Implementation and Uptake of Nirsevimab and Maternal Vaccine for Infant Protection from RSV

Immunization Services Division

Centers for Disease Control and Prevention

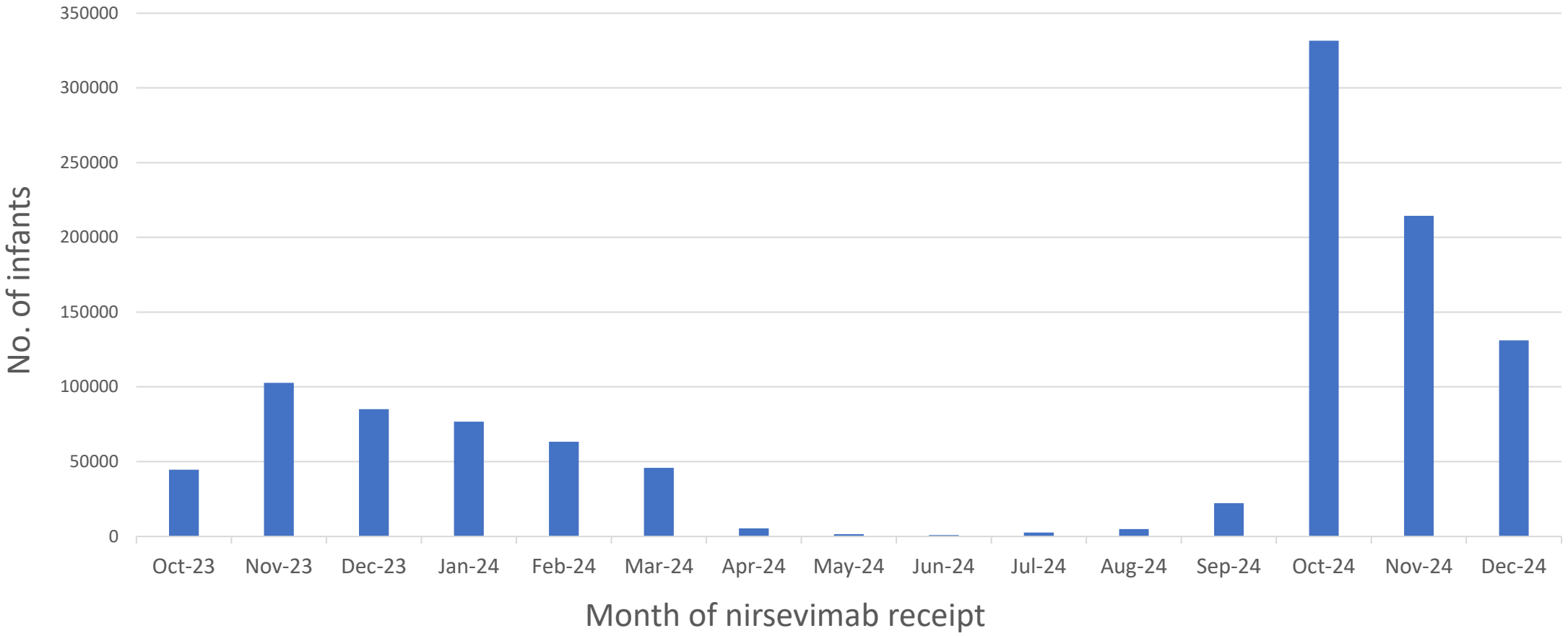
June 25, 2025

Data sources used to estimate U.S. immunization coverage

- **National Immunization Survey (NIS):**
  - Random-digit-dial cellular telephone survey of adults age ≥18 years in the U.S. (all 50 states, 5 local jurisdictions, and territories); all responses are self reported.
  - Sample size: ~15,000 adult respondents weekly, ~60,000 adult respondents monthly
  - Data are weighted to represent the non-institutionalized U.S. population
- **Immunization Information Systems (IISs):**
  - Confidential, population-based databases that record all vaccine doses administered by participating providers in a specific geographic area
  - ISD receives monthly aggregate data for COVID, influenza, and RSV, and quarterly line-level, de-identified data for individual immunizations
- **Vaccine Safety Datalink:**
  - Estimates of vaccination coverage are based on electronic health data from multiple integrated health systems

