

# RSV Immunization Guide for Infants and Toddlers

RSV immunizations should be given before the start of RSV season (usually October-March).

View [AAP's Policy Statement on Recommendations for the Prevention of RSV Disease in Infants and Children](#) for additional guidance.

## All Infants <8 Months Entering 1st RSV Season

without prenatal vaccination during 32-36 weeks gestational age\*

**If born October-March**  
1 dose in <1 week of birth

**If born April-September**  
1 dose in October/November

or as soon as possible during  
the RSV season

**Nirsevimab\*\***  
**50mg**  
**(weight <5 kg)**

**OR**

**Nirsevimab\*\***  
**100mg**  
**(weight ≥5 kg)**

**OR**

**Clesrovimab**  
**105mg**  
**(regardless of weight)**

## High-Risk Children 8-19 Months Entering 2nd RSV Season

**200mg dose**  
**before RSV season**

or as soon as possible during  
the RSV season

**Nirsevimab**  
**100mg**

**+**

**Nirsevimab**  
**100mg**

**(Two 100mg syringes, same day, different sites,  
regardless of weight)**

### Children at high-risk include:

- **American Indian or Alaskan Native children\*\***
- **Chronic lung disease of prematurity that required medical support** (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the RSV season.
- **Cystic fibrosis with either:**
  1. Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the 1st year if life or abnormalities on chest imaging that persist when stable OR
  2. Weight-for-length <10th percentile
- **Severe immunocompromise**



\* In limited situations, an infant may be recommended to receive RSV immunization after prenatal vaccination.

\*\* For the 2025-2026 RSV season, [IHS guidance](#) is the preferential use of nirsevimab for eligible AI/AN infants and children.