

Respiratory Syncytial Virus (RSV)

Maine Immunization Program 2/8/2024



Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus (RSV) is recognized as one of the most common causes of childhood illness and is the most common cause of hospitalization in infants. It causes annual outbreaks of respiratory illnesses in all age groups. In most regions of the United States, RSV season starts in the fall and peaks in the winter.

RSV immunizations are recommended only for these groups:

- **Adults ages 60 and older:** [Two RSV vaccines](#) (Arexvy by GSK and Abrysvo by Pfizer) have been licensed by FDA and recommended by CDC for adults ages 60 and older, using [shared clinical decision-making](#).
- **Pregnant women:** [One RSV vaccine](#) (Abrysvo by Pfizer) has been licensed and recommended during weeks 32 through 36 of pregnancy to protect infants.
- **Infants and some young children:** An [RSV preventive antibody](#) (Beyfortus by Sanofi and AstraZeneca) has been licensed and recommended for infants and some young children.

ACIP RSV Immunization Seasonal Recommendations Summary

ACIP RSV Immunization Seasonal Recommendations Summary*

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

Recommended timing for immunization	Timing NOT recommended for immunization, except in limited situations (as indicated in chart)
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*The current slide reflects only the seasonal timing of vaccination for each population. For full RSV vaccine recommendations, please see: <https://www.cdc.gov/vaccines/bcp/acip-recs/vacc-specific/rsv.html>

Nirsevimab Allocation Strategy

- October 2023: Nirsevimab approved by the Maine Vaccine Board to be included in the Maine Universal Childhood Vaccine Purchase Program so it is available at no-cost to children
- October 2023: Initial ordering opened up to primary care offices
- Mid-October: Allocation model for Nirsevimab implemented due to national shortage
- Oct-December: MIP worked with the 21 birth hospitals or their designee to enroll in the MIP program and offer Nirsevimab 50 mg doses to newborns
- January 2024: Additional Nirsevimab supply became available from the Federal government and ordering re-opened to primary care offices

Reminder of Recommendations for Seasonal Administration of Maternal RSV Vaccine



On January 26, 2024, The Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP) recommend the [RSV vaccination \(Pfizer Abrysvo\) for pregnant people](#) during 32–36 weeks gestation using seasonal administration to protect infants against RSV. Administer the maternal RSV vaccine (Pfizer Abrysvo) from September 1 through January 31.

After January 31, Infants born to unvaccinated mothers should receive nirsevimab, a long-acting monoclonal antibody that provides immediate protection to the infant against RSV-associated lower respiratory track disease (LRTD)



All Abrysvo products in the State of Maine have an expiration date ending in 2025. Any inventory remaining after this cutoff date should continue to be stored at appropriate temperature and monitored until next RSV season.

Information on Respiratory Syncytial Virus (RSV) Vaccine Administration Errors in Young Children and Pregnant People



The Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) have received reports of the Pfizer (Abrysvo) or GSK (Arexvy) RSV vaccines being administered in error to young children. CDC and FDA have also received reports of the GSK RSV vaccine (Arexvy) being administered in error to pregnant people.

As of January 22, 2024, Most reports of administration errors in young children occurred in infants younger than 8 months. Administration errors for both young children and pregnant people occurred in outpatient settings, including doctor's offices; administration errors of the GSK RSV vaccine (Arexvy) in pregnant people also occurred in pharmacies. Most of these administration error reports described no adverse event. Vaccine administration errors are known to occur and are routinely monitored through the Vaccine Adverse Event Reporting System ([VAERS](#))

Healthcare providers are strongly encouraged to report vaccine administration errors to [Vaccine Adverse Event Reporting System \(VAERS\) \(hhs.gov\)](#)

Only Administer Nirsevimab (Beyfortus, Sanofi) to Young Children

Administer nirsevimab (Beyfortus) preventive antibody to:

- Infants younger than 8 months
- Certain children 8-19 months



Do NOT administer RSV vaccine to infants and young children



Strategies to Help Prevent Vaccine Administration Errors

- Order and stock vaccine products that fit best with your patient population.
- If both nirsevimab (Beyfortus) and one or both RSV vaccines are stocked, label each storage bin with correct indications.
- Educate staff on recommendations. If more than 1 product is stocked, train staff about the differences in preparation, indications, and dosage.
- Follow medication administration best practices – read and check the product label at least 3 times and ask another staff member to confirm that it is the correct product for the patient.

