

RSV Immunizations Among Wisconsin Infants Ages 0–19 Months and Adults Ages 18–49 Years, 2025–2026

Respiratory syncytial virus, or RSV, is a common respiratory virus that can cause severe infections such as bronchiolitis (an inflammation of the small airways in the lungs) and pneumonia (an infection of the lungs). RSV is the leading cause of hospitalization among infants and young children in the United States. Fortunately, there are multiple ways to protect infants from RSV. Maternal vaccination and infant immunization with monoclonal antibodies (mAB) are a safe and effective in reducing the risk of severe RSV disease among infants and newborns. The maternal vaccine, Abrysvo, can be administered between 32 and 36 weeks and 6 days of pregnancy, September through January. Infant mAB, including nirsevimab or clesrovimab, are recommended for infants less than 8 months old, October through March, and if their mother did not receive the RSV vaccine during pregnancy. High risk infants, including American Indian and Alaskan Native infants, are eligible for monoclonal antibodies at 8 to 19 months of age. During the 2025–26 respiratory season, RSV activity peaked later in the season than expected. Due to this shift, DHS recommended health care providers to provide RSV monoclonal antibody products to eligible infants through April 30, 2026.

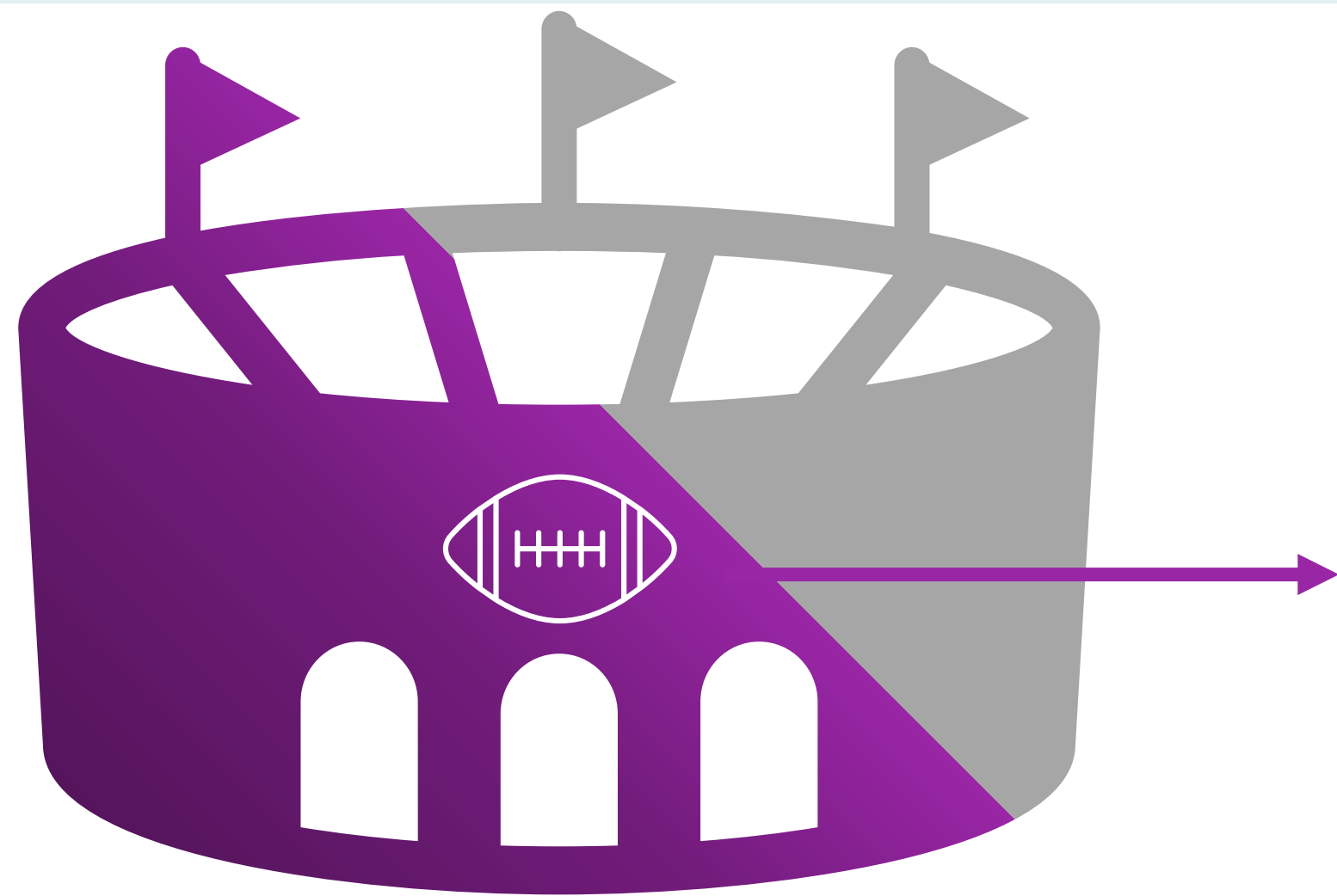
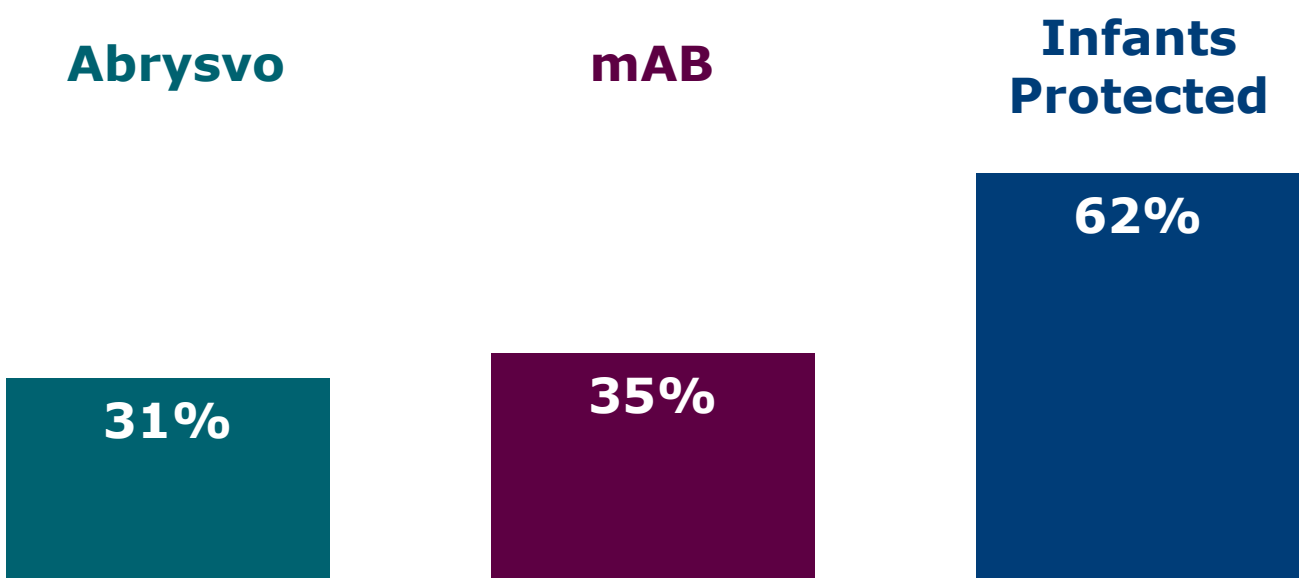
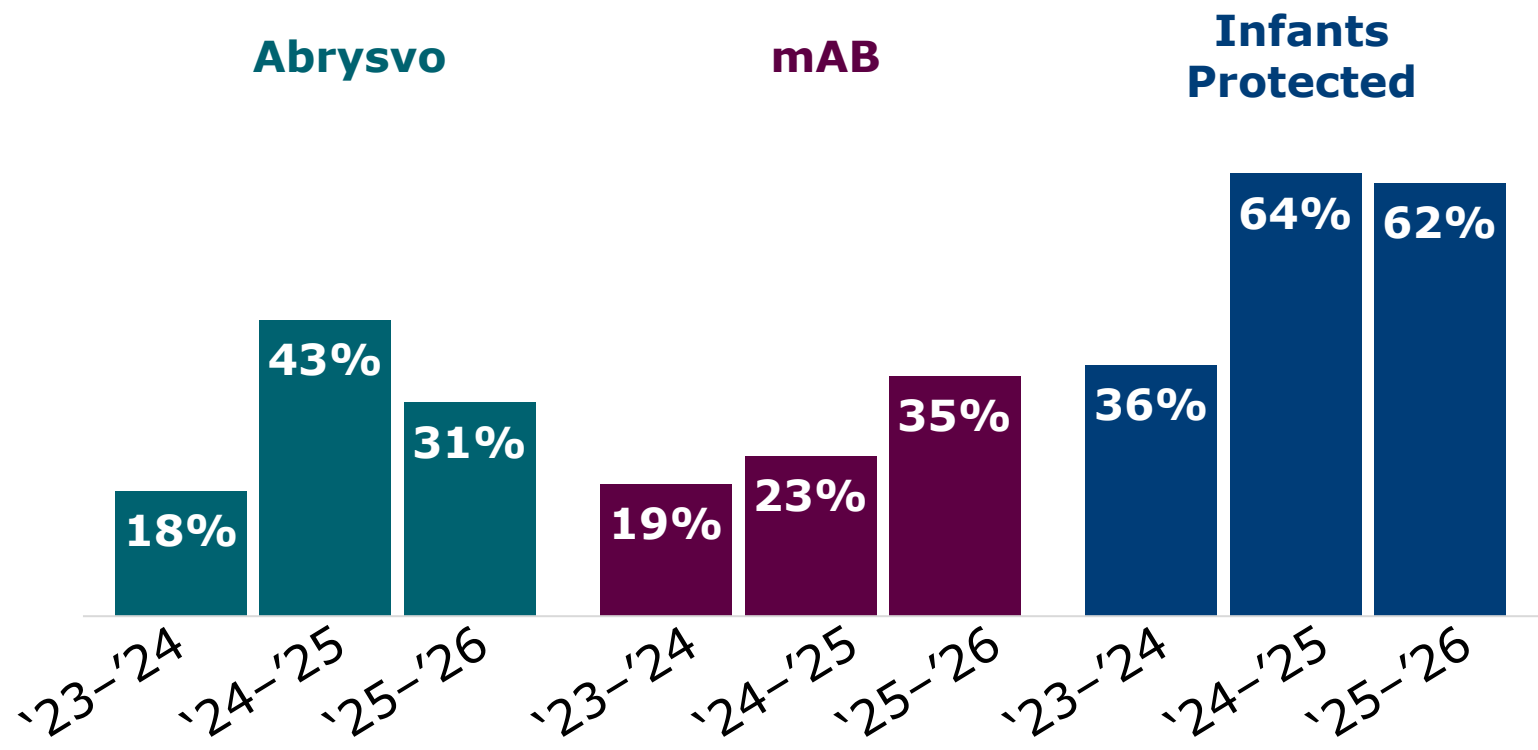


