

Protecting Newborns from RSV: The Critical Role of Birthing Hospitals

OCTOBER 21, 2026



Association of
Immunization
Managers

About AIM

- The Association of Immunization Managers (AIM) is a nonpartisan, nonprofit membership association representing the 66 federally-funded immunization programs (IPs)
- AIM's members represent all 50 states, 8 major cities, and 8 territories/freely associated states

Vision:

A nation free of vaccine-preventable diseases across the lifespan

Mission:

To support immunization program managers in implementing effective and equitable immunization policies, programs, and practices at the state, local, and territorial levels.

Understanding the Burden of RSV: 0-4 Years

RSV Burden Is High in Young Children

Nearly all

children are infected with RSV
by age 2

58,000–80,000

hospitalizations each year in
children under 5

100–300

deaths each year in children
under 5



Highest risk: babies under 6 months

Especially those under 2 months



More severe than flu or COVID-19

For hospitalized young children

Three Ways to Protect Babies from RSV



Maternal vaccine

Abrysvo • for mom

- Given at 32–36 weeks of pregnancy
- September–March
- Antibodies pass to baby



Nirsevimab

Beyfortus

- Baby
- Son
- 19
- Dos



Clesrovimab

Enflonsia • for baby

- 3 months
- very baby

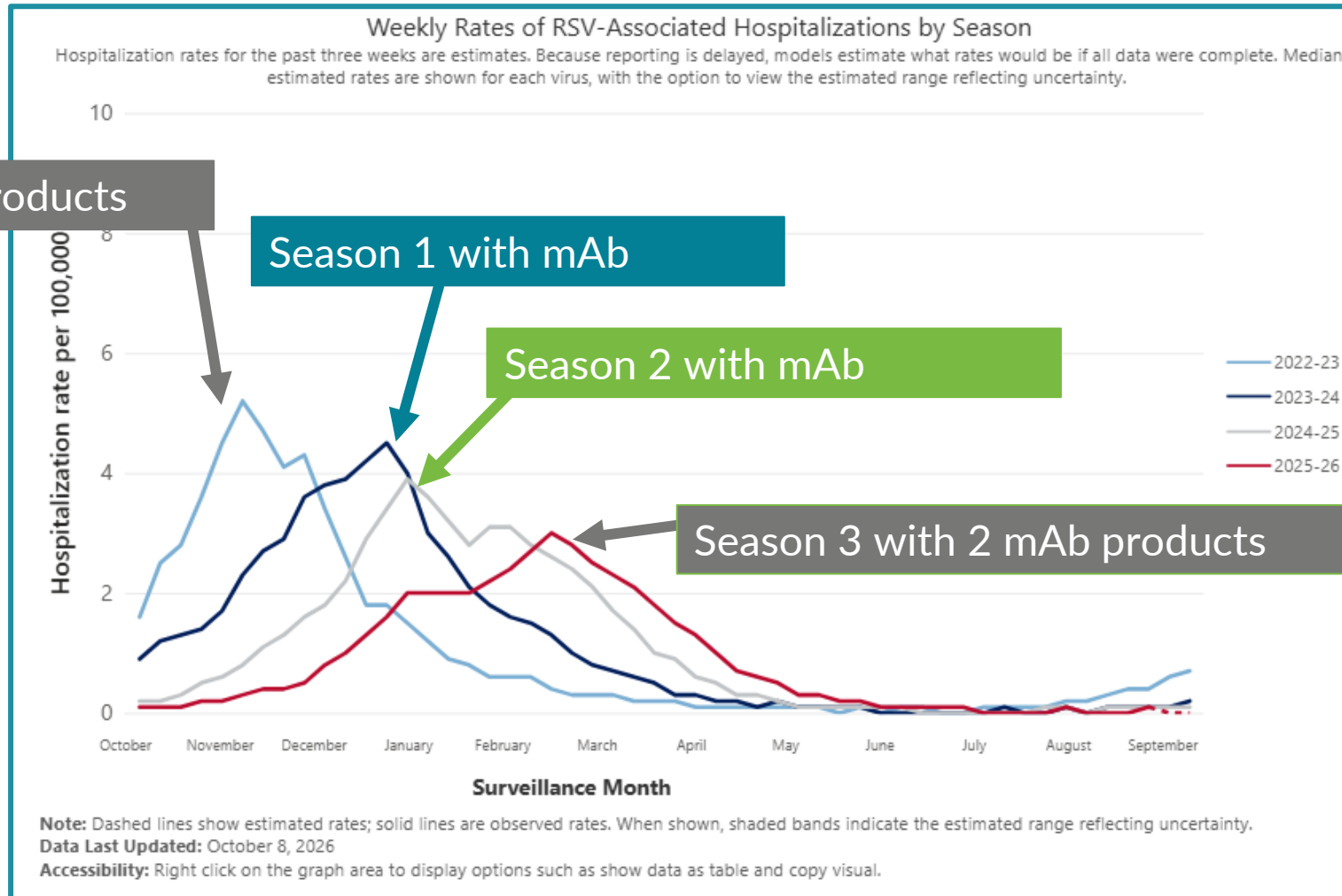
There is no preferential recommendation between nirsevimab and clesrovimab.



