



## **Respiratory Season - Updates on Beyfortus and Synagis administration** (as of 11/ 13/2023)

The demand for Beyfortus is exceeding supply. Additional stock of the 100mg dose for those over 5 kg is not expected. Initial guidance about borrowing between VFC and commercial supply has been rescinded due to supply issues.

The current approaches are:

**Cincinnati Children's:** Vaccine will not be offered by our lab or general clinics due to limited supply. NICU and NICU Follow Up Clinic plan is to:

- Administer Synagis for those who qualify, and Beyfortus to others.
- Not administer to children who are over 6 months of age, as a general rule.

Uptake in NICU Follow-Up clinic has been 47% thus far. Beyfortus supply at Cincinnati Children's will likely be depleted in the next few weeks with no more expected to arrive. Current supplies are being shared between inpatient and several outpatient clinics.

Area NICU policies vary by institution.

**Good Samaritan Hospital NICU** – Administering Synagis to anyone who qualifies and Beyfortus to everyone else.

**Kettering** – Administering Synagis to all who qualify. Administering Beyfortus to kids <35 weeks who were in the NICU.

**UCMC and Christ** – Administering Beyfortus only for all NICU Discharges while supply lasts. Synagis administration will begin after Beyfortus supplies are depleted.

**St. Elizabeth NICU** – Administering Beyfortus for infants between 29-32 weeks, Synagis if earlier gestation.

### Primary Care perspectives:

Many community practices are offering Beyfortus but supplies are limited, especially for the 100mg doses. For that reason, many are administering Beyfortus on a first-come-first-served basis and not holding doses for specific populations or for later in the season due to logistical challenges.

AAP recommendations for RSV season: [Nirsevimab Frequently Asked Questions \(aap.org\)](https://www.aap.org/clinical-resources/child-care/child-care-articles/nirsevimab-frequently-asked-questions)