

# Nirsevimab (Beyfortus<sup>®</sup>, Sanofi and AstraZeneca)



## What is nirsevimab? Who should get it?

Nirsevimab is a monoclonal antibody given for the prevention of [severe RSV disease](#). Nirsevimab is not a vaccine. CDC recommends nirsevimab for:

- Infants younger than 8 months of age who are born during or are entering their first RSV season 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 the mother receiving the RSV vaccine.
- Some children ages 8 through 19 months who are at [increased risk](#) for severe RSV disease and entering their second RSV season.

### Nirsevimab should not be given to:

- Infants whose mother received [RSV vaccination](#) during pregnancy, except in [rare](#) circumstances.
- Children over the age of 19 months
- Adults

## When is nirsevimab given?

- For infants born during October through March in most of the continental US, give nirsevimab in the first week of life—ideally while they're still in the hospital after being born.
- If not given in the hospital, administer in outpatient settings, like at newborn or 2-, 4-, 6- month well-child visits.
- For infants born April through September, and for young children who are at [increased risk](#) for severe RSV disease and entering their second RSV season, the best time to give nirsevimab is shortly before the RSV season begins. In most of the continental US, that season is October through November.

**Most infants only need one dose, and it can be given during the same visit as other routine childhood vaccines.**

## What are [contraindications and precautions to nirsevimab](#)? What should I screen for before I give it?

Use a comprehensive screening tool to make sure your patient doesn't have a history of a [severe allergic reaction](#), such as anaphylaxis, to nirsevimab or to any of its components. Refer to the [Beyfortus \(nirsevimab\) product label](#) for a list of product components.

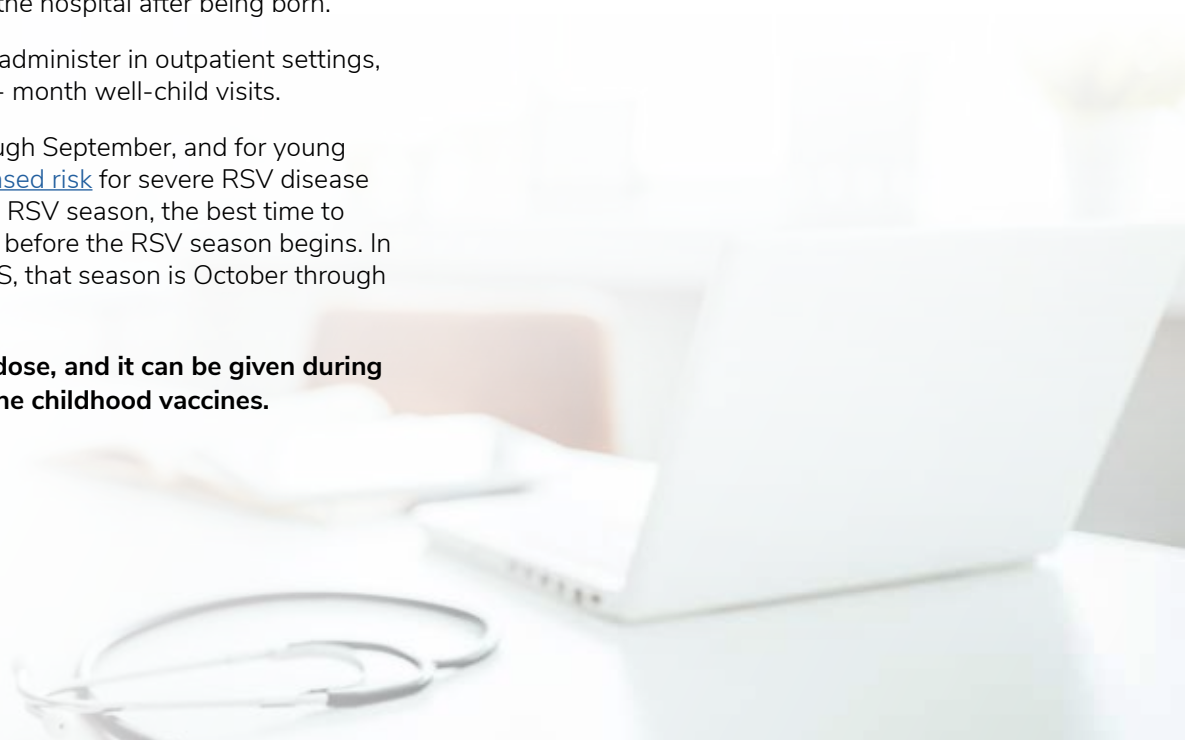
## How is nirsevimab stored and supplied?

The manufacturer supplies nirsevimab in manufacturer-filled syringes in two dose options:

- 50 mg/0.5mL, with a purple plunger rod
- 100 mg/mL, with a light blue plunger rod

**Store the manufacturer-filled syringes in the refrigerator between 36°F to 46°F (2°C to 8°C), in their original carton to protect them from light.**

- Don't freeze the syringes or expose them to heat.



## How should I prepare nirsevimab?



↑  
Scan the  
QR code for  
complete  
instructions for  
administering  
nirsevimab.

- Attach a brand-new, sterile Luer lock needle to the manufacturer-filled syringe.
  - » Don't shake the syringe.
- The liquid in the syringe should be shimmery and colorless or yellow. If it is discolored or has anything floating in it, **discard it appropriately.**

**After you take a syringe out of the refrigerator, use it within 8 hours.**

- If you don't use it within this time, **discard it appropriately.**
- Don't put syringes back into the refrigerator after you take them out.

## How should I give nirsevimab?



↑  
Scan the  
QR code for  
CDC clinical  
vaccine  
administration  
resources.

For infants aged less than 8 months: **give the entire contents of the syringe by intramuscular (IM) injection, preferably in the anterolateral thigh (vastus lateralis muscle):**

- » one 50 mg dose for infants weighing less than 5 kg (less than 11 lb)
- » one 100 mg dose for infants weighing 5 kg or more (11 lb or more)
- For infants and young children aged 8 through 19 months, give 200 mg as two separate 100 mg injections.
  - » Give the injections at different sites (e.g., one in each thigh).
- Don't give nirsevimab in the gluteal muscle.

**If you're giving other immunizations at the same visit, give them at a different location appropriate for the patient's age group—the other thigh, or at least 1 inch from where you gave nirsevimab.**

## What else should I remember when I give nirsevimab?

- The most commonly reported adverse reactions to nirsevimab have been rash within 14 days after receiving the dose and injection site reaction, such as pain or swelling, within 7 days after administration.
- Give the infant's parent or other legal representative the [nirsevimab Immunization Information Sheet](#) (IIS) before giving nirsevimab to the child.

Visit [cdc.gov/vaccines/hcp](https://cdc.gov/vaccines/hcp) for more information