Montana Health Alert Network

DPHHS HAN

ADVISORY

Cover Sheet

DATE

Mar. 18, 2026

SUBJECT

Extension of Pediatric RSV Immunization Season Through April 30, 2026

INSTRUCTIONS

DISTRIBUTE AT YOUR DISCRETION. Share this information with relevant SMEs or contacts (internal and external) as you see fit.

For LOCAL & TRIBAL HEALTH DEPARTMENT reference only

For more information regarding this HAN, contact:

DPHHS PHSD

Immunization Section
1-406-444-5580

For technical issues related to the HAN message, contact the Emergency Preparedness Section at 1-406-444-0919

DPHHS HAN Website:
https://dphhs.mt.gov/publichealth/phep/han

REMOVE THIS COVER SHEET BEFORE REDISTRIBUTING AND REPLACE IT WITH YOUR OWN

Please ensure that DPHHS is included on your HAN distribution list.
hhshan@mt.gov

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.
Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory.

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BACKGROUND

Respiratory syncytial virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious. Infants and older adults are more likely to develop severe RSV illness and need hospitalization. RSV is the leading cause of infant hospitalization in the U.S.

Nirsevimab and clesrovimab are monoclonal antibodies that prevent severe RSV disease and are recommended for infants aged 0-8 months. Nirsevimab is also recommended for some young children 8-19 months. Immunization with RSV monoclonal antibody products is recommended seasonally, typically from October through March. Because the timing of RSV activity varies geographically, public health jurisdictions may elect to provide revised guidance on the timing of RSV antibody administration based on local epidemiology and the feasibility of implementation, including starting administration before October, continuing beyond March, or extending or shortening the administration period.

Each year, the U.S. Centers for Disease Control and Prevention (CDC) conducts ongoing monitoring of pediatric RSV activity nationwide. This season, RSV activity in the United States started later than usual in many U.S. regions. RSV activity is still increasing and has not yet peaked in many areas throughout the county. For this reason, CDC advised all U.S. jurisdictions to carefully review their pediatric RSV surveillance data to determine whether an extension of the RSV season through April is warranted.

INFORMATION

The Montana Department of Public Health and Human Services (DPHHS) regularly monitors RSV activity in Montana and uses collected data to determine the onset and offset of the RSV season. Current RSV trends in Montana and the U.S. indicate RSV activity continues to increase and has not yet peaked. To protect infants from severe RSV disease, Montana DPHHS recommends administering infant RSV antibodies through April 30, 2026.

This year, the RSV season in Montana began the week of January 2, 2026, when the RSV test positivity rate was 3% or higher. Presently, RSV activity is still increasing and has not yet peaked in Montana. For the week ending

March 7, 2026, the most recent week for which data was available, test positivity was 6.4%. Historically, a test positivity rate of 3% or greater has been used to indicate the onset and offset of an RSV season.

Recommendations

Recommendations for Clinicians

For infants:

An infant RSV antibody is recommended for infants younger than 8 months of age who are born during or are entering their first RSV season (typically fall through spring) if:

- The mother did not receive the RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination.

The child's age on the day the infant's RSV antibody is administered should be used to determine if the child is eligible for immunization. Except in rare circumstances, an infant RSV antibody is not needed for most infants who are born 14 or more days after their mother received the RSV vaccine.

Providers should talk to parents and recommend an infant RSV antibody for eligible babies. Ideally, babies born through April receive an infant RSV antibody during their birth hospitalization or within the first week of life. However, administration can occur during any visit to a health care setting, including well-child visits.

For infants eligible for RSV antibody with prolonged hospitalizations shortly before or during the RSV season, providers may consider administering RSV antibody during the hospitalization to prevent healthcare-associated RSV disease. This decision should be based on clinical judgment, weighing the potential risks and benefits.

For some young children:

Nirsevimab is recommended for some children (ages 8–19 months) who are at increased risk for severe RSV disease and entering their second RSV season.

The following children ages 8–19 months are recommended to get nirsevimab shortly before or as early as possible during their second RSV season:

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the 6 months before the start of the second RSV season
- Children with severe immunocompromise
- Children with cystic fibrosis who have either 1) manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable), or 2) weight-for-length <10th percentile
- American Indian or Alaska Native children
- Children ages 8 months and older who are not at increased risk of severe RSV disease should not receive an infant RSV antibody. CDC does not currently recommend nirsevimab for anyone aged 20 months or older.

Clesrovimab is not recommended for children over 8 months of age and does not have FDA approval for children entering their second RSV season.

Resources

RSV Immunization Guidance for Infants and Young Children | RSV | CDC

Pan-Respiratory: COVID-19, Influenza, and RSV