Washington State Department of HEALTH

RSV AND NIRSEVIMAB RECOMMENDATIONS WEBINAR

FEBRUARY 1, 2024

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: RSV and Nirsevimab Recommendations Webinar | Washington State Department of Health

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

- Learn about nirsevimab recommendations
- Discuss nirsevimab supply and ordering updates
- Describe tips for talking with families about nirsevimab

Presenters

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RSV and nirsevimab recommendations
Addressing vaccine administration errors

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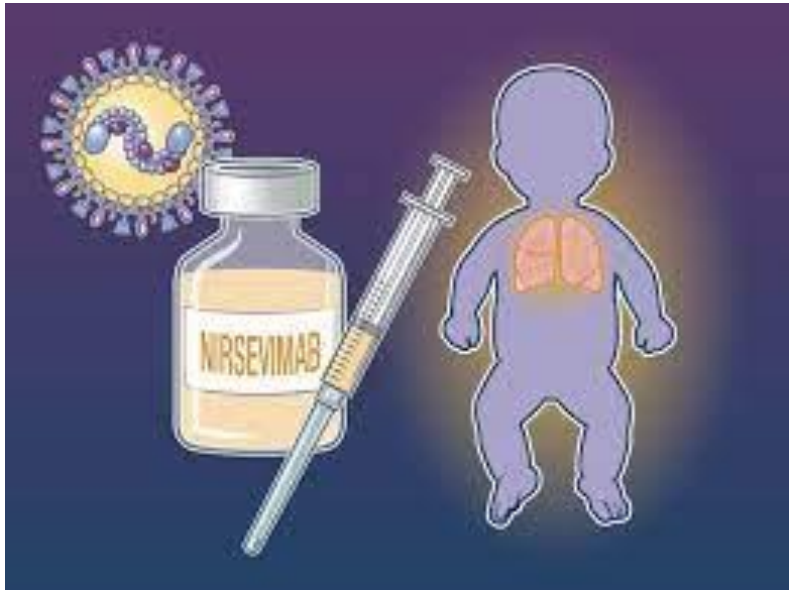
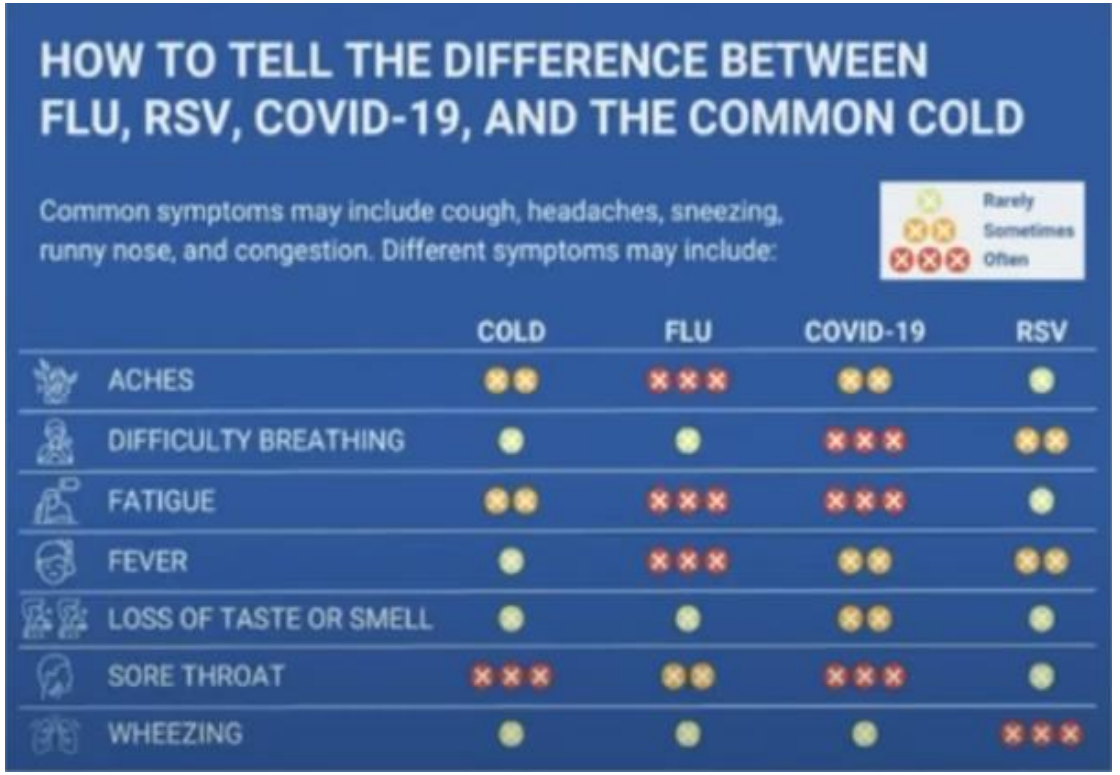
Overview

- RSV signs and symptoms
- Disease burden
- Nirsevimab guidelines
- Quickly talk about Palivizumab (‘Synagis’)
- Abrysvo: for pregnant people
- Contraindications/Precautions & Safety
- FAQs