Coverage for Nirsevimab and Maternal Vaccination

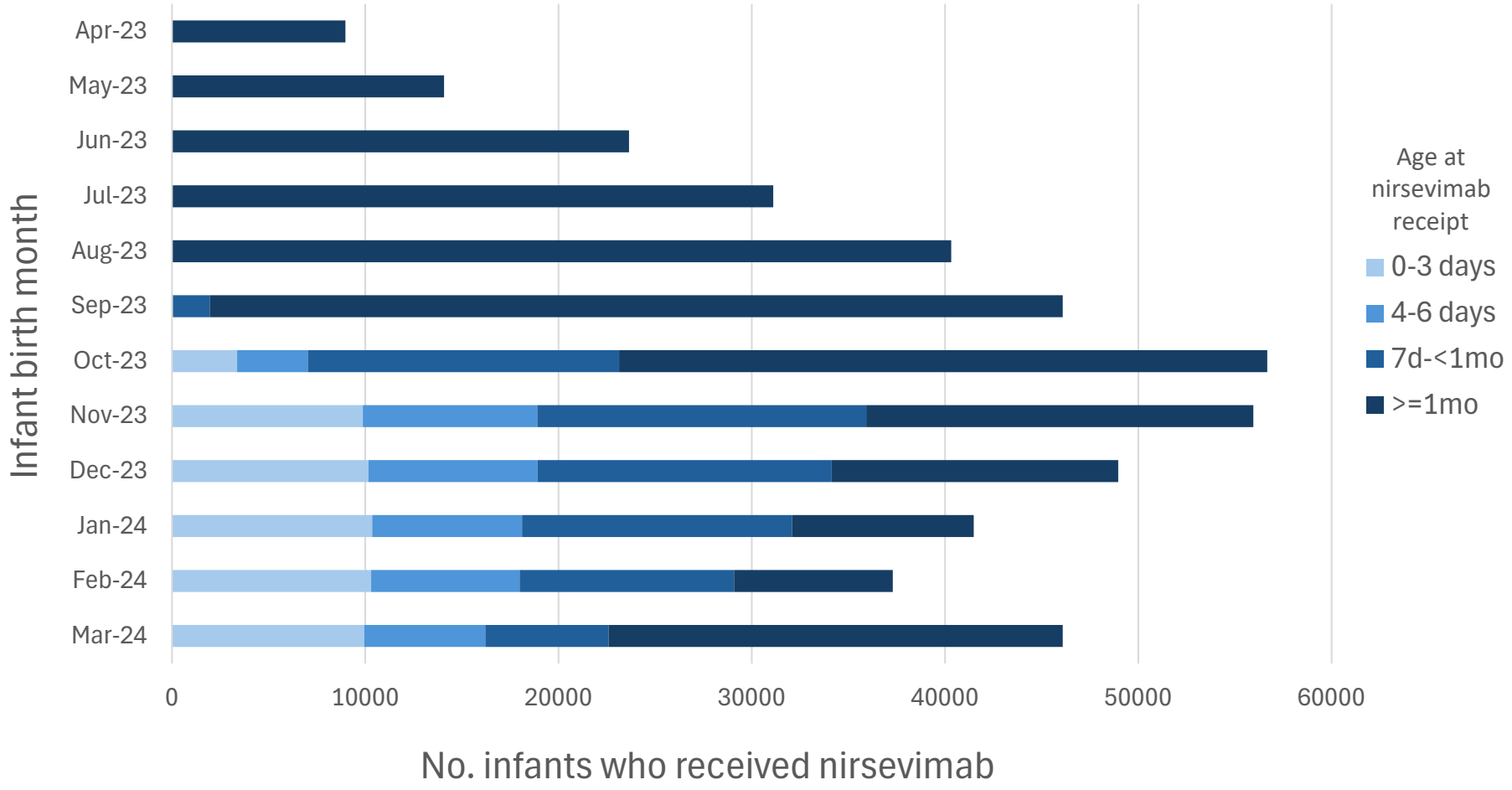
Number of infants <8 months old who received nirsevimab[+], by month of receipt, IIS data from 36 U.S. jurisdictions, October 2023–December 2024*



[+] Includes infants <8 months of age who received ≥1 dose of nirsevimab prior to January 1, 2025.

