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**Clinical Advisory: Massachusetts Department of Public Health (DPH)
Guidance on Extending the Administration of Respiratory Syncytial Virus (RSV)
Monoclonal Antibody to Eligible Infants During the Current RSV Season Through April
30, 2026**

March 23, 2026

This document provides guidance from the Massachusetts Department of Public Health (DPH) regarding the recommendation to extend administration of RSV monoclonal antibody immunization to eligible infants during the current RSV season through April 30, 2026.

Massachusetts Department of Public Health (DPH) is advising clinicians to continue to administer respiratory syncytial virus (RSV) monoclonal antibody immunizations to eligible infants **through April 30, 2026** of the 2025-2026 RSV season. This recommendation is based on ongoing RSV activity observed in the Commonwealth and the immediate region.

Healthcare providers should continue to assess RSV immunization status of infants and administer RSV immunization to eligible infants who have not yet received protection during the current RSV season through April 30, 2026.

Respiratory syncytial virus (RSV) is one of the most common causes of childhood illness in infants. RSV infection most commonly causes a cold-like illness in infants but can also be associated with health-threatening lower respiratory tract involvement, such as bronchiolitis and pneumonia. RSV is the leading cause of lower respiratory tract infection and hospitalization among young infants in the United States. Very young infants less than 8 months of age (including healthy infants without underlying conditions), and infants with history of medical conditions such as prematurity, immuno-compromising conditions, cystic fibrosis, and neuromuscular disorders are at highest risk of severe RSV disease.

The immunization of infants at risk for severe RSV disease has been proven to significantly reduce the risk of severe RSV disease during the RSV season. Infants at risk for severe RSV disease should be protected from severe RSV disease during the RSV season by one of two immunization options: a monoclonal antibody administered to eligible infants or maternal

vaccine (Abrysvo, Pfizer). Both options for infant RSV protection provide passive immunization via the transfer of protective antibodies against RSV to the infant.

In most regions of the United States, RSV season usually starts in the fall and peaks in the winter and declines in late winter and early spring. RSV monoclonal antibodies are administered to infants during the RSV season. The seasonal administration window has typically been October 1 through March 31. However, the timing of RSV season can vary from year to year. The current RSV season (2025-2026) started late and is continuing later into the spring than is typical compared to recent years. Current surveillance data indicate continued circulation of RSV at significant levels in several regions of the country, including Massachusetts. **Therefore, DPH recommends that clinicians continue immunizing eligible infants against RSV disease with RSV monoclonal antibody (clesrovimab or nirsevimab) through April 30, 2026. Extending the administration window for RSV monoclonal antibody immunization through April will provide protection to infants who remain susceptible to infection while RSV continues to circulate.** However, the seasonal administration window for maternal RSV vaccination to protect infants is from September 1 through January 31 is unchanged. **Clinicians should not administer maternal RSV vaccine (Abrysvo, Pfizer) to pregnant individuals outside of the September 1 through January 31 seasonal administration window.**

The current guidelines about the timing of infant RSV antibody administration are intentionally flexible to accommodate for potential season-to-season variation in the onset and duration of RSV circulation.

DPH Clinician Guidance for 2025-2026 Infant RSV Immunization:

1. For the current 2025-2026 RSV season, administer RSV monoclonal antibodies (clesrovimab or nirsevimab) to eligible infants through April 30, 2026. Infants [eligible for RSV immunization](#) include:
 - All Infants younger than 8 months of age are recommended to receive RSV immunization (clesrovimab or nirsevimab) if:
 - The mother did not receive RSV vaccine during pregnancy, or
 - The mother's RSV vaccination status is unknown, or
 - The infant was born within 14 days of maternal RSV vaccination. Infants born to people who received the maternal vaccine 14 days or more before birth generally do not need infant RSV immunization.
 - Some children aged 8–19 months are recommended to receive RSV immunization. Administer nirsevimab (clesrovimab cannot be used for children age ≥8 months) if one of the following conditions is present:

- Chronic lung disease of prematurity that 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
 - Severe immunocompromise
 - Cystic fibrosis with either 1) 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 2) weight-for-length <10th percentile
 - American Indian or Alaskan Native ethnicity
2. The seasonal administration window for maternal RSV vaccination to protect infants is from September 1 through January 31. **Clinicians should not administer maternal RSV vaccine outside of this seasonal administration window.** Because maternal RSV vaccination occurs before the infant is born, it is difficult to adjust vaccination timing based on year-to-year variations in RSV circulation.
 3. **The extended administration window for infant RSV monoclonal antibody administration pertains to the 2025-2026 RSV season only.** For subsequent RSV seasons, DPH will monitor RSV epidemiology and provide clinical guidance based on timing of RSV circulation.
 4. **RSV vaccination is also used to protect older adults from severe RSV disease.** Adults 75 years of age and older and adults aged 50 to 74 years with [certain medical conditions](#) should receive one lifetime dose of RSV vaccine. **RSV vaccination of older adults, unrelated to pregnancy, is not seasonal. RSV vaccination of the older adult population may occur year-round.**

State-supplied infant RSV monoclonal antibody for administration during the 2025–2026 respiratory season will remain available for ordering by enrolled provider sites through MIIS until April 30, 2026. DPH strongly encourages providers to use existing supplies and only order additional doses that are needed for the rest of the current season. Although previously distributed product can be used next season based on its expiration date, it is best to avoid maintaining inventories over the summer in case of a storage and handling issue that could lead to costly vaccine restitution.

Thank you for your continued partnership and for your ongoing commitment to protecting the health of the residents and communities across Massachusetts.

Resources

- [Massachusetts Department of Public Health Respiratory Illness Dashboard](#)
- [CDC RSV Immunization Guidance for Infants and Young Children](#)
- [American Academy of Pediatrics Respiratory Syncytial Virus \(RSV\) Prevention](#)

- [Use of Clesrovimab for Prevention of Severe Respiratory Syncytial Virus–Associated Lower Respiratory Tract Infections in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025](#)
- [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](#)