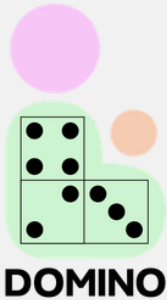


Jurisdictional Mapping of RSV mAb Programs (2025–2026)

This table provides a jurisdictional overview of RSV monoclonal antibody (mAb) programs across Australia for 2025–2026, summarising key differences in eligibility, program timing, delivery settings, and second season dosing. Links to each state and territory program are embedded within the corresponding jurisdiction names.



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Jurisdictional Mapping of RSV mAb Programs (2025–2026)

State/Territory	2025 mAb Program	Infant eligibility 2025	Infant eligibility 2026	Administration locations	2026 (compared with 2025)	Second Season
<u>Australian Capital Territory</u>	Year-round; From 17 March 2025	Aligns with AIH plus Aboriginal and Torres Strait Islander infants entering their 2nd season	Aligns with AIH plus Aboriginal and Torres Strait Islander infants aged 6 months to 24 months entering their 2nd season	- Hospitals with birthing or paediatric services - GP - Aboriginal medical services	No change	- Infants and young children up to age 24 months who remain at high risk of severe RSV disease entering their 2nd RSV season should be offered Nirsevimab - Aboriginal and Torres Strait Islander infants - A minimum interval of 6 months is recommended between 1st and 2nd season doses
<u>New South Wales</u>	Year-round; From 17 March 2025	Aligns with AIH plus plus eligible at-risk infants up to 6 months, including NSW infants (born 1 Oct–1 Dec 2024) if mother did not receive Abrysvo during pregnancy and Nirsevimab had not been given at birth	Aligns with AIH including eligible at-risk infants up to 6 months. Infants up to 6 months born between 1 October and 31 December 2024 removed as an eligible cohort	- Hospitals with birthing or paediatric services - GP - Aboriginal medical services - Community health	Changed in 2026	- Infants and young children up to age 24 months who remain at high risk of severe RSV disease entering their 2nd RSV season should be offered Nirsevimab - A minimum interval of 6 months is recommended between 1st and 2nd season doses
<u>Victoria</u>	Seasonal; 1 Apr-30 Sep 2025	Aligns with AIH plus Aboriginal and Torres Strait Islander infants aged 8-24 months entering 2nd season	Aligns with AIH plus Aboriginal and Torres Strait Islander infants aged 8 months up to 24 months	- Hospitals with birthing or paediatric services - GP - Outpatient departments - Aboriginal medical services - Community health services (rural) - Local council	No change	- Infants and young children aged 8 to 24 months entering 2nd season who remain at high risk of severe RSV disease - Aboriginal & Torres Strait Islander infants - A minimum interval of 6 months is recommended between season doses

Jurisdictional Mapping of RSV mAb Programs (2025–2026)

State/Territory	2025 mAb Program	Infant eligibility 2025	Infant eligibility 2026	Administration locations	2026 (compared with 2025)	Second Season
<u>Queensland</u>	Year-round; started 15 Apr 2024	Aligns with AIH plus who are receiving chemotherapy or have a condition associated with severe disease after discussion with Paeds ID	Aligns with AIH plus who are receiving chemotherapy or have a condition associated with severe disease after discussion with Paeds ID	- Hospitals with birthing services - GP - Community clinics - Aboriginal Medical services	No change	Infants and young children who have specific condition(s) associated with increased risk of severe RSV disease are also eligible for a dose of nirsevimab from 8 months to less than 24 months of age, ahead of their 2nd RSV season
<u>South Australia</u>	Seasonal; 1 Apr- 30 Sep 2025	Aligns with AIH	Aligns with AIH	- Hospitals with birthing or paediatric services - GP	No change	Infants and young children who have specific condition(s) associated with increased risk of severe RSV disease are also eligible for a dose of Nirsevimab from 8 months to less than 24 months of age, ahead of their 2nd RSV season
<u>Western Australia</u>	Seasonal; 1 Apr-30 Sep 2025 (Year-round for Kimberley and Pilbara regions of WA)	Aligns with AIH plus Aboriginal and Torres Strait Islander infants aged 8-24 months entering 2nd season	- All infants born from Oct 1 2025 to 31 Mar 2026 eligible irrespective of medical risk factors or maternal RSV vaccine status - All Aboriginal children born after 1 Oct 2024 eligible	- Hospitals with birthing services - GP - Aboriginal medical Services - Community health services	Changed in 2026	- All Aboriginal children born after 1 Oct 2024 - All children with medical risk factors born after 1 Oct 2024

Jurisdictional Mapping of RSV mAb Programs (2025–2026)

State/Territory	2025 mAb Program	Infant eligibility 2025	Infant eligibility 2026	Administration locations	2026 (compared with 2025)	Second Season
<u>Tasmania</u>	Seasonal; 1 Apr- 31 Oct 2025*	Aligns with AIH	Aligns with AIH	- Hospitals with birthing services - GP	No change	Children entering their 2nd RSV season with an increased risk of severe RSV disease (<24 months of age at time of administration)
<u>Northern Territory.</u>	Year-round; started Aug 2024 for Aboriginal and Torres Strait Islander infants only; expanded Feb 2025 to maternal birth-dose Nirsevimab for all mothers and infants	Aligns with AIH	Aligns with AIH^	Hospitals with birthing or Paediatric services	No change	Paediatrician-led Nirsevimab program for high-risk children > 6 months to 24 months

*The end date for seasonal mAb is one month later than other jurisdictions. This is based on hospitalisation data (personal communication)

^NT commencing a randomised controlled trial in April for Aboriginal children aged 6-9 months to receive mAb or standard of care

Maternal RSV vaccination

The RSV vaccine Abrysvo is funded nationally under the [National Immunisation Program](#) for all pregnant people in Australia and is recommended from 28 weeks. The maternal program is consistent across all states and territories.

Where it is stated that eligibility criteria align with Australian Immunisation Handbook (AIH) recommendations, they are as follows:

- **Infants entering their first RSV season who:**
 - were born to women who did not receive RSV vaccine during pregnancy (every effort should be made to establish maternal vaccination status)
 - were born within 2 weeks of the mother receiving RSV vaccine during pregnancy
 - have risk conditions for severe RSV disease regardless of maternal vaccination
 - were born to mothers with severe immunosuppression, where the immune response to RSV vaccine was impaired
 - were born to mothers who have received RSV vaccine in pregnancy but have subsequently undergone a treatment such as cardiopulmonary bypass or extracorporeal membrane oxygenation, that has led to loss of maternal antibodies.
- **Infants/young children aged 8–24 months entering their second RSV season who:**
 - Have a risk condition for severe RSV disease (see above) – regardless of maternal vaccination or receipt of Nirsevimab or palivizumab in their first RSV season
- **Risk conditions associated with increased risk of severe RSV disease in infants and young children (based on the AIH)**
 - Preterm birth (<32 weeks gestational age)
 - Haemodynamically significant congenital heart disease
 - Significant immunosuppression – such as from malignancy, solid organ transplant, haematopoietic stem cell transplant or primary immune deficiencies such as severe combined immunodeficiency
 - Chronic lung disease requiring ongoing oxygen or respiratory support
 - Neurological conditions that impair respiratory function
 - Cystic fibrosis with severe lung disease or weight for length <10th percentile
 - Trisomy 21 or another genetic condition that increases the risk of severe RSV disease