Washington State Department of HEALTH

COVID-19 AND RSV VACCINE UPDATES WEBINAR

October 24, 2023

Before We Start

- All participants will be muted for the presentation.
- You may ask questions using the Q&A box, and questions will be answered at the end of the presentation.
- Continuing education is available for nurses and medical assistants.
- If you're watching in a group setting and wish to claim CE credit, please make sure you register for the webinar and complete the evaluation as an individual.
- You can find more information here: COVID-19 Vaccine Updates Webinar - October 24, 2023 | Washington State Department of Health (https://doh.wa.gov/you-and-your-family/immunization/immunization-training)

Continuing Education

- This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation. Upon successful completion of this activity, 1.0 contact hours will be awarded.
- This program has been granted prior approval by the American Association of Medical Assistants (AAMA) for 1.0 administrative continuing education unit.

Disclosures

The planners and speakers of this activity have no relevant financial relationships with any commercial interests pertaining to this activity.

Learning Objectives

- Describe updated COVID-19 vaccine recommendations
- Discuss RSV vaccine recommendations for older adults and pregnant persons
- Explain recommendations for the use of nirsevimab in infants
- Identify relevant resources

Presenters

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Public Health Nursing Consultant

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Swedish Pediatric Infectious Disease

COVID-19 VACCINE UPDATES

HEIDI KELLY, RN-BC, MS

COVID-19 Recommendations

- Everyone ages 5 years and older is recommended to receive 1 dose of a 2023-2024 mRNA COVID-19 vaccine.
- Children ages 6months-4 years should completed a multi-dose initial series (2 doses of Moderna or 3 doses of Pfizer-BioNtech mRNA COVID-19 vaccine) with at least one dose of the 2023-2024 COVID-19 vaccine.
- People who are moderately or severely immunocompromised should complete a 3-dose initial series with at least one dose of the 2023-2024 COVID-19 vaccine and may receive 1 or more additional 2023-2024 COVID-19 vaccine doses.
- **Bivalent mRNA COVID-18 vaccines are no longer recommend for use in the United States.**

Key Changes from bivalent mRNA recommendations

Bivalent recommendations	Proposed 2023 – 2024 vaccine recommendations	Rationale
Everyone ages **6 years** and older recommended for a single bivalent dose	Everyone ages **5 years** and older recommended for a single 2023 – 2024 dose	Eliminates complex recommendations for 5-year-olds
Two Moderna dosages authorized for 6 months – 5 years, depending on vaccination history and immune status	All Moderna doses in ages 6 months – 11 years are now 25 µcg	Reduces the number of COVID-19 vaccine products in use
Optional 2nd bivalent dose for those ages 65 years and older	No additional dose recommendation **at this time**	Will monitor epidemiology and vaccine effectiveness to determine if additional doses are needed

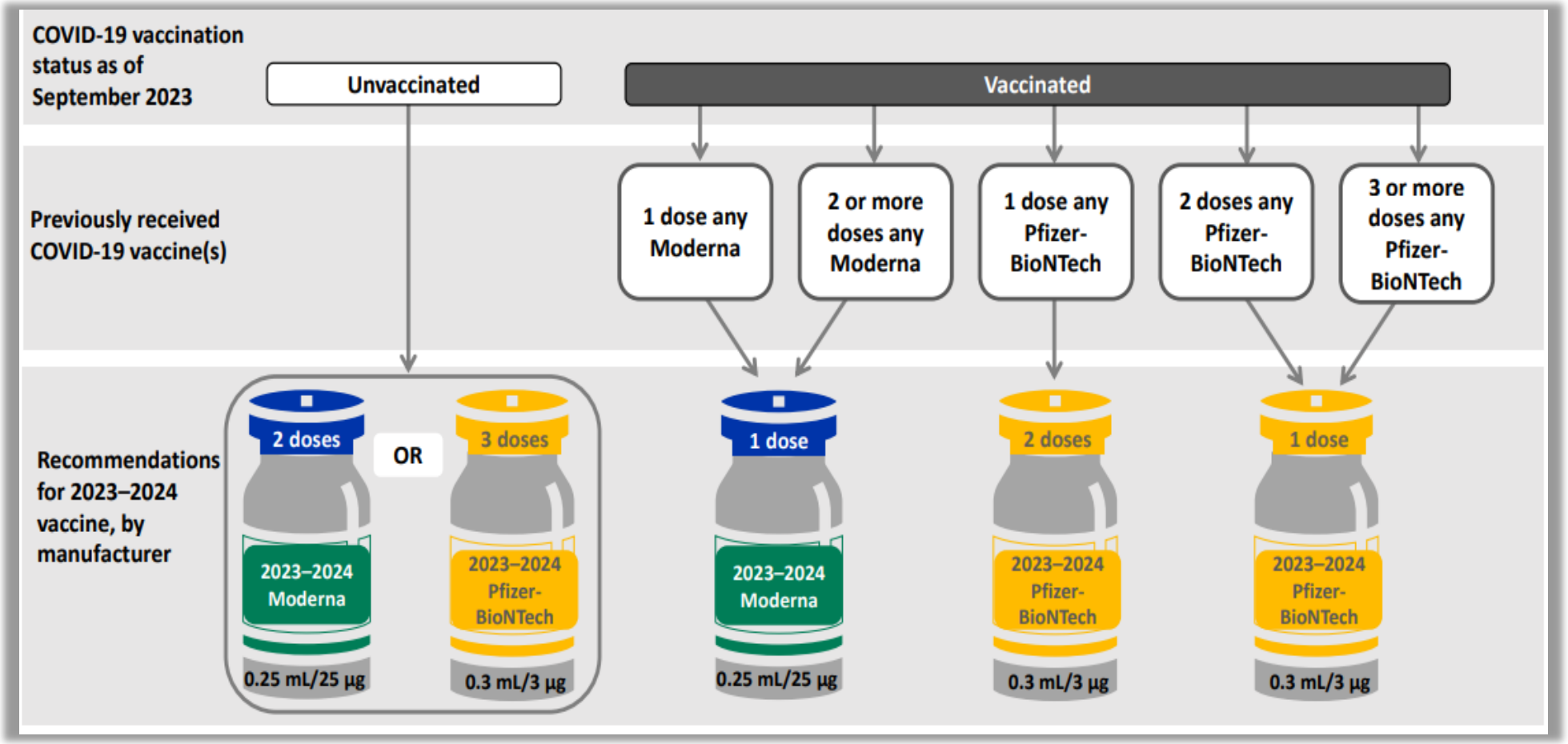
SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

Simultaneous administration of COVID-19 and other vaccines

- In accordance with General Best Practice Guidelines for Immunization, routine administration of all age-appropriate doses of vaccines simultaneously is recommended for children, adolescents, and adults if there are no contraindications at the time of the healthcare visit.
- Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients; the Health Alert Network (HAN) published on September 5, 2023 may be consulted for additional information about simultaneous administration of these vaccines.
- Simultaneous administration of COVID-19 vaccine and nirsevimab (a long-acting monoclonal antibody for certain infants and young children for prevention of RSV) is recommended.
- Coadministration of COVID-19 and RSV vaccine for older adults is acceptable.
- There are additional considerations if administering an orthopoxvirus vaccine and COVID-19 vaccine.

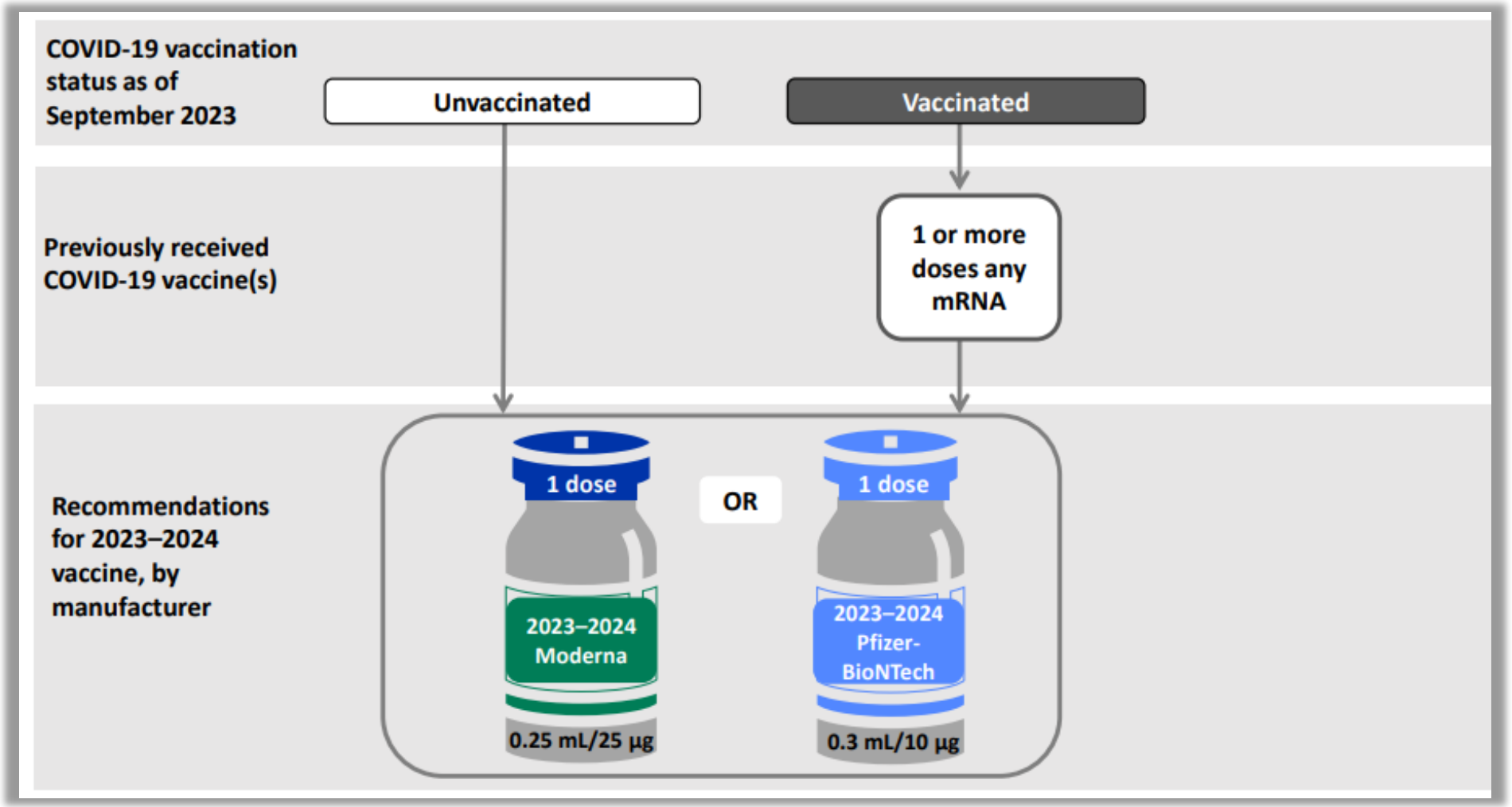
SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

Recommended 2023-2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged 6 months-4 years



