



Public Health Advisory Update
04/01/2026

Late Season Respiratory Syncytial Virus (RSV) Cases in Clark County, NV

SITUATIONAL AWARENESS SUMMARY

Situation: SNHD routinely monitors RSV activity in Clark County. During the current (2025–2026) season, RSV activity has remained elevated later than typically observed, suggesting that RSV transmission may continue further into the spring months.

Recent data indicate ongoing RSV transmission in the community:

- Wastewater surveillance in Clark County has detected persistently high levels of RSV.
- Hospitalizations peaked in December 2025 but continued to increase from December to February 2026.
- From January to February 2026, RSV-related hospitalizations increased by 32.7%, compared to a 15.7% decrease during the same period last year.
- These trends indicate that RSV activity is persisting longer than usual and continued vigilance is recommended.

SNHD urges providers to:

1. Immunize eligible newborns and infants:

- a) Consider administration of nirsevimab (Beyfortus) and clesrovimab (Enflonsia) to eligible infants and young children for the prevention of severe RSV disease through April 30, 2026. Palivizumab is no longer recommended.
 - i) Infants <8 months born during or entering their first RSV season (without documented maternal RSV vaccination or whose maternal RSV vaccination occurred less than 14 days before birth) should receive RSV immunization.
 - ii) Infants 8-19 months of age entering their second RSV season who are at high-risk are recommended to receive nirsevimab:
 - (1) Chronic lung disease of prematurity requiring medical support within the 6-months before the start of the second RSV season.
 - (2) Cystic fibrosis with manifestations of severe disease or weight for length <10th percentile.
 - (3) Severe immunocompromise.
 - (4) American Indian or Alaska Native children as they experience significantly higher rates of severe RSV disease and hospitalization.
- b) Providers should use clinical judgment to weigh current and future risk:
 - i) Receiving an RSV monoclonal antibody **late in the 2025–2026 season** will generally **prevent the child from receiving another dose** at the start of the **2026–2027 season**.
 - ii) Exceptions apply to high-risk children who may be eligible for a dose at the beginning of the next season.

2. Maternal Vaccination:

- a) Abrysvo is currently the only recommended RSV vaccine for use during pregnancy.
- b) A single dose is recommended for pregnant individuals between 32 weeks 0 days and 36 weeks 6 days of gestation, administered during the September through January RSV season. This is a one-time dose per pregnancy.
- c) Vaccination at 37 weeks gestation or later is not recommended, as there may be insufficient time for adequate maternal antibody transfer to the infant before birth.

- 3. Insurance Coverage:** The extension of the RSV immunization season based on local RSV seasonality falls within current Advisory Committee on Immunization Practices/Centers for Disease Control and Prevention recommendations, which state that clinicians should follow the guidance from public health authorities or regional medical centers regarding the timing of administration based on local RSV activity.

- 4. Report: Laboratory confirmed cases of RSV are reportable** to SNHD Division of Disease Surveillance and Control via Phone (702) 759-1300, Fax (702) 759-1414, or online at: <https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/>

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Health Alert: conveys the highest level of importance; warrants immediate action or attention

Health Advisory: provides important information for a specific incident or situation; may not require immediate action

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action

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