Figure 1: Enough infants were born during the 2025–2026 RSV season to fill half of Lambeau Field. Among those infants, 62% were protected from severe RSV infection by receiving mAB or through antibodies produced after their birthing parent received Abrysvo.



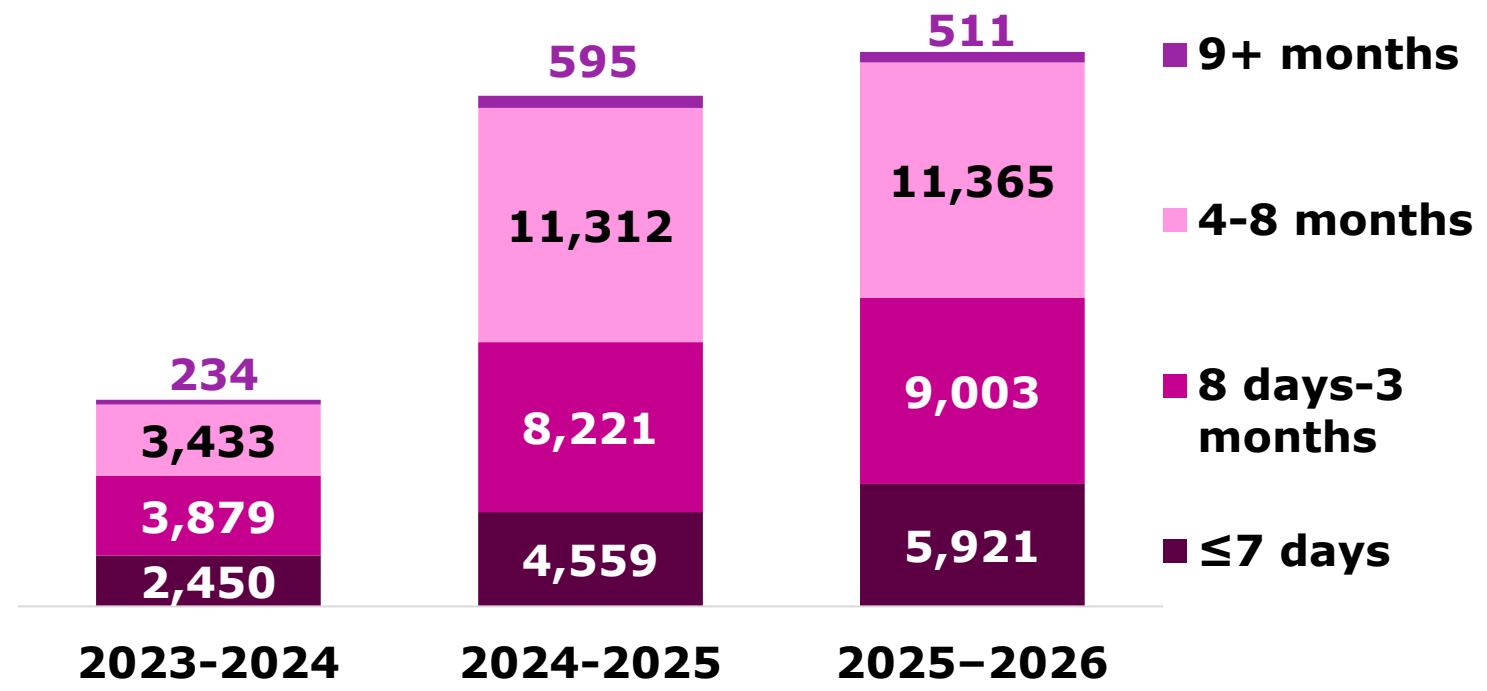
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Figure 2: Abrysvo and mAB administration among birthing parents and their infants born during RSV seasons.