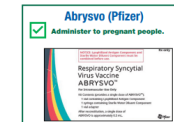
CDC Clinical Resources

For Healthcare Professionals: RSV (Respiratory Syncytial Virus) | CDC

09-000008-01 January 19, 2024

Only Administer Abrysvo (Pfizer) Vaccine to Pregnant People

Two respiratory syncytial virus (RSV) vaccine products are available for use in the United States.



Strategies to Help Prevent Errors

- Order and stock vaccine products that fit best with your patient population. Avoid stocking both products, if possible.
- If both RSV vaccine products are stocked, label the Arexvy (GSK) vaccine "Do NOT administer to pregnant people."
- Educate staff on vaccine recommendations. If both RSV products are stocked, train staff about the differences in preparation and indications.
- 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.
- If referring pregnant people to another vaccine provider, tell the provider to administer Abrysvo (Pfizer) vaccine and to confirm the vaccine product prior to administration.

CDC Clinical Resources

Healthcare Providers: RSV Vaccination for Pregnant People | CDC

RSV Vaccine Information Statement | CDC

Adult Immunization Schedule – Healthcare Providers | CDC

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 | 2023;72(16):2605-2610

Vaccine Administration: Preventing Vaccine Administration Errors | CDC

09-000008-01 January 19, 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



On January 5, 2024, The Centers for Disease Control and Prevention (CDC) advises healthcare providers to return to recommendations put forward by CDC and the [Advisory Committee on Immunization Practices \(ACIP\)](#) on use of nirsevimab in young children. Infants and children recommended to receive nirsevimab should be immunized as quickly as possible.

Healthcare providers should administer a single dose of [nirsevimab](#) to all infants aged less than 8 months, as well as children aged 8 through 19 months at [increased risk](#).

Children who should get nirsevimab but have not yet done so may get nirsevimab at any time during RSV season (October 1st – March 31st).

RSV in Infants and Young Children

Respiratory syncytial virus, or RSV, is a common virus that affects the lungs. RSV season starts in the fall and peaks in the winter in most regions of the U.S.

Protect your young child from RSV.

There are two options to protect babies from severe RSV. Most babies only need one, not both.

RSV vaccine given during pregnancy:

- Protection passed to baby during pregnancy
- Recommended when 32-36 weeks pregnant
- Usually given during September-January

RSV antibody given to the baby:

- Directly provides protection to baby
- Recommended for babies younger than 8 months
- Usually given during October-March

A dose of RSV antibody is also recommended for the following children between the ages of 8 and 19 months entering their second RSV season:

- Children who have chronic lung disease from being born prematurely
- Children who are severely immunocompromised
- Children with cystic fibrosis who have severe disease
- American Indian and Alaska Native children

Talk to your healthcare provider to determine which option is best for you and your baby.

RSV is the LEADING CAUSE of infant hospitalization in the U.S.

www.cdc.gov/rsv

CS 04/03/24, September 2023

Nirsevimab (Beyfortus) Supply

Given the recent increase in nirsevimab supply, the Maine Immunization Program opened ordering to all enrolled Vaccines for Children (VFC) providers for doses of 50 mg nirsevimab after fulfilling the orders for the birthing hospitals. With an increase in the state allocation of nirsevimab 50 mg doses, the maximum order quantity is now 50 doses per order, until the supply is exhausted. Please only order what you anticipate using by the end of RSV season (March 31, 2024) for infants.

The current stock of nirsevimab 100 mg has been claimed by our enrolled VFC providers and is no longer available for order in ImmPact. Please reach out to MIP if you find there is a need for additional doses.

As of Tuesday, February 6, 2024, Maine has administered 1,838 doses of nirsevimab (Beyfortus) to infants and young children.

