

Title: Clinicians should begin offering RSV immunizations to prevent severe RSV infection

There is early evidence of increasing respiratory syncytial virus (RSV) activity in Oregon. Although we have not yet reached RSV season onset criteria, now is the time to begin administering nirsevimab and clesrovimab, the immunizations which prevent severe RSV infection in infants. Clinicians should continue to offer these immunizations through the end of the RSV season in Oregon. Each year, up to 3% of all infants are hospitalized for RSV infection. [RSV immunizations are highly effective at preventing severe RSV disease.](#)

The Centers for Disease Control and Prevention (CDC) recommend nirsevimab or clesrovimab for all infants* younger than 8 months of age born during or entering their first RSV season. Nirsevimab is also recommended for children 8-19 months of age at increased risk for severe RSV disease and entering their second RSV season.

Children at increased risk for severe RSV entering their second RSV season include:

1. Children who have chronic lung disease from being born premature who required medical therapy for their lung disease in the last 6 months
2. Children who are severely immunocompromised
3. Children with cystic fibrosis who have severe lung disease
4. American Indian and Alaska Native children, who experience disproportionately high rates of RSV-associated hospitalization

Additional information regarding RSV in infants and young children is available at: <https://www.cdc.gov/rsv/infants-young-children/>.

Nirsevimab and clesrovimab are covered at no cost by the [Vaccines for Children](#) program.

***CDC recommends one of two immunizations to protect infants from severe RSV—nirsevimab/clesrovimab or the maternal RSV vaccine given to those who are 32-36 weeks pregnant during the RSV season. Most infants do not require both.**

For questions regarding nirsevimab and clesrovimab, please contact vfc.help@odhsoha.oregon.gov.