From the Chief Medical Officer
Professor Sir Michael McBride

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

Castle Buildings
Stormont Estate
BELFAST
BT4 3SQ

Tel: 028 9052 0563
Email: cmooffice@health-ni.gov.uk

HSS(MD) 27/2025

Our Ref: HSS(MD) 27/2025
Date: 10 July 2025

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)
Community pharmacists (for onward distribution to staff)
OOHs Medical Managers (for onward distribution to staff)
RQIA (for onward circulation to independent sector health and social care providers)

PLEASE SEE ATTACHED FULL CIRCULATION LIST

Dear Colleague

INTRODUCTION OF NIRSEVIMAB PASSIVE IMMUNISATION AGAINST RESPIRATORY SYNCYTIAL VIRUS (RSV) IN AT RISK INFANTS FOR UPCOMING 2025/2026 RSV SEASON

Actions 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 nirsevimab vaccine for the 2025/2026 RSV selective infant immunisation programme.

2. The Green Book guidance is due to be updated shortly and will recommend nirsevimab vaccine as first-line immunisation, if available, to reduce the risk of severe disease in eligible high-risk infants, during the RSV season (typically October to end-February). See attached link to Green Book chapter on RSV - https://assets.publishing.service.gov.uk/media/67bce1e6d157fd4b79addddd/Green_Book_on_immunisation_Ch27a_RSV_21_2_25.pdf

3. Following updated advice from the Joint Committee on Vaccination and Immunisation, nirsevimab vaccine is also recommended for very and extremely preterm infants (born before 32 weeks), who are unlikely to benefit from maternal vaccination, to be offered in or immediately preceding their first RSV season.

4. As nirsevimab vaccine will be available for the 2025/2026 RSV season, it will be commissioned for the high-risk cohort, in line with the Green Book criteria, and the very/extremely preterm infant cohort (born before 32 weeks).

5. The recommended dose of nirsevimab vaccine is a single dose of 50 mg administered intramuscularly for infants with body weight less than 5kg and a single dose of 100 mg administered intramuscularly for infants with body weight of 5kg or more.

6. For the initial launch, the 50mg will be in a UK pack and the 100mg will be in a French pack with a supporting UK PIL and HCP letter detailing the reasons for this. The 100mg pack will be available in a UK pack later in the season.

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. Nirsevimab vaccine is licensed as giving six-months protection. Use should begin from the second half of September for both cohorts. Pre-season catch-up administration to eligible children coming into their first season should ideally be completed by mid-October.

8. 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.

9. Trust colleagues must ensure that the monoclonal antibody immunisation nirsevimab is correctly recorded in the patient record, and this is accurately communicated to the individual's GP.

10. Note that most infants eligible for nirsevimab vaccine as part of the high-risk group will also be eligible on grounds of being very or extremely preterm; only a single dose of nirsevimab vaccine is required for a season even in children meeting eligibility for both groups.

Next steps

11. We would be grateful if you could cascade this information to relevant clinical teams within your organisation to support the consistent adoption of this policy.

12. We would like to take this opportunity to thank everyone involved in this programme to protect against RSV infection and disease in at-risk pre-term infants.

Yours sincerely

Prof Sir Michael McBride
Chief Medical Officer

Ms Maria McIlgorm
Chief Nursing Officer

Prof Cathy Harrison
Chief Pharmaceutical Officer

Circulation List

Director of Public Health/Medical Director, Public Health Agency (*for onward distribution to all relevant health protection staff*)
Assistant Director Public Health (Health Protection), Public Health Agency
Director of Nursing, Public Health Agency
Assistant Director of Pharmacy and Medicines Management, SPPG (*for onward distribution to SPPG Pharmacy and Medicines Management Team and community pharmacists*)
Directors of Pharmacy HSC Trusts
Director of Social Care and Children, SPPG
Family Practitioner Service Leads, SPPG *(for cascade to GP Out of Hours services)*
Medical Directors, HSC Trusts *(for onward distribution to all Consultants, Occupational Health Physicians and School Medical Leads)*
Nursing Directors, HSC Trusts *(for onward distribution to all Community Nurses, and Midwives)*
Directors of Children's Services, HSC Trusts
RQIA (*for onward transmission to all independent providers including independent hospitals*)
Regional Medicines Information Service, Belfast HSC Trust
Regional Pharmaceutical Procurement Service, Northern HSC Trust
Professor Kenda Crozier, Head of School of Nursing and Midwifery QUB
Andrea Shepherd, Head of School of Nursing, Ulster University
Heather Finlay, Head of HSC Clinical Education Centre
Maurice Devine, Open University
Professor Paul McCarron, Head of School of Pharmacy and Pharmaceutical Sciences, Ulster University
Professor Gavin Andrews, Head of School, School of Pharmacy, QUB
Postgraduate Pharmacy Dean, NI Centre for Pharmacy Learning and Development, QUB
Michael Donaldson, Head of Dental Services, SPPG *(for distribution to all General Dental Practitioners)*
Raymond Curran, Head of Ophthalmic Services, SPPG *(for distribution to Community Optometrists)*
Trade Union Side
Clinical Advisory Team
Louise McMahon, Director of Integrated Care, SPPG
Dr Camille Harron, NIMDTA
Prof Pascal McKeown, QUB
Prof Alan Smyth, QUB
Prof Louise Dubras, Ulster University
Dr Kathy Cullen, Director of the Centre for Medical Education at QUB

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