



RSV Nirsevimab Data Collection Form – CATCH-UP programme

SECTION 1: INFANT'S DETAILS

Complete this part for the infant being offered Nirsevimab (PLEASE USE BLOCK CAPITALS)

Infant's First Name: _____ Infant's Surname (Family Name): _____

Infant's PPSN: _____ Infant Gender: ☐ Female ☐ Male ☐ Indeterminate

Infant's Date of birth:

D	D	M	M	Y	Y
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 Infant's gestational age at birth (Weeks): _____ Infant's Weight (Kg): _____

Indication for Immunisation:

☐ Catch-up Cohort¹ ☐ High Risk* ☐ Ex-preterm <24 months with chronic lung disease in second RSV season

(*Term infants born between 1st March to 31st August 2025 entering 2025/26 RSV season.)

*If high risk details of underlying medical conditions:

☐ Infant born before 30 weeks, 0 days' gestation ☐ Preterm infants with chronic lung disease of prematurity

☐ Congenital heart disease ☐ Pulmonary disease ☐ Neuromuscular disease

☐ Infant < 1 year with profound immunocompromise ☐ Other (please specify): _____

SECTION 2: PARENT/LEGAL GUARDIAN'S DETAILS

First Name: _____ Surname: _____

Address: _____ Eircode: _____

Mother's Ethnic or Cultural Background:

- | | | | |
|---|--|---|--|
| A. White | B. Black or Black Irish | C. Asian or Asian Irish | D. Other, including mixed background |
| <input type="checkbox"/> A.1 Irish | <input type="checkbox"/> B.1 Black or Black Irish - African | <input type="checkbox"/> C.1 Chinese | <input type="checkbox"/> D.1 Arab |
| <input type="checkbox"/> A.2 Irish Traveller | <input type="checkbox"/> B.2 Black or Black Irish – Any other Black background | <input type="checkbox"/> C.2 Indian/Pakistani/Bangladeshi | <input type="checkbox"/> D.2 Mixed, write in description |
| <input type="checkbox"/> A.3 Roma | | <input type="checkbox"/> C.3 Any other Asian background | |
| <input type="checkbox"/> A.4 Any other White Background | | | |

D. Description _____ ☐ E Prefer not to say

SECTION 3: ADMINISTRATION DETAILS

Parent Leaflet and Patient Information

Leaflet issued: ☐ Y ☐ N

Verbal / Written Consent (strike off as

appropriate): ☐ Given ☐ Declined

Was Nirsevimab administered to the

infant? ☐ Y ☐ N

Date of administration	Time of administration	Dose given	Batch number	Expiry date	Injection site
		<input type="checkbox"/> 50mg			<input type="checkbox"/> Rt thigh
		<input type="checkbox"/> 100mg			<input type="checkbox"/> Lt thigh
		<input type="checkbox"/> 200mg			<input type="checkbox"/> Both thighs

Site Vaccination Administered: _____

Administered by
[Print Name]: _____

PIN/MCRN: _____ Signature: _____

Checked by
[Print Name]: _____

PIN/MCRN: _____ Signature: _____