From the Chief Medical Officer
Professor Sir Michael McBride

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

HSS(MD)42/2026

FOR ACTION

Chief Executives, Public Health Agency/HSC Trusts/NIAS
Chief Operating Officer, SPPG
GP Medical Advisers, SPPG
All General Practitioners and GP Locums *(for onward distribution to practice staff)*
OOH Medical Managers *(for onward distribution to staff)*

PLEASE SEE ATTACHED FULL CIRCULATION LIST

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Our Ref: HSS(MD)42/2026
Date: 28 October 2026

Dear Colleague

INTRODUCTION OF CLESROVIMAB RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE

ACTION REQUIRED
Chief Executives must ensure this information is drawn to the attention of all Trust staff involved in the care of eligible high-risk infants

1. The purpose of this letter is to inform you about the introduction of the long-acting monoclonal antibody, clesrovimab (Enflonsia®) for the 2026/2027 RSV selective immunisation programmes for very and extremely preterm infants and high-risk infants / young children.

2. Following advice issued by the Joint Committee on Vaccination and Immunisation (JCVI) on 11 September 2023, the Medicines and Healthcare products Regulatory Agency (MHRA) approved clesrovimab (Enflonsia®) on 22 April 2026 for the prevention of RSV in eligible newborns and infants up to 12 months of age throughout their first RSV season.

3. The updated green book RSV chapter recommends clesrovimab (Enflonsia®) or nirsevimab (Beyfortus®) as first-line RSV monoclonal antibody immunisations to reduce the risk of severe disease in infants born

very or extremely prematurely (less than 32 weeks) during or preceding their first RSV season, which typically runs from October to end-February very year.

4. In addition, high-risk infants and young children (as defined in the green book RSV chapter, Box 1) are also eligible to receive a first-line RSV monoclonal antibody immunisation with either clesrovimab (Enflonsia®) or nirsevimab (Beyfortus®) seasonally, regardless of whether the maternal RSV vaccination was received during pregnancy.

5. As clesrovimab (Enflonsia®) will be available for the 2026/2027 RSV season, it will be commissioned for the high-risk cohort, and the very/extremely preterm infant cohort (born before 32 weeks) in line with the green book criteria. Clinicians should refer to the relevant section of the green book chapter for further detail on eligibility criteria.

6. The recommended dose of clesrovimab is 105mg in 0.7mL as a single intramuscular prefilled syringe injection, preferably into the anterolateral aspect of the thigh.

7. RSV paediatric disease incidence is expected to peak in late November or December, with prevalence rising through October and falling by the end of February. Clesrovimab is intended to provide protection throughout a typical RSV season.

8. For the selective immunisation of very/extremely preterm and eligible high-risk infants, RSV monoclonal antibody immunisations should be administered seasonally, ideally before RSV activity increases in the community. Administration should generally commence from the second half of September, with pre-season catch-up completed by mid-October where possible.

9. Infants discharged from hospital during the RSV season should normally receive clesrovimab prior to discharge, while those discharged outside the season should be offered immunisation ahead of the next RSV season in accordance with operational guidance. Infants or children newly identified as eligible during the season should receive a single dose as soon as practicable. A single dose is expected to provide protection throughout a typical RSV season.

10. Trusts must ensure that local governance aspects (e.g. technical issues, education and training, patient information) have been identified and addressed for all staff groups (as appropriate) in order to permit the safe delivery of this therapy.

11. Trust colleagues must ensure that administration of clesrovimab is accurately recorded in the patient record communicated to the individual's GP.

12. Many infants eligible under the high-risk cohort will also fulfil eligibility criteria on the basis of being very or extremely preterm. Where an infant qualifies under both cohorts, only a single dose of clesrovimab should be administered during the season.

Next steps

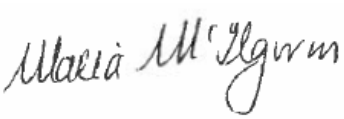
13. We would be grateful if you could ensure that this information is brought to the attention of all relevant clinical teams within your organisation to support the safe and consistent implementation of this policy.

14. We would like to take this opportunity to thank all those involved in the delivery of the RSV selective immunisation.

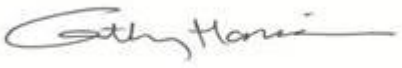
Yours sincerely



Prof Sir Michael McBride
Chief Medical Officer



Prof Maria McIlgorm
Chief Nursing Officer



Prof Cathy Harrison
Chief Pharmaceutical Officer

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Glynis McMurtry - Professional Head of Pharmacy GP Federations (*for onward distribution to GP Pharmacists)*

This letter is available on the Department of Health website at https://www.health-ni.gov.uk/topics/professional-medical-and-environmental-health-advice/hssmd-letters-and-urgent-communications