

# **Respiratory Syncytial Virus (RSV) Product Ordering for American Indian and Alaska Native Populations**



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## Background

AI/AN populations are a priority group for ensuring appropriate access to immunization supply

The Centers for Disease Control and Prevention (CDC) Vaccines for Children (VFC) program is focused on ensuring all children have access to life-saving vaccines and improving immunization coverage levels. American Indian and Alaska Native (AI/AN) children are eligible for all ACIP-recommended vaccines as an entitlement at no cost through a VFC-enrolled provider. As such, the VFC program works closely with IHS direct-care facilities, Tribal Health Programs, and Urban Indian Organizations (I/T/Us) to ensure early vaccine access for AI/AN children, who are disproportionately affected by vaccine-preventable diseases, including RSV.

## Early Ordering for RSV Prevention Agents

- VFC guidance allows for early ordering of the RSV monoclonal antibody, nirsevimab before the start of RSV season, especially to support planning and access for:
  - IHS operated clinics
  - Tribal Health Clinics
  - Urban Indian Organizations
  - High-risk populations within jurisdictions
- AI/AN infants, particularly those in remote regions, are prioritized for early access due to:
  - Higher RSV-related hospitalization and mortality rates
  - Geographic and infrastructural challenges

## Ordering Timeline

- Supply for the 2025-2026 season is anticipated to be sufficient. CDC will be implementing ordering caps at the jurisdiction level to ensure that all jurisdictions have equitable access to product for their providers.
- Ordering for VFC-supplied nirsevimab will begin in late summer to ensure availability before the recommended timeframe for vaccination begins.
- I/T/Us should order VFC-supplied nirsevimab as soon as it becomes available within the state jurisdiction to ensure adequate time for shipment, receipt of the product and planning for immunization events. Contact your state as soon as possible for information about how they handle ordering, pre-booking, and order limits.



## Best Practices for Jurisdictional VFC Programs

- Engage the I/T/U VFC coordinators early in the planning to discuss ordering timelines, volumes, and frequency, as well as any special instructions for I/T/Us regarding placement of orders.
- Contact the IHS Area Immunization Coordinator and the IHS National Immunization Program to assist with outreach to multiple I/T/Us within a jurisdiction, for higher-level planning, or amplifying messaging to ensure communications are being received at the local facilities. Also contact the IHS Area Immunization Coordinator and the IHS National Immunization Program regarding any encountered VFC supply-chain problems.
- Assess I/T/U utilization patterns over the past two years, review reported inventory, and account for the high utilization pattern anticipated for second-season AI/AN children, those aged 8–19 months, who require the 200mg nirsevimab dosage. Anticipate higher utilization in AI/AN toddlers and manage allocated supply to fulfill orders from I/T/U facilities.

## Best Practices for AI/AN-Serving Clinics

Ensure all preparations and initial supply are in place to begin immunizing on October 1.

- **ASSESS:** Assess existing inventory on hand for nirsevimab and RSV vaccines from the previous season, noting the expiration date of the products.
- **CHECK:** Ensure your VFC inventory is reflected accurately in the state IIS/VFC inventory system.
- **ESTIMATE:** Estimate the number of infants and toddlers eligible for immunization during the season (typically October 1 – March 31) and plan to order enough supply to launch and maximize immunization efforts.
  - Estimate the number of infants 0-7 months < 5 kg who will need the 50mg (0.5 mL) dosage.
  - Estimate the number of infants 0-7 months ≥ 5kg who will need the 100mg (1 mL) dosage.
  - Estimate the number of infants and toddlers 8-19 months who will need the 200mg [100mg (1 mL) x 2].
  - Estimate the number of pregnant women 18 years of age or younger who may need RSV immunization at 32-36 weeks gestation during the season (September – January)
- **ORDER:** Order sufficient supply to begin immunization on October 1<sup>st</sup> (or earlier when geographically indicated). Place your initial orders to allow enough time for shipping and physical and electronic receiving steps to be completed, including lot number activation.

- **REPORT:** Follow your state’s VFC ordering requirements, such as reporting inventory, resolving temperature excursions, discrepancies, and submitting temperature logs.
- **COMMUNICATE:** Reach out to your state’s/local VFC program for assistance, if needed, to confirm ordering timelines, ordering limits and frequency, or special ordering instructions for I/T/Us.
- If I/T/Us need assistance connecting to your state or local VFC program, please email [ImmunizationAdmins@ihs.gov](mailto:ImmunizationAdmins@ihs.gov).

## Closing Encouragement

Tribal and IHS partners have long led the way in showing what culturally grounded, community-oriented immunization efforts can achieve. This upcoming RSV season is another opportunity to ensure that AI/AN families—especially infants and older babies—have the tools they need to stay protected.

