COMPREHENSIVE IMMUNIZATION (CIM)

Recommendations for the use of immunization products against respiratory syncytial virus (RSV)

Pan American Health Organization 2025

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The Pan American Health Organization, with the support of its Strategic Advisory Group on Vaccine-Preventable Diseases, recommends the following on the use of maternal vaccine and long-acting monoclonal antibodies to prevent respiratory syncytial virus (RSV) disease in children younger than twelve months of age:

1. Countries should introduce either the maternal RSV vaccine (RSVpreF vaccine, Abrysvo®, Pfizer) or the monoclonal antibody nirsevimab (Beyfortus®, Sanofi/AstraZeneca), or both to reduce the morbidity and mortality associated with RSV disease.
2. For countries opting to use the RSV vaccine, it is best given to pregnant women in the third trimester of pregnancy at 32 – 36 weeks. Each country, with the advice of their National Immunization Technical Advisory Group (NITAG), will need to determine the optimal timing of vaccine administration and the period of the year when the vaccine will be offered, whether on a seasonal schedule for those giving birth during the RSV season, or throughout the entire year if their infants would be exposed to the circulation of RSV in any case.
3. Countries opting to use nirsevimab may consider administering it to all newborns at birth or soon thereafter, either for newborns entering the RSV season at any time, or for all births throughout the year, depending on the country's RSV epidemiology/seasonality, or for those newborns most at risk due to low birth weight, prematurity, congenital heart disease, chronic lung disease, Down syndrome, or immunodeficiency. Additional risk factors for acute lower respiratory infection can be considered, including socioeconomic vulnerability, overcrowding, exposure to second-hand tobacco smoke, and inability to breastfeed. These additional factors might further support RSV immunization access prioritization in context of economic constraints given the current high price of RSV immunization products, particularly of long-acting monoclonal antibodies.
4. Countries may also opt for use of the RSV vaccine in pregnant women whose newborns will enter or be delivered during the RSV season and use of nirsevimab in newborns outside of the RSV season or those most at risk.

Additional considerations

- It is important that countries seek the understanding of the epidemiology of RSV in their territory and the characteristics of the RSV vaccine and nirsevimab, including their timing of administration, in order to achieve the most optimal schedule for their settings, including economic considerations for sustainability of the EPI program.
- It is relevant that countries strengthen their surveillance systems for RSV disease and for monitoring the safety and effectiveness of the RSV vaccine and/or nirsevimab once introduced. The introduction of either or both products requires a major investment that will significantly reduce RSV severe disease and deaths. However, at the same time, it will impose additional expenditures which must not detract from the implementation of other essential childhood and adult vaccines or from the strengthening of the vaccination program where this is needed.
- Additional research into the effectiveness and safety of these products as well as economic evaluations, including budget impact studies and modeling for different settings and populations is encouraged. Research as to whether mothers who have received the RSV vaccine may need an additional dose at a subsequent pregnancy is also needed.