RSV Signs & Symptoms

- Common virus that affects the lungs
- RSV season starts in the fall and peaks in the winter in most regions of the U.S.
- Symptoms include cough, fever, wheezing, congestion, increased work of breathing, decreased appetite/feeding
- Spreads through coughing, sneezing, touching surfaces and then touching face (can live up to 6 hours on hard surfaces)
- Highest risk children: premature babies, children with heart or lung disease, infants < 6 months



National Foundation for Infectious Diseases

https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines/respiratory-syncytial-virus-rsv#rsv

Disease Burden

- RSV is the leading cause of infant hospitalization in the US[1]
  - Up to 3% of children in their first year of life are hospitalized due to RSV infection[2]
  - Approximately 75% of infants hospitalized for RSV were born healthy and at term with no underlying conditions[3]
- RSV is the most common cause of bronchiolitis & pneumonia in babies <1 year old
- Most children will get an RSV infection before the age of 2 years, and 20-30% will develop a lower respiratory tract infection, such as bronchiolitis or pneumonia[4]
- 68% of parents said an RSV hospitalization of their child affected their mental health[4]
- 66% of interviewed parents described RSV as a financial burden or crisis[4]

1: www.cdc.gov/rsv
2:: https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/
3: https://www.astrazeneca.com/media-centre/press-releases/2023/nirsevimab-recommended-for-infant-rsv-protection.html
4: NFID Webinar: https://www.nfid.org/webinar/protecting-infants-from-rsv-understanding-guidance-on-new-prevention-tools/

About Nirsevimab 'Beyfortus'

- Approved by FDA July 2023
  - Clinical trials began Nov 2016
- Monoclonal antibody product = passive immunization
- Protection expected to last at least 5 months
- Approved for all infants aged < 8 months who are born during or entering their first RSV season, whose mother did NOT receive RSV vaccine 14 days or more prior to birth
- Also approved for children 8-19 months at increased risk in their second RSV season
  1. Chronic lung disease of prematurity
  2. Severe immune compromise
  3. Severe cystic fibrosis
  4. American Indian or Alaskan Natives

https://doh.wa.gov/you-and-your-family/immunization/diseases-and-vaccines/respiratory-syncytial-virus-rsv#rsv

Nirsevimab Efficacy

Pooled efficacy from phase 2 and 3 clinical trials in preventing medically attended RSV-associated lower respiratory tract infection (LRTI) was **79.0%**

Efficacy in preventing RSV-associated LRTI with hospitalization was **80.6%**

Efficacy in preventing RSV-associated LRTI with admission to an intensive care unit (ICU) was **90.0%**

https://www.cdc.gov/vaccines/vpd/rsv/hcp/child.html

Recommended Timing of Immunization

Month of birth	Recommended timing of nirsevimab immunization
October–March	Within 1 week of birth
April–September	Beginning in October, for example at a 2-, 4-, or 6-month well child visit

https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/nirsevimab-administration/

Current Recommendations

Age < 8 months

- 50 mg for infants weighing <5 kg
- 100 mg for infants weighing ≥5 kg

Age 8 - 19 months & at increased risk

- 200 mg, administered as two 100 mg injections

1. Chronic lung disease of prematurity
2. Severe immune compromise
3. Severe cystic fibrosis
4. American Indian or Alaskan Natives

https://emergency.cdc.gov/han/2023/han00499.asp

COCA Now

CDC Clinician Outreach and Communication Activity

January 5, 2024

Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab to Protect Young Children from Severe Respiratory Syncytial Virus (RSV) during the 2023–2024 Respiratory Virus Season

Infants and children recommended to receive nirsevimab should be immunized as quickly as possible. Healthcare providers should not reserve nirsevimab doses for infants born later in the season when RSV circulation and risk for exposure to RSV may be lower. RSV activity remains elevated nationwide and is continuing to increase in many parts of the country, though decreased activity has been observed in the Southeast.

emergency.cdc.gov/newsletters/coca/2024/010524a.html

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Respiratory Syncytial Virus Infection (RSV)

Healthcare providers are encouraged to administer nirsevimab to protect infants against severe RSV. Do not save doses for later in the season. More nirsevimab is expected in early 2024.

Nirsevimab to replace Palivizumab ("Synagis")

- Previous RSV immunization for premature infants born <29w0d, premature infants with chronic lung disease, and infants with hemodynamically significant heart disease, neuromuscular or pulmonary abnormalities that impair secretion clearance
- Required monthly doses x 5
- **Children who receive Nirsevimab should not receive palivizumab during the same RSV season**
- **There had been a recommendation in the fall from the CDC to suspend using Nirsevimab in Palivizumab-eligible children aged 8-19 months; however currently if Nirsevimab is available it should be used instead of Palivizumab**

emergency.cdc.gov/newsletters/coca/2024/010524a.html

Abrysvo: for pregnant people

- Recommended during weeks 32-36 of pregnancy
- September to January
- Infant is covered if born >14 days after mother receives Abrysvo **(NOT recommended for infant to also receive Nirsevimab)**
  - Exceptions:
    - Pregnant person is immunocompromised or has condition associated with reduced transplacental antibody transfer (HIV)
    - Infant requiring ECMO/cardiopulmonary bypass
    - Infant with substantial increased risk for severe RSV disease (hemodynamically significant congenital heart disease, ICU admission with a requirement of oxygen at discharge)

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

Abrysvo: recommended through January 31

Seasonal administration of maternal RSV vaccine is only recommended through the end of January for most of the continental United States

