RSV & nirsevimab: *the on-call essentials.*

A revision card on respiratory syncytial virus (RSV) prevention with monoclonal antibodies. Dosing, the seasonal window, the evidence, and the recent changes worth keeping fresh.

1
single dose per season — unlike monthly palivizumab

~5
months of minimum protection from one nirsevimab dose

Oct–Mar
typical season window in the northern hemisphere

THE ONE-LINE CONCEPT

Nirsevimab is a **long-acting monoclonal antibody** targeting **antigenic site Ø on the prefusion conformation** of the RSV F protein. It's not a vaccine: it gives immediate **passive immunization**, without relying on the infant mounting a response. A single IM dose covers a whole season. (Clesrovimab targets site IV, present in both pre- and postfusion.)

DOSING RULE – THINK WEIGHT

<5	**50 mg** nirsevimab (purple plunger) — infant <5 kg, 1st season
≥5	**100 mg** nirsevimab (light-blue plunger) — infant ≥5 kg, 1st season
2nd<8	**100 mg** — <8 months in 2nd season (eligible)
2nd≥8	**200 mg** (2 × 100 mg) — high-risk children 8–19 m, 2nd season

Sources: AAP Policy Statement Pediatrics 2025 (156:5); CDC/ACIP 2023–2025; AAP RSV Administration & FAQ 2025–2026; MELODY and HARMONIE trials. Verified 2026.

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WHO AND WHEN

- **All infants <8 months** born during or entering their first RSV season — **except** if the mother received the maternal vaccine ≥14 days before delivery (then not routinely recommended, barring risk exceptions).
- **High-risk children 8–19 months** (severe prematurity, chronic lung disease, congenital heart disease, immunocompromise) entering their second season.
- Born in-season: ideally in the **first week of life**. Born off-season: just before onset (Oct–Nov).

RECENT CHANGES YOU CAN'T MISS

01

Palivizumab is out

No longer routinely recommended and **discontinued Dec 31, 2025**. If a child got palivizumab in season 1 and remains eligible, they get nirsevimab in season 2.

02

New player: clesrovimab

Second monoclonal (Enflonsia, 2025): **105 mg** single weight-independent dose, first season only. Not approved for the 2nd season — use nirsevimab for that.

03

Co-administration

Given **IM only** and may be co-administered with routine vaccines.

EVIDENCE IN ONE LINE

Pivotal trials (MELODY, HARMONIE) and real-world data (CDC, 2023–2024 season) show a substantial reduction in RSV hospitalizations and ED encounters among first-season infants.

> *The method lesson: always verify the season and the current guideline. In RSV, the recommendation changed twice in two years.*

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