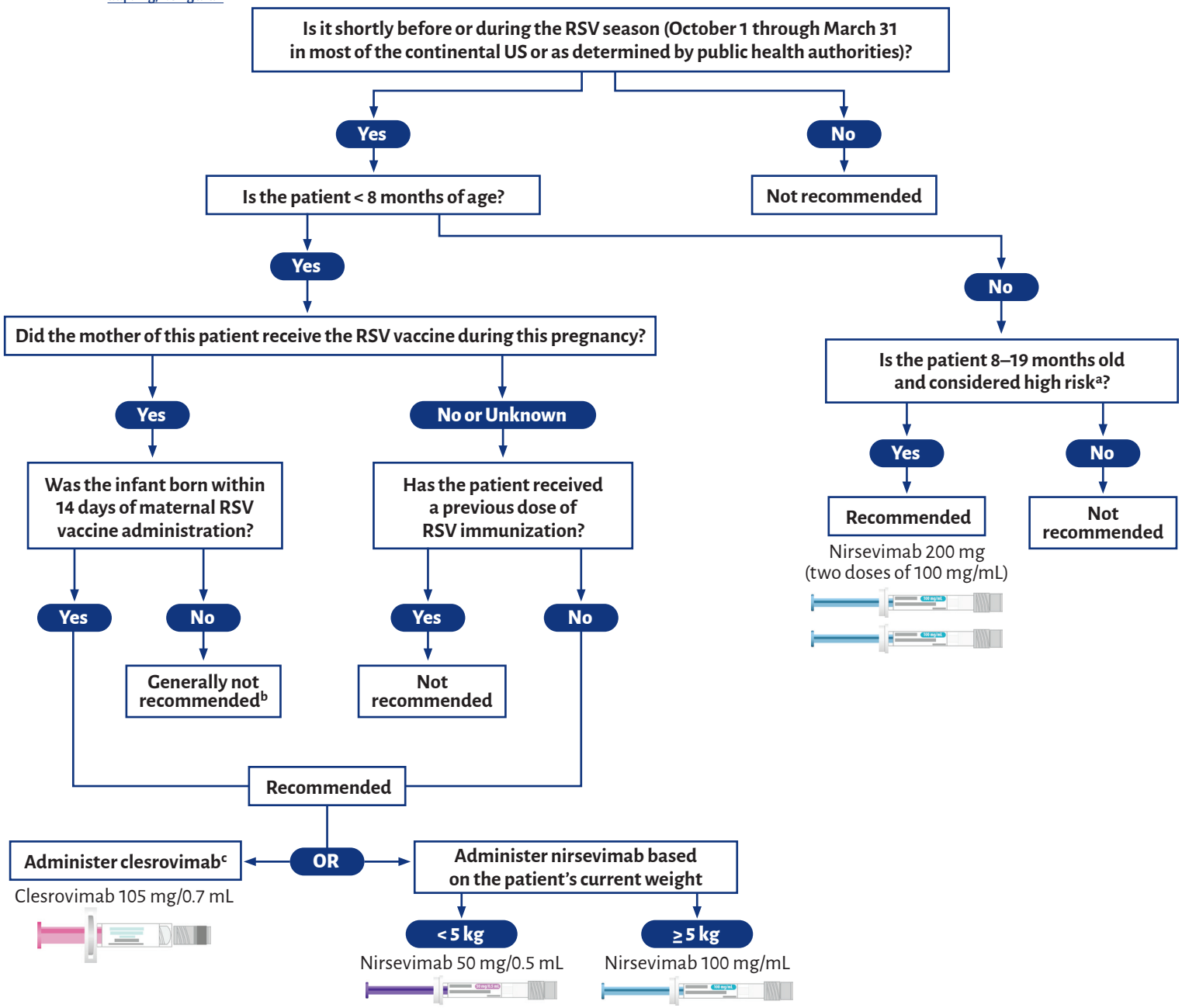
RSV Immunization Administration: Visual Guide

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View online at aap.org/RSVguide

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease:

- Children born preterm, at <32 weeks, 0 days' gestation, regardless of the need for medication or other support
- Children with chronic lung disease attributable to prematurity or to other significant neonatal conditions (eg, meconium aspiration or congenital diaphragmatic hernia) who required medical support (ie, 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 hemodynamically significant congenital heart disease (ie, a defect that can result in symptoms and/or cardiac chamber dilation)
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease
- Children with severe immunocompromise
- Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease
- Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year after birth 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. American Indian or Alaska Native children are included in the high-risk category because they experience significantly higher rates of severe RSV disease and hospitalization associated with social drivers of health, with children living in rural and reservation communities most impacted.

b. RSV immunization can be considered when, per the clinical judgment of the health care provider, the potential incremental benefit of administration is warranted, including but not limited to the following rare circumstances:

- Infants whose birthing parent may not have mounted an adequate immune response to RSV vaccination (eg, pregnant people with immunocompromising conditions)
- Infants whose birthing parent has a medical condition associated with reduced transplacental antibody transfer (eg, pregnant people living with HIV infection)
- Infants who have undergone antibody-depleting treatments or procedures such as plasmapheresis, cardiopulmonary bypass (see FDA package inserts at www.fda.gov/drugsatfda), or ECMO or exchange transfusion, 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)

c. Dosing for clesrovimab is not weight based.

NOTE: Always refer to the package insert included with each immunization product for complete administration information. For AAP's detailed RSV immunization recommendations, see https://doi.org/10.1542/peds.2026-079047.