- Infants born to unvaccinated mothers during RSV season should receive nirsevimab through the end of March (i.e., February 1–March 31)
- After January 31, infants will be born when RSV activity is expected to be lower, and there is less benefit relative to the cost of Abrysvo

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

Relative Advantages and Disadvantages of Each Product

	Advantages	Disadvantages
 Maternal RSV vaccine	• Immediate protection after birth • Might be more resistant to potential mutations in F protein	• Potentially reduced protection in some situations (e.g., pregnant person is immunocompromised or infant born soon after vaccination) • Potential risk for preterm birth and hypertensive disorders of pregnancy
 Nirsevimab	• Protection from nirsevimab may wane more slowly than from maternal RSV vaccine • Direct receipt of antibodies rather than relying on transplacental transfer • No risk for adverse pregnancy outcomes	• Potentially limited availability during 2023–24 RSV season • Requires infant injection

NFID Webinar: https://www.nfid.org/webinar/protecting-infants-from-rsv-understanding-guidance-on-new-prevention-tools/

RSV Vaccine Administration Errors

- CDC has received reports of vaccine administration errors with RSV vaccines.
- Pfizer's Abrysvo is the only RSV vaccine recommended for use in pregnant people. GSK's Arexvy is not recommended for use in pregnant people.
- Nirsevimab is the only RSV immunization approved and recommended for infants.

emergency.cdc.gov/newsletters/coca/2024/012224.html
Preparing Patients for 2023 Virus Season | CDC

Avoid Vaccine Administration Errors

1. Order and stock the vaccine product that fits best with your patient population.
2. Avoid stocking multiple products, if possible.
3. If multiple RSV vaccine products are stocked, label each with the correct indications.
4. Educate staff on vaccine recommendations. If multiple RSV products are stocked, train staff about the differences in preparation and indications.
5. Follow medication administration best practices—read and check the vaccine product label at least 3 times and ask another staff member to confirm that it is the correct vaccine product for the patient.
6. If referring pregnant people to another vaccine provider, tell them to get Abrysvo (Pfizer) vaccine and confirm the vaccine product prior to administration.

emergency.cdc.gov/newsletters/coca/2024/012224.html
Preparing Patients for 2023 Virus Season | CDC

Further Guidance

- If Arexvy is given to a pregnant person instead of Abrysvo: Do not give the pregnant person a dose of Abrysvo
  - Experts suggest no special monitoring for the pregnant person beyond routine prenatal care is needed
- **The infant after birth should receive Nirsevimab shortly before or during their first RSV season (at age less than 8 months) for RSV prevention**

emergency.cdc.gov/newsletters/coca/2024/012224.html
Preparing Patients for 2023 Virus Season | CDC

Further Guidance

- If Arexvy or Abrysvo is given to an infant instead of Nirsevimab, the infant should receive Nirsevimab to prevent severe RSV disease, if otherwise eligible
- **Administration of Nirsevimab may be done as soon as the error is identified** (no minimum interval), but it could be reasonable to consider waiting 48 to 72 hours between administration of the vaccine and Nirsevimab administration
- If Nirsevimab will be administered at the same visit or within 72 hours, Nirsevimab should be administered at a different anatomic site

emergency.cdc.gov/newsletters/coca/2024/012224.html
Preparing Patients for 2023 Virus Season | CDC

ACIP RSV Immunization Seasonal Recommendations Summary*

<table>
<tr><th></th><th>Sept</th><th>Oct</th><th>Nov</th><th>Dec</th><th>Jan</th><th>Feb</th><th>Mar</th><th>Apr</th><th>May</th><th>Jun</th><th>Jul</th><th>Aug</th></tr>
<tr><td>Infants and children
(nirsevimab)</td><td></td><td colspan="6">Administer during October–March in most of the continental U.S.</td><td colspan="4">Providers can adjust administration schedules based on local epidemiology.†</td></tr>
<tr><td>Pregnant people
(Pfizer, Abrysvo)</td><td colspan="5">Administer during September–January in most of the continental U.S.</td><td colspan="7">ONLY jurisdictions whose seasonality differs from most of the continental US may administer outside of September–January.†</td></tr>
<tr><td>Adults 60+
(Pfizer, Abrysvo; GSK, Arexvy)</td><td colspan="12">Offer as early as vaccine is available using shared clinical decision making; continue to offer vaccination to eligible adults who remain unvaccinated.</td></tr>
</table>

	Recommended timing for immunization		Timing NOT recommended for immunization, except **in limited situations** (as indicated in chart)

Contraindications/Precautions

- Nirsevimab is contraindicated in children and infants with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of Nirsevimab or to a product component
- Nirsevimab should be used with caution in infants and children with bleeding disorders. Use a 23-gauge or smaller caliber needle and steady pressure to the site for 1-2 minutes
- In accordance with CDC General Best Practice Guidelines for Immunization, children who have a moderate or severe acute illness should usually wait until they recover before getting Nirsevimab

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

Safety

- Adverse events reported in only 1.2% of participants
- Only 2 adverse reactions that occurred significantly more than in the placebo arm:
  1. Rash occurring within 14 days of injection
  2. Injection site reactions (swelling, pain)
- No anaphylaxis was reported

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023 | MMWR (cdc.gov)

FREQUENTLY ASKED QUESTIONS

Can I give Nirsevimab to children ages 20 months and older who are at increased risk for RSV disease?