Most babies need just one: mom's vaccine or baby's antibody.

But many moms aren't offered the vaccine, or decline it. Hospitals must be ready to protect these babies before they go home.

RSV Hospitalization Rates, All Ages: 2022–2025



All ages

Weekly rates for all age groups, by season

Season 1 = 2023–24

First season with infant mAb (nirsevimab) and adult RSV vaccines

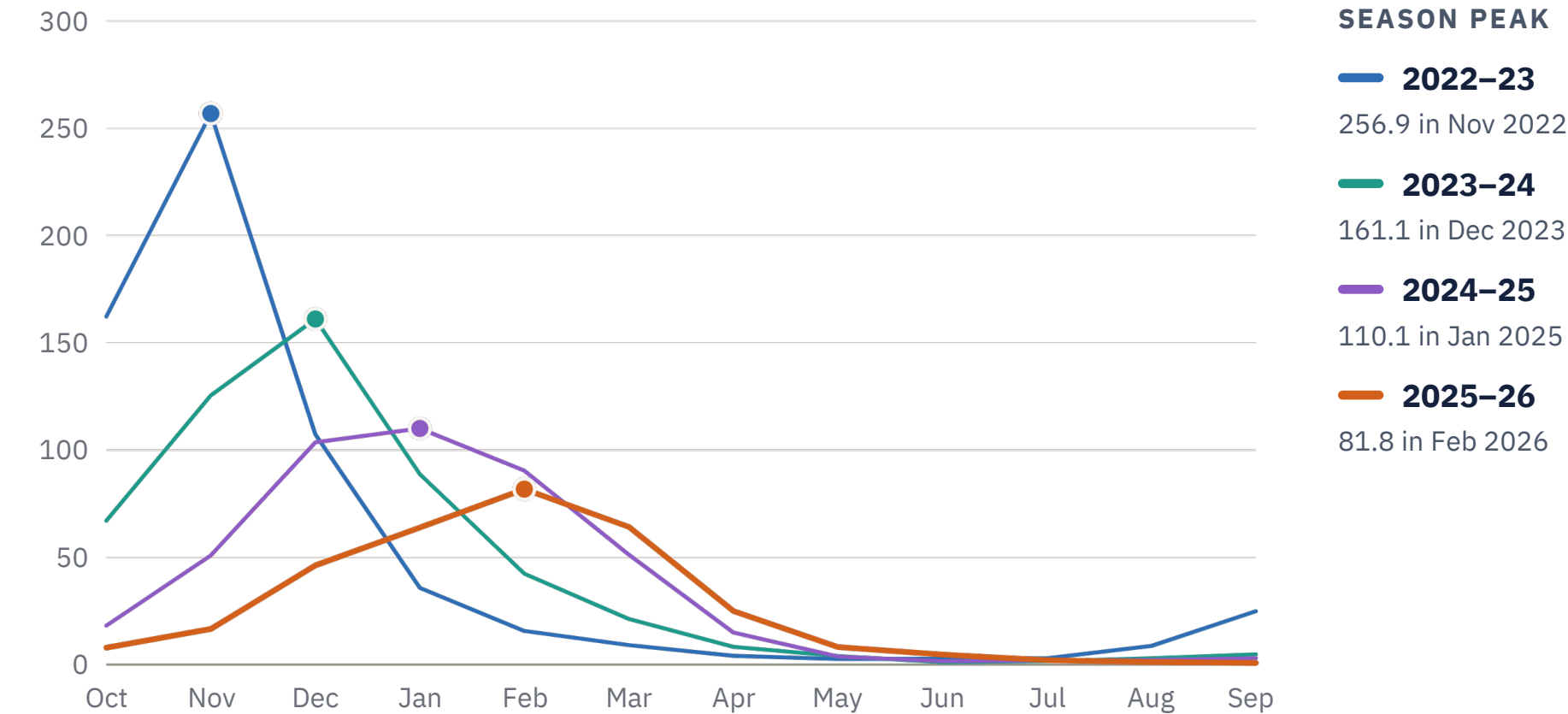
2025–26

Clesrovimab added

RSV Hospitalizations, Ages 0–4

2022–2026: peaks are lower, and arriving later each season

Hospitalizations per 100,000 children



Source: CDC RSV-NET, monthly rates, ages 0–4 (accessed Oct 7, 2026). Recent months preliminary.