* Preliminary IIS data through 12/31/24 from 36 U.S. jurisdictions (AK, AR, AZ, CA, CT, DC, DE, FL, IL, IA, KY, LA, MD, ME, MI, MN, MO, MS, MT, NJ, NM, NV, NY, OH, OK, PA, SD, TN, TX, VT, WA, WI, WV, WY, NYC, Philadelphia).

Infant age at nirsevimab receipt, by birth month Apr2023–Mar2024*



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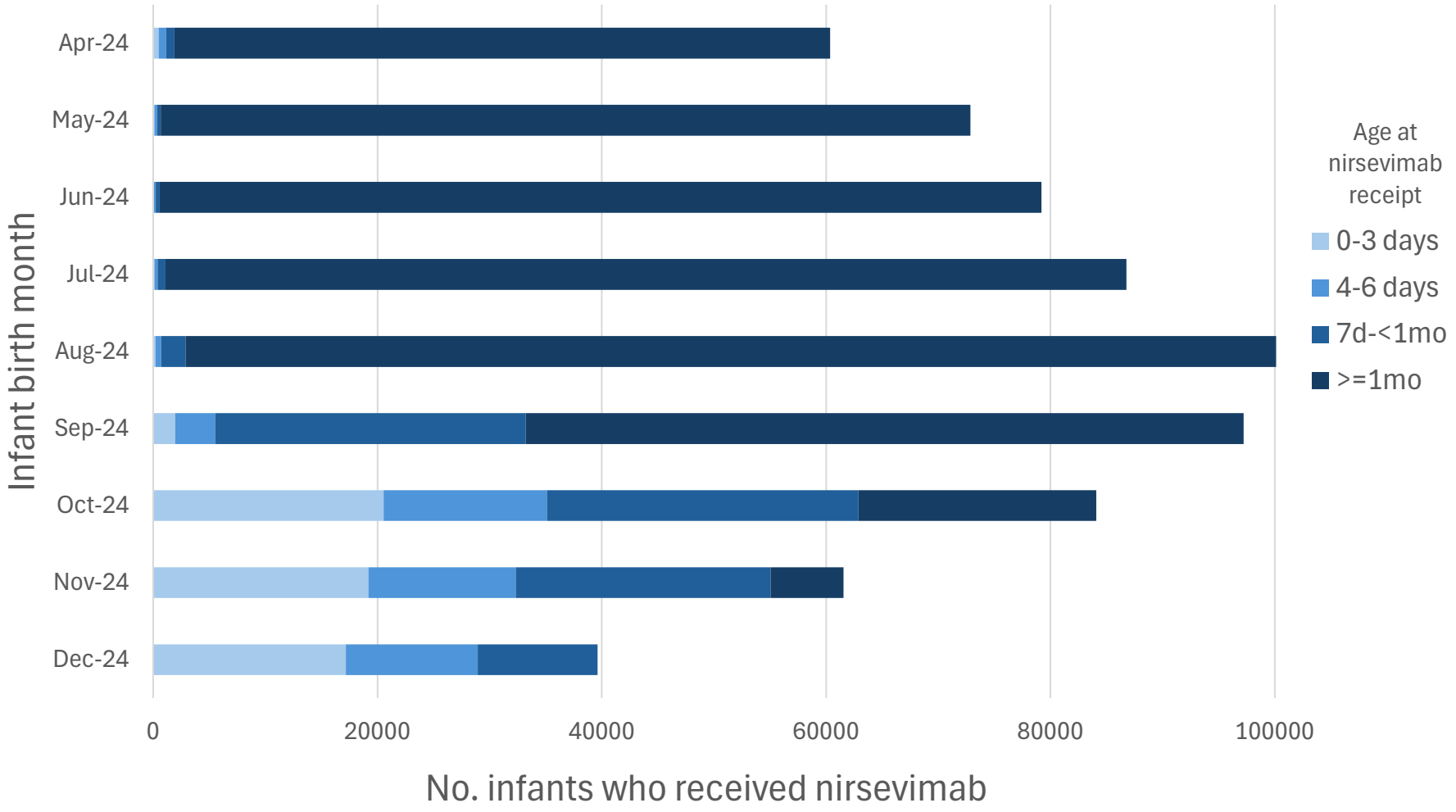