Nirsevimab is not recommended for any child who is age 20 months and older.

Can Nirsevimab be given with routine childhood vaccines?

Yes!

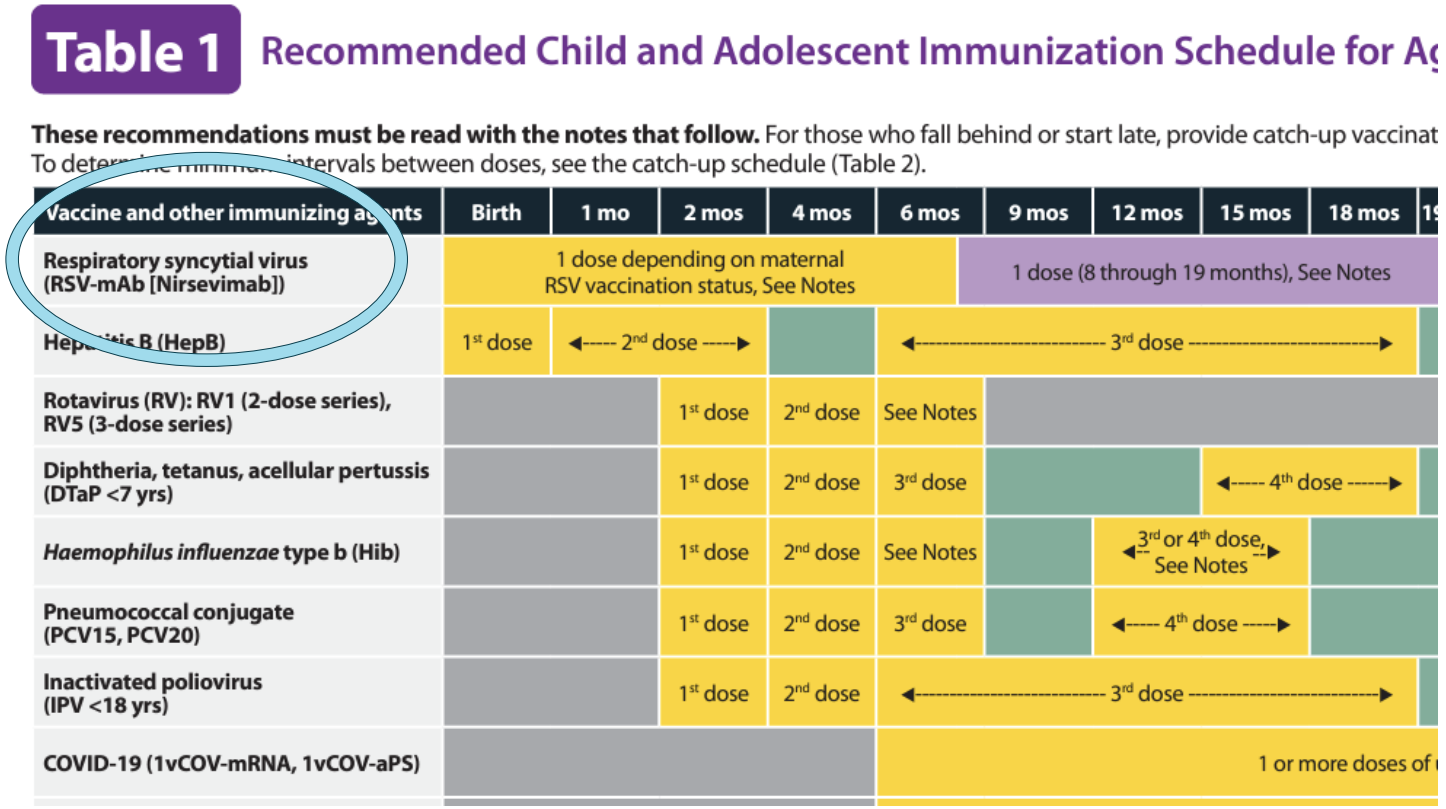


Table 1 Recommended Child and Adolescent Immunization Schedule for Ag

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccinat
To dete intervals between doses, see the catch-up schedule (Table 2).

Vaccine and other immunizing agents	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19
Respiratory syncytial virus (RSV-mAb [Nirsevimab])	1 dose depending on maternal RSV vaccination status, See Notes					1 dose (8 through 19 months), See Notes				
Hepatitis B (HepB)	1st dose	◄---- 2nd dose ----►			◄---------- 3rd dose ----------►					
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1st dose	2nd dose	See Notes					
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1st dose	2nd dose	3rd dose			◄---- 4th dose ----►		
Haemophilus influenzae type b (Hib)			1st dose	2nd dose	See Notes		◄-- 3rd or 4th dose, See Notes --►			
Pneumococcal conjugate (PCV15, PCV20)			1st dose	2nd dose	3rd dose		◄---- 4th dose ----►			
Inactivated poliovirus (IPV <18 yrs)			1st dose	2nd dose	◄---------- 3rd dose ----------►					
COVID-19 (1vCOV-mRNA, 1vCOV-aPS)					1 or more doses of					

What if an infant is diagnosed with RSV that day? Would a dose of nirsevimab be helpful to reduce the severity of the illness?