 **Key takeaway:** The total proportion of infants born this season protected from RSV infection has almost doubled since the first season they became available.

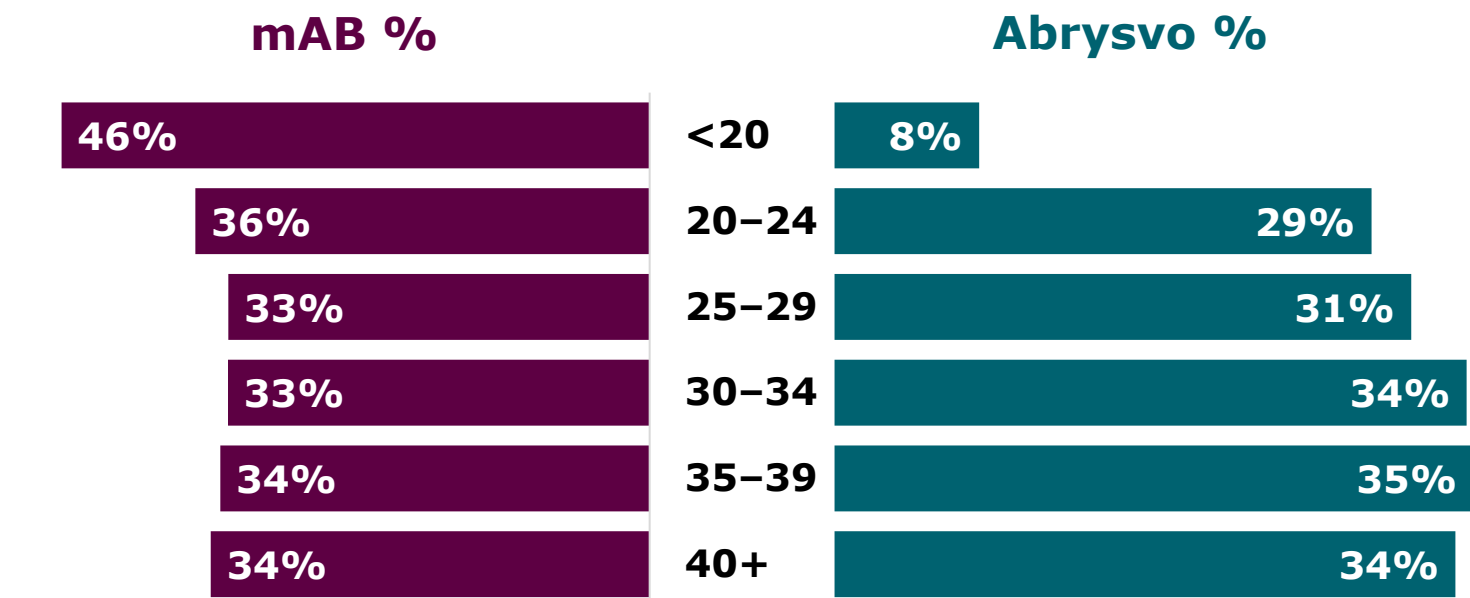
Figure 3: Number of mAB administered to infants 19 months and younger during the 2023–2024 through 2025–2026 seasons.