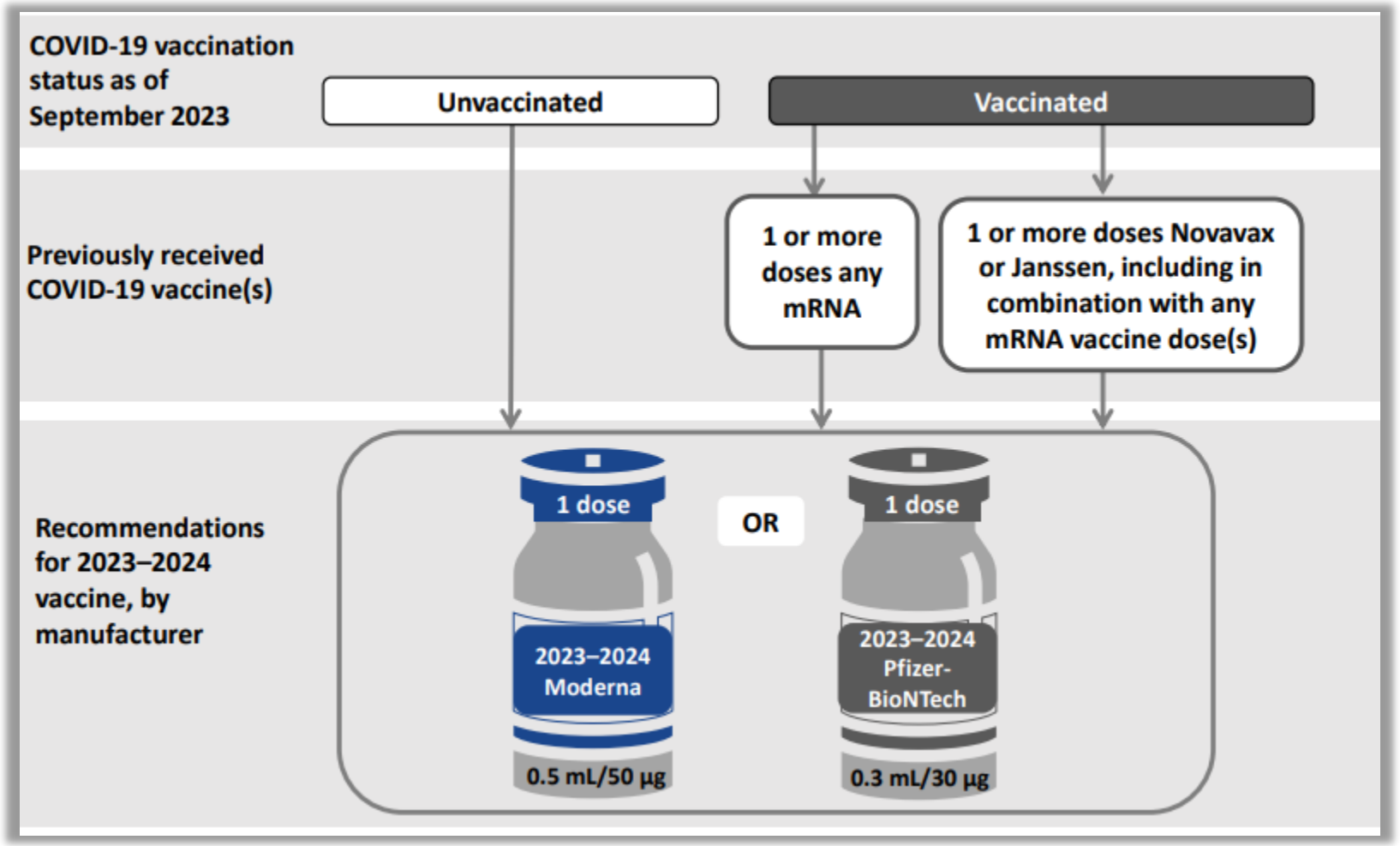
SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

Recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged 5–11 years



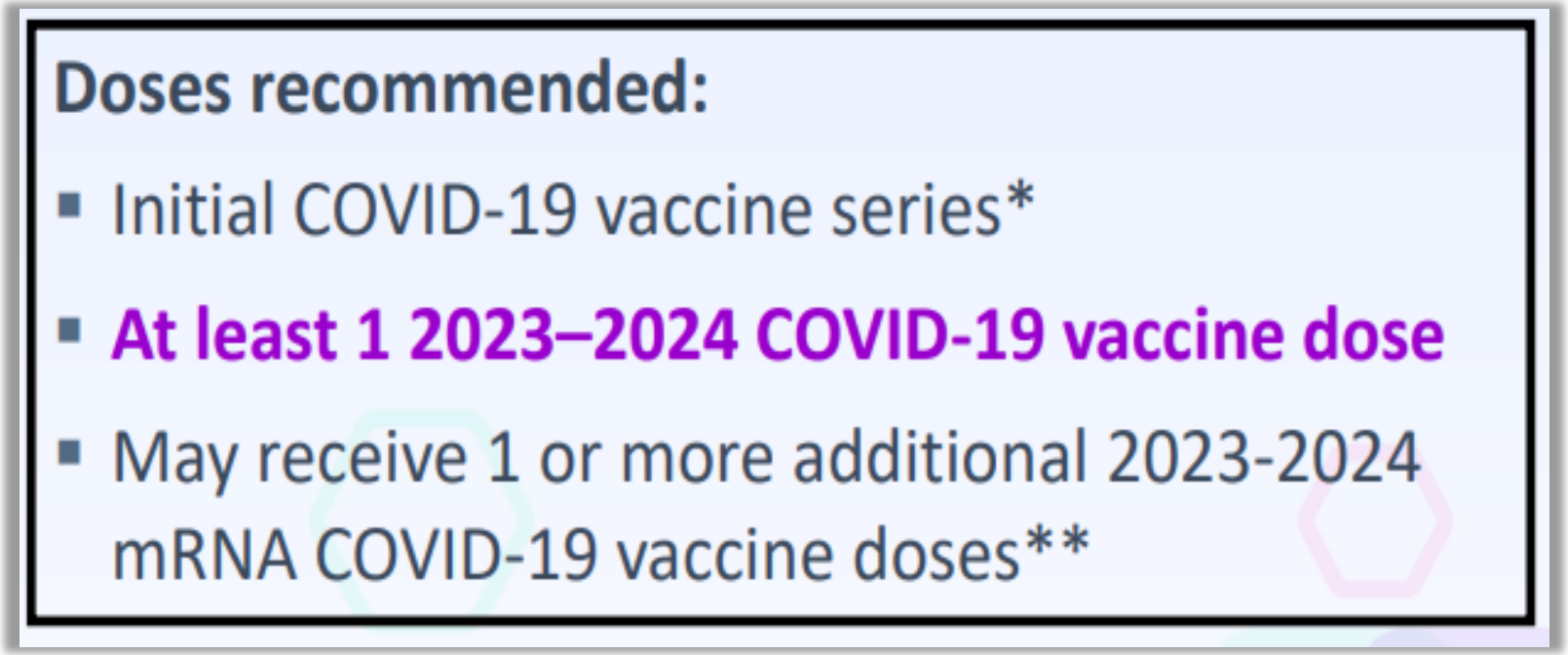
SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

Recommended 2023–2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged ≥12 years



SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

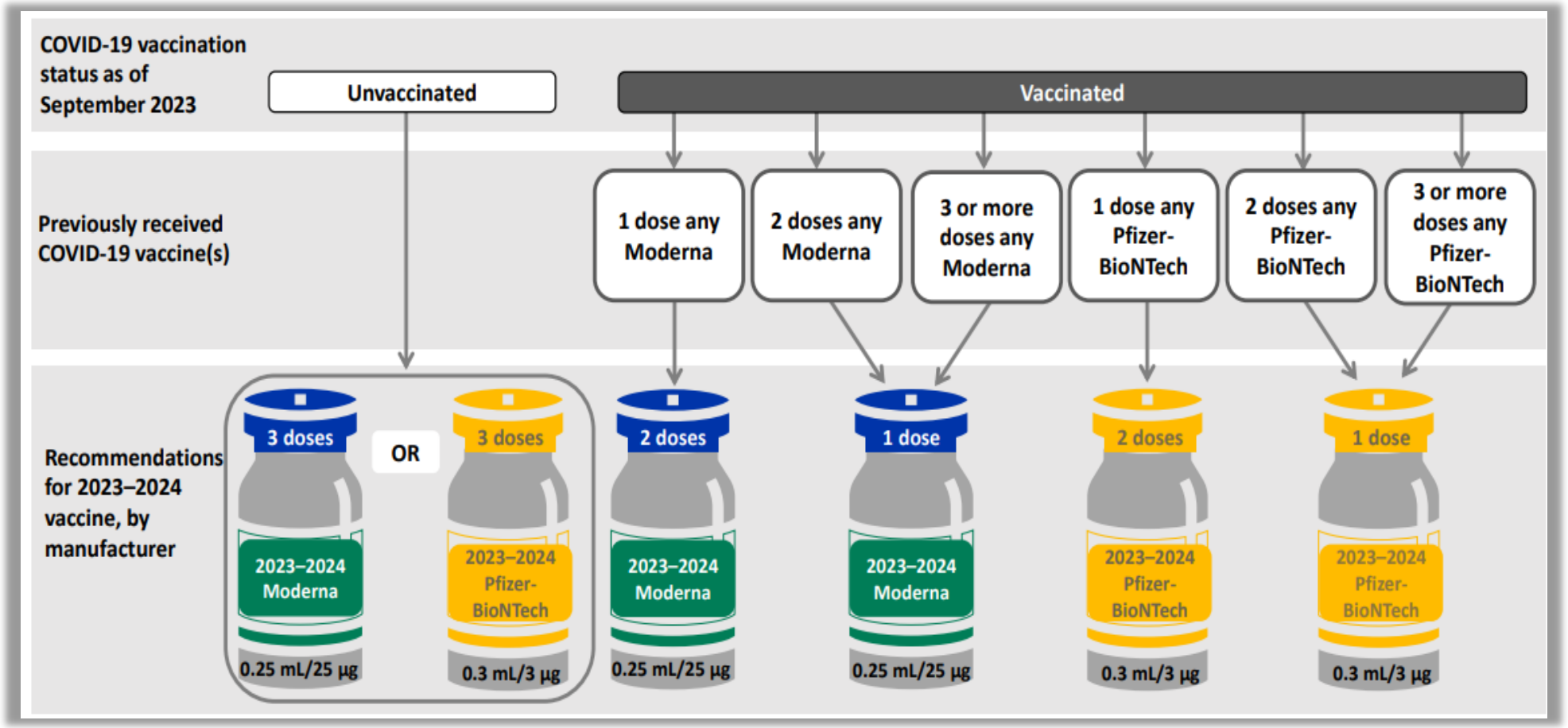
Recommendations for moderately or severely immunocompromised people 6mo and older



*Series of 3 homologous mRNA COVID-19 vaccine doses at the time of initial vaccination. This could also include a history of receipt of 1 or more doses of Novavax or Janssen, including in combination with mRNA vaccine dose(s).
**Further additional dose(s) may be administered, informed by clinical judgement of a healthcare provider and personal preference and circumstances. Further additionall doses should be administered at least 2 months after the last 2023-2024 COVID-19 vaccine dose.

SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

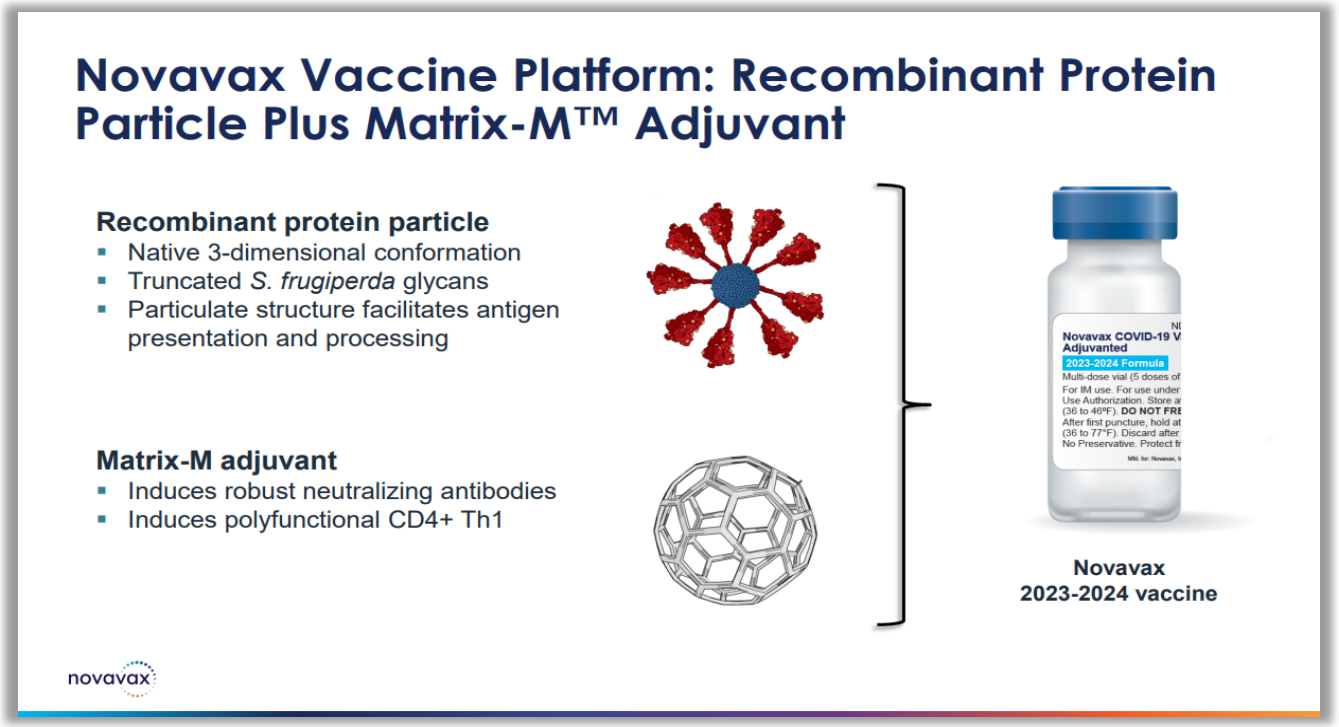
Recommended 2023–2024 COVID-19 vaccines for people who ARE moderately or severely immunocompromised, aged 6 months–4 years



SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

Novavax

- New Formulation with XBB .1.5 variant has been authorized for use 2 dose initial series, 3-8 weeks apart
- Booster dose available in limited situations at least 8 weeks after last dose of primary series



SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/09-COVID-Dubovsky-508.pdf

2023-2024 COVID-19 Vaccine Up to Date Definition

- Everyone aged 5 years and older are recommended get one 2023–2024 COVID-19 vaccine to be up to date.
- **Children aged 6 months–4 years and people who are moderately or severely immunocompromised** need multiple doses, including at least one 2023–2024 COVID-19 vaccine dose to be up to date.
- People who are moderately to severely immunocompromised may get additional doses of the 2023–2024 COVID-19 vaccine.

COVID-19 Administrative Factors

VIS/EUA

Can be found on FDA COVID-19 vaccine site For:

- Pfizer 6mo-4y/o
- Moderna 6mo-11 y/o
- Spikevax
- Comirnaty-found within the package insert (last 3 pages)

CDC Guidance on VIS:

“Until a VIS is available for a particular vaccine, a provider may use the manufacturer’s package insert, written FAQs, or any other document – or produce their own information materials – to inform patients about the benefits and risks of that vaccine. ”

Standing Order Templates

6 Months Through 4 Years of Age
Updated (2023–2024 Formula)
Pfizer-BioNTech COVID-19 Vaccine
Standing Orders for Administering Vaccine

2023–24 Formula Vaccine Presentation	Diluent	Dose/Injection Amount	Route
Single-dose vial with yellow cap and yellow label	1.1 mL of 0.9% sodium chloride (normal saline, preservative-free) diluent	0.3 mL/3 µg	Intramuscular (IM) injection

Purpose
To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Procedure
Assess children 6 months through 4 years of age for vaccination with the following criteria:

People who are NOT moderately or severely immunocompromised*

COVID-19 vaccination history† (regardless of COVID-19 vaccine formula)	Schedule for administration of 2023-24 Pfizer-BioNTech COVID-19 Vaccine
Unvaccinated	Give 1 dose now.
1 previous dose of any Pfizer-BioNTech COVID-19 Vaccine	Give 1 dose at least 8 weeks (2 months) after the previous dose.
2 doses of any Pfizer-BioNTech COVID-19 Vaccine (Dose	
3 or more doses Pfizer-BioNTech COVID-19 Vaccine, NOT at least 1 dose of 2023–24 COVID-19 vaccine§	
3 or more doses Pfizer-BioNTech COVID-19 Vaccine, INCLUDING at least 1 dose of 2023–24 COVID-19 vaccine§	No further doses are indicated.

* Persons with a recent SARS-CoV-2 infection may consider delaying vaccination
† COVID-19 vaccination history refers to previous receipt of dose(s) of Original monovalent
§ An 8-week interval between the first and second COVID-19 vaccine (Moderna,
¶ People who are recommended to receive a multidose mRNA series for initial
immunocompromised) should receive all doses from the same manufacturer;
may be administered; the same vaccine is not available, the person would
series with the same vaccine due to a contraindication.
For children who have received 1 Moderna and 1 Pfizer-BioNTech vaccines of
vaccine should be administered at least 8 weeks after the second dose.

09/26/2023

5 Years of Age and Older
Updated (2023–2024 Formula)
Pfizer-BioNTech COVID-19 Vaccine
Standing Orders for Administering Vaccine

2023–24 Formula Vaccine Presentation	Diluent	Dose/Injection Amount	Route
Single-dose vial with blue cap and blue label	None	0.3 mL/10 µg	Intramuscular (IM) injection
Single-dose vial with gray cap and gray label	None	0.3 mL/30 µg	Intramuscular (IM) injection
Manufacturer-filled syringe with gray box on label	None	0.3 mL/30 µg	Intramuscular (IM) injection

Purpose
To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy
Where authorized under state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure
Assess children 5 years of age and older for vaccination with the 2023–24 Pfizer-BioNTech COVID-19 Vaccine based on the following criteria:

People who are NOT moderately or severely immunocompromised*

COVID-19 vaccination history† (regardless of COVID-19 vaccine formula)	Schedule for administration of 2023-24 Prizer-BioNTech COVID-19 Vaccine
Unvaccinated	Give 1 dose now.
Any number of previous doses of COVID-19 vaccine, **NOT** including at least 1 dose of 2023–24 COVID-19 vaccine	Give 1 dose at least 8 weeks (2 months) after the previous dose.
Any number of previous doses COVID-19 vaccine, **INCLUDING** at least 1 dose of 2023–24 COVID-19 vaccine	No further doses are indicated.

* Persons with a recent SARS-CoV-2 infection may consider delaying vaccination by 3 months from symptom onset or positive test (if infection was asymptomatic).
† COVID-19 vaccination history refers to previous receipt of dose(s) of Original monovalent mRNA, bivalent mRNA vaccine, Updated (2023–2024 Formula), or a combination of the three, unless otherwise specified.

09/26/2023 1

6 Months Through 4 Years of Age
Updated (2023–2024 Formula)
Moderna COVID-19 Vaccine
Standing Orders for Administering Vaccine

2023–24 Formula Vaccine Presentation	Dose/Injection Amount	Route
		Intramuscular (IM) injection

5 Years of Age and Older
Updated (2023–2024 Formula)
Moderna COVID-19 Vaccine
Standing Orders for Administering Vaccine

2023–24 Formula Vaccine Presentation	Dose/Injection Amount	Route
Single-dose vial with dark blue cap and green label	0.25 mL/25 µg	Intramuscular (IM) injection
Single-dose vial with dark blue cap and blue label	0.50 mL/50 µg	Intramuscular (IM) injection
Manufacturer-filled syringe with dark blue box on label	0.50 mL/50 µg	Intramuscular (IM) injection

Purpose
To reduce morbidity and mortality from coronavirus disease 2019 (COVID-19) by vaccinating persons who meet the criteria established by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP).

Policy
Where authorized under state law, standing orders enable eligible nurses and other health care professionals (e.g., pharmacists) to assess and vaccinate persons who meet the criteria in the "Procedure" section below without the need for clinician examination or direct order from the attending provider at the time of the interaction.

Procedure
Assess children 5 years of age and older for vaccination with the 2023–24 Moderna COVID-19 Vaccine based on the following criteria:

People who are NOT moderately or severely immunocompromised*

COVID-19 vaccination history† (regardless of COVID-19 vaccine formula)	Schedule for administration of 2023-24 Moderna COVID-19 Vaccine
Unvaccinated	Give 1 dose now.
Any number of previous doses of COVID-19 vaccine, **NOT** including at least 1 dose of 2023–24 COVID-19 vaccine	Give 1 dose at least 8 weeks (2 months) after the previous dose.
Any number of previous doses COVID-19 vaccine, **INCLUDING** at least 1 dose of 2023–24 COVID-19 vaccine	No further doses are indicated.

* Persons with a recent SARS-CoV-2 infection may consider delaying vaccination by 3 months from symptom onset or positive test (if infection was asymptomatic).
† COVID-19 vaccination history refers to previous receipt of dose(s) of Original monovalent mRNA, bivalent mRNA vaccine, Updated (2023–2024 Formula), or a combination of the three, unless otherwise specified.

