

NIRSEVIMAB

Indication	<ul style="list-style-type: none"> Prevention of RSV¹⁻⁴ 								
INTRAMUSCULAR	Presentation <ul style="list-style-type: none"> Prefilled syringe: 50 mg in 0.5 mL Prefilled syringe: 100 mg in 1 mL 								
	<table border="1"> <thead> <tr> <th>*Current gestational age</th> <th>Current weight</th> <th>Dose</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Less than 8 months</td> <td>Less than 5 kg</td> <td>50 mg single dose</td> </tr> <tr> <td>5 kg or more</td> <td>100 mg single dose</td> </tr> </tbody> </table> <p>*Current gestational age is the same as postmenstrual age (PMA)</p>	*Current gestational age	Current weight	Dose	Less than 8 months	Less than 5 kg	50 mg single dose	5 kg or more	100 mg single dose
	*Current gestational age	Current weight	Dose						
	Less than 8 months	Less than 5 kg	50 mg single dose						
5 kg or more		100 mg single dose							
Preparation <ul style="list-style-type: none"> Visually inspect solution (clear to opalescent and colourless to yellow^{1,5,6}) <ul style="list-style-type: none"> Discard if cloudy, discoloured or contains particulate matter^{1,5} 									
Administration <ul style="list-style-type: none"> IM injection into thickest part of the vastus lateralis in the anterolateral thigh (maximum 0.5 mL per site)^{1,5,6} <ul style="list-style-type: none"> If multiple injections into same thigh are necessary, separate injections sites by at least 2.5 cm⁷ 									
Special considerations	<ul style="list-style-type: none"> Precautions <ul style="list-style-type: none"> Anticoagulation therapy or bleeding disorders (e.g. haemophilia, thrombocytopenia)^{1,6}, increased risk of injection site haematoma If 100 mg single dose unavailable, administer 2 x 50 mg single dose Single dose provides protection for at least 5 months^{1,3,5,7} Consider implementing a local protocol to aid identification of IM injection sites, such as <ul style="list-style-type: none"> Left thigh–vitamin K₁ and HBIG Right thigh–hepatitis B vaccine and nirsevimab 								
Eligibility and timing of administration	<ul style="list-style-type: none"> A non-seasonal (year-round) approach is recommended for Queensland by Queensland Health⁸ Eligibility criteria and timing of administration (including for babies 8 months or more) as identified in current QH guidance <ul style="list-style-type: none"> Refer to: <i>The Queensland Paediatric Respiratory Syncytial Virus Prevention Program: Clinical Guidance for Immunisation Service Providers</i>⁸ If inpatient in neonatal unit <ul style="list-style-type: none"> Individualise assessment⁸ If prolonged admission, recommend administration prior to discharge⁸ If confirmed RSV infection <ul style="list-style-type: none"> Defer until asymptomatic⁸ 								
Documentation	<ul style="list-style-type: none"> Consent and patient information, as per local protocols Personal Health Record (immunisation section) <ul style="list-style-type: none"> Affix adhesive batch label from prefilled syringe Australian Immunisation Register 								
Monitoring	<ul style="list-style-type: none"> Post-immunisation observations (as per local protocol)⁶ <ul style="list-style-type: none"> Injection site for redness and swelling^{1,6} 								
Compatibility	<ul style="list-style-type: none"> No information^{5,6} 								
Incompatibility	<ul style="list-style-type: none"> Do not mix other vaccines in same syringe^{1,6} 								
Interactions	<ul style="list-style-type: none"> Other immunoglobulins (e.g. HBIG)⁶ <ul style="list-style-type: none"> If administered at the same time, give in alternate thigh⁶ Palivizumab <ul style="list-style-type: none"> Do not administer if nirsevimab administered in same season^{1,5,8} If palivizumab previously administered, nirsevimab can be administered after 28 days⁸ 								



Stability ^{1,5,6}	<ul style="list-style-type: none"> Refrigerate 2–8 °C <ul style="list-style-type: none"> Do not freeze. Protect from light. Do not shake before use Can be stored at room temperature for a maximum of 8 hours. Discard if not administered within this time
Side effects	<ul style="list-style-type: none"> Integumentary: redness or swelling (injection site)^{1,6}, rash¹ Nervous system: fever^{6,9} Rare: hypersensitivity reaction (i.e. anaphylaxis)^{1,6,7}
Actions	<ul style="list-style-type: none"> Recombinant human IgG long-acting monoclonal antibody against RSV^{1,3,4,10} Provides passive immunity by targeting and altering the RSV surface protein¹⁰ Prevents fusion of viral and cellular membranes and viral entry into the host cell¹⁰
Abbreviations	<ul style="list-style-type: none"> Current gestational age is the same as <i>postmenstrual age</i> (PMA) HBIG: hepatitis B immunoglobulin, IgG: immunoglobulin G, IM: intramuscular, QH: Queensland Health, RSV: respiratory syncytial virus
Keywords	human IgG, IgG, neonatal medicine, neonatal monograph, nirsevimab, passive immunity, respiratory syncytial virus, RSV

The Queensland Clinical Guideline *Neonatal Medicines* is integral to and should be read in conjunction with this monograph. Refer to the disclaimer. Destroy all printed copies of this monograph after use.

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Document history

ID number	Effective	Review	Summary of updates
NMedQ24.121-V1-R29	19/09/2024	19/09/2029	Endorsed by Queensland Neonatal Services Advisory Group (QNSAG)
NMedQ24.121-V2-R29	21/01/2025	19/09/2029	Amended: non-seasonal approach for Queensland incorporated Amended: eligibility criteria aligned with QH Paediatric RSV guidance Updated: references and minor formatting

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