



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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October 30, 2023

MEMORANDUM

TO: North Carolina Birthing Hospitals

FROM: Carrie Blanchard, PharmD, MPH, Immunization Branch Interim Director

SUBJECT: Seeking Input on nirsevimab Roll Out in Birthing Hospitals

To support the rollout of nirsevimab by birthing hospitals, the North Carolina Immunization Program is seeking to understand challenges and barriers to administration. To assist us in doing so and help guide how we can best support nirsevimab uptake, we would like you to complete a survey on behalf of your newborn nursery. If needed, please forward this letter and link to the survey to appropriate staff at your hospital.

The survey is available [here](#). It should take you no more than 5-10 minutes to complete and will serve as an invaluable resource for us to help implement nirsevimab administration for all newborns in our state. Please submit your survey by **Friday, November 3, 2023.**

Respiratory syncytial virus (RSV) is the most common cause of hospitalizations in infants in the United States. A new monoclonal antibody product, nirsevimab (Beyfortus™ [Sanofi and Astra-Zeneca]), that provides passive immunization to RSV is now recommended by the Advisory Committee on Immunization Practices to protect infants and young children against RSV. Infants younger than 8 months of age born during or entering their first RSV season (defined in our area as October through March) are recommended to receive one dose of nirsevimab; the target timing for administration for infants born shortly before or during RSV season is the first week of life.

Since most infants do not see their own provider during the first week of life, **nirsevimab should ideally be administered before infants are discharged from their birth hospitalization.**

The Centers for Disease Control and Prevention (CDC) issued a Health Alert Network (HAN) Health Advisory to provide options for clinicians to protect infants from respiratory syncytial virus (RSV) in the context of a limited supply of nirsevimab. These interim recommendations apply to healthcare settings with limited nirsevimab availability during the 2023–2024 RSV season. Interim recommendations are subject to change as new evidence becomes available. [Click here to read the CDC HAN details.](#)

Birthing hospitals that are already enrolled in the Vaccines for Children (VFC) Program and receive hepatitis B vaccine will be required to carry and administer both privately purchased and VFC-funded nirsevimab as part of their VFC agreement. Unlike hepatitis B vaccine, nirsevimab ordered through the VFC program can only be administered to VFC-eligible children (Medicaid eligible (or enrolled), uninsured, underinsured, or American Indian/Alaskan Native). Privately purchased nirsevimab must be procured for fully insured newborns by **August 1, 2024** to become compliant with the VFC Program.

Note: Birthing hospitals that are not utilizing data exchange, will need to document nirsevimab administrations directly into the North Carolina Immunization Registry (NCIR). Your [Regional Immunization Consultant](#) will be contacting hospitals to schedule training and assistance with NCIR rollout. This will only apply to nirsevimab; Birthing hospitals **should not** enter hepatitis B vaccine administrations directly into NCIR.

If your hospital is not currently enrolled in the Vaccines for Children (VFC) Program, we highly encourage you to do so. Medicaid patients who receive nirsevimab during their birth hospitalization must receive VFC doses or the birthing hospital is responsible for covering the cost of the birth dose provided to the patient. The VFC Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule. By becoming a VFC provider, you will be able to order the hepatitis B birth dose (for all newborns, regardless of insurance status) and nirsevimab for your VFC eligible newborns. If you are interested in enrolling or would like additional information, please contact Charlotte Cruz at charlotte.honeycutt@dhhs.nc.gov for assistance.

Due to short supply, order quantities are currently limited and allocation approvals will be based on equitable access. While we acknowledge that supply is currently limited, your feedback serves as an invaluable tool to help us understand any additional challenges and barriers you anticipate as supply increases.

We appreciate you taking the time to provide your feedback in this [short survey](#).

Thank you for your continued commitment to the wellbeing and safety of North Carolinians!

In health,



Carrie Blanchard
Immunization Branch Interim Director