09/22/2023 1

SOURCE: https://www.cdc.gov/vaccines/covid-19/info-by-product/index.html

WAIIS

- 2023-2024 COVID-19 vaccines have been added to WAIIS (WA Immunization Information System)
- The forecast for the new recommendations will be added early quarter 4
- Providers may notice a forecasting error for these vaccines *Inadverdent Dose Error*
- Error message due to lack of forecasting and does not impact data being recorded in the IIS

Knowledge Check 1

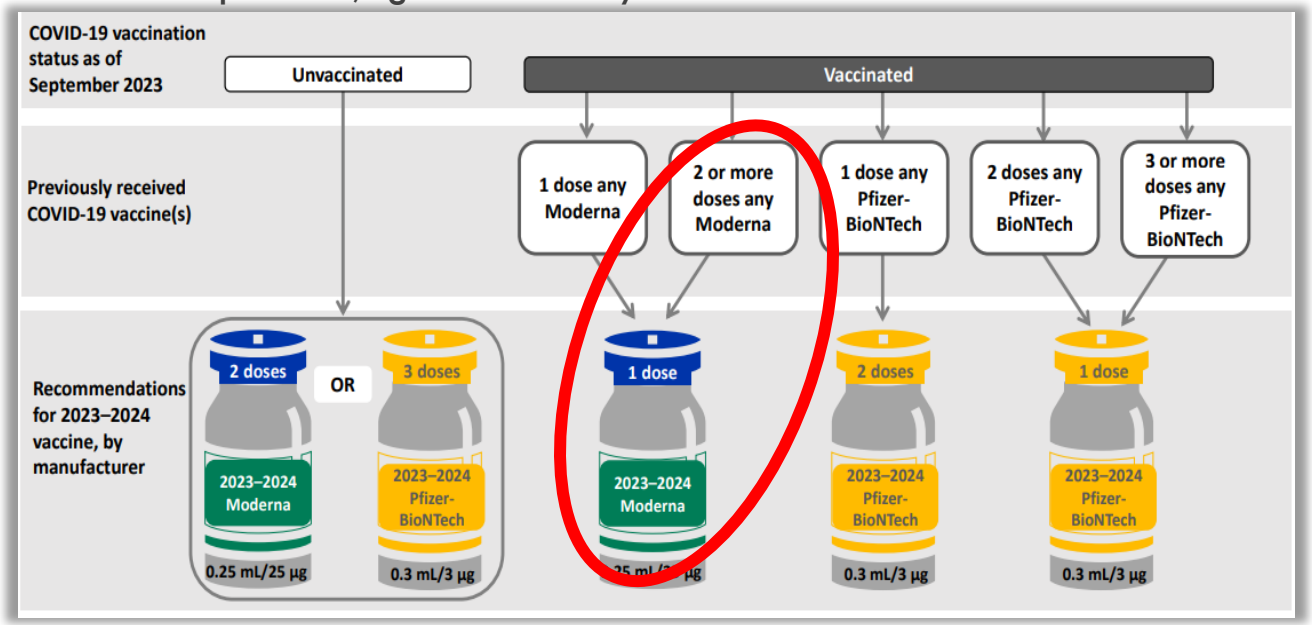
A healthy 4 y/o child arrives to the clinic to receive routine childhood vaccines. Parent is asking about COVID-19 vaccines. Child received a complete 2 dose Moderna initial monovalent series-no bivalent doses. What is the best response to her request?

a. Administer one dose of 2023-2024 Moderna COVID-19 vaccine for children 6mos-11 y/o to be given with the other childhood vaccines received that day.
b. Ask parent to return in 4 weeks for the COVID-19 vaccine, since the child is receiving routine vaccines today.
c. Give a dose of 2023-2024 Moderna COVID-19 vaccine for children 6mos-11 y/o now and then schedule for a second dose in 4 weeks.

Knowledge Check Answer 1

Answer: A. Administer one dose of 2023-2024 Moderna COVID-19 vaccine for children 6mos-11 y/o to be given with the other childhood vaccines received that day.

Recommended 2023-2024 COVID-19 mRNA vaccines for people who are NOT immunocompromised, aged 6 months-4 years



SOURCE: https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-09-12/11-COVID-Wallace-508.pdf

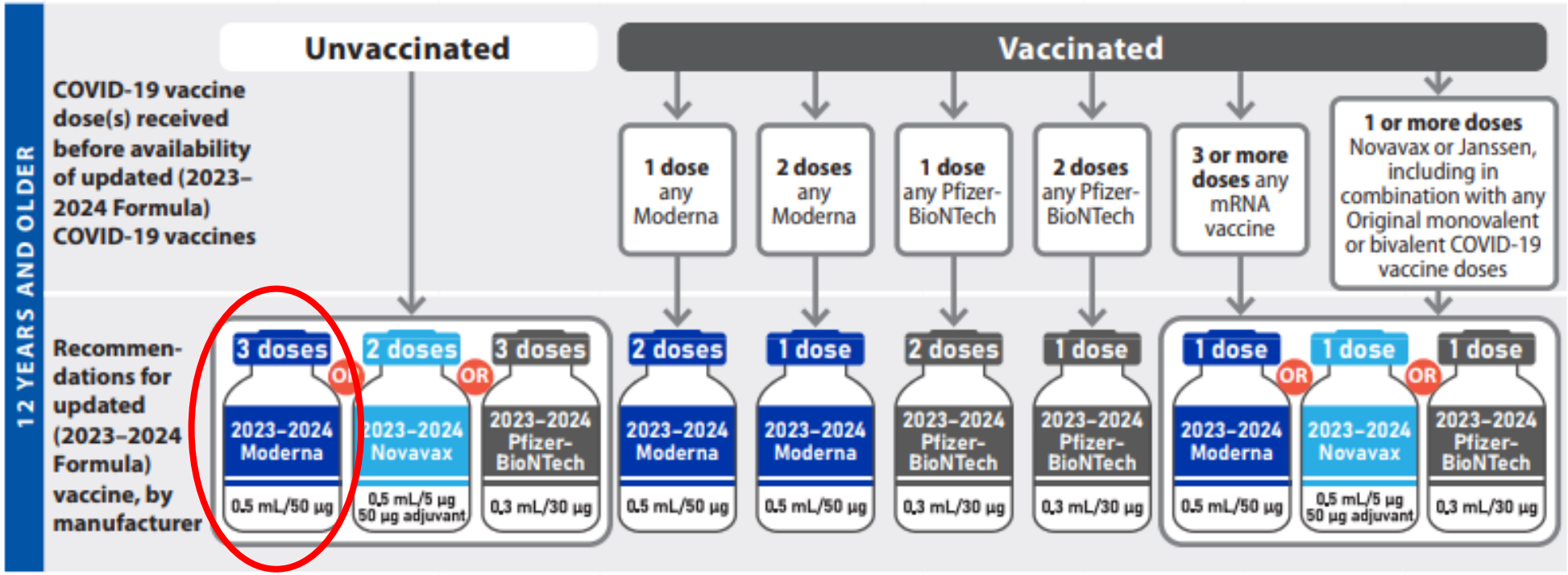
Knowledge Check 2

An immunocompromised 25 y/o client some into the clinic requesting a Moderna COVID-19 vaccine. They have never received a COVID-19 vaccine, what is the best course of care for this client?

a. Provide one dose of 2023-2024 mRNA COVID-19 vaccine now and schedule a follow-up appointment for their second dose to complete their primary series in 4 weeks.
b. Provide one dose of 2023-2024 mRNA COVID-19 vaccine to complete their primary series.
c. Provide one dose of 2023-2024 mRNA COVID-19 vaccine now and schedule 2 follow-ups for 2 more doses in 4 week intervals, to complete their primary series.
d. Provide Pfizer 2023-2023 mRNA COVID-19 vaccine for their second and third dose for better coverage.

Knowledge Check 2

- Answer: C. Provide one dose of 2023-2024 mRNA COVID-19 vaccine now and schedule 2 follow-ups for 2 more doses in 4 week intervals, to complete their primary series.



SOURCE: Recommend updated (2023-2024 Formula) COVID-19 vaccines for people who are moderately or severely immunocompromised (cdc.gov)

VAERS is the nation's early warning system for vaccine safety

CDC + FDA

VAERS

Vaccine Adverse Event Reporting System

http://vaers.hhs.gov

Source: T Shimabukuro, Advisory Committee on Immunization Practices presentation; 04/20/2022 meeting. Available at ACIP April 20, 2022 Presentation Slides | Immunization Practices | CDC

FRANK BELL, MD
SWEDISH PEDIATRIC INFECTIOUS DISEASE

Immunization against RSV

Immunization for older adults, & in pregnancy, monoclonal antibody for infants

Respiratory Syncytial Virus (RSV) infection

- RSV causes acute respiratory tract infections in people of all ages
- Immunity to RSV is incomplete, reinfection is common

RSV in infants

- Almost all infants are infected by the end of their second winter
- 1 to 3% of all infants will require admission to hospital
- 50,000 – 80,000 hospitalizations/year in the U.S.
- 100 – 300 deaths/year

Infants at increased risk of severe RSV-LRTI include those with:

- Prematurity, chronic lung disease of prematurity, severe immune compromise; certain congenital heart, lung & neurologic disorders

Jones MMWR Aug 2023

RSV in adults

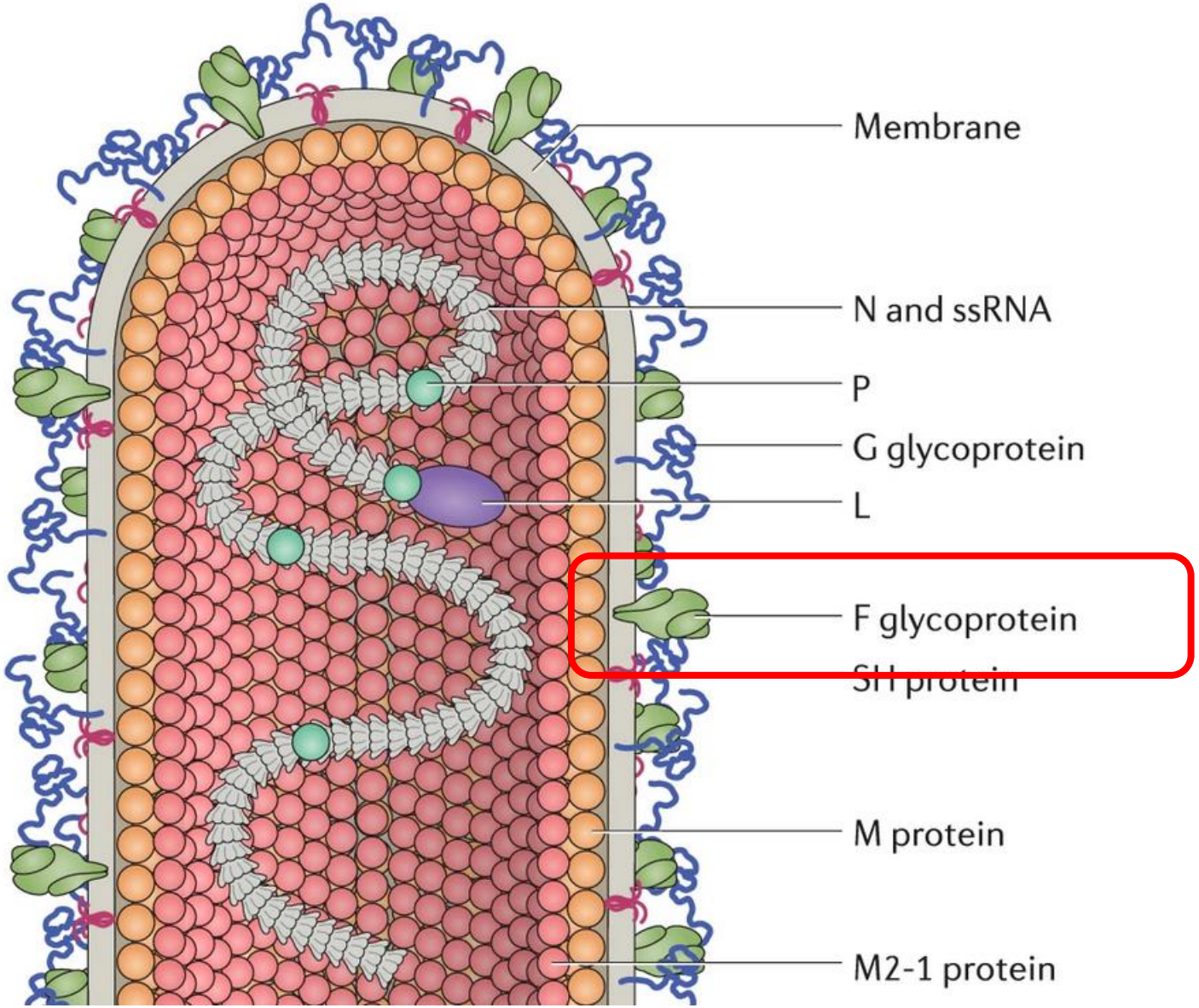
- 60,000 – 160,000 hospitalizations/year
- 6,000 – 10,000 deaths/year in those aged ≥65 yrs