- **1,075 doses of the 50 mg to infants**
- **763 doses of 100 mg to young children**

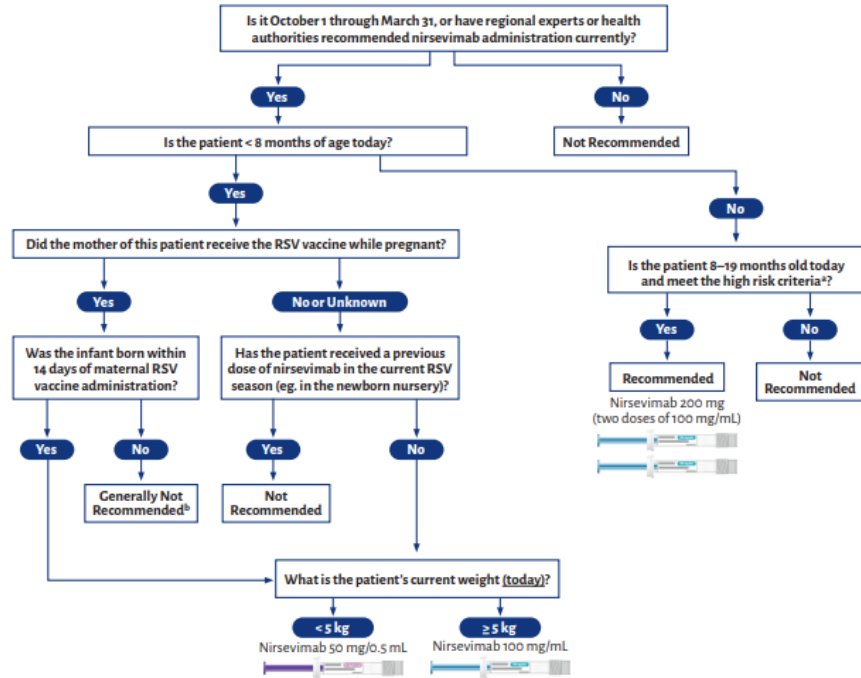
All nirsevimab products in the State of Maine have an expiration date ending in 2025. Any inventory remaining after this cutoff date should continue to be stored at appropriate temperature and monitored until next RSV season.



Nirsevimab Administration Visual Guide - AAP

Nirsevimab Administration Visual Guide

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



- a. Children 8 through 19 months of age who are recommended to receive nirsevimab when entering their second RSV season because of increased risk of severe disease.
- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season.
 - Children who are severely immunocompromised.
 - Children with cystic fibrosis who have manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or have weight-for-length that is <10th percentile.
 - American Indian and Alaska Native children (note that this is a new group for whom second-season prophylaxis is recommended in contrast to the current palivizumab recommendations).
- b. Nirsevimab can be considered when, per the clinical judgment of the healthcare provider, the potential incremental benefit of administration is warranted, including but not limited to the following rare circumstances:
- Infants born to pregnant people who may not mount an adequate immune response to vaccination or have conditions associated with reduced transplacental antibody transfer.
 - Infants who have undergone cardiopulmonary bypass or extracorporeal membrane oxygenation leading to loss of maternal antibodies.
 - Infant with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission with a requirement of oxygen at discharge).

Nirsevimab Administration Visual Guide

American Academy of Pediatrics
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Immunization Administration Tips

At the time of administration, affirm the 7 rights to reduce errors:

1. Right patient
2. Right time (age, in RSV season)
3. Right immunization (correct medication)
4. The right dosage (based on weight)
5. The right route, needle length, and technique

Intramuscular (IM) injection

Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.

Age	Needle length	Injection site
Newborns (1 st 28 days)	½" ^a	Anterolateral thigh muscle
Infants (1–12 months)	1"	Anterolateral thigh muscle
Toddlers (1–2 years)	1–1¼"	Anterolateral thigh muscle ^c
	¾"–1"	Deltoid muscle of arm

6. Right site

7. The right documentation

Co-administration and Suggested Injection Volumes

In accordance with the [CDC's General Best Practice Guidelines](#) for Immunization, simultaneous administration of nirsevimab with age-appropriate vaccines is recommended. CDC does not address the issue of maximum volumes that can be injected into each muscle group in different age groups. CDC is in the process of creating a job aid for healthcare providers to help address the issue and offers the suggested volumes as follows:

- **Deltoid muscle of arm:** Average 0.5 mL (range 0.5–2 mL)
- **Anterolateral thigh muscle (Vastus Lateralis):** Average 1–4 mL (range 1–5 mL)

