Nirsevimab Administration Visual Guide

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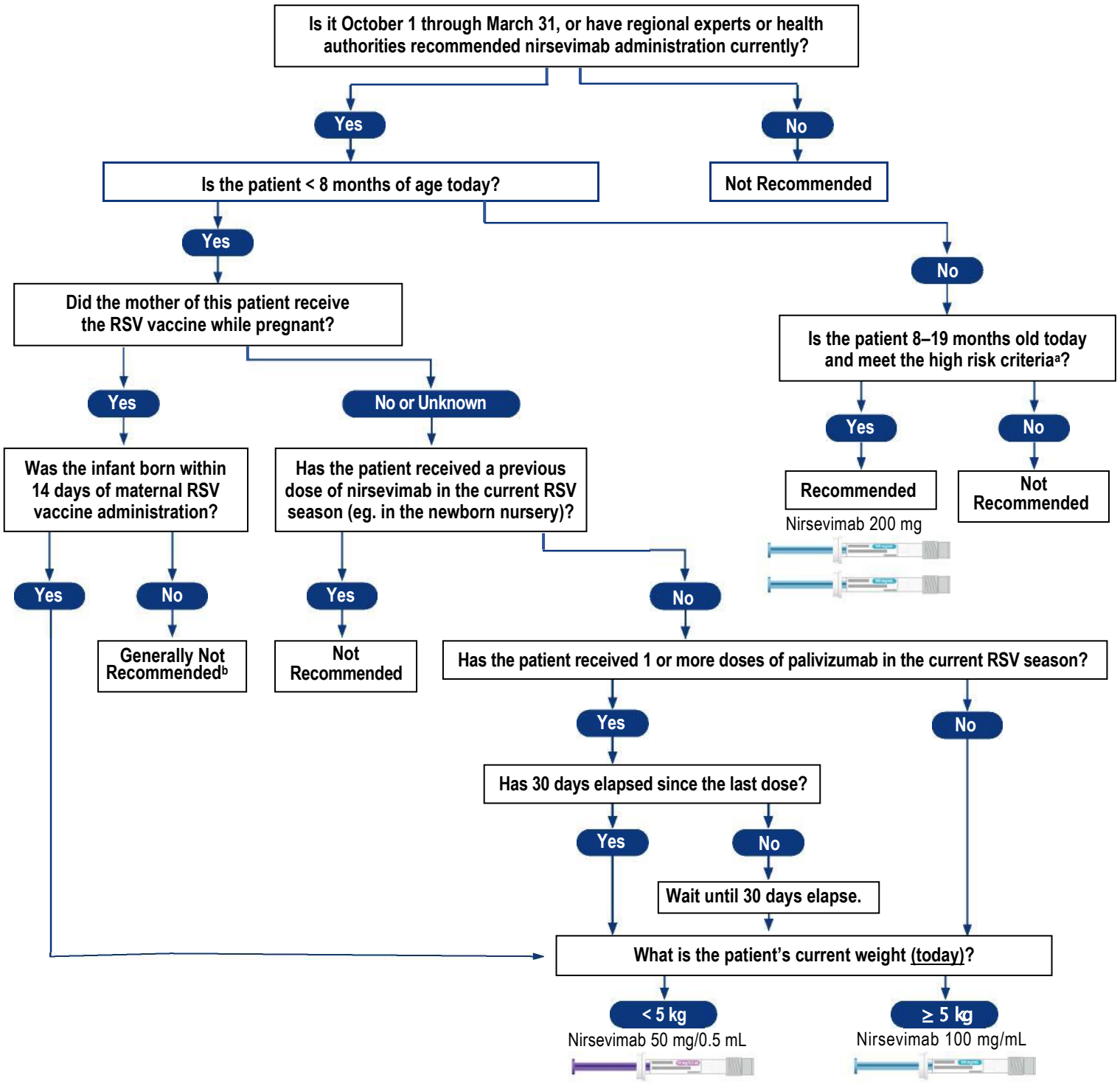

a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.
- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
- Children who are severely immunocompromised.
- Children with cystic fibrosis who have 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 have weight-for-length that is <10th percentile.
- American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).

b. Nirsevimab can be considered when, per the clinical judgement of the healthcare provider, the potential incremental benefit of administration is warranted, including but not limited to the following rare circumstances:
- Infants born to pregnant people who may not mount an adequate immune response to vaccination or have conditions associated with reduced transplacental antibody transfer.
- Infants who have undergone cardiopulmonary bypass or extracorporeal membrane oxygenation leading to loss of maternal antibodies.
- Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission and requiring oxygen at discharge).
- Infants aged 20 – 23 months may be eligible in certain circumstances based on shared decision making between the physician and patient guardian.

Nirsevimab Administration Visual Guide (continued)

At the time of administration, affirm the 7 rights to reduce errors:

1. Right patient
2. Right time (age, in RSV season)
3. Right immunization (correct medication)
4. The right dosage (based on weight)
5. The right route, needle length, and technique
6. Right site

Intramuscular (IM) injection Use a 22–25 gauge needle. Choose the injection site and needle length that is		
Age	**Needle length**	**Injection site**
Newborns (1st 28 days)	5/8"[c]	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1 1/4"	Anterolateral thigh muscle[e]
	5/8[d]–1"	Deltoid muscle of arm

7. The right documentation

c. If skin is stretched tightly and subcutaneous tissues are not bunched.
d. Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) a 5/8" needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.

e. Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.immunize.org/acip.

Reference: Nirsevimab Administration. (n.d.). Www.aap.org. Retrieved October 14, 2023, from https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/nirsevimab-administration/