Adults at increased risk include those with:

- Chronic lung, heart or neurologic disease, diabetes, chronic kidney disease, frailty, residence in a congregate setting
- Compromised immunity, including transplant recipients, patients taking immunosuppressive medications
- Persons of advanced age (aged ≥75 yrs)

Melgar MMWR July 2023

RSV

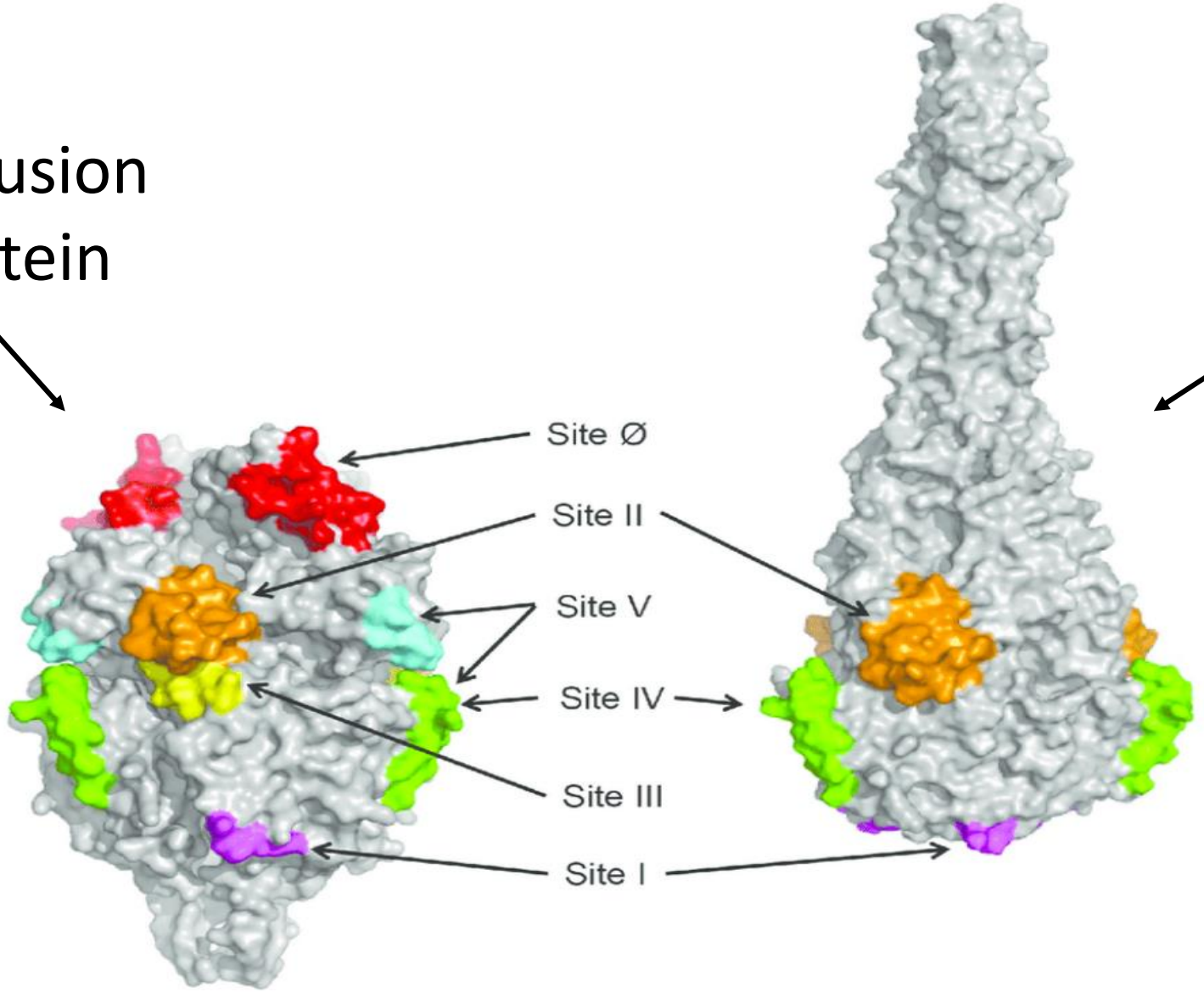


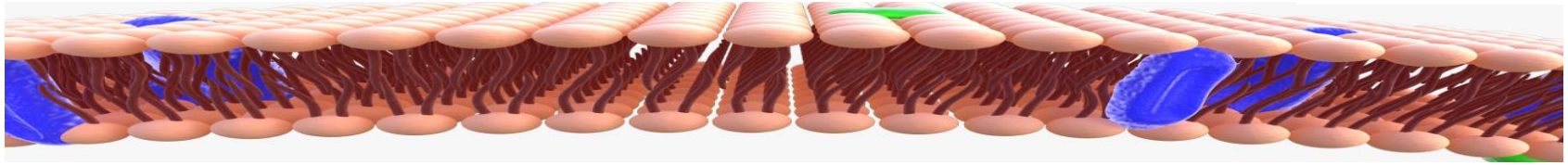
‘F’
Fusion Protein

Battles M, Nat Rev Microbiol 2019

Pre-fusion
F protein

Post-fusion
F protein





Viral
envelope

Two products to protect older adults in 2023

- ‘RSVPreF3’ recombinant protein (GSK) (aka *Arexvy*®)

  + adjuvanted ($AS01_E$) - *monophosphoryl lipid A* (MPL) and *saponin* QS-21

- ‘RSVPreF’ recombinant protein (Pfizer) (aka *Abrysvo*®)

Adult Vaccination in Clinical Trials

- Efficacy - against LRTI & ARI over 6+ months of follow-up

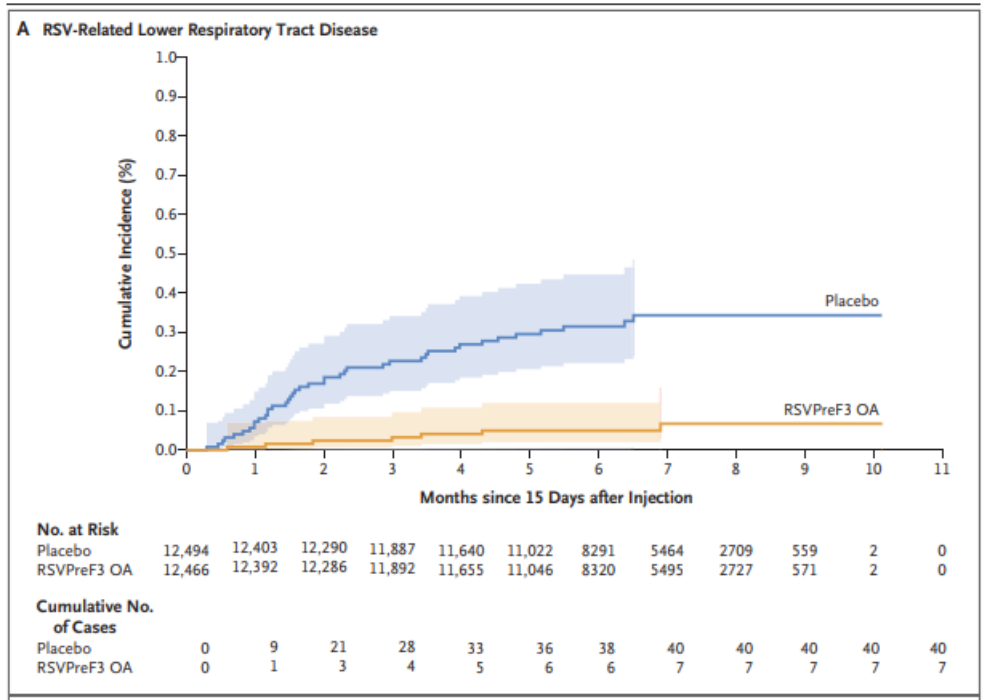
  - efficacy against RSV A & B subtypes -

- Immunogenic
- Adverse-effects – 'acceptable' (GSK/adjuvant > Pfizer > placebo)
- Safety
  - No safety signals