Infants and toddlers would fall at the lower end of the range, whereas adolescents and adults would generally fall on the higher end of the range. Strategies healthcare providers can use to decrease the number/injection volume include:

- Healthcare providers should always use professional judgement when administering injections. Muscle size can vary greatly from one patient to another.
- Include an age-appropriate combination vaccine in the facility's inventory (Pentacel, Pediarix, Vaxelis).
- Use an alternate route (other than IM) if possible. IPV (single component, NOT a combination vaccine), MMR (toddlers and infant travelers only), Varicella-containing vaccines (toddlers only), and PPSV23 (high-risk toddlers only) can be administered subcutaneously.
- Take advantage of recommended age ranges some of the routinely recommended vaccines have. For example, the 3rd dose of HepB can be given as late as 18 months of age.

a. If skin is stretched tightly and subcutaneous tissues are not bunched.

b. Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) a ¾" needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.

c. Preferred site

NOTE: Always refer to the package insert included with each biologic for complete vaccine administration information. CDC's Advisory Committee on Immunization Practices (ACIP) recommendations for the particular vaccine should be reviewed as well. Access the ACIP recommendations at www.imzimmz.org/acip.

RSV in Older Adults and Adults with Chronic Medical Conditions

Adults aged 60 years and older:

CDC recommends that adults 60 years of age and older may receive a single dose of RSV vaccine using shared clinical decision-making (SCDM). The SCDM recommendation for RSV vaccination is intended to allow providers and patients flexibility based on what is best for each individual patient.

Optimally, vaccination should occur before the onset of the RSV season; For the 2023–24 season, clinicians should offer RSV vaccination to adults aged 60 years and older using shared clinical decision-making as early as vaccine supply becomes available and should continue to offer vaccination year-round to eligible adults who remain unvaccinated.

Currently, the RSV vaccine series consists of a **single dose**. Studies are ongoing to determine whether older adults might benefit from receiving additional RSV vaccines in the future. So far, RSV vaccines appear to provide some protection for at least two RSV seasons.

Older Adults Are at High Risk for Severe RSV Illness

Respiratory Syncytial Virus, or **RSV**, is a common virus that affects the lungs and breathing passages

- ✓ RSV vaccine is available to adults 60 and over
- ✓ It can **PROTECT** against severe illness
- ✓ Talk to your doctor to see if vaccination is right for you

RSV can be dangerous for older adults

Adults who are 60 years or older are at highest risk, especially:

- Adults who have chronic heart or lung disease
- Adults who have weakened immune systems

RSV can lead to serious conditions

- Pneumonia (infection of the lungs)
- Hospitalization
- More severe symptoms for people with chronic obstructive pulmonary disease (COPD)
- More severe symptoms for people with congestive heart failure

Everyday preventive measures help protect against respiratory viruses

- Wash hands often
- Avoid close contact with sick people
- Avoid touching your face with unwashed hands
- Cover coughs and sneezes
- Clean frequently touched surfaces
- Stay home when sick

EACH YEAR RSV causes serious illness in older adults

60,000–160,000 hospitalizations

6,000–10,000 deaths

www.cdc.gov/rsv

CS 541829 A September 2023

Immunization Recommendations for the 2023–2024 Respiratory Disease Season

CDC recommends the following for the 2023–2024 respiratory disease season:

- Everyone ages 6 months and older receive influenza vaccination.
- Everyone ages 6 months and older receive COVID-19 vaccination.
- Infants, some young children, and pregnant persons receive RSV immunization routinely.
- Older adults receive RSV immunization using shared clinical decision-making.

It's important that people stay caught up on all recommended vaccines. When patients make an appointment for fall and winter vaccination, offer all other routine vaccines that are due.

Immunization Recommendations for the 2023–2024 Respiratory Disease Season: At-A-Glance

INFLUENZA • COVID-19 • RESPIRATORY SYNCYTIAL VIRUS (RSV)



CDC recommends the following for the 2023–2024 respiratory disease season:

- Everyone ages 6 months and older receive influenza vaccination.
- Everyone ages 6 months and older receive COVID-19 vaccination.
- Infants, some young children, and pregnant persons receive RSV immunization routinely.
- Older adults receive RSV immunization using shared clinical decision-making.

