Nebraska Department of Health and Human Services

Health Alert Network

Advisory

3/27/2026

Extension of RSV monoclonal antibody therapy recommendation due to elevated RSV activity

The Nebraska Department of Health and Human Services (NDHHS) is recommending providers to **extend use of respiratory syncytial virus (RSV) monoclonal antibody therapies, nirsevimab (Beyfortus, Sanofi and AstraZeneca) and clesrovimab (Enflonsia, Merck), through April 30, 2026**, in response to elevated RSV activity in Nebraska. For nirsevimab and clesrovimab, this recommendation is for children aged 0–8 months who entered their first RSV season beginning on or after October 1, 2025, and are born to mothers who did not receive the maternal RSV vaccine (Abrysvo, Pfizer) between 32–36 weeks' gestation AND at least two weeks prior to delivery. Nirsevimab is also recommended for children aged 8–19 months who are at increased risk of severe RSV illness. Studies have shown nirsevimab and clesrovimab to be 80-90% effective against RSV-associated hospitalizations, which is the leading cause of hospitalization among infants in the United States.

As defined by the Centers for Disease Control and Prevention (CDC), seasonal administration of RSV monoclonal antibodies is from October through the end of March. However, CDC states RSV monoclonal antibody administration schedules may be adjusted based on local epidemiology. NDHHS laboratory surveillance data has shown RSV polymerase chain reaction (PCR) test positivity and RSV antigen test positivity remain above the 3% and 10% thresholds, respectively, that are considered to be epidemic levels. These epidemic thresholds are further explained in this report. In Nebraska, during 3/15/26–3/21/26, RSV PCR test positivity was 13.2% and RSV antigen positivity was 30.6%.

This recommendation is further supported by NDHHS's syndromic surveillance data. This data is monitored weekly to track the number of RSV-associated visits to emergency departments and inpatient facility settings. In both settings, this data remains above baseline levels, which are determined by calculating the average weekly percentage of RSV-associated visits over the past five years. This laboratory and syndromic surveillance data strengthens our indication that RSV activity levels continue to be elevated in Nebraska.

For updated RSV and other respiratory virus surveillance data, including surveillance data mentioned above, please visit NDHHS's respiratory illness dashboard or subscribe to NDHHS's weekly respiratory disease data report. NDHHS will reevaluate all RSV surveillance data in mid-April to determine if further extension is needed.

For more information on Nirsevimab and Clesrovimab, please review the following CDC reports:

- Nirsevimab: https://www.cdc.gov/mmwr/volumes/74/wr/mm7437a1.htm
- Clesrovimab: https://www.cdc.gov/mmwr/volumes/74/wr/mm7432a3.htm

Derek Julian, MPH
Respiratory Disease Epidemiologist
402-471-1376

Dr. Sydney R. Stein
State Epidemiologist
531-530-7276

Dr. Timothy Tesmer
CMO Public Health
402-471-8566