Papi *NEJM* 2023
Walsh *NEJM* 2023

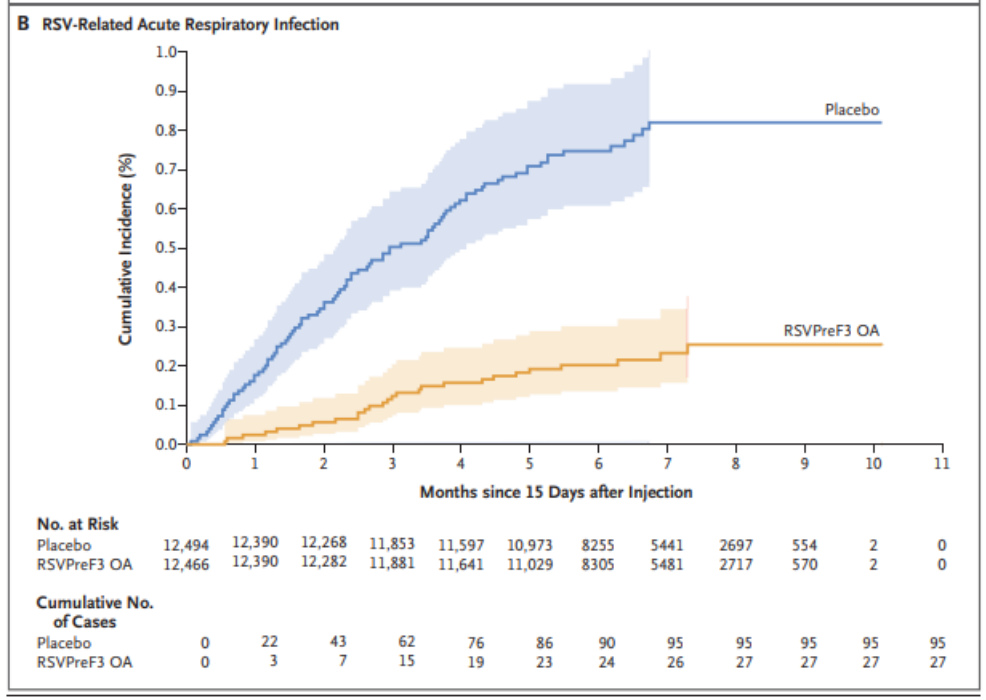
GSK adjuvanted

LRTI



Vaccine efficacy at 6mo = **82%**

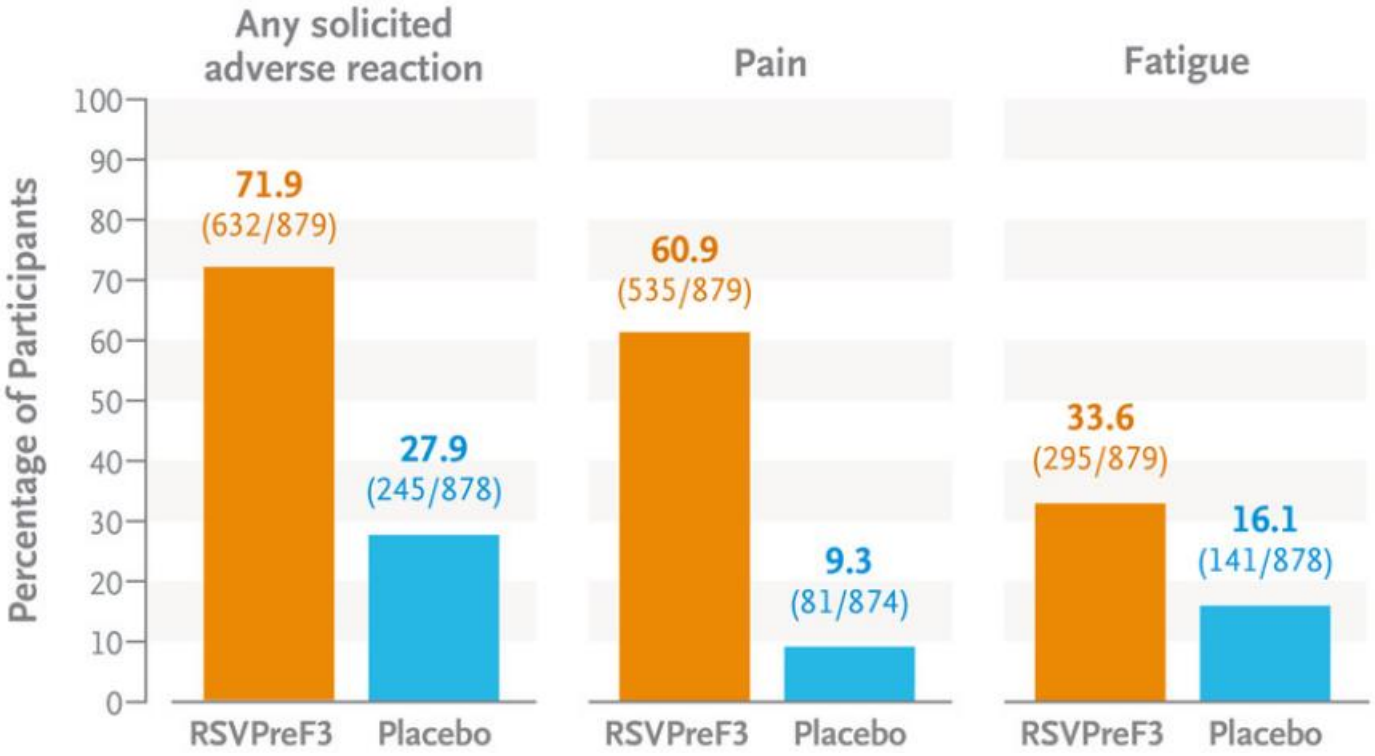
ARI



Vaccine efficacy at 6mo = **72%**

Papi *NEJM* 2023

GSK adjuvanted



Most solicited reactions were mild or moderate and resolved within the 4-day solicitation period (mean duration, 1 to 2 days)

Papi *NEJM* 2023

Recommendations: RSV Vaccination in Adults

Use shared clinical decision-making

Administer 1 dose to adults >60yrs, before the onset of the RSV season

Coadministration with other vaccines at the same visit is acceptable

Knowledge Check

Vaccination of older adults against RSV

A) is not really necessary; RSV is for babies

B) will help to protect their grandchildren from getting bronchiolitis

C) will diminish response to vaccines for influenza and COVID-19

D) may offer useful protection for those with medical co-morbidities

Knowledge Check

Vaccination of older adults against RSV

A) is not really necessary; RSV is for babies

B) will help to protect their grandchildren from getting bronchiolitis

C) will diminish response to vaccines for influenza and COVID-19

D) may offer **useful protection** for those with medical co-morbidities

Challenges with Pediatric Vaccines for RSV

- Trials of early inactivated vaccines showed enhanced disease
- Current approaches provide infants with RSV-specific IgG

Experience with Passive Immunization

- Immune globulin (tetanus TIG, rabies RIG, varicella VZIG)
- Moms to their babies, across the placenta
- Actively-immunized moms to babies (tetanus, measles, influenza, GBS)
- Monoclonal antibodies (COVID-19, Ebola, RSV)

Two products are available to protect infants in 2023

- Maternal immunisation – ‘RSVPreF’ recombinant protein (Pfizer)

  (aka *Abrysvo*®)

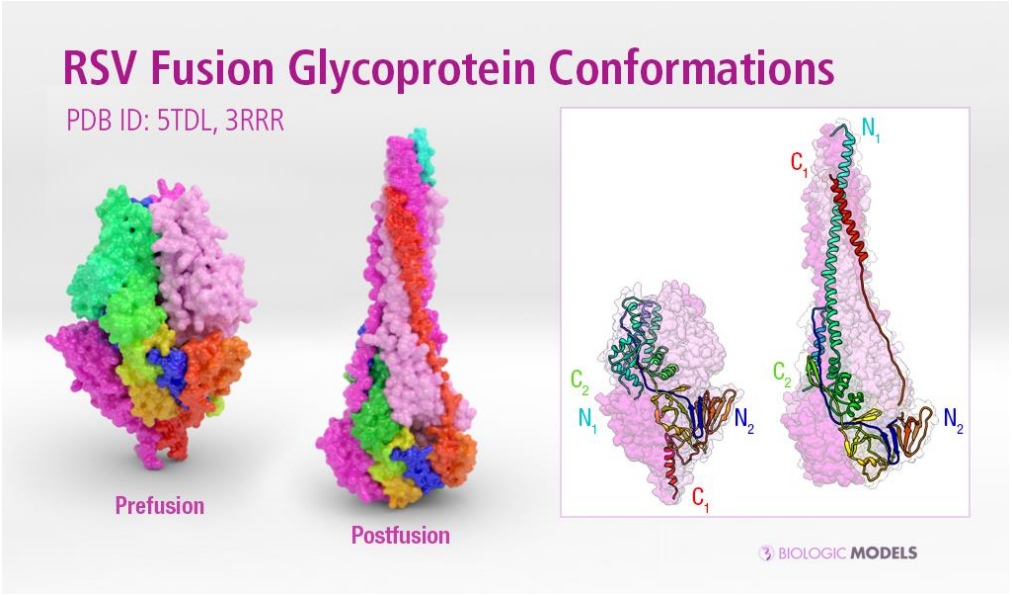
- Monoclonal antibody – nirsevimab (Astra-Zeneca w/ Sanofi)

  (aka *Beyfortus*®)

a) RSVPreF (Pfizer)

A recombinant **RSV Fusion protein** stabilized in the prefusion conformation

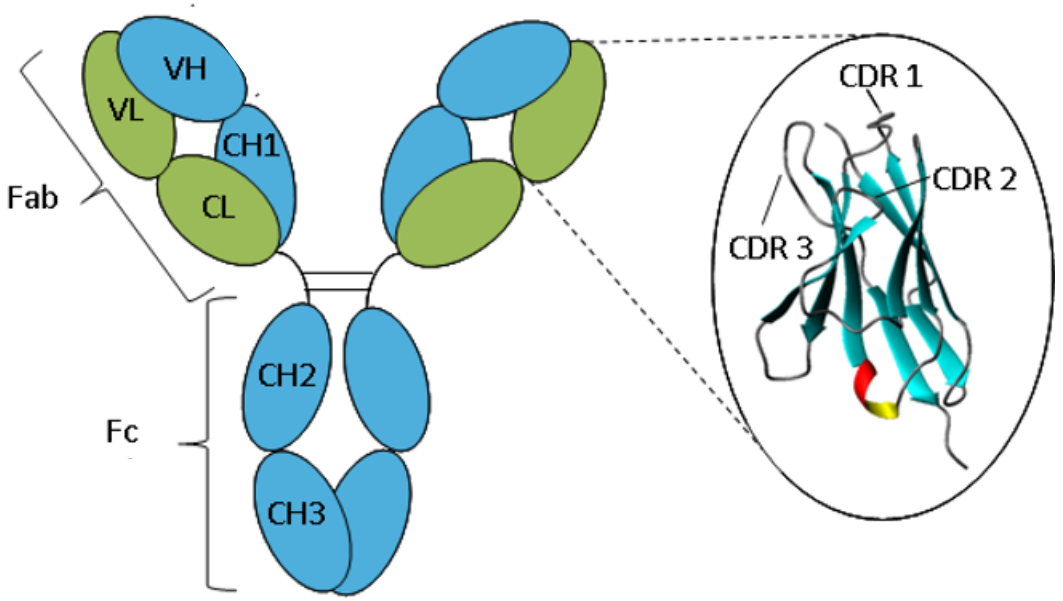
Administered to the **<u>pregnant person</u>**



b) Nirsevimab (Sanofi/Astra-Zeneca)

A recombinant human IgG monoclonal **RSV antibody**, binding to the prefusion conformation of the Fusion protein

Administered directly to the **<u>infant</u>**



One product is available to vaccinate moms in 2023

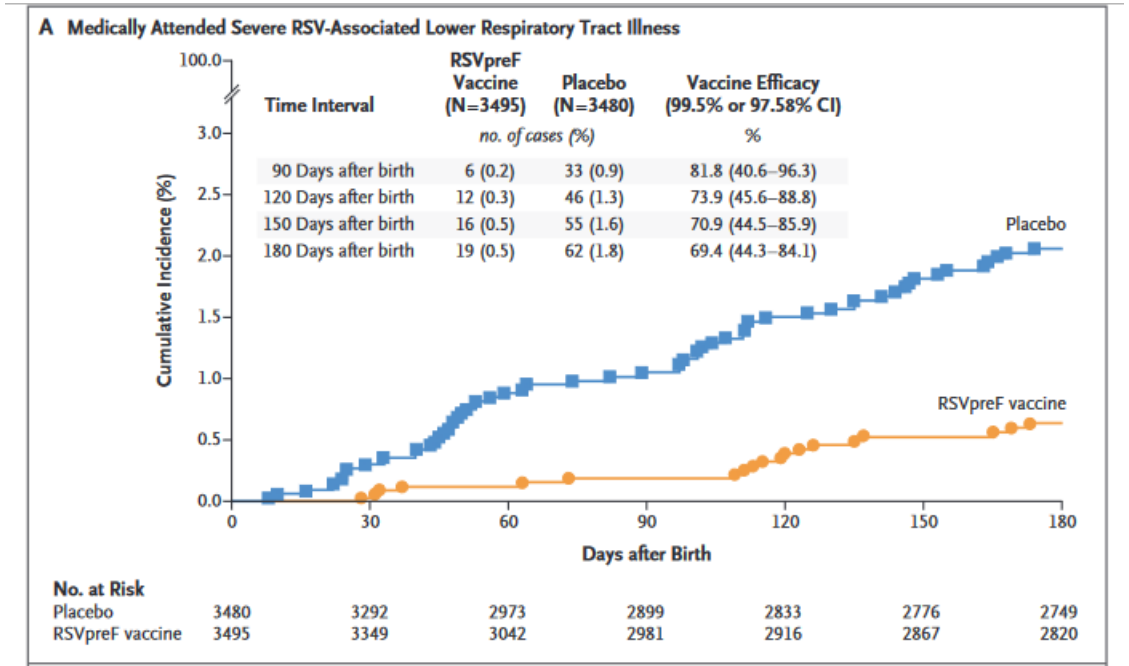
- ‘RSVPreF’ recombinant F protein, non-adjuvanted (*Abrysvo*®, Pfizer)

a) RSV Vaccination in Pregnant Persons

- Efficacy: in preventing infant disease to age 6 months
  - over the full RSV season
- Safety
  - mild reactogenicity

