

Title: Clinicians should continue offering the maternal RSV vaccine to prevent severe RSV infection in infants

Key points:

- RSV transmission remains elevated in Oregon.
- Clinicians should continue offering maternal RSV vaccine to all pregnant women during weeks 32 through 36 of pregnancy.
- OHA will alert clinicians via HAN when RSV activity is decreasing and maternal RSV vaccine administration may cease.

Respiratory syncytial virus (RSV) transmission remains elevated in Oregon. The West Coast Health Alliance (WCHA) recommends a maternal RSV vaccine for pregnant women to protect their babies from severe RSV disease.* The maternal RSV vaccine should be offered during weeks 32 through 36 of pregnancy during September through January as well as outside of this timeframe in areas where RSV circulation is less predictable. Because RSV seasonality is unpredictable in Oregon, Oregon Health Authority (OHA) uses local epidemiology to guide RSV immunization recommendations.

OHA will alert clinicians via HAN when RSV activity is decreasing and clinicians may discontinue maternal RSV vaccine administration.

Additional information regarding the maternal RSV vaccine is available at:
<https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/pregnant-people.html>.

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

*The WCHA recommends one of two immunizations to protect infants from severe RSV—the maternal RSV vaccine or nirsevimab/clesrovimab. Most infants do not require both.

For questions regarding RSV immunization recommendations, please contact
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