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PUBLIC HEALTH ADVISORY

To: Health Care Providers
From: Dr. Isaac Benowitz, State Epidemiologist
Subject: **Respiratory Syncytial Virus (RSV) Circulation and Extending the Availability of RSV Monoclonal Antibody Product Through April**
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Respiratory Syncytial Virus (RSV) Circulation and Extending the Availability of RSV Monoclonal Antibody Product Through April

In light of the extended respiratory syncytial virus (RSV) season and anticipated continued activity, this health advisory provides clinicians with updated recommendations for RSV vaccination for infants, pregnant women, and eligible adults who have not previously received RSV vaccination.

The Maine CDC is recommending clinicians maintain high index of suspicion for RSV in patients presenting with clinically compatible illness. **Maine health care facilities are advised to continue to make RSV monoclonal antibody products available to patients and eligible infants through April 30.** This represents an extension beyond the typical end date of March 30, reflecting the prolonged circulation of RSV this year.

Respiratory Syncytial Virus (RSV) activity in Maine is peaking later and lasting longer than in recent years. RSV is the leading cause of infant hospitalization in the U.S. For updated information on RSV circulation, see the Maine CDC Respiratory Virus Dashboard at <https://www.maine.gov/dhhs/mecdc/data-reports/diseases/infectious-disease/respiratory-dashboard>.

Recommendations for Infant and Young Children

- Administration of RSV monoclonal antibody is recommended for all infants younger than 8 months of age born during RSV season.
- Given continued activity, RSV season is being extended through April 2026 in Maine.
- RSV monoclonal antibody should ideally be given within one week after birth. Two long-acting RSV antibodies are available for infants up to 8 months old: nirsevimab and clesrovimab.

- Nirsevimab is also recommended for children 8 to 19 months who are at increased risk for severe RSV. This nirsevimab dose should be given as early as possible if going into the child's second RSV season and should continue through April 30. This dose is recommended for:
 - Children who were born prematurely and have chronic lung disease
 - Children with severe immunocompromise
 - Children with severe cystic fibrosis
 - American Indian and Alaska Native children

RSV Immunization Recommendations for Infants and Young Children		
Product	Age and Weight	Available through
Beyfortus (nirsevimab) 50 mg	All infants <8 months born during or entering their <i>first</i> RSV season and weighing less than 5 kg if the mother did not receive the maternal RSV vaccine.	April 30
Beyfortus (nirsevimab) 100 mg	Children age 8 to 19 months who are at increased risk for severe RSV, entering their <i>second</i> season, and weighing 5 kg and greater	April 30
Beyfortus (nirsevimab) 200 mg (2 x 100 mg)	Children up to 24 months of age for their <i>second</i> RSV season who remain at increased risk for severe RSV regardless of body weight	April 30
Enflonsia (clesrovimab) 105 mg	All infants <8 months born during or entering their <i>first</i> RSV season regardless of body weight if the mother did not receive the maternal RSV vaccine.	April 30

Considerations for the Fall 2026 RSV Season

The following information is for consideration between health care providers and their patients, regarding the timing of RSV vaccination, given the extended 2026 RSV season:

- Infants in their first RSV season who receive either RSV monoclonal antibody in March or April, but who do not meet the high-risk criteria, would not be eligible to receive another dose in the second RSV season (starting in October) *even if they are less than 8 months of age*.
- Infants who do not receive a dose of RSV vaccine in March or April would be able to get a dose during the fall months.
- Administration of RSV monoclonal antibodies in April will provide protection during the first months of life when an infant is at a higher risk for severe disease and during a period of known RSV circulation. However, administration in April will provide protection for a shorter duration of likely exposure (spring 2026) compared with administration in the fall (October 2026 through March 2027).

Maternal RSV Recommendations

- Pregnant women should get the RSV vaccine from September through January (i.e., 1 to 2 months before the anticipated start of RSV season through 2 to 3 months before the anticipated end of the RSV season) to protect the baby against severe RSV disease at birth.
- The U.S. CDC does not recommend maternal vaccination outside of this period in most of the U.S. because vaccinating a pregnant woman in February or March for an infant born in April or May will provide that infant with limited protection during the RSV season (typically fall and winter).
- Infants are better protected by receiving nirsevimab just before or at the start of the RSV season. Because administration happens before the baby is born, it is difficult to adjust vaccination timing based on year-to-year variations in RSV circulation.
- The Maine CDC is *not recommending* any change to the period of RSV vaccination for pregnant women in Maine.

Adult RSV Recommendations

- Eligible adults who have not previously received RSV vaccination may be vaccinated with a single dose at any time of year.
- The RSV vaccine for adults is a one-time vaccine, and eligible adults do not need to get an additional dose every RSV season.
- American Academy of Family Physicians recommendations for RSV vaccination in adults can be found here: [Respiratory Syncytial Virus \(RSV\) Vaccines | AAFP](#).

For More Information

- The Maine CDC Respiratory Virus Dashboard <https://www.maine.gov/dhhs/mecdc/data-reports/diseases/infectious-disease/respiratory-dashboard>
- The National Respiratory and Enteric Virus Surveillance System (NREVSS) – <https://www.cdc.gov/nrevss/php/dashboard/index.html>
- American Academy of Family Physicians (AAFP) RSV Clinical Guidance – https://www.aafp.org/dam/AAFP/documents/patient_care/immunizations/rsv/
- American Academy of Pediatrics (AAP) RSV Prevention Webpage – <https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/>
- AAP RSV Administration Visual Guide – <https://downloads.aap.org/AAP/PDF/RSV-Immunization-Adminstration-Visual-Guide.pdf>