Australian Government
Department of Health, Disability and Ageing

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) INTERIM CLINICAL ADVICE

Issue date: 05 November 2026

INTERIM ATAGI ADVICE ON THE ADMINISTRATION OF RSV-SPECIFIC MONOCLONAL ANTIBODIES TO ABORIGINAL AND TORRES STRAIT ISLANDER INFANTS & CHILDREN

It is important to read this statement in conjunction with the RSV chapter of the Australian Immunisation Handbook, available at immunisationhandbook.health.gov.au

Overview

The Australian Technical Advisory Group on Immunisation (ATAGI) has evaluated emerging evidence on the use of RSV-specific monoclonal antibodies for Aboriginal and Torres Strait Islander infants in their first and second RSV season to prevent severe RSV disease.

Based on the current available evidence, ATAGI has decided to publish interim advice on recommendations for Aboriginal and Torres Strait Islander infants and children, in advance of a more comprehensive update to RSV immunisation advice to be released in 2027.

Interim Recommendations

The interim recommendations below should be used in addition to those set out in the RSV chapter of the Australian Immunisation handbook

- Aboriginal and Torres Strait Islander infants are recommended to receive RSV-specific monoclonal antibody to protect them during their first RSV season, regardless of maternal vaccination.
- Aboriginal and Torres Strait Islander children aged 8 months to less than 24 months are recommended to receive RSV-specific monoclonal antibody before their second RSV season, regardless of maternal vaccination or previous infant vaccination in their first RSV season.
- Providers are encouraged to provide RSV-specific monoclonal antibodies across healthcare settings to ensure access for all eligible infants and children.

Evidence

- Current evidence indicates that infant protection from RSV received through maternal vaccination may wane by 5-6 months following birth. Aboriginal and Torres Strait Islander infants remain at high risk of hospitalisation from RSV at this age. RSV-specific monoclonal antibodies will provide a benefit to infants after protection from maternal RSV antibodies has waned.
- Evidence to support the use of RSV-specific monoclonal antibodies in combination with maternal RSV vaccination in any population is limited. However, ATAGI has taken the pragmatic approach to recommend the use of RSV-specific monoclonal antibodies in certain circumstances regardless of maternal vaccination due to the level of risk of severe RSV.
- The risk of RSV hospitalisation is highest for infants <6 months of age and reduces for older infants and children. However, recent data indicate that the RSV hospitalisation rate among Aboriginal and Torres Strait Islander infants aged between 6-12 months remained high at 21.86 per 1000 infants. The corresponding rate among non-indigenous infants aged 6-12 months was 6.13 per 1000. Therefore, for an Aboriginal and Torres Strait Islander infant whose mother received a maternal RSV vaccine, the risk of hospitalisation may increase considerably following waning of maternally derived protection.[1]
- Aboriginal and Torres Strait Islander children aged between 12 months to 24 months remain at elevated risk of severe RSV, having a high incidence of hospitalisation from RSV (10.81 per 1000). The incidence of hospitalisation form RSV among non-indigenous children in the same age group was 4.65 per 1000.[1]

[1] Sarna, M., Blyth, C., Taye, B. W., Le, H., Richmond, P., & Glass, K. (2025). Who is at risk of a respiratory syncytial virus hospitalisation? A linked, population-based birth cohort analysis in children aged less than 5 years. *The Lancet Regional Health–Western Pacific*, 61.