizations, simultaneous administration of nirsevimab with age-appropriate vaccines is recommended. In clinical trials, when nirsevimab was administered concomitantly with routine childhood vaccines, the safety and reactogenicity profile of the concomitantly administered regimen was similar to that of the childhood vaccines administered alone. When concomitantly administered, nirsevimab is not expected to interfere with the immune response to other vaccines.
- Immunization is not needed for most infants <8 months of age whose pregnant parent received RSVpreF vaccine during the pregnancy and ≥14 days before giving birth. Nirsevimab may be considered for infants born to a vaccinated pregnant parent in rare circumstances when, based on the clinical judgment of the health care provider, the potential incremental benefit of administration is warranted. These situations include, but are not limited to:
    - Infants born to pregnant people who may not mount an adequate immune response to RSV vaccination (eg, pregnant people with immunocompromising conditions)
    - Infants born to pregnant people who have medical conditions associated with reduced transplacental antibody transfer (eg, pregnant people living with HIV infection)
    - Infants who have undergone cardiopulmonary bypass (see nirsevimab FDA package insert) or extracorporeal membrane oxygenation (ECMO), leading to loss of maternal antibodies
    - Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission with a requirement of oxygen at discharge)

Palivizumab

Palivizumab is a short-acting monoclonal antibody product that is administered in monthly doses during the RSV season. Palivizumab is no longer routinely recommended for use. Shortages of nirsevimab occurred in the season after it was first recommended. If future shortages occur, and palivizumab is available, additional guidance will be provided.

Additional Information

- Nirsevimab Administration Visual Guide (AAP.org)
- Nirsevimab Frequently Asked Questions (AAP.org)
- Respiratory Syncytial Virus (*Red Book*)
- Nirsevimab Immunization Information Statement (immunize.org)

References

1. American Academy of Pediatrics. Respiratory syncytial virus. In: Kimberlin DW, Barnett ED, Lynfield R, Sawyer MH, eds. *Red Book: 2024 Report of the Committee on Infectious Diseases*. 33rd ed. American Academy of Pediatrics; 2024:713-721
2. Atwell JE, Hartman RM, Parker D, et al. RSV among American Indian and Alaska Native children: 2019 to 2020. *Pediatrics*. 2023;152(2): e2022060435