The Critical Role of Birthing Hospitals

Hospitals Can Help Bridge the Gap



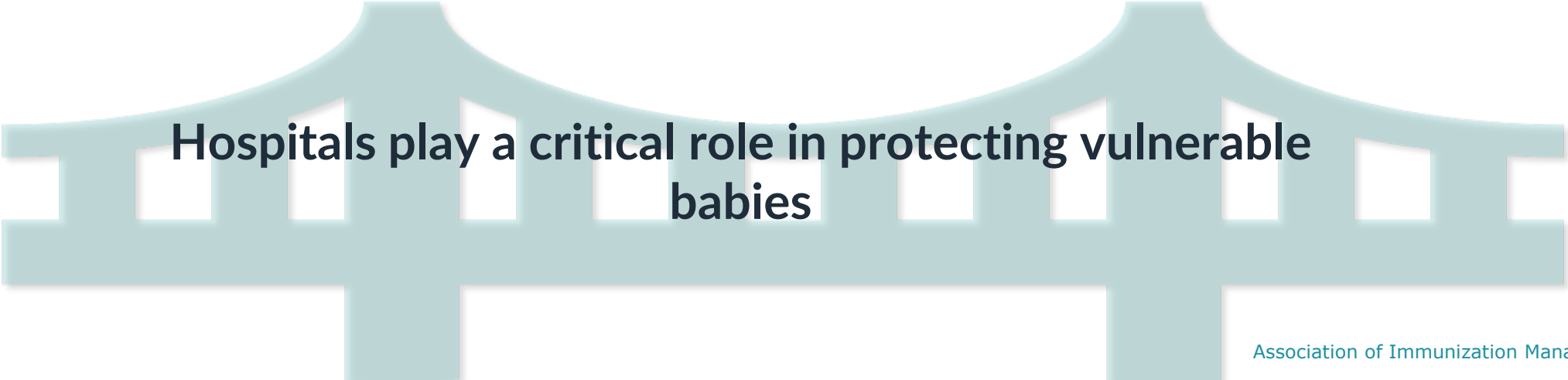
Born during RSV season: mAb in the first 7 days of life, **preferably during the birth hospitalization**



Longer hospital stay: mAb shortly before discharge



Hospitals are the best point of access for mAb products



Hospitals play a critical role in protecting vulnerable babies

Protecting Newborns Before Discharge



Birthing hospitals are critical

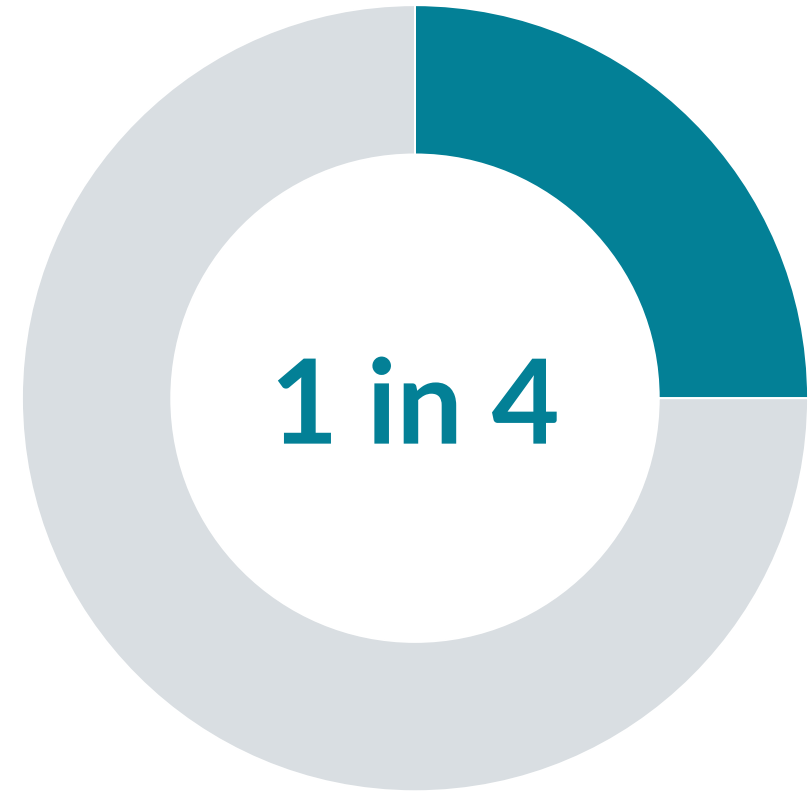
Protect every newborn before they go home, including VFC-eligible babies