Nirsevimab has not been studied as a treatment in infants with RSV and is not licensed for treatment of RSV disease.

Nirsevimab should be given prior to onset of the RSV season or as soon as possible after birth for infants born during the season to prevent severe RSV disease.

If a dose of maternal RSV vaccine is inadvertently administered to pregnant person after January 31st, is it considered valid?

Yes, even if vaccination occurs after January 31st, the dose is considered valid.

If the dose was given >14 days before birth, Nirsevimab is not recommended for the infant after they are born.

For children ages 8-19 months who are recommended to receive Nirsevimab during their second RSV season, what is the minimal interval between doses?

Only one dose of Nirsevimab is recommended for each season. Each dose of Nirsevimab provides protection for at least 5 months, and a second dose of Nirsevimab is not recommended to be given within 5 months of the first dose.

Links and Resources

- Report vaccine administration errors: Vaccine Adverse Event Reporting System (VAERS). In the event that a vaccine administration error occurs, please reach out to CDC at NIPINFO@cdc.gov for further guidance.
- RSV (Respiratory Syncytial Virus) Immunizations | CDC
- Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC
- Frequently Asked Questions About RSV Immunization with Monoclonal Antibody for Children 19 Months and Younger | CDC
- RSV Vaccination: What Parents Should Know | CDC
- ACIP and AAP Recommendations for Nirsevimab | Red Book Online | American Academy of Pediatrics
- Health Alert Network: Limited Availability of Nirsevimab in the United States – Interim CDC Recommendations to Protect Infants from RSV During the 2023-2024 Respiratory Virus Season
- Washington Childhood Vaccine Program: Childhood Vaccine Program | Washington State Department of Health

Nirsevimab supply update
Abrysvo and Childhood Vaccine Program/ Adult Vaccine Program

STEPHANIE KELLER

Nirsevimab Supply Update

Original Orders Placed Oct 5 – Oct 13:

Product Description	Quantity Ordered	Quantity Shipped	# of Facilities
RSV; 50mg; SYR; 5-pack	6,445	6,440	125
RSV; 100mg; SYR; 5-pack	7,795	7,780	133
Totals:	14,240	14,220	136* Most facilities requesting both formulations

<< Ordering Pause and Allocations >>

Orders Placed Nov:

Product Description	Quantity Ordered	Quantity Shipped	# of Facilities
RSV; 50mg; SYR; 5-pack	1,030	1,030	20

Orders Placed Dec:

Product Description	Quantity Ordered	Quantity Shipped	# of Facilities
RSV; 50mg; SYR; 5-pack	2,275	2,275	52

Orders Placed Jan:

Product Description	Quantity Ordered	Quantity Shipped	# of Facilities
RSV; 50mg; SYR; 5-pack	5,460	3,590	116
RSV; 100mg; SYR; 5-pack	4,160	3,625	166

Nirsevimab Supply Update (cont.)

Total Shipped to date:

Product Description	Quantity Shipped (doses)
RSV; 50mg; SYR; 5-pack	13,345
RSV; 100mg; SYR; 5-pack	11,425

Remaining Allocation Available Now:

Product Description	Doses
RSV; 50mg; SYR; 5-pack	2,595
RSV; 100mg; SYR; 5-pack	45

- Limited amount in early 2024.
  - Readout of Latest White House Meeting with RSV Immunization Manufacturers | The White House
  - Sanofi Beyfortus™ (nirsevimab-alip) Injection Update

Recent Nirsevimab Messaging

- Important to fully use existing nirsevimab supply now to maximize protection against RSV among infants while RSV illness circulates
  - Use doses when possible, do not stockpile.
  - Use nirsevimab for any eligible baby.
  - Use the vaccine advertisement tool in the WAIIS to advertise doses you aren't using, or to search for available doses to transfer. Find directions on using the tool here.
  - For infants age less than 8 months born to unvaccinated mothers, healthcare providers should administer nirsevimab from October 1 through March 31; however healthcare providers can administer nirsevimab outside of this timeframe based on local epidemiology
- Limited Nirsevimab available for ordering now
  - Prioritization for 50 mg product continues to be for birthing hospitals, tribal health clinics, and provider clinics in counties that have yet to receive much product.
  - Prioritization for the 100 mg product will be for provider clinics in counties with no or low supply, and tribal health clinics.
  - Received full allocation from the CDC. Ordering to stay open and processed weekly until allocation is depleted.
  - According to IIS data, administration is low compared to the number of doses we have shipped; only half has been administered. Please utilize product and report in the IIS

Abrysvo through Childhood and Adult Vaccine Programs

- CDC and ACIP recommend Abrysvo for pregnant persons between 32-36 weeks of pregnancy during RSV season.
- In most of continental US, the RSV vaccine should be given to pregnant people from September 1 through January 31
- Abrysvo is no longer available to order in either the Adult Vaccine Program or Childhood Vaccine Program
- Healthcare providers who administer the RSV vaccine to pregnant people after January 31 should encourage patients to check with their insurance plans on coverage details, as coverage and cost sharing by private insurance plans may vary after January 31. Providers should consider submitting an insurance test claim to estimate out-of-pocket costs.

Talking with Families about Nirsevimab

- the Preventive Antibody against RSV -

Frank Bell MD
Pediatric Infectious Disease
Swedish Medical Center, Seattle WA

Why care about RSV?

