

**MnVFC Announcement**

Date: October 23, 2023

To: MnVFC Providers

From: MnVFC Program

**Re: Nirsevimab (Beyfortus) Supply Constraints**

Please route to:

- Clinical supervisor
- Medical director
- Clinic manager
- Clinic staff
- Pharmacy
- Vaccine staff

Nirsevimab demand continues to outpace supply. Currently the 100 mg doses are not available in the MnVFC program, and the 50 mg doses are limited. It is not apparent when or if we will get increased supply for MnVFC or the private market.

Borrowing between private stock and MnVFC is acceptable; make sure to document all doses borrowed in the [Vaccine Borrowing Report \(www.health.state.mn.us/people/immunize/hcp/mnvfc/vfcborrowrpt.pdf\)](http://www.health.state.mn.us/people/immunize/hcp/mnvfc/vfcborrowrpt.pdf) and keep track of when they were replaced. All children should be screened for eligibility, and it should be documented in their medical record.

The Centers for Disease Control and Prevention is anticipated to publish some guidance about prioritizing doses. This may include higher risk infants or the youngest babies. We will share the guidance when it is available. Encourage maternal vaccination at 32 to 36 weeks of pregnancy with Abrysvo Respiratory Syncytial Virus (RSV) vaccine whenever possible to help protect newborns. Infants only need nirsevimab if they are born less than 14 days after maternal vaccination.

Communicate with families about all the routine measures they can take to help prevent the spread of RSV including handwashing, covering coughs, wearing a face covering (mask) if sick, and limiting exposure of young infants to people who are sick.

MnVFC Program  
651-201-5522 or 1-800-657-3970  
[www.health.state.mn.us/vfc](http://www.health.state.mn.us/vfc)  
[health.mnvfc@state.mn.us](mailto:health.mnvfc@state.mn.us)