



AAP expands high-risk groups recommended for RSV immunization in second season

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Melissa Jenco, Senior News Editor

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The AAP is expanding its list of high-risk young children recommended to receive respiratory syncytial virus (RSV) immunization in their second season.

It continues to recommend immunization for all infants under 8 months born during or entering their first RSV season who are not protected by vaccination of their pregnant parent.

“We are so lucky to have these products now to prevent what has historically been the leading cause of hospitalization among young children. We’re already seeing real-world impact,” said Sean T. O’Leary, M.D., M.P.H., FAAP, AAP immunization schedule editor and leader of the Committee on Infectious Diseases RSV immunization subgroup.

The recommendations for the monoclonal antibody immunizations nirsevimab and clesrovimab are laid out in an AAP policy statement and technical report both titled “Recommendations for the Prevention of RSV Disease in Infants and Children” and available at <https://doi.org/10.1542/peds.2026-079047> and <https://doi.org/10.1542/peds.2026-079049>. They will be published in the November issue of *Pediatrics*.

The AAP’s updated second-season recommendations are for children ages 8 through 19 months who are at high risk for severe disease. That list already included children with chronic lung disease of prematurity requiring medical support at any time in the six months before the start of the second RSV season, children

with severe immunocompromise, certain children with cystic fibrosis and American Indian and Alaska Native children.

Dr. O'Leary said the RSV immunization subgroup spent a lot of time reviewing data on hospitalization risk for children with other conditions and added four groups to the high-risk list:

- Children born preterm at less than 32 weeks' gestation, regardless of the need for medication or other support
- Children with hemodynamically significant congenital heart disease (i.e., a defect that can result in symptoms and/or cardiac chamber dilation)
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease
- Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease

Dr. O'Leary said this represents a relatively small population overall but these conditions put them at greater risk. "And when they do get hospitalized their length of stay tends to be quite a bit longer and hospital costs tend to be quite a bit higher," he said.

The AAP is communicating with insurance companies to promote coverage of the expanded indications for second season immunization.

RSV immunizations should be administered October through March in most of the continental U.S., but the guidance provides flexibility for different areas or seasons with unusual timing like [last season](#), which stretched into April.

Infants born shortly before or during the RSV season should receive the immunization within the first week after birth, ideally during the birth hospitalization. Those born outside of the season should be immunized shortly before the season or as early as feasible during the season.

RSV has been the leading cause of infant hospitalization in the U.S. and causes about 50,000 to 80,000 hospitalizations each year in children under 5 years, according to CDC data. Nirsevimab and the RSVPreF vaccine for pregnant people became available in the 2023-'24 season. Clesrovimab was licensed last summer.

In creating the updated guidance, the RSV immunization subgroup met with partners and other professional societies to review all available data on the monoclonal antibodies as well as the RSVPreF vaccine for people who are pregnant.

"A lot of the data that we reviewed ... showed that these products work very well to prevent RSV," Dr. O'Leary said. "We have another year of safety data showing they're very safe."

The AAP does not have a preference between nirsevimab and clesrovimab for children in their first season. Only nirsevimab is approved for children in their second season. The AAP also does not have a preference between infant immunization and vaccination of the pregnant parent.

“They both do a great job preventing RSV disease,” Dr. O’Leary said. “Parents may prefer one over the other so now they have both options.”

In February, about 65% of infants who had been born since the previous April had protection through their pregnant parent (9%) or monoclonal antibody (56%), according to [Centers for Disease Control and Prevention data](#).

Some families face barriers to access including the cost or availability in the birthing hospital. Some hospitals are not enrolled in the Vaccines for Children program, and some are still negotiating with insurance companies to incorporate them into bundled hospital payments or allow a separate payment. The AAP continues to advocate for better access for all children in all clinical settings.

Dr. O’Leary said pediatricians should recommend RSV immunization just as they would other immunizations.

“These are important life-saving tools,” he said.

The AAP is one of four medical societies releasing guidance on fall respiratory virus vaccines today along with the [American Academy of Family Physicians](#), [Infectious Diseases Society of America](#) and [American College of Obstetricians and Gynecologists](#). Each made independent recommendations using a comprehensive review of evidence conducted by the [American Medical Association](#) and the [Vaccine Integrity Project](#), which is based at the University of Minnesota’s Center for Infectious Disease Research and Policy.

The AAP has updated its [2026 immunization schedule](#) and dosing guides to reflect the updates to [RSV](#), [COVID](#) and [flu vaccine](#) guidance. The updated schedule also expands the age indication for Sanofi Pasteur’s meningococcal ACWY conjugate vaccine MenQuadfi for children as young as 6 weeks, down from 2 years. The Food and Drug Administration approved lowering the age following clinical trials and COID voted to update its recommendation after reviewing the data.

Resources

- [AAP policy “Recommendations for the Prevention of RSV Disease in Infants and Children”](#)
- [AAP technical report “Recommendations for the Prevention of RSV Disease in Infants and Children”](#)
- [Evidence review on the effectiveness and safety of RSV immunizations](#)
- [AAP RSV resources including an administration visual guide and FAQs](#)
- [AAP’s immunization fact sheets](#)
- [AAP Red Book chapter on RSV](#)
- [Information for parents from HealthyChildren.org on RSV](#)
- [Respiratory season guidance from four medical societies covering all populations](#)