



Recommendation to continue administration of Respiratory Syncytial Virus (RSV) monoclonal antibody products through April 30, 2026

Date: April 1, 2026

Public Health Message Type: ☐ Alert ☐ Advisory ☒ Update ☐ Information

Intended Audience: ☒ All public health partners ☒ Health care providers
☒ Infection preventionists ☒ Local health departments ☐ Schools/child care ☐ ACOs
☐ Animal health professionals ☐ Other:

Please review the New Jersey Department of Health recommendation to continue the administration of Respiratory Syncytial Virus (RSV) monoclonal antibody products through April 30, 2026.

Key Points:

- Health care providers caring for children should consider administering RSV monoclonal antibodies, nirsevimab or clesrovimab, through April 30, 2026.
- Current surveillance data nationally and in New Jersey indicate a later and prolonged RSV season compared with historical patterns.
- RSV remains the leading cause of infant hospitalizations in the United States, underscoring the importance of optimizing prevention strategies throughout a prolonged season.
- The New Jersey Vaccines for Children (VFC) Program continues to have an ample supply of both nirsevimab and clesrovimab, which is available for ordering through NJIIS. VFC-enrolled providers are encouraged to order the products to serve their eligible populations.

RESOURCES:

New Jersey Department of Health
Respiratory Illness Dashboard
nj.gov/health/respiratory-viruses/data-and-reports/

CONTACT INFORMATION:

For additional information, please contact VFC@doh.nj.gov



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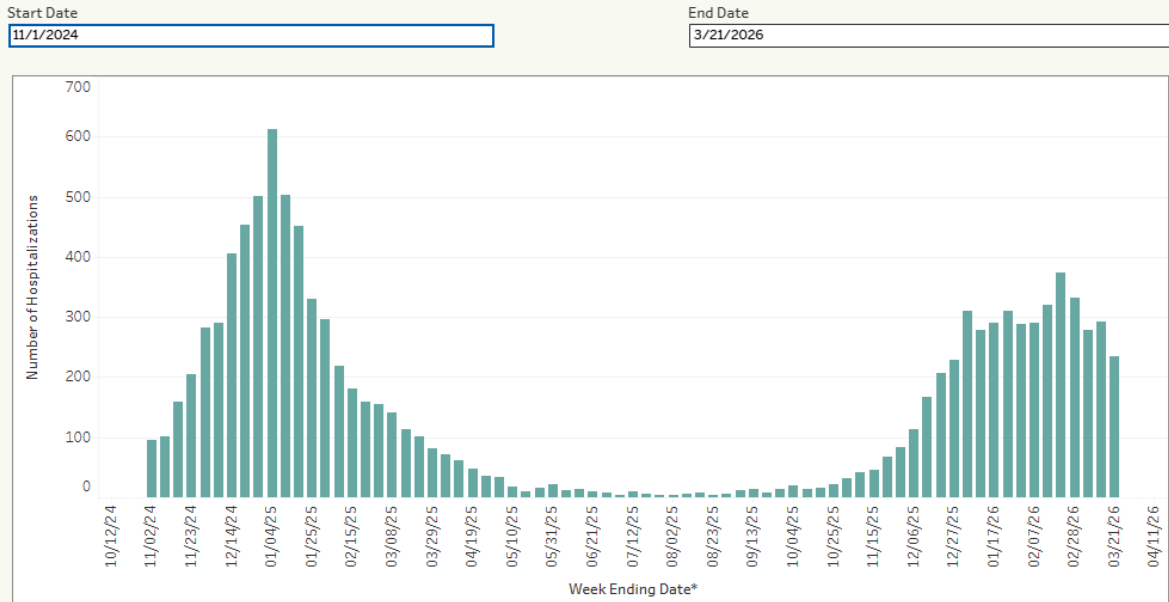
On February 26, 2026, the New Jersey Department of Health (NJDOH) issued guidance recommending that providers caring for children consider administering RSV monoclonal antibodies beyond March 31, 2026, based on RSV activity nationally and in New Jersey.

NJDOH recommends that providers consider administering RSV monoclonal antibodies (i.e., nirsevimab, clesrovimab) through April 30, 2026. NJDOH will issue updated guidance should this recommendation change.

RSV activity started later than expected in most regions of the United States, though illness is not more severe compared with recent seasons. This unusual timing means that higher levels of RSV activity may continue into April in many regions. Emergency department visits and hospitalizations for RSV are highest among infants and children less than four years old.

In New Jersey, RSV activity appears to be decreasing; however, the rate of decline appears to be slow. RSV hospitalizations in NJ are illustrated below.

RSV Hospitalizations



Respiratory virus surveillance reports are available on the NJDOH website at <https://www.nj.gov/health/respiratory-viruses/data-and-reports/>.

Multiple preventive options are available for infants during their first respiratory virus season, including maternal vaccination during September – January and long-acting monoclonal antibodies for infants under eight months of age (or entering their first season), typically administered October – March. However, the [American Academy of Pediatrics](#) recommendations allow for flexibility in timing of monoclonal antibody administration based on local epidemiology and implementation feasibility, including consideration of extending administration beyond March when RSV activity persists. In the context of delayed peak and sustained transmission, extending RSV immunization efforts later into the season is epidemiologically justified to maintain protection for vulnerable infants.

The New Jersey Vaccines for Children (VFC) Program continues to have an ample supply of nirsevimab and clesrovimab, which is available for provider ordering. VFC-enrolled providers are encouraged to order the products through NJIS to serve their eligible populations.

For additional information, please contact VFC@doh.nj.gov.