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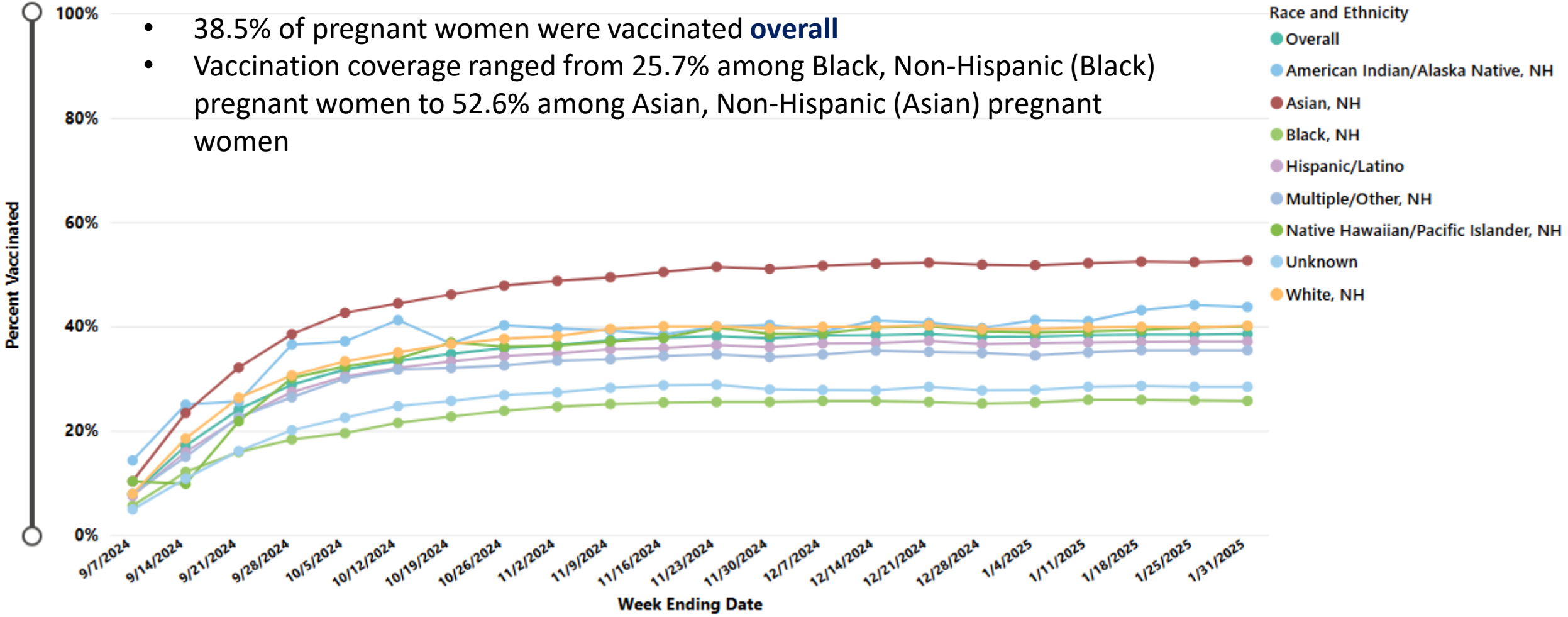
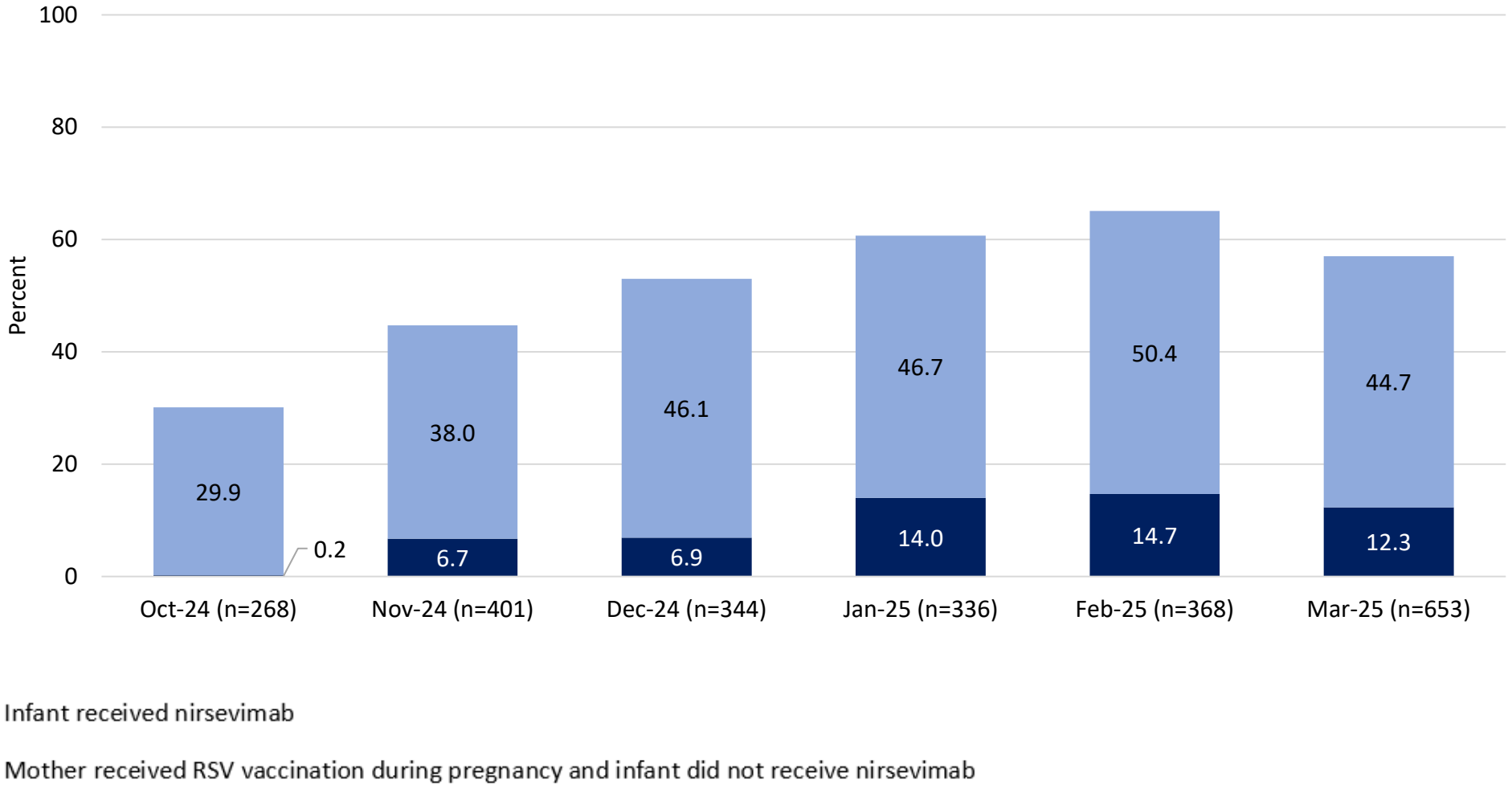
Percent of pregnant women ages 18–49 years vaccinated with RSV vaccine **overall** and by race and ethnicity, Vaccine Safety Datalink, 2024–25

