Health Advisory: MDH Extends Date for Use of RSV Monoclonal Antibodies Through April 30, 2026

Minnesota Department of Health, Mon., March 16, 11:00 CDT 2026

Action Steps

Local and tribal health department: Please forward to hospitals, clinics, birthing centers, and other health care facilities in your jurisdiction.
Hospitals, clinics and other facilities: Please forward to family physicians, pediatricians, infection preventionists, primary care clinicians, and infectious disease doctors.
Health care providers:

- Continue administering RSV monoclonal antibody products (RSV-mAbs) to eligible infants and young children through April 30, 2026 according to the guidance below.
- Use your electronic health record (EHR) or other system to pull lists of clients due for RSV-mAbs, and conduct outreach to those clients to encourage them to receive a dose before the end of the extended respiratory season.
- Continue to advise patients and caregivers to take measures to prevent the spread of respiratory illnesses, including staying home when sick, practicing good hand hygiene, covering coughs and sneezes and keeping infants away from individuals who are ill.
- Report RSV-associated hospitalizations according to Minnesota Department of Health (MDH) reporting guidance.

Situation summary

Respiratory syncytial virus (RSV) continues to circulate in Minnesota. Recent surveillance data from MDH indicate that RSV activity remains above seasonal baseline levels with increasing detection, RSV-related hospitalization, and emergency room visits among infants and young children in March.

RSV activity started later this season and continues to circulate so MDH is extending the recommended administration period for RSV monoclonal antibody products (RSV-mAb) through April 30. This extension is intended to provide continued protection for infants who remain at risk of severe RSV disease. Several neighboring states in the upper Midwest have similarly extended their recommended administration period due to continued RSV circulation in the region.

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

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

New end date for RSV-mAb administration

MDH recommends that health care providers continue administering monoclonal antibody products through April 30, for infants and young children who are eligible and have not yet received a dose during the current RSV season.

Key points:

- Infants younger than 8 months of age born during the RSV season (October 1, 2025 through April 30, 2026) should receive RSV-mAb if their mother did not receive maternal RSV vaccine during pregnancy or the vaccination status is unknown.
- Additionally, children aged 8-19 months who are at increased risk for severe RSV disease remain eligible during this same time period, according to the American Academy of Pediatrics (AAP).
- Infants who receive RSV-mAb during the 2025-26 season should not receive an additional dose in the 2026-27 season unless they meet criteria for increased risk in their second RSV season.
- Vaccine administrators should follow current AAP recommendations when determining eligibility.

RSV-mAB supply considerations

The Minnesota Vaccines for Children (MnVFC) program continues to have RSV-mAb products (nirsevimab and clesrovimab) available for eligible providers. MnVFC providers should follow standard ordering procedures and monitor inventory closely. Providers using private supply should work with their distributors to ensure adequate product availability. RSV-mAb products may be used next season if they have not expired.

It is expected that commercial insurers will cover RSV-mAb products through April. Providers should verify coverage with individual plans if questions arise.

For more information

- Respiratory Syncytial Virus (RSV) (www.health.state.mn.us/diseases/rsv/index.html)
- Respiratory Syncytial Virus (RSV) Surveillance and Reporting (www.health.state.mn.us/diseases/rsv/report.html)
- AAP Respiratory Syncytial Virus (RSV) Prevention (www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/)
- AAP: Recommended Child and Adolescent Immunization Schedules for Ages 18 Years or Younger (PDF) (https://downloads.aap.org/AAP/PDF/AAP-Immunization-Schedule.pdf)
- AAFP: Birth Through Age 18 Immunization Schedule (www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules/birth-through-age-18-immunization-schedule.html)
- FDA label and package inserts:
    - Beyfortus (nirsevimab-alip): Drugs@FDA: FDA-Approved Drugs (https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=761328)
      or Highlights of Prescribing Information: Beyfortus (PDF) (https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/761328s012lbl.pdf)

- Enflonsia (clesrovimab-cfor): Drugs@FDA: FDA-Approved Drugs (https://www.accessdata.fda.gov/scripts/cder/daf/index.cfm?event=overview.process&ApplNo=761432)
  or Highlights of Prescribing Information: Enflonsia (PDF) (https://www.accessdata.fda.gov/drugsatfda_docs/label/2025/761432s000lbledt.pdf

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The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.