Publicly insured babies at risk

Many miss timely follow-up after discharge

Birthing facilities and their staff are **CRITICAL** to ensuring newborns are protected against RSV **BEFORE** hospital discharge, including newborns who qualify for the VFC program.



publicly insured infants could not get an outpatient visit within 5 days of discharge

Pediatricians Can't Do It Alone



At the start of the season, pediatric offices must...

- Protect high-risk babies in their second RSV season
- Catch up older infants born before the season
- Manage a surge of sick visits



Birthing hospitals can...

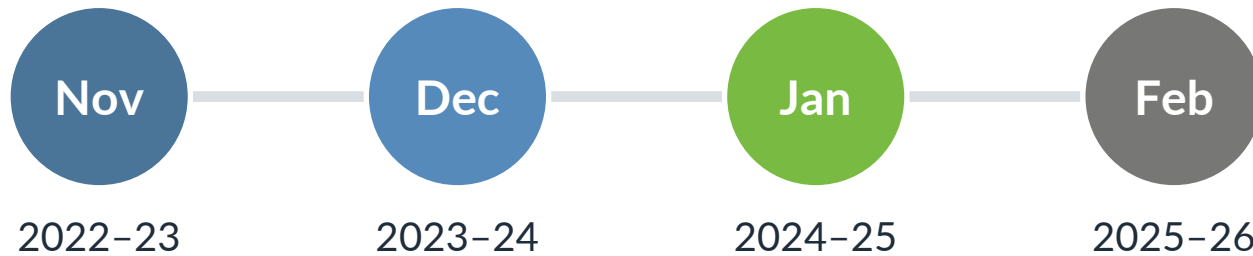
- Protect every newborn born in season BEFORE discharge, while baby is still in their care
- Reach babies who may not return for follow-up

Only pediatric providers can reach second-season babies. Hospitals can take newborns off their plate.

Late-Season Protection Matters Too

RSV doesn't end in December

Peak month for children 0–4 over the last 4 seasons



48 of 66

immunization programs extended the 2025–26 mAb season through April 30



Babies born in January–April face peak RSV too

When pediatric offices are swamped with respiratory season, hospitals can make sure these babies are protected before they leave.

We Know It's Not Easy

The barriers are real



VFC is complex, and it wasn't designed for birthing hospitals



Private insurance often doesn't pay

Help is available



Immunization programs are working with hospitals to make VFC enrollment work for them



Peer lessons from other hospitals and Replacement Models make it easier



Next step: talk with your jurisdiction's immunization program VFC coordinator

Vaccines for Children (VFC) Program

Vaccines for Children
Protecting America's children every day

The Vaccines for Children (VFC) program helps ensure that all children have a better chance of getting their recommended vaccines. VFC has helped prevent disease and save lives.

CDC estimates that vaccination of children born between 1994 and 2023 will:

- prevent **508 million** illnesses
(32 million hospitalizations)
- help avoid **1,129,000** deaths
- save nearly **\$2.7 trillion** in total societal costs
(that includes \$540 billion in direct costs)

more than the current population of the entire U.S.A.

greater than the population of Seattle, WA

more than \$8,000 for each American

Updated 2023 analysis using methodology from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994-2023"



www.cdc.gov/vaccines/vfcprogram/

NCIRD/MLC | 06/04/24



Free vaccines for eligible children

Federally funded. Covers ACIP-recommended vaccines, including RSV mAb and hepatitis B.

Who qualifies (through age 18)

- ✓ Medicaid-eligible
- ✓ Uninsured
- ✓ American Indian or Alaska Native
- ✓ Underinsured*

*At FQHCs, RHCs, or deputized providers

Benefits of VFC for Hospitals



Lower costs

No cost for mAb or hepatitis B doses for VFC-eligible babies. Big savings for hospitals with many Medicaid or uninsured births



