



Date: March 17, 2026

BCD-2026-03

To: Wisconsin Local Health Departments, Tribal Health Agencies, Health Care Providers, and Infection Preventionists

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Recommendation to Continue Administration of Respiratory Syncytial Virus (RSV) Monoclonal Antibody Products Beyond March 31, 2026

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Summary

The Wisconsin Department of Health Services (DHS) recommends that clinicians continue administering RSV monoclonal antibody products to eligible infants until April 30, 2026. Current Wisconsin surveillance data indicate that RSV transmission remains ongoing and has not yet declined to typical interseasonal levels. Continuing RSV prevention beyond the usual end-date of March 31 will help protect infants born late in the respiratory virus season while RSV continues to circulate in Wisconsin communities. No changes are being made to recommendations for maternal RSV vaccination, which should be given to pregnant people who are 32–36 weeks gestation between September 1 and January 30.

Background

RSV is a leading cause of hospitalization among infants and young children in the United States. Prevention strategies for infants include maternal RSV vaccination during pregnancy and long-acting monoclonal antibody products administered to infants entering their first RSV season.

National guidance from the CDC (Centers for Disease Control and Prevention) and the American Academy of Pediatrics generally recommends administering RSV monoclonal antibody products during October through March in most of the continental United States. As specified in [the RSV Immunization Guidance for Infants and Young Children](#), CDC states that "public health authorities may provide revised guidance regarding the timing of RSV antibody administration based on local surveillance data."

DHS monitors RSV activity using multiple surveillance systems, including emergency department visit data, laboratory testing reported through the National Respiratory and Enteric Virus Surveillance System (NREVSS), hospitalizations reported through the Wisconsin Electronic Disease Surveillance system (WEDSS), and wastewater monitoring. These systems provide complementary indicators of respiratory virus circulation and are updated regularly during the respiratory virus season. [Respiratory virus surveillance data can be viewed on the DHS Website](#).

Surveillance indicators for the 2025–2026 respiratory virus season show that RSV activity in Wisconsin began later than in many prior seasons and continues to be detected in laboratory testing and clinical surveillance systems. Because RSV transmission remains present, infants born late in the season may still benefit from prevention with long-acting monoclonal antibodies,

Recommendation

DHS recommends that clinicians continue administering RSV monoclonal antibody products, including nirsevimab and clesrovimab, to eligible infants through April 30, 2026.

This recommendation applies to:

- Infants younger than 8 months of age entering their first RSV season who did not receive protection through maternal RSV vaccination.
- Infants younger than 8 months whose maternal vaccination status is unknown or who were born fewer than 14 days after maternal vaccination.
- Children 8 through 19 months of age who are recommended to receive RSV monoclonal antibody products because they are at increased risk for severe RSV disease during their second RSV season.

Clinicians should continue to follow CDC and American Academy of Pediatrics guidance when determining eligibility and timing of administration. Recommendations for administration of RSV vaccine to adults who are (1) pregnant (during September–January only), (2) older than 75, or (3) aged 50–74 with certain chronic conditions, are unchanged at this time.

Insurance coverage and product availability

The Office of the Commissioner of Insurance expects individual and small group health insurers and self-funded governmental health plans to provide coverage, without cost sharing, for RSV monoclonal

antibody administration to eligible children in Wisconsin beyond March 31. This expectation is consistent with CDC guidance allowing public health authorities to expand seasonal timeframes based on local epidemiology.

The Wisconsin Vaccines for Children (VFC) program continues to have an ample supply of both nirsevimab and clesrovimab. VFC-enrolled providers should ensure they have sufficient stock to serve their eligible populations for this extended time period. Both nirsevimab and clesrovimab will be available for ordering through the VFC program during April.

DHS will continue to monitor RSV surveillance data and will provide updated guidance if RSV activity declines to baseline levels or if additional changes to seasonal recommendations are warranted.

Questions about RSV prevention guidance or vaccine program logistics may be directed to the Wisconsin Immunization Program at DHSImmProgram@dhs.wisconsin.gov.