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To: Physicians, Pharmacists, Infection Preventionists, Long-Term Care Facilities, Local Health Departments, Tribal Health Clinics, Federally Qualified Health Centers, Visiting Nurse Agencies, and other immunization providers

From: Stephanie Schauer, PhD, Wisconsin Immunization Program Manager
Jasmine Zapata, MD, MPH, Chief Medical Officer and State Epidemiologist for Maternal & Child Health
Ryan Westergaard, MD, PhD, MPH State Epidemiologist for Communicable Diseases

Re: The 2026–2027 recommendations for the prevention and control of respiratory syncytial virus (RSV) with vaccines

Promote Respiratory Syncytial Virus (RSV) vaccination

Influenza, RSV, and SARS-CoV-2 viruses are expected to circulate at the same time during the upcoming 2026–2027 respiratory virus season. In this context, vaccination will be important to decrease the overall impact of respiratory illnesses by reducing respiratory virus-associated illnesses, hospitalizations, and deaths, and reducing the burden on the health care system. This letter summarizes the recommendations for RSV vaccination. Recommendations for influenza and COVID-19 vaccination will be shared when additional information becomes available.

Health care providers should promote and offer:

- RSV vaccine for older adults year-round (one time).
- RSV vaccine for pregnant women during September through March 1 (one time).
- Monoclonal antibody for newborn infants and young children during October through March (one time for most infants).

Recommendations

Recommendations for RSV protection have not changed since last year, but it is important to be aware of the current recommendations and to periodically visit the Wisconsin Department of Health Services (DHS) website [Recommended Vaccination Schedules for Wisconsinites](https://dhs.wisconsin.gov/immunization/schedules/) for additional information and updates throughout the season. The Division of Public Health (DPH) will continue to monitor recommendations from professional organizations such as the American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists and communicate any significant changes that are made.

As the 2026–2027 Vaccine Information Statements (VIS) are not yet available, the [2025–2026 VIS](#) may continue to be used in the interim.

RSV vaccine recommendation

For older adults:

- A single dose of RSV vaccine is recommended for all adults aged ≥ 75 years.
- A single dose of RSV vaccine is recommended for adults aged 50–74 years who are [at increased risk for severe RSV disease, which includes:](#)
 - People with certain chronic medical conditions or with moderate or severe immune compromise,
 - People who are living in nursing homes.

Adults aged 50 years or older may receive any RSV vaccine licensed for adults aged 50 years or older (Arexvy [GSK], Abrysvo [Pfizer], or mResvia [Moderna]).

If a patient received a dose of RSV vaccine during the previous respiratory virus season an additional dose is not indicated.

During pregnancy:

- A single dose of Abrysvo should be administered to pregnant women during September 1–March 1 during weeks 32–36 of pregnancy (32 weeks 0 days through 36 weeks 6 days) to target vaccine to those whose infants will be in their first months of life, when protection from maternal vaccination would be at its highest, during the RSV season.
- **No additional doses of Abrysvo should be administered during subsequent pregnancies.**
- Subsequent infants are recommended to receive monoclonal antibody for protection against RSV.
- **Arexvy and mResvia are not approved for use during pregnancy.**

The RSV vaccine is not currently an annual vaccine. People who have received one dose (including last year) have completed their vaccination and should not receive another dose at this time.

See also guidance for use of [nirsevimab](#) and [clesrovimab](#) monoclonal antibody products for the prevention of RSV among infants and young children and Tables 1 and 2 below.