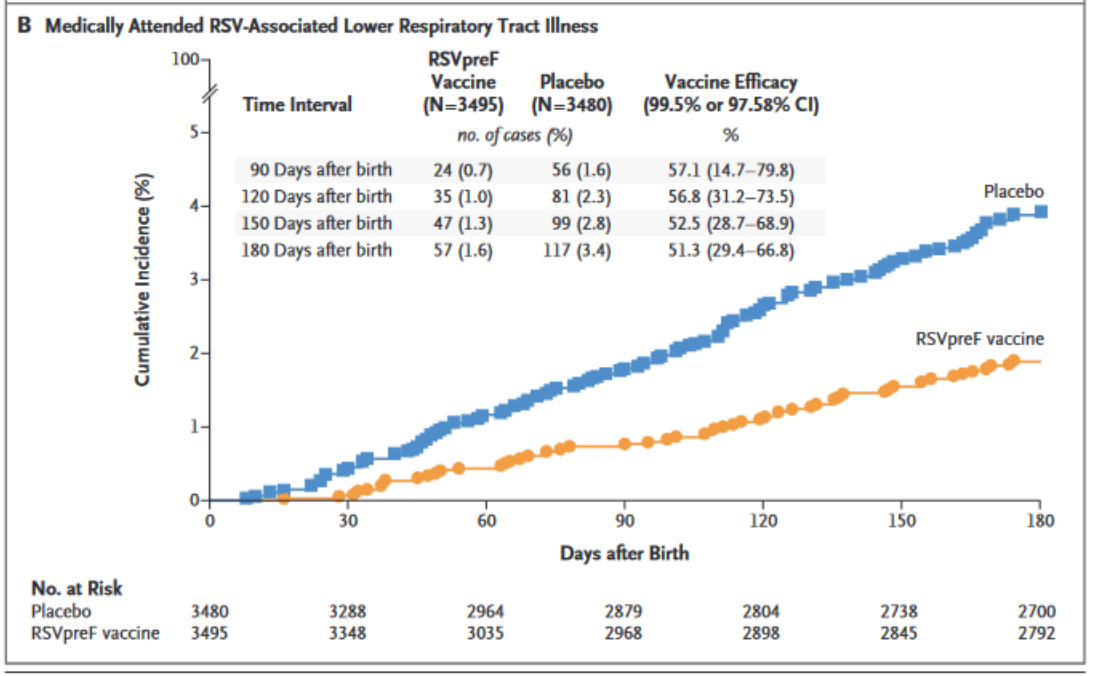
Kampmann NEJM 2023

Severe LRTI



Vaccine efficacy at 150d = **71%**

LRTI



Vaccine efficacy at 150d = **52%**

Kampmann NEJM 2023

Recommendations: RSV Vaccination in Pregnancy

Administer 1 dose of RSV vaccine during weeks 32 through 36 of pregnancy during the months from September through January

Knowledge Check

Vaccination of pregnant persons against RSV

A) is an experimental approach

B) is intended to protect the recipient against RSV-LRTI in pregnancy

C) will help protect the newborn against RSV-LRTI over the first winter

D) should be offered year-round at 24 – 36 weeks of pregnancy

Knowledge Check

Vaccination of pregnant persons against RSV

A) is an experimental approach

B) is intended to protect the recipient against RSV-LRTI in pregnancy

C) **will** help protect the newborn against RSV-LRTI over the first winter

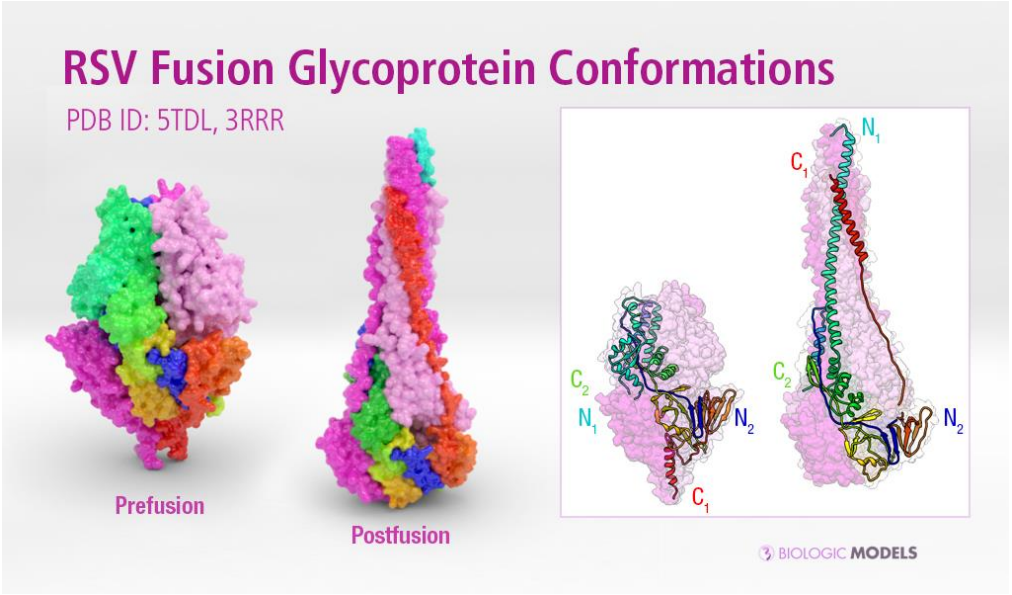
D) should be offered year-round at 24 – 36 weeks of pregnancy

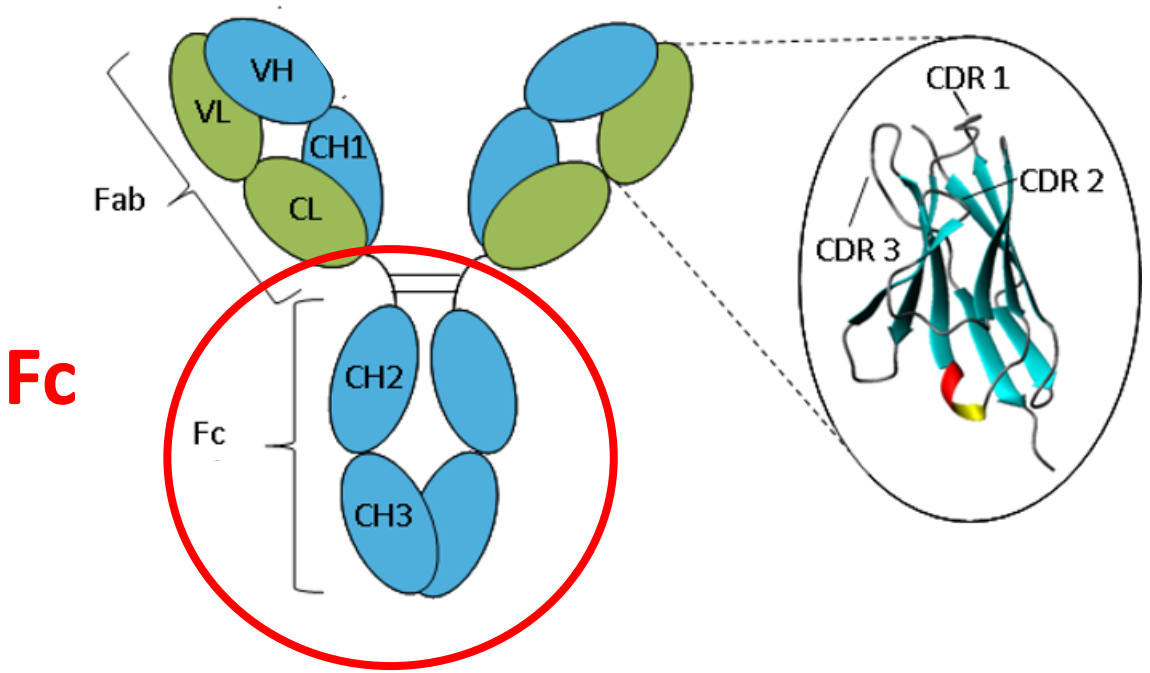
b) Nirsevimab for infants

A recombinant human IgG_{1k} monoclonal antibody

binding to the highly-conserved site Ø epitope present on the *prefusion* conformation of the RSV Fusion protein

+with a modification to the Fc portion of the antibody to extend the half-life





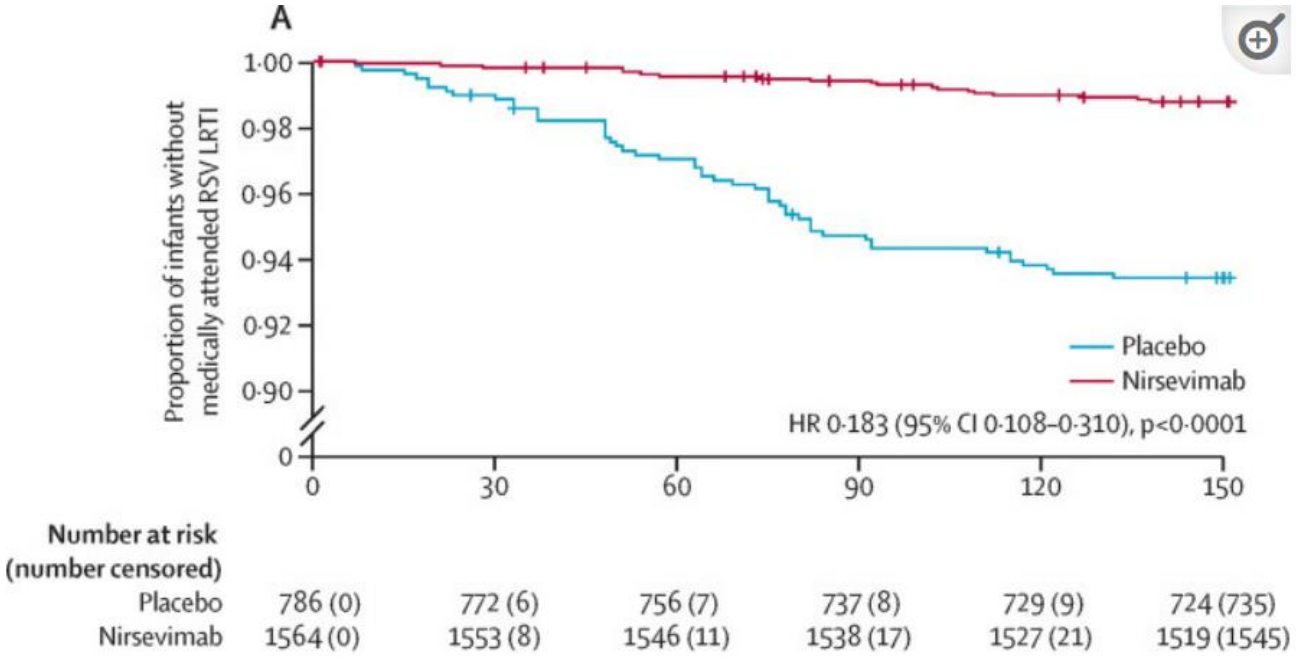
Fc

Nirsevimab in Clinical Trials

- Efficacy - over the entire RSV season
- No resistance to nirsevimab
- Safety – no concerns for hypersensitivity
- No problems from anti-nirsevimab antibodies