- Every baby will get infected with RSV
- RSV is the commonest reason for hospitalization in childhood
- RSV accounts for infant deaths every year in the US

What can we do?

There are two ways to provide infants with antibody protection to help prevent serious lower respiratory tract infection (LRTI) with RSV:

- Vaccination in pregnancy
- Immunization in infancy

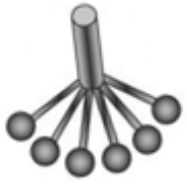
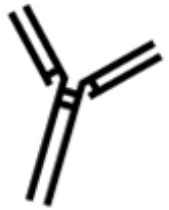
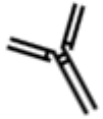
How does nirsevimab work?

Nirsevimab provides an antibody to protect infants against RSV

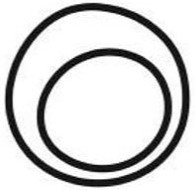
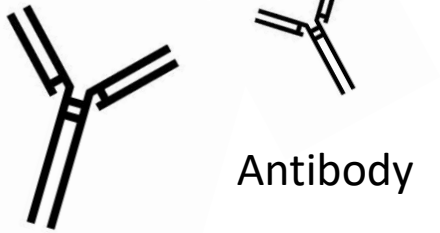
Nirsevimab is a form of ‘passive immunization’

providing protection as ‘pre-exposure prophylaxis’

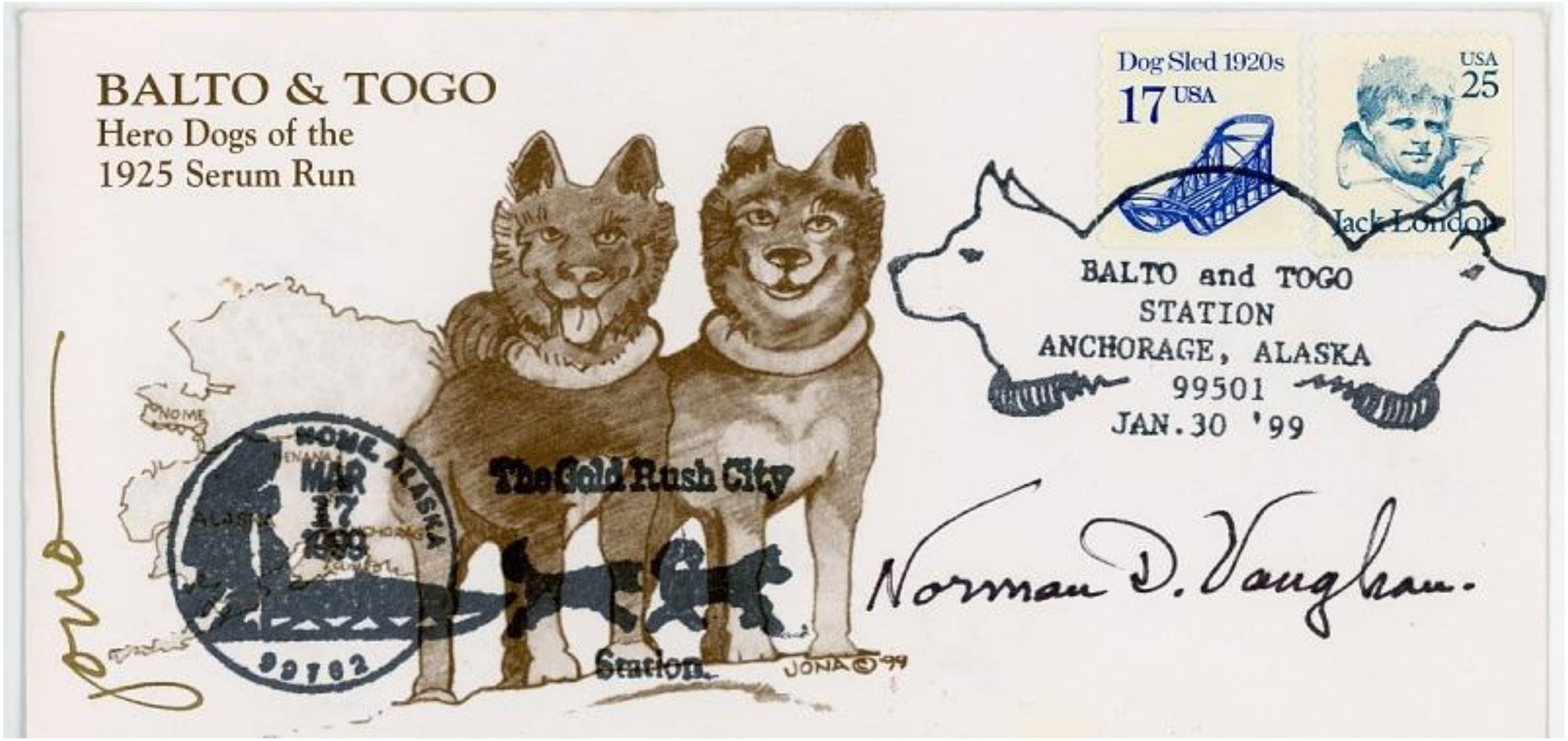
Components of the Immune Response

	Innate	Adaptive
Cellular	 Neutrophil  Monocyte	 Lymphocyte
Humoral	 Complement	  Antibody

Components of the Adaptive Immune Response

	Innate	Adaptive
Cellular	Neutrophil Monocyte	 T & B Lymphocytes
Humoral	Complement	 Antibody

The 1925 Serum Run, Alaska



What is a monoclonal antibody?

