

Extend RSV Monoclonal Antibody Administration through April 30, 2026

The North Dakota Department of Health and Human Services (ND HHS) recommends North Dakota healthcare providers continue administering RSV monoclonal antibody products (RSV-mAb products) to [eligible infants and young children](#) through April 30th, 2026.

Current Situation:

Respiratory Syncytial Virus (RSV) remains elevated in North Dakota. Recent [surveillance data](#) from ND HHS indicate that RSV cases, lab positivity and hospitalizations are increasing. Based on this data, it is likely that RSV will continue to circulate in North Dakota into April.

RSV is a leading cause of hospitalization for infants. RSV-mAb products (nirsevimab or clesrovimab) are highly effective at preventing severe RSV disease, including hospitalizations. Clinical trial and real-world data show RSV-mAbs are about 75-80% effective at preventing RSV-associated hospitalization in infants.

Immunization Recommendations:

Due to continued circulation of RSV, ND HHS is extending the recommended administration period for RSV-mAb products from March 31st to April 30th.

Infants younger than 8 months old:

Infants younger than 8 months who are born during the RSV Season (October 1, 2025 – April 30, 2026) should receive an RSV-mAb product (nirsevimab or clesrovimab) if their mother did not receive maternal RSV vaccine during pregnancy (32-36 weeks gestation and at least 14 days before delivery) or the mother's vaccination status is unknown.

- Infants weighing <5 kg: 50 mg dose of nirsevimab (purple plunger rod) or
- Infants weighing ≥5 kg: 100 mg dose of nirsevimab (light blue plunger rod) or
- Infants regardless of weight: 105 mg dose of clesrovimab (pink plunger rod)

Infants who receive an RSV-mAb product during the 2025-2026 RSV season should NOT receive an additional dose during the 2026-2027 season unless they meet the criteria for [increased risk](#) in their second RSV season.

Children ages 8 through 19 months:

Children aged 8-19 months who are at [increased risk](#) for severe RSV disease should receive a dose of nirsevimab during the RSV season (October 1, 2025 – April 30, 2026).

- 200 mg of nirsevimab, administered through 2 separate 100 mg IM injections

Maternal RSV Vaccination:

Maternal RSV vaccination for the 2025-26 respiratory virus season concluded on January 31st, and continued use is not recommended.

RSV Monoclonal Antibody Ordering:

The ND HHS Vaccines for Children (VFC) Program will continue to have RSV-mAb products available for ordering by enrolled providers. The VFC program provides immunizations for children ages 18 and younger who are Medicaid-eligible, American Indian, uninsured, and underinsured. VFC RSV-mAb products may be ordered using the North Dakota Immunization Information System (NDIIS) ordering module. ND Medicaid will continue to cover the administration fee for RSV-mAb product administration through the extended timeframe.

Private supplies of RSV-mAb products should be ordered and used for children with insurance coverage. It is likely that commercial insurers will cover RSV-mAb products through April. Healthcare providers should verify coverage with individual plans.

Please contact the ND HHS Immunization Unit at vaccine@nd.gov for questions regarding RSV-mAb products.

For more information about RSV in North Dakota, please visit the ND HHS Respiratory Illness and Prevention [website](#).