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Challenges in the Implementation of Nirsevimab during the 2023-2024 RSV Season: Experience at a Large Pediatric Academic Center

Introduction: Nirsevimab, a novel immunization that prevents severe disease due to respiratory syncytial virus (RSV), became available directly before the onset of the 2023-2024 RSV season, which provided challenges for its distribution. Nirsevimab is recommended for 1) all infants during their first RSV season and 2) children with high-risk conditions during their second RSV season. Due to anticipated limited access in the community, nirsevimab was also made available in pediatric subspecialty offices at Vanderbilt University Medical Center (VUMC). Nationwide supply and insurance/funding mechanisms limited access to nirsevimab.

Methods: Data were collected on children who received nirsevimab during the 2023-2024 RSV season (October to March) in the pediatric primary care and subspecialty clinics (pulmonology, cardiology, infectious disease, hematology/oncology, transplant) at VUMC. Because the subspecialty clinics were not in the Vaccines for Children program, nirsevimab was only offered to those with private/commercial insurance at these clinics. To examine time trends and demographics, the number of those of who received nirsevimab are reported by month, race, sex, and language, stratified by clinic setting.

Results: In the pediatric primary care setting, 761 children received nirsevimab: nirsevimab delivery was highest in October and lowest in December, and 25% of recipients were White, 54% were male, and 53% spoke English. In the pediatric subspecialty clinic setting, 16 children received nirsevimab: nirsevimab delivery was highest in November and lowest in February, and 75% of recipients were White, 63% were male, and 100% spoke English.

Conclusions: In the pediatric primary care setting, nirsevimab delivery reflected nationwide trends of supply shortage during the 2023-2024 RSV season, and nirsevimab was administered to a highly diverse population at VUMC. There was less diversity among the group who received nirsevimab in the subspecialty clinics compared to primary care. While nirsevimab shortage is not expected in future RSV seasons, monitoring for disparities in access is still needed.