

MnVFC Announcement

Date: October 27, 2023

To: MnVFC Providers

From: MnVFC Program

Re: **Nirsevimab (Beyfortus) Supply Constraints – Prioritization Recommendations**

Please route to:

- Clinical supervisor
- Medical director
- Clinic manager
- Clinic staff
- Pharmacy
- Vaccine staff

On Oct. 23, the CDC put out a Health Advisory with recommendations to protect infants from RSV during the 2023-2024 respiratory virus season while supply is limited. For more information, visit [CDC Health Advisory: Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from Respiratory Syncytial Virus \(RSV\) during the 2023–2024 Respiratory Virus Season \(https://emergency.cdc.gov/han/2023/han00499.asp\)](https://emergency.cdc.gov/han/2023/han00499.asp).

MDH subsequently put out a Health Advisory on Oct. 24. Visit [Health Advisory: Nirsevimab for RSV Prevention – Supply Issues \(www.health.state.mn.us/communities/ep/han/2023/oct24rsv.pdf\)](http://www.health.state.mn.us/communities/ep/han/2023/oct24rsv.pdf) for more information.

- For infants weighing less than 5 kg, ACIP recommendations are unchanged. For infants born before October 2023, administer a 50mg dose of nirsevimab now. For infants born during October 2023 and throughout the RSV season, administer a 50mg dose of nirsevimab in the first week of life.
- Prioritize the use of Nirsevimab 100 mg doses for infants weighing ≥ 5 kg for infants at highest risk of severe RSV disease:
 - Young infants under 6 months.
 - American Indian and Alaska Native infants under 8 months.
 - Infants aged 6 to under 8 months with conditions that place them at high risk of severe RSV disease such as premature birth at less than 29 weeks' gestation, chronic lung disease of prematurity, hemodynamically significant congenital heart disease, severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile), neuromuscular disease or congenital pulmonary abnormalities that impair the ability to clear secretions.
- Encourage RSVpreF vaccine (Abrysvo, Pfizer) when counseling pregnant people as another effective option for RSV prevention in infants.
- Use palivizumab for eligible children age 8 through 19 months per AAP recommendation [American Academy of Pediatrics: Palivizumab Prophylaxis in Infants and Young Children at Increased Risk of Hospitalization for Respiratory Syncytial Virus Infection \(https://publications.aap.org/pediatrics/article/152/1/e2023061803/192153/Palivizumab-Prophylaxis-in-Infants-and-Young?\)](https://publications.aap.org/pediatrics/article/152/1/e2023061803/192153/Palivizumab-Prophylaxis-in-Infants-and-Young?).
- Continue to advise patients to take measures to prevent the spread of respiratory illnesses.

While borrowing of nirsevimab is allowed, prioritize MnVFC stock for eligible infants while supplies are constrained to ensure equitable access of this product. By requesting MnVFC nirsevimab, you are committing to administer the product to MnVFC-eligible children this viral respiratory season.

Stay tuned for future communications as this situation is evolving.

MnVFC Program

651-201-5522 or 1-800-657-3970

www.health.state.mn.us/vfc

health.mnvfc@state.mn.us