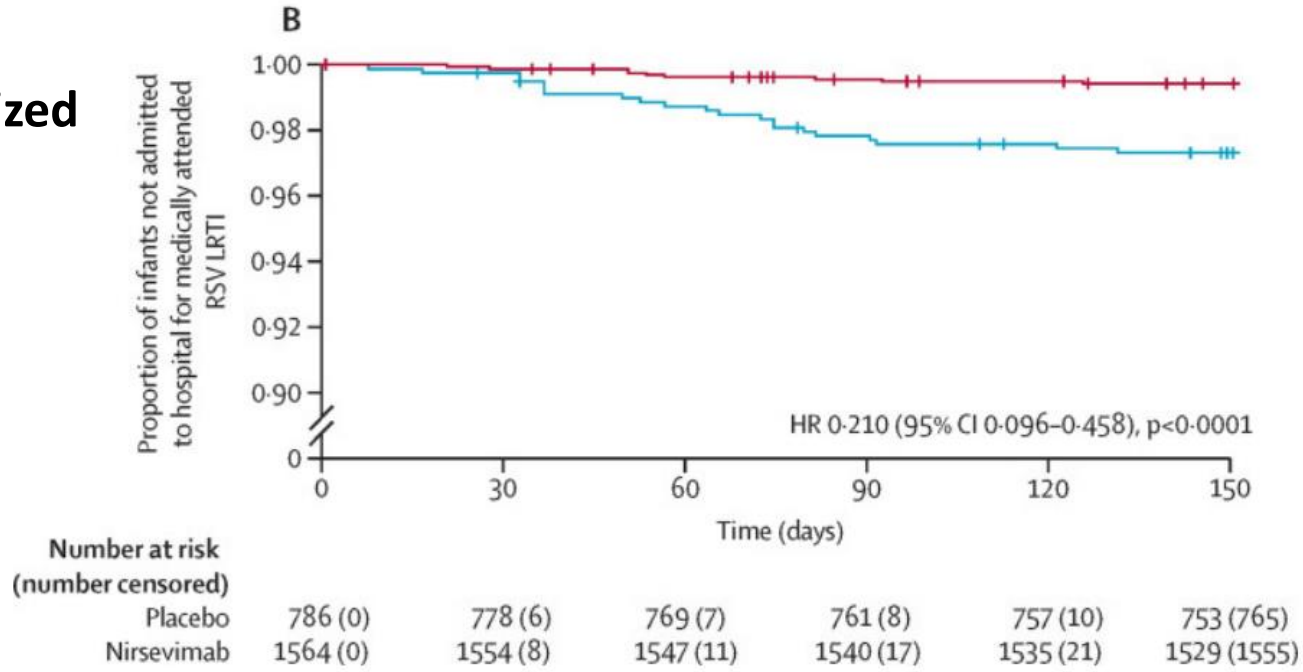
Griffin *NEJM* 2020
Hammitt *NEJM* 2022
Domachowske *NEJM* 2022
Muller *NEJM* 2023

LRTI



Vaccine efficacy at 150d = **79%**

Hospitalized for LRTI



Vaccine efficacy at 150d = **80%**

Figure: Simões *Lancet* 2022
Efficacy estimates: Jones *MMWR* 2023

Efficacy of nirsevimab in 2 large clinical trials

- 80% reduction in RSV-related medical visits, hospitalization

AND significant reductions in:

- Hospital admissions for any-cause respiratory illness
- Any-cause medically attended LRTI / LRTI outpatient visits
- Antibiotic prescriptions

Griffin et al. *NEJM* 2020
Hammitt et al. *NEJM* 2022
Muller et al. *NEJM* 2023

Recommendations: Who should get nirsevimab?

All infants under the age of 8 months entering their first RSV season

(i.e. October through March)

Recommendations: Who should get nirsevimab?

All infants under the age of 8 months entering their first RSV season

& Children aged 8–19 months at increased risk for severe RSV disease who are entering their second RSV season

(Washington RSV season: October through March)

Who should NOT get nirsevimab?

An infant whose mother received the RSV vaccine > 14d prior to delivery

Who should get a further dose of RSV mAb in season #2 ?

Children between the ages of 8 & 19 months with

- Chronic Lung Disease of prematurity
- Severe immune compromise
- Severe Cystic Fibrosis
- American Indian or Alaskan Natives

Knowledge Check

RSV immunization of infants under the age of 8 months

A) mounts an effective cell-mediated response to RSV infection

B) protects the younger infant through their period of greatest risk

C) will diminish immune-responses to later encounter with RSV

D) should be given in addition to palivizumab (Synagis®) for those at risk

Knowledge Check

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Immunization against RSV

New options for protecting individuals at risk of severe RSV-LRTI

- 3 new products … more on the way
- 3 population groups targeted for immunization
- Active & passive approaches to protection against RSV-LRTI
- Potential to assist healthcare systems over the Respiratory Season

Immunization against RSV: Resources

- Washington State Department of Health (DOH)
  https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines/respiratory-syncytial-virus-rsv

- Washington Chapter of the American Academy of Pediatrics (WCAAP)
  https://wcaap.org/webinars/nirsevimab-webinar/

- National American Academy of Pediatrics (AAP)
  https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/

- Centers for Disease Control and Prevention (CDC) https://www.cdc.gov/rsv/index.html

- Morbidity and Mortality Weekly Report (MMWR)
  Nirsevimab: https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm
  Older Adults: https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm
  Pregnancy: https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm

Reserve Slide

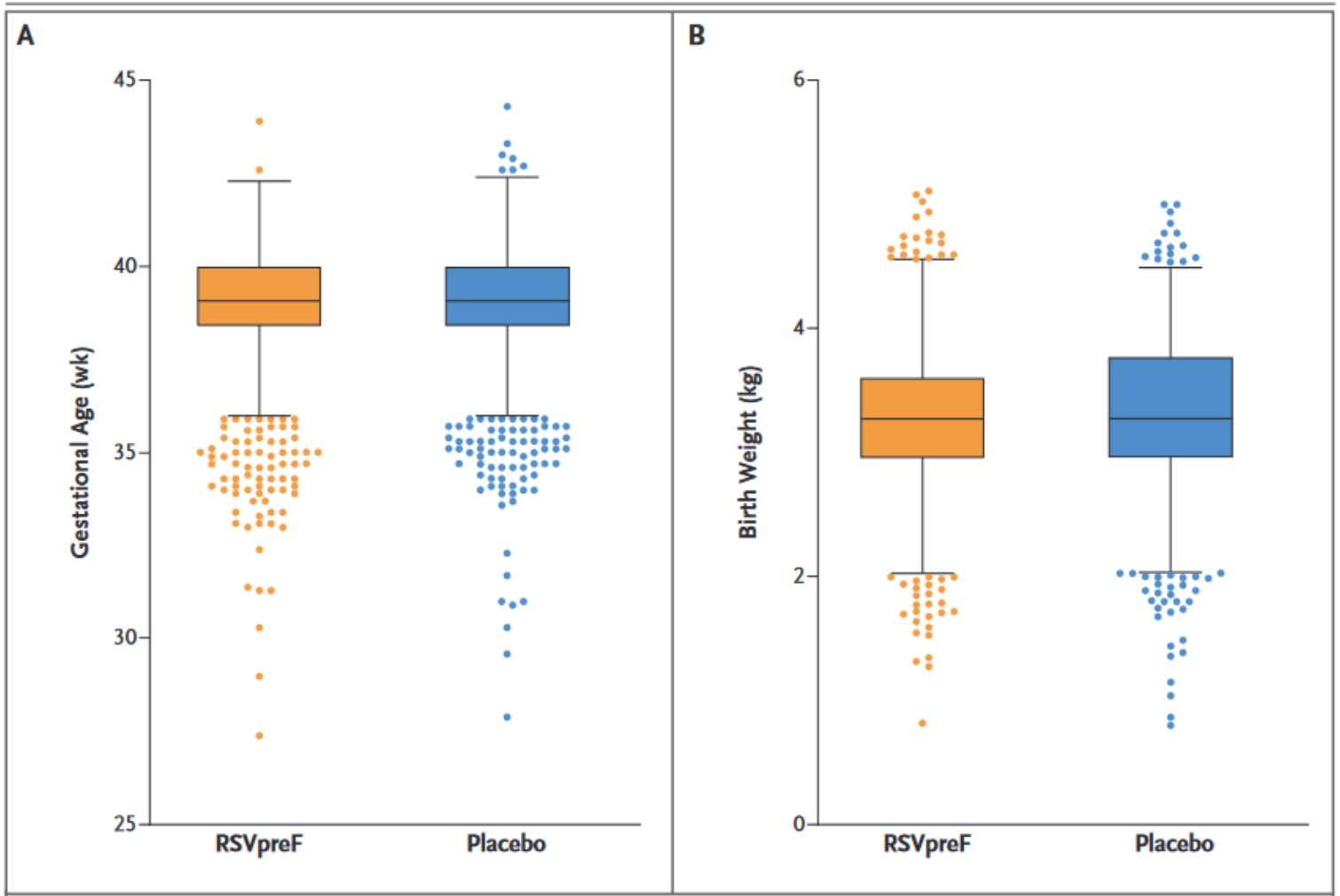

Figure 1. Gestational Age and Birth Weight of Infants Born to Mothers Who Received RSVpreF or Placebo.

In the box-and-whisker plots, the horizontal line indicates the median, the top and bottom of the box indicate the interquartile range, and the whiskers indicate 1.5 times the interquartile range. The outliers are represented as dots. The median gestational age (Panel A) was 39 weeks (interquartile range, 38 to 44) in each group, as a continuous variable. The median birth weight (Panel B) was 3.3 kg (interquartile range, 3.0 to 3.6) in each group, as a continuous variable. RSVpreF denotes respiratory syncytial virus prefusion F protein–based vaccine.

Dragon

Kampmann NEJM 2023

Obtaining Continuing Education

- Continuing education is available for nurses and medical assistants
- There is no cost for CEs
- Expiration date is 01/24/24
- Successful completion of this continuing education activity includes the following:
  - Attending the entire live webinar or watching the webinar recording, and completing the evaluation
  - **On the evaluation, please specify which type of continuing education you wish to obtain**
- **Please note:** CE certificates are NOT generated after evaluation completion—CE certificates will be sent by DOH via email within a few weeks after evaluation completion
- If you have any questions about CEs, contact Trang Kuss at trang.kuss@doh.wa.gov

Questions?

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