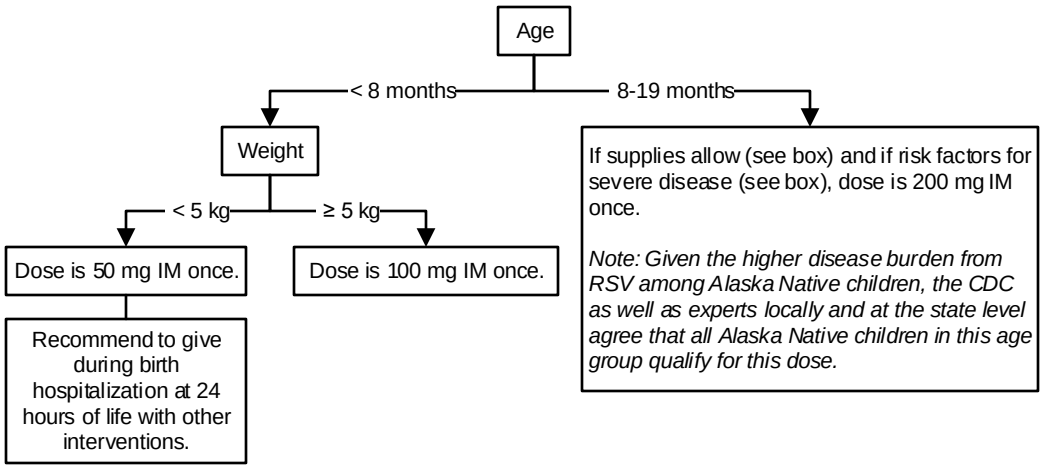
Yukon-Kuskokwim HEALTH CORPORATION

Clinical Guideline

Nirsevimab 2024-2025 Season

General

- Nirsevimab (brand name Beyfortus™) is a monoclonal antibody to prevent RSV.
- Studies show that nirsevimab prevents ~80% of hospitalizations when given to infants <8 months.
- The season will be September 13, 2024 through March 31, 2025. This may be extended if RSV is still being seen at the end of this period.
- At YKHC, dose will be given during the birth hospitalization at 24 hours of life whenever possible.
- NOTE: The AAP recommends that nirsevimab not be given to infants whose birthing parents have received the vaccine (Abrysvo™) during that pregnancy more than 14 days prior to delivery unless the infant is at "substantially increased risk for severe disease." Local experts have agreed that Alaska Native children are at increased risk of severe disease.
  - Thus, Alaska Native infants may be given nirsevimab during the birth hospitalization regardless of birthing parent vaccine status.
  - If the birthing parent received the vaccine during a previous pregnancy but not the most recent pregnancy, the recommendation is to give the infant nirsevimab.
  - Recommendations are still evolving for infants without risk factors for severe disease. If the birthing parent of a non-Alaska Native infant has received Abrysvo™ >14 days prior to delivery, that infant does not meet criteria for nirsevimab at birth but may benefit from administration at 3-6 months of life. This guideline will be updated as recommendations become available.



Allocation of Doses if Limited Supply

In the event of a shortage, nirsevimab will be allocated to highest risk patients first through a tier system. Tiers will be communicated by email whenever there is a change.

Tier 1: Lowest supply - only give to highest-need patients: infants <8 months, older patients designated high-risk by previously used palivizumab criteria (this will be noted on the patient's Problem List).
Tier 2: Medium supply or more supply expected soon - give to all Alaska Native infants <12 months as well as all Tier 1 patients.
Tier 3: Full supply - give to any infant who meets criteria per this guideline.

Risk Factors for Severe Disease

Children who meet the following criteria may receive a dose of nirsevimab between 8-19 months.

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of their second RSV season.
- Children with severe immunocompromise.
- All American Indian and Alaska Native children – as supply allows. Non AI/AN children without risk factors do not qualify for a second season dose.
- Cystic fibrosis patients who have 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) <10th percentile weight-for-length.

Palivizumab (Synagis®)

- Non-Alaska Native children between 8-23 months with chronic lung disease or congenital heart disease may meet criteria for palivizumab.
- See the **Alaska State Epidemiology Bulletin for the 2022-2023 criteria for palivizumab** for more details.

References and Resources

- **Alaska State Epidemiology Bulletin for Nirsevimab**
- **Alaska State Epidemiology Bulletin for RSVPreF Vaccine (Abrysvo)**
- **AAP FAQ for Nirsevimab**

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.
Approved by Clinical Guideline Committee 9/16/24.
Click here to see the supplemental resources for this guideline.
If comments about this guideline, please contact Leslie_Herrmann@ykhc.org.