April 2, 2026

Nevada Medicaid Web Announcement 3881

Technical Bulletin: Expanded April 2026 Administration Window for RSV Prevention in Nevada

The technical bulletin regarding expanded April 2026 administration window for RSV prevention in Nevada has officially been posted to the Office of State Epidemiology (OSE) and Division of Public Behavioral Health (DPBH) pages. The bulletin is also attached below. Please consider sharing widely with any contacts you have.

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TECHNICAL BULLETIN

DATE: March 25, 2026

TOPIC: Expanded April 2026 administration window for RSV prevention in Nevada

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TO: Health Care Providers, Medical Facilities, Medical Laboratories, Pharmacies, and Local Health Authorities

The Nevada State Office of State Epidemiology (OSE) advises providers that the administration window for respiratory syncytial virus (RSV) prevention has been extended through April 30, 2026, for this season.

This extension applies to both:

- Infant RSV monoclonal antibodies (nirsevimab and clesrovimab), and
- RSV vaccination (Abrysvo only) during pregnancy

This action is intended to preserve timely protection for eligible infants, young children, and eligible pregnant persons while RSV circulation persists locally, as indicated by current epidemiological trends for the state. This bulletin does not change Food & Drug Administration (FDA) labeling, the Centers for Disease Control and Prevention's (CDC) age-based eligibility, or product-specific dosing; it extends the Nevada administration window for this season based on local epidemiology. (CDC/CDC)

CDC and the American Academy of Pediatrics (AAP) Red Book 2024-2027 state that infant RSV antibodies are generally administered October through the end of March in most of the continental United States. CDC and the Red Book also explicitly state that, because RSV seasonality varies geographically, public health authorities may issue revised timing guidance based on local epidemiology and feasibility, including continuing administration beyond March.

Eligibility for Receiving RSV Monoclonal Antibody During This Extended Window in Nevada

Infants and Young Children (Monoclonal Antibody)

Providers should continue to offer RSV monoclonal antibody during April 2026 to eligible infants younger than 8 months of age who are born during or entering their first RSV season and who are not protected by maternal RSV vaccination, including infants whose mother did not receive RSV vaccine during pregnancy, whose mother's RSV vaccination status is unknown, or who were born within 14 days after maternal RSV vaccination. Except in rare circumstances, most infants do not need both maternal RSV vaccination and an infant RSV antibody. (CDC)

For children entering a second RSV season, CDC currently recommends nirsevimab for certain children aged 8 through 19 months who remain at increased risk for severe RSV disease, including American Indian or Alaska Native children and children with: chronic lung disease of prematurity who recently required medical support, severe immunocompromise, and certain manifestations of cystic fibrosis. CDC states that clesrovimab is not recommended for children older than 8 months and does not have FDA approval for children entering a second RSV season. (CDC)

Pregnant Persons (RSV Vaccination)

Providers may offer RSV vaccination (Abrysvo only) to pregnant persons at 32 through 36 weeks gestation during April 2026 in Nevada. Maternal RSV vaccination during this extended window is intended to provide passive antibody protection to infants born during a prolonged RSV season. (CDC)

If maternal RSV vaccination is not administered during pregnancy, if the mother's RSV vaccination status is unknown, or if the infant is born within 14 days of maternal vaccination, the infant should receive RSV monoclonal antibody if otherwise eligible. (CDC)

Products, Dosing, and Administration

CDC currently recognizes two long-acting infant RSV monoclonal antibodies: nirsevimab and clesrovimab. These products are not vaccines. RSV vaccines approved for adults or pregnancy are not approved for use in infants or young children and should not be administered to pediatric patients.

For nirsevimab (Beyfortus), CDC and FDA dosing are: 50 mg IM for infants (under 8 months of age) weighing <5 kg, 100 mg IM for infants weighing ≥5 kg, and infants (between 8 and 19 months) 200 mg IM as two 100 mg injections for eligible children entering a second RSV season. (FDA) For clesrovimab, CDC lists a 105 mg dose for eligible infants in the first RSV season. (FDA) Providers should use the product-specific FDA labeling and CDC clinical guidance in effect at the time of administration. (CDC)

FDA labeling for nirsevimab states that a single dose provides protection that extends through approximately 5 months, which supports the clinical utility of administration late in a prolonged season. (FDA) Infant RSV antibodies may be administered during the same visit as routine childhood vaccines; CDC states no interval is required between infant RSV antibody administration and live vaccines such as MMR or varicella. (CDC)

For maternal RSV vaccination, administer a single 0.5 mL IM dose of Abrysvo to eligible pregnant persons at 32 through 36 weeks gestation. (FDA)

Legal Authority

Nevada Administrative Code (NAC) 441A.200 adopts by reference CDC immunization guidance, the *Manual for the Surveillance of Vaccine-Preventable Diseases*, the *Control of Communicable Diseases Manual*, and the AAP Red Book 2021. NAC 441A.295 directs the Chief Medical Officer to use those authorities as guidelines for investigation, prevention, suppression, and control of communicable disease.

For pharmacy-based administration, providers and pharmacies should ensure implementation is consistent with Nevada scope-of-practice and protocol requirements.

Provider Action Requested

Nevada providers should:

- Continue offering RSV monoclonal antibody through April 30, 2026 to patients who meet current CDC/FDA/FDA eligibility criteria;

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- Offer maternal RSV vaccination to eligible pregnant persons at 32–36 weeks gestation during April 2026 where clinically appropriate (CDC/FDA eligibility criteria);
- Continue to follow product labeling and CDC clinical guidance; and
- Coordinate with payer, pharmacy, and operational teams promptly to avoid missed opportunities during this late-season RSV period. The Cocooning Program offers free flu, Tdap, and RSV vaccine to obstetrical providers willing to complete enrollment.

Questions:

For updated guidance, review the Division of Public and Behavioral Health Technical Bulletin web page regularly. Email dpbhepi@health.nv.gov for other questions regarding respiratory virus testing.

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