Maryland
DEPARTMENT OF HEALTH
Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

October 24, 2023

Dear Colleagues:

We recently notified Maryland clinicians about important new tools available to help prevent respiratory syncytial virus (RSV) infection: new RSV vaccines; and nirsevimab (Beyfortus™), a new long-acting monoclonal antibody product recommended for preventing lower respiratory tract disease in infants. Currently supplies of nirsevimab are limited nationwide. We want to make you aware of recommendations made by CDC yesterday in the context of limited nirsevimab supply at the start of the 2023–2024 RSV season.

As a reminder, because of the high incidence of severe RSV disease in the first months of life, RSV prevention products focus on passive immunization of young infants through maternal immunization (with vaccine) or immunoprophylaxis of infants with monoclonal antibodies. While RSV activity in Maryland remains low compared to this time last year, RSV is increasing and, per CDC, RSV activity has increased to seasonal epidemic levels in the Southern regions of the United States and is expected to continue to increase in the rest of the country within the next 1–2 months. Given these increases in RSV activity and the limited supply of nirsevimab, Maryland clinicians providing care to pregnant persons or to infants should be aware of the following updated CDC recommendations:

CDC Recommendations for Healthcare Providers:

These interim recommendations apply to healthcare settings with limited nirsevimab availability during the 2023–2024 RSV season. Interim recommendations are subject to change as new evidence becomes available.

1. For infants weighing <5 kg, CDC Advisory Committee on Immunization Practices (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.

2. For infants weighing ≥5 kg, prioritize using 100 mg nirsevimab doses in infants at highest risk of severe RSV disease:

    a. Young infants aged <6 months.
    b. American Indian and Alaska Native infants aged <8 months.
    c. Infants aged 6 to <8 months with conditions that place them at high risk of severe RSV disease: premature birth at <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.

3. In palivizumab-eligible children aged 8–19 months, suspend using nirsevimab for the 2023–2024 RSV season. These children should receive palivizumab per AAP recommendations.

4. Continue offering nirsevimab to American Indian and Alaska Native children aged 8–19 months who are not palivizumab-eligible and who live in remote regions, where transporting children with severe RSV for escalation of medical care may be challenging, or in communities with known high rates of severe RSV among older infants and toddlers.

5. Follow AAP recommendations for palivizumab-eligible infants aged <8 months when the appropriate dose of nirsevimab is not available. The memorandum updating providers of the Maryland Medicaid Office of Pharmacy Services (OPS) on the coverage of Palivizumab (Synagis©) in high-risk infants is available here.

6. Avoid using two 50mg doses for infants weighing ≥5 kilograms (≥11 pounds), because 50mg doses should be reserved only for infants weighing <5 kilograms (<11 pounds), for example those born during the season who will be at increased risk for severe RSV illness because of their young age. Furthermore, providers should be aware that some insurers may not cover the cost of two 50mg doses for an individual infant.

7. Providers should encourage pregnant people to receive RSVpreF vaccine (Abrysvo, Pfizer) during 32 weeks' gestation through 36 weeks and 6 days' gestation to prevent RSV-associated lower respiratory tract disease in infants. Only the Pfizer RSVpreF vaccine (Abrysvo) is approved and recommended for use in pregnant people. The GSK RSVpreF3 vaccine (Arexvy) should **not** be used in pregnant people.

8. Either maternal RSVpreF vaccination or nirsevimab immunization for infants is recommended to prevent RSV-associated lower respiratory tract disease in infants, but administration of both products is not needed for most infants.

You should also be aware of the following information CDC has provided to the public:

1. Families should be aware of everyday preventive measures to limit the spread of RSV and other respiratory illnesses, including washing hands, covering coughs and sneezes, cleaning frequently touched surfaces, and staying home when sick.

2. Expectant parents should talk with their healthcare provider about receiving the RSV vaccine (Abrysvo, Pfizer) during pregnancy to protect their infant from severe RSV. CDC recommends that all infants are protected against RSV through either vaccination of the mother with RSV vaccine during pregnancy or giving the infant nirsevimab after birth.

3. Parents should talk with their healthcare provider about whether nirsevimab is available for their infant.

Thank you for your attention to this information. We will update you as additional information or guidance becomes available.

Sincerely,

Nilesh Kalyanaraman, MD FACP
Deputy Secretary, Public Health Services