Table 1. Products* to prevent respiratory syncytial virus–associated severe disease among infants aged less than 8 months born during or entering their first respiratory syncytial virus season

Product	Population recommended to receive the product	Months when the product should be administered	Dosing information (by single IM injection)
RSV monoclonal antibody, clesrovimab (Enflonsia) [†]	Infants aged <8 mos	October–March ^{§,¶}	105 mg (0.7 mL) for all infants regardless of weight
RSV monoclonal antibody, nirsevimab (Beyfortus) [†]	Infants aged <8 mos	October–March ^{§,¶}	50 mg (0.5 mL) for infants weighing <11 lb (<5 kg) 100 mg (1 mL) for infants weighing ≥11 lb (≥5 kg)
Maternal RSV vaccine, RSVpreF (Abrysvo)	Pregnant women at 32–36 wks gestation	September–March 1	0.5 mL

Abbreviations: ACIP = Advisory Committee on Immunization Practices; IM = intramuscular; RSV = respiratory syncytial virus.

* ACIP recommends that all infants be protected against RSV-associated lower respiratory tract infection through one of the three listed products.

[†] A single dose of RSV monoclonal antibody is recommended for infants aged <8 months who are born during or entering their first RSV season (typically fall through spring in most of the continental United States) if 1) the mother did not receive RSV vaccine during pregnancy or 2) the mother's RSV vaccination status is unknown, or 3) the infant was born ≤14 days after maternal RSV vaccination. Except in rare circumstances, administration of RSV monoclonal antibody is not indicated for most infants who are born ≥14 days after their mother received RSV vaccine.

[§] Eligible infants born during the seasonal administration window for RSV monoclonal antibody products (October 1–March 31 in most of the continental United States) should receive RSV antibody within 1 week after birth, ideally during the birth hospitalization. Any eligible infant or young child born outside the seasonal administration window (April–September) who has not yet received a recommended dose should receive RSV antibody at the earliest opportunity beginning in October to optimize protection during the peak RSV season. For infants eligible for RSV antibody with prolonged hospitalizations shortly before or during the RSV season, providers may consider administering RSV antibody during the birth hospitalization to prevent health care–associated RSV disease. This decision should be based on clinical judgment considering the potential risks and benefits.

[¶] RSV monoclonal antibody should be administered during October through the end of March in most of the continental United States.

Table 2. Prevention of respiratory syncytial virus (RSV)–associated severe disease among some young children* aged 8–19 months entering their second RSV season

Indication	Months when the product should be administered	Dosing information
Children ages 8–19 months recommended to get nirsevimab (Beyfortus)[†] shortly before or as early as possible during their second RSV season: • American Indian and Alaska Native children. • Children born preterm, at <32 weeks, 0 days' gestation, regardless of the need for medication or other support. • Children with hemodynamically significant congenital heart disease. • Children with anatomic pulmonary abnormalities or neuromuscular disorders. • Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease. • Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season. • Children with severe immunocompromise. • Children with cystic fibrosis who have either • 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 • Weight-for-length <10th percentile	October 1 through March 31 (Optimally October–November)	200 mg, administered as two 100-mg injections given at the same time at different injection sites

* Children ages 8 months and older who are not at increased risk of severe RSV disease should not receive an infant RSV antibody. CDC does not currently recommend nirsevimab (Beyfortus) for anyone aged 20 months or older.

[†] Clesrovimab (Enflonsia) is not recommended for children over 8 months of age and does not have FDA approval for children entering their second RSV season.

Coadministration

Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible patients to avoid missed opportunities. Respiratory vaccine season is also a great time to check vaccine records or the [Wisconsin Immunization Registry](https://www.wisconsin.gov/immunization) to see what other immunizations an individual may be eligible to receive.

Abrysvo can be administered to pregnant people with other recommended vaccines, such as tetanus, diphtheria, and pertussis (Tdap), influenza, and COVID-19 vaccines, without regard to timing, including simultaneous vaccination at different anatomic sites on the same day.

If you have questions, please contact your regional immunization program representative:

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Susan Nelson	Green Bay Regional Office	920-448-5231
Thanee Xiong	Madison Central Office	608-267-9391
Monica Thakur	Milwaukee Regional Office	414-227-3995
Christie Larmie	Rhineland Regional Office	715-365-2709

References

1. Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [<https://www.cdc.gov/vaccines/hcp/imz-best-practices/index.html>]. Accessed on August 28, 2026.