- 38.5% of pregnant women were vaccinated **overall**
- Vaccination coverage ranged from 25.7% among Black, Non-Hispanic (Black) pregnant women to 52.6% among Asian, Non-Hispanic (Asian) pregnant women



Data source: [Respiratory Syncytial Virus (RSV) Vaccination Coverage, Pregnant Women, United States | RSVVaxView | CDC]

Protection against RSV with maternal vaccination or nirsevimab among infants <8 months* during the RSV season (born since April 2024), National Immunization Survey-Fall Respiratory Virus Module



57% of infants born April 2024-March 2025 were protected from RSV by maternal vaccination or receipt of nirsevimab.

*Born April 2024-March 2025

Data source: https://www.cdc.gov/rsvvaxview/dashboard/nirsevimab-coverage-infants.html

Birthing Hospital Enrollment in VFC to Facilitate Nirsevimab Administration

Protecting Newborns against RSV

- **For infants born during October through March, nirsevimab should be administered in the first week of life – ideally during the birth hospitalization.[1]**

- **Children who lack commercial insurance coverage (~45%)[2] are less likely to be seen by their primary care provider (PCP) within one week of birth than are children who are commercially insured.**

- **Birthing facilities and their staff are critical to ensuring newborns are protected against RSV before hospital discharge, including newborns who qualify for the Vaccines for Children (VFC) program.**

1. Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR
2. CDC National Center for Health Statistics: Health Insurance Coverage: Early Release of Estimates From the National Health Interview Survey, January–June 2024

Benefits for Birthing Hospitals

- **Participation in the VFC Program:**
  - **Promotes equitable access to all ACIP-recommended vaccines**
  - **Enables newborns to receive the immunizations they need before hospital discharge**
  - **Reduces hospital's up-front costs**
    - Hospitals do not pay for nirsevimab or hepatitis B vaccines for VFC-eligible children
  - **Helps provide quality care to all infants who are at risk for RSV infection, regardless of insurance status**

Birthing Hospital Enrollment in VFC

- **2023**
  - 292 of 2,827 (10%) birthing hospitals were enrolled in VFC
- **Updated policy approaches, new partnerships, and communication**
- **2025*†:**
  - 1,012 (36%) birthing hospitals are enrolled in VFC
  - Substantial increase over a two-year period between October 2023 and March 2025

*Data as of March 31, 2025

† Data reported by the Provider Education Assessment and Reporting (PEAR) system

Supply and Ordering for RSV Monoclonal Antibody in the VFC program: 2025-2026 Season

- **Supply**
  - Anticipated to be sufficient to meet demand and to be available earlier than during the 2024-2025 season
  - Earlier supply (1) enables broad availability prior to the start of immunization, (2) promotes confidence in supply and program implementation.
- **Planning**
  - CDC will facilitate equitable availability of RSV monoclonal antibody across jurisdictions
  - Pre-season technical assistance around ordering will be provided to jurisdictions
    - Increased availability of 50mg doses of nirsevimab at the beginning of the season is anticipated.
    - Newly licensed clesrovimab can be available once it has been added to CDC's VFC contracts.

Summary

- **In 2024-2025, more infants who were born during RSV season and received nirsevimab did so in the first month of life compared to those born in the prior season of administration (2023-2024).**

- **Maternal immunization and RSV monoclonal antibody protected 57% of infants born April 2024-March 2025, showing the benefit of offering both options.**

- **Increased birthing hospital enrollment and improved early supply of RSV monoclonal antibody should provide greater access to protection from RSV in this upcoming season.**

Thank you

For more information, contact CDC/ATSDR
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TTY: 1-888-232-6348 www.cdc.gov www.atsdr.cdc.gov