A monoclonal antibody is a highly-specific, effective, man-made antibody, manufactured from a single line of B-cells

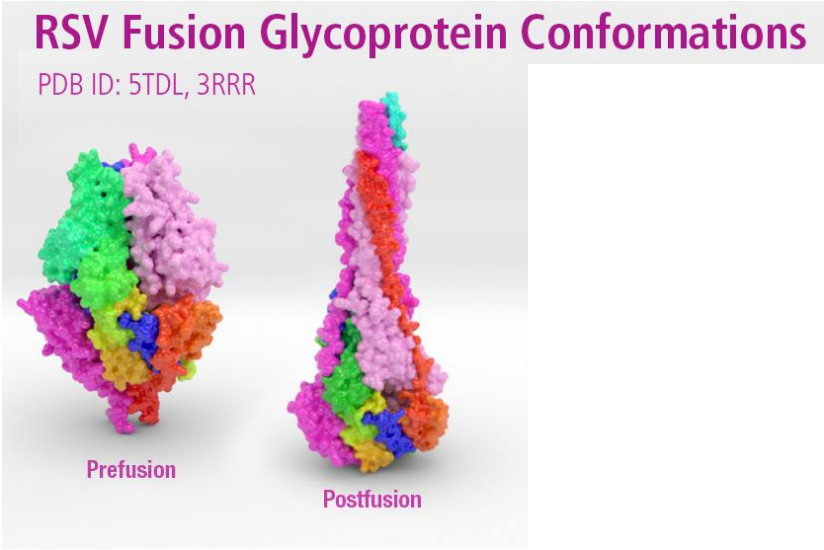
It gets to work immediately!

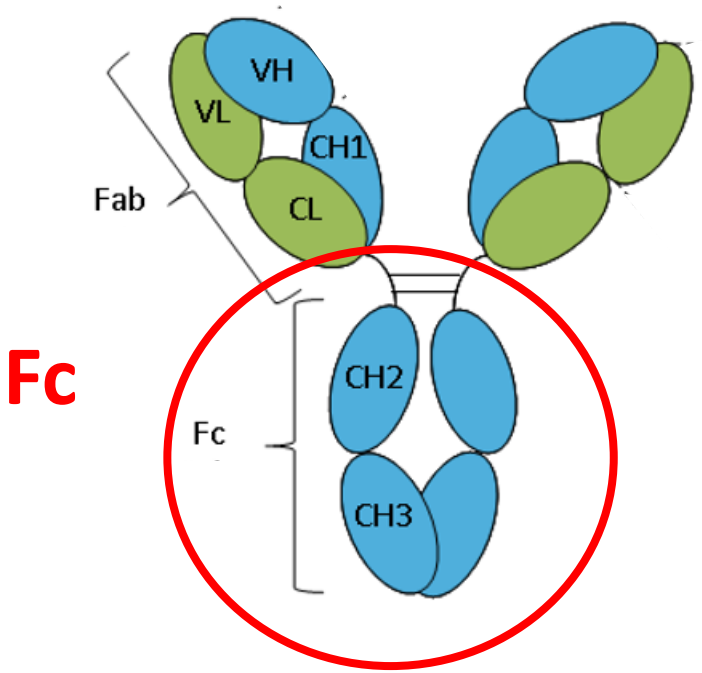
What is nirsevimab?

A recombinant human IgG_{1k} monoclonal antibody

Binding to a highly-conserved site (the '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





Has nirsevimab been studied? - is it safe for my baby?