 **Key takeaway:** The number of infants 19 months and younger who receive mAB continues to increase and has more than doubled since they became available during the 2023–24 season. Most infants who received mAB are between 4–8 months old.

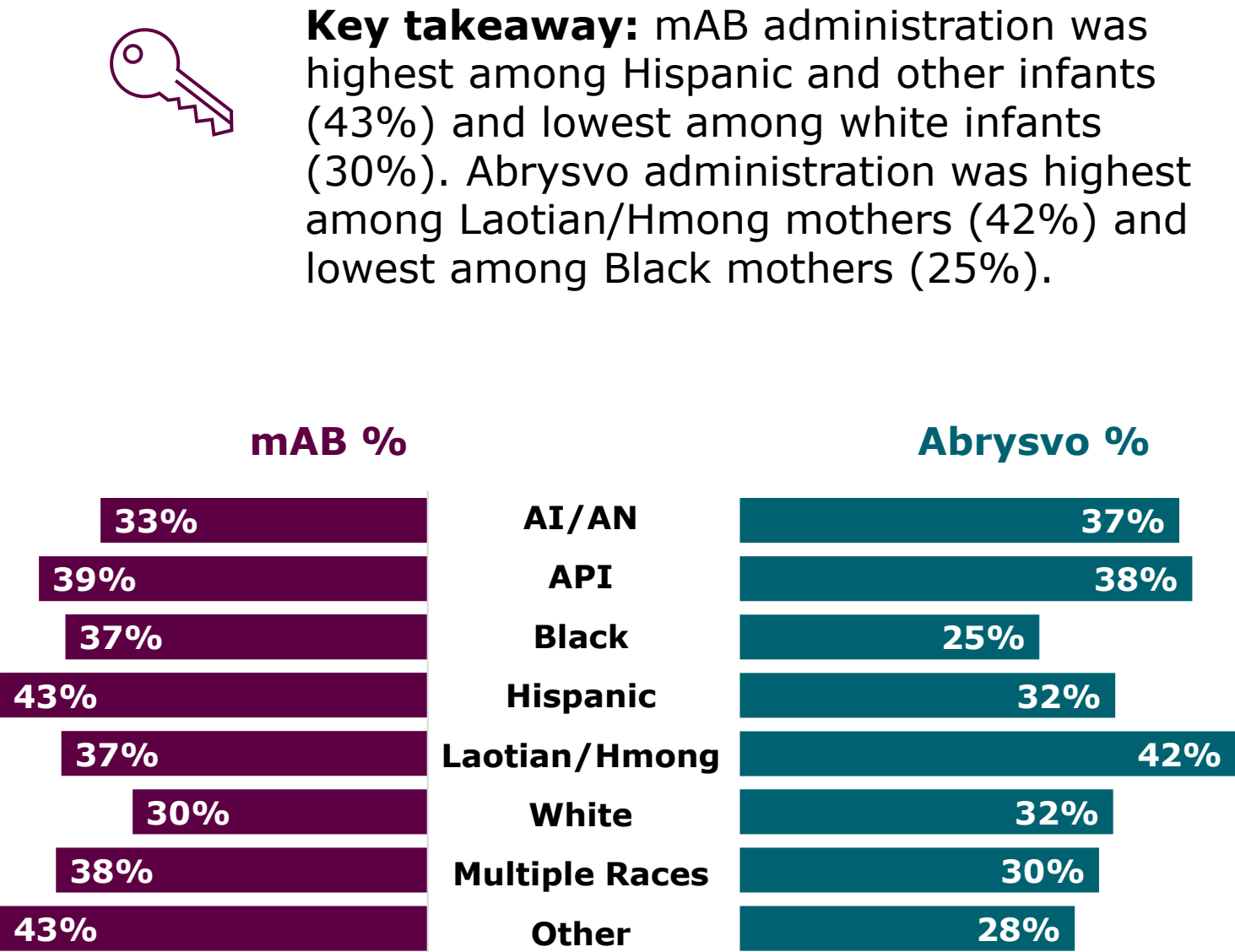
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Figure 4: Administration of mAB and Abrysvo by age group of mother.



 **Key takeaway:** Mothers under 20 years of age had higher rates of mAB administration (46%) for their infants versus Abrysvo administration (8%) for themselves. Administration rates of Abrysvo and mAB were similar among mothers and their infants 25 years and older (31–35%).

Figure 5: Administration of mAB and Abrysvo by race.



 **Key takeaway:** mAB administration was highest among Hispanic and other infants (43%) and lowest among white infants (30%). Abrysvo administration was highest among Laotian/Hmong mothers (42%) and lowest among Black mothers (25%).