

Respiratory syncytial virus (RSV) is a common seasonal (i.e., October/November to March/April) virus that infects most children before the age of two years.^{1,2,5} Infection does not confer long-term immunity, which leads to continual reinfection throughout a patient's lifetime.¹ Also see our charts, [RSV Vaccines](#) and [RSV Monoclonal Antibodies](#).

Q Who is at risk of severe RSV disease?

- A**
- Those at risk of severe RSV disease (respiratory distress, bronchiolitis, pneumonia, hospitalization, and death) include^{2-5,a,c}
 - Infants and children less than two years. RSV is a leading cause of hospitalization of infants in the US and Canada.
 - Children with lung disease, congenital heart disease, neuromuscular disorders, Down syndrome, immunosuppressive disorders, and some infants in remote communities.
 - Older adults and patients with chronic lung disease, heart disease, or immunosuppressive disorders.

Q How can RSV be prevented?

- A**
- RSV is transmitted via respiratory droplets (inhaled and from contact with contaminated surfaces).²
 - [Monoclonal antibody formulations](#) provide passive immunization to prevent RSV in infants and young children.
 - [RSV vaccines](#) are available for pregnant patients and older adults.
 - Infants can be protected with either maternal immunization OR monoclonal antibodies. **Most infants do not need both.**⁴

Q Who should get a monoclonal antibody to prevent RSV?

- A**
- US:** ACIP recommends nirsevimab or clesrovimab for infants less than 8 months of age born during or entering their first RSV season and nirsevimab for children aged 8 to 19 months who are at increased risk of severe RSV disease entering their second RSV season.^{4,5,c}
 - Nirsevimab should be given for season 2 (as indicated) regardless of which monoclonal antibody was given during season 1.
 - For coding and billing of nirsevimab, see AAP (<https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/nirsevimab-coding-payment/>).
 - Canada:** NACI recommends working towards a universal infant immunization program with nirsevimab, prioritized as follows:³
 - Priority 1: Infants at increased risk of severe RSV disease.^{a,b}
 - Priority 2: All infants less than 8 months of age born during or entering their first RSV season.
 - If nirsevimab is not available or not feasible to administer, palivizumab can be administered to high-risk patients (see guidelines for specific high-risk indications for palivizumab use).³
 - Palivizumab is scheduled to be discontinued in the US and Canada as of December 31, 2025.^{5,6}
 - RSV antibodies can be given at the same time as routine childhood vaccines.⁴
 - Give each dose in a separate syringe and at different injection sites.

Q Who should get an RSV vaccine?

- A**
- A single dose of RSV vaccine is recommended for all adults 75 years and older (especially those at increased risk of severe RSV disease [Canada]).^{3,4}
 - For adults **50 to 74 years**, RSV vaccine is recommended for:
 - ACIP (US):** patients who are at increased risk of severe RSV disease.⁴
 - NACI (Canada):** **60 years and older** if residents of chronic care facilities and nursing homes. Can consider for patients **50 to 74 years** as an individual decision.³
 - In addition, the **RSV vaccine Abrysvo** is recommended for **pregnant patients** (32 weeks through 36 weeks gestation) to prevent RSV disease in newborns. One lifetime dose is currently recommended (i.e., repeat dosing with subsequent pregnancies is not recommended due to lack of data).^{3,4}
 - ACIP (US) recommends Abrysvo for seasonal use (usually September through January).⁴
 - NACI (Canada) recommends shared decision making (taking into account gestational timing and RSV season) rather than routine vaccination.^{2,3}
 - CDC and Health Canada state that RSV vaccines can be coadministered with other vaccines; however, data on coadministration are limited.^{2,4}

Abbreviations: AAP = American Academy of Pediatrics; ACIP = Advisory Committee on Immunization Practices; LRTD = lower respiratory tract disease; NACI = National Advisory Committee on Immunization; RSV = respiratory syncytial virus.

Footnotes

- a. In Canada, nirsevimab is recommended for infants during their first RSV season with increased risk of severe RSV disease:³
 - all infants born at less than 37 weeks gestational age.
 - chronic lung disease (including bronchopulmonary dysplasia) requiring ongoing assisted ventilation, oxygen therapy, or chronic medical therapy in the six months prior to RSV season.
 - cystic fibrosis with respiratory involvement and/or growth delay.
 - hemodynamically significant chronic cardiac disease.
 - severe immunodeficiency.
 - severe congenital airway anomalies or neuromuscular disease that impair the clearing of respiratory secretions.
 - Down syndrome.
 - infants whose transportation for treatment of severe RSV is complex (e.g., remote communities) and/or if risk intersects with established social and structural health determinants (e.g., some First Nations, Metis, and Inuit populations).
- b. In Canada, nirsevimab is recommended for infants during their second RSV season with ongoing risk of severe RSV disease:³
 - All risks listed in footnote “a” above except for infants born prior to 37 weeks gestational age and infants with Down syndrome.
- c. In the US, nirsevimab is recommended for children between the ages of 8 and 19 months, entering their second RSV season, with increased risk of severe RSV disease:⁴
 - chronic lung disease of prematurity, requiring medical support during the six months prior to RSV season.
 - severe immunocompromise.
 - cystic fibrosis with manifestations of severe lung disease OR abnormalities on chest imaging that persist when stable OR weight-for-length rate is less than the 10th percentile.
 - American Indian or Alaska Native children.

References

1. Jain H, Schweitzer JW, Justice NA. Respiratory Syncytial Virus Infection. [Updated 2023 Jun 20]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK459215/>.
2. Government of Canada. Respiratory syncytial virus (RSV): for health professionals. June 21, 2024. <https://www.canada.ca/en/public-health/services/diseases/respiratory-syncytial-virus-rsv/health-professionals.html>. (Accessed September 10, 2025).
3. Government of Canada. An Advisory Committee Statement (ACS). National Advisory Committee on Immunization (NACI). Statement on the prevention of respiratory syncytial virus (RSV) disease in infants. May 17, 2024. <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/vaccines-immunization/national-advisory-committee-immunization-statement-prevention-respiratory-syncytial-virus-disease-infants/naci-statement-2024-05-17.pdf>. (Accessed September 10, 2025).
4. CDC. RSV guidance for RSV immunizations and vaccines. August 18, 2025. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/?CDC_AAref_Val=https://www.cdc.gov/vaccines/vpd/rsv/hcp/pregnant-people.html. (Accessed September 10, 2025).
5. Moulia DL, Link-Gelles R, Chu HY, et al. 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. MMWR Morb Mortal Wkly Rep. 2025 Aug 28;74(32):508-514.
6. Wong JMH, Lavoie PM. Respiratory Syncytial Virus Immunization Review for Prenatal Care Providers. J Obstet Gynaecol Can. 2025 Aug 5:103064.

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