1. FDA-approval, based on pre-clinical and clinical studies

2. CDC Advisory Committee on Immunization Practices
   > ACIP-recommendation

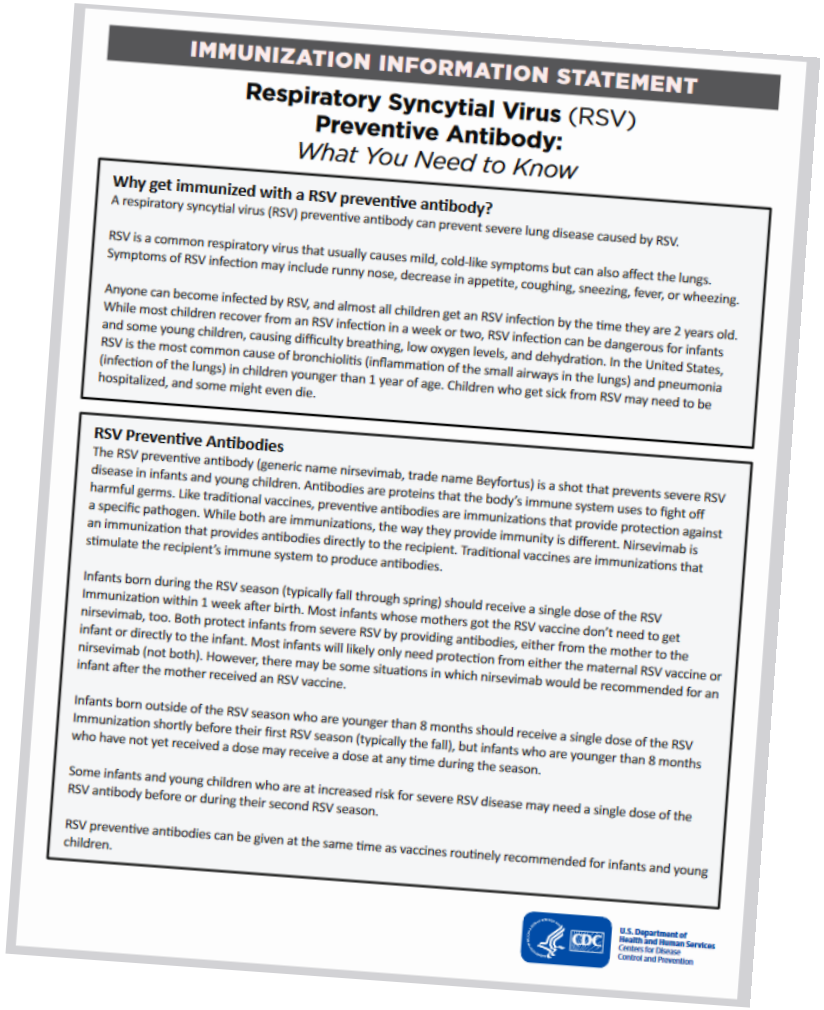
3. Post-licensure monitoring and reporting, including VAERS, VSD

An approach in the clinic

“Your baby is due for nirsevimab today, which will help protect them from severe respiratory illness”

Provide information – nirsevimab IIS

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



IMMUNIZATION INFORMATION STATEMENT

Respiratory Syncytial Virus (RSV)
Preventive Antibody:
What You Need to Know

Why get immunized with a RSV preventive antibody?
A respiratory syncytial virus (RSV) preventive antibody can prevent severe lung disease caused by RSV.

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also affect the lungs. Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing.

Anyone can become infected by RSV, and almost all children get an RSV infection by the time they are 2 years old. While most children recover from an RSV infection in a week or two, RSV infection can be dangerous for infants and some young children, causing difficulty breathing, low oxygen levels, and dehydration. In the United States, RSV is the most common cause of bronchiolitis (inflammation of the small airways in the lungs) and pneumonia (infection of the lungs) in children younger than 1 year of age. Children who get sick from RSV may need to be hospitalized, and some might even die.

RSV Preventive Antibodies
The RSV preventive antibody (generic name nirsevimab, trade name Beyfortus) is a shot that prevents severe RSV disease in infants and young children. Antibodies are proteins that the body's immune system uses to fight off harmful germs. Like traditional vaccines, preventive antibodies are immunizations that provide protection against a specific pathogen. While both are immunizations, the way they provide immunity is different. Nirsevimab is an immunization that provides antibodies directly to the recipient. Traditional vaccines are immunizations that stimulate the recipient's immune system to produce antibodies.

Infants born during the RSV season (typically fall through spring) should receive a single dose of the RSV immunization within 1 week after birth. Most infants whose mothers got the RSV vaccine don't need to get nirsevimab, too. Both protect infants from severe RSV by providing antibodies, either from the mother to the infant or directly to the infant. Most infants will likely only need protection from either the maternal RSV vaccine or nirsevimab (not both). However, there may be some situations in which nirsevimab would be recommended for an infant after the mother received an RSV vaccine.

Infants born outside of the RSV season who are younger than 8 months should receive a single dose of the RSV immunization shortly before their first RSV season (typically the fall), but infants who are younger than 8 months who have not yet received a dose may receive a dose at any time during the season.

Some infants and young children who are at increased risk for severe RSV disease may need a single dose of the RSV antibody before or during their second RSV season.

RSV preventive antibodies can be given at the same time as vaccines routinely recommended for infants and young children.

RSV Preventive Antibody:
What you need to know

https://www.cdc.gov/vaccines/vpd/rsv/immunization-information-statement.html

Strategies for discussion, shared decision-making

- Explore understanding, leaning, invite questions
- Make a strong recommendation for infant immunization against RSV
- Use every opportunity to immunize

Resources

US Centers for Disease Control and Prevention (CDC)

RSV Prevention for Healthcare Providers:
https://www.cdc.gov/vaccines/vpd/rsv/hcp/child.html

Nirsevimab Immunization Information Statement (IIS):
https://www.cdc.gov/vaccines/vpd/rsv/immunization-information-statement.html

American Academy of Pediatrics (AAP)

https://www.aap.org/en/patient-care/respiratory-syncytial-virus-rsv-prevention/

For Healthcare Providers: Communication around immunization
https://www.aap.org/en/patient-care/immunizations/communicating-with-families-about-how-to-protect- against-fall-and-winter-respiratory-viruses/

For Parents (Healthy Children.org):
https://www.healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/rsv-when-its-more- than-just-a-cold.aspx

Vaccine Education Center, Children's Hospital of Philadelphia

https://www.chop.edu/news/news-views-nirsevimab-means-brushing-passive-immunity-talking-points

Obtaining Continuing Education

- Continuing education is available for nurses and medical assistants
- There is no cost for CEs
- Expiration date is 05/01/24
- 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?

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.