Equitable access

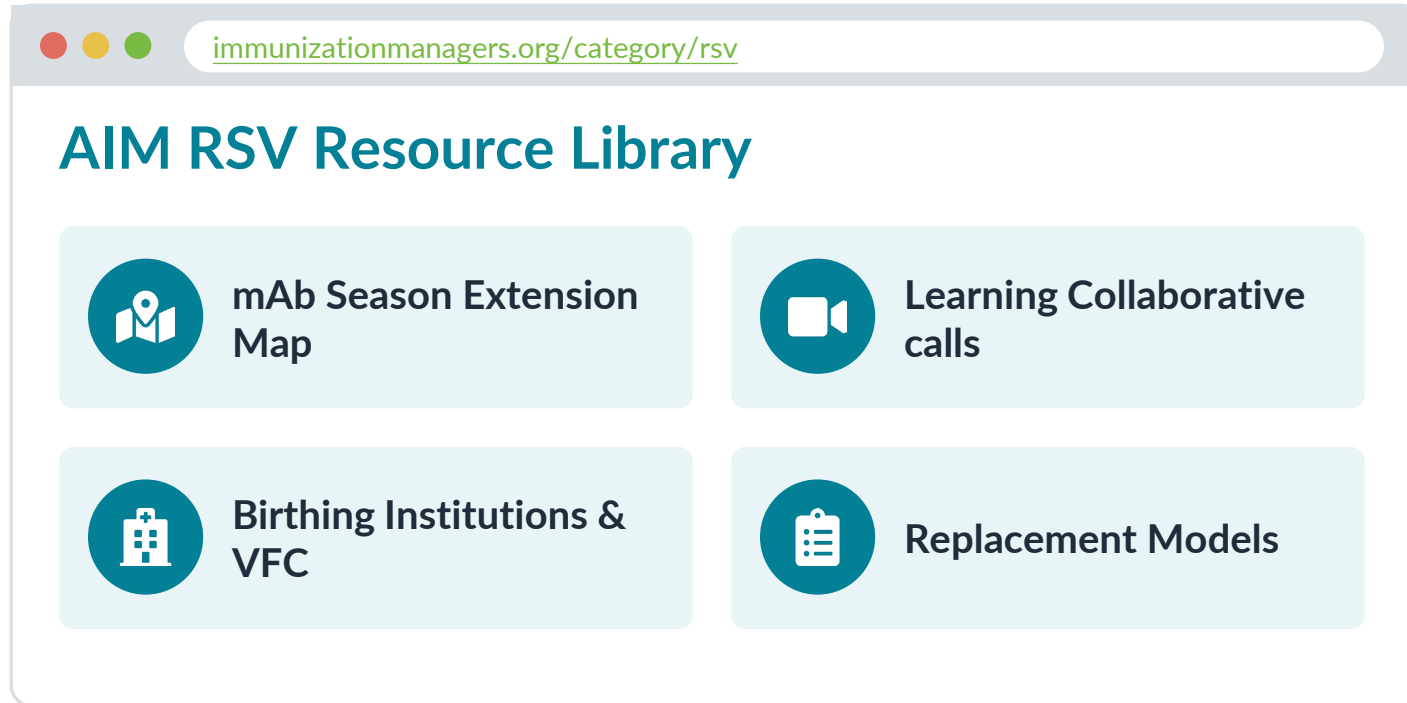
Every newborn can get recommended immunizations before discharge



Quality care for all

Protect every infant at risk for RSV, regardless of insurance

Resources



Learning Collaborative with CDC

Calls on birthing hospitals and VFC: barriers, financing, and replacement models

Hear from hospitals that have put it into practice: immunizationmanagers.org/resources/learning-collaborative

VFC Replacement Model

“The Replacement Model allows birthing hospitals to use private funds to establish an initial vaccine supply and provide vaccination services to all patients they serve—without maintaining separate vaccine stock based on patient eligibility.”
Some requirements of the program:

- Submit monthly documentation of patient eligibility via an EHR report or NCIR report.
- Must be enrolled and in good standing with the VFC Program.
- Comply to all requirements of storage and handling, inventory management and meet CDC financial requirements.

Stay Informed

- Be sure you are receiving and reviewing emails from Vaccineinfo (vaccineinfo@dhhs.nc.gov).
- Vaccineinfo emails go to **primary vaccine coordinators, back-up vaccine coordinators, and medical directors**. If you are not receiving emails, make sure you update staff changes or email changes through the [Provider Update Form](#).
- If someone on your team would like to receive NCIP communications but is **NOT** a **primary vaccine coordinator, back-up vaccine coordinator, or medical director**, they can sign up here: [Sign up for NCIP Communications | Division of Public Health](#).
- **Do Not Unsubscribe** from vaccineinfo@dhhs.nc.gov to ensure you continue receiving NCIP communications.
- If you have unsubscribed mistakenly, fill out the [NCIP Resubscribe Form 2025](#) to continue receiving email updates.

We want your feedback!

Your feedback on this session is very important to us and will be used to improve future offerings.

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Thank you!

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