It's important that people stay caught up on all recommended vaccines. When patients make an appointment for fall and winter vaccination, offer all other routine vaccines that are due.

Influenza

What products are available?
Available vaccines include inactivated injectable, recombinant injectable, and live attenuated nasal spray vaccines.

Note: Live attenuated vaccine is not recommended for people who are pregnant or immunocompromised.

Who should be vaccinated? How many doses?

- **6 months through 8 years:** 1 or 2 doses depending on vaccination history
- **9 through 64 years:** 1 dose
- **65 years and older:** 1 dose. High-dose inactivated, recombinant, or adjuvanted inactivated vaccines are preferred. If not available, another age-appropriate vaccine should be used.

When is vaccination recommended?
September or October for most people. Vaccination should extend beyond October for those not yet vaccinated.

How effective is vaccination?
Vaccination generally reduces the risk of illness by **40% to 60%** when vaccine matches circulating viruses. Effectiveness can vary based on multiple factors.

What are the potential side effects?*
Side effects tend to be mild or moderate, temporary, and like those experienced after other vaccinations. There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine. Some studies have observed a higher risk for GBS after influenza infection than vaccination.

COVID-19

What products are available?
Updated (2023–2024 Formula) COVID-19 vaccines:

- Novavax (protein subunit)
- Moderna/Spikevax (mRNA)
- Pfizer-BioNTech/Comirnaty (mRNA)

Who should be vaccinated? How many doses?
Most people (not moderately or severely immunocompromised)

- **6 months through 4 years:** At least 1 dose (2023–2024 vaccine); may need multiple doses depending on vaccination history
- **5 years and older:** 1 dose (2023–2024 vaccine)

Moderately or severely immunocompromised*

- At least 1 (2023–2024 vaccine) dose; may need multiple doses depending on vaccination history; optional additional doses

When is vaccination recommended?
As soon as the recipient is eligible

How effective is vaccination?
Last year's vaccine was about **40 to 60%** effective against hospitalization. Data on this year's vaccine is not yet available. Effectiveness can vary based on multiple factors.

What are the potential side effects?*
Side effects tend to be mild or moderate, temporary, and like those experienced after other vaccinations. There is a rare increased risk of myocarditis and pericarditis in all populations.

Immunization Recommendations for the 2023–2024 Respiratory Disease Season: At-A-Glance

INFLUENZA • COVID-19 • RSV

RSV (infants)¹

What products are available?
Nirsevimab (Beigobax), a monoclonal antibody that directly delivers antibodies to provide protection.

Who should be immunized? How many doses?

- **Birth through 7 months:** first RSV season; mother has no or unknown RSV vaccination history or RSV vaccine was received <14 days prior to birth²; 1 dose
- **Birth through 19 months and at increased risk of severe RSV disease³:**
 - First RSV season: 1 dose
 - Second RSV season: 1 dose

When is immunization recommended?
Most infants and eligible children: October through March⁴

- **Infants born during RSV season:** Administer within 1 week of birth
- **Other eligible infants:** Administer shortly before the start of RSV season

How effective is immunization?
In clinical trials, nirsevimab was **79%** efficacious in preventing lower respiratory tract infection (LRTI) and **87%** efficacious in preventing LRTI with hospitalization through 150 days after immunization.

What are the potential side effects?*
Side effects were uncommon after nirsevimab. The most common side effects in clinical trials were injection site reactions and rash (observed in <1% of recipients).

Immunization Recommendations for the 2023–2024 Respiratory Disease Season: At-A-Glance

INFLUENZA • COVID-19 • RSV

RSV (pregnant people)¹

What products are available?
Recombinant protein vaccine

Available vaccine: Alysio (Pfizer)

Who should be vaccinated? How many doses?
1 dose during weeks 32 through 36 gestation²

When is vaccination recommended?
September through January AND at weeks 32 through 36 gestation³

How effective is vaccination?
In clinical trial, vaccination of mothers was **57%** efficacious

What products are available?
Recombinant protein vaccine

Available vaccines:

- Avenyo (GSK)
- Alysio (Pfizer)

Who should be vaccinated? How many doses?
1 dose. If indicated, based on [gestational diabetes status](#)⁴

When is vaccination recommended?
For the 2023–2024 season, providers should offer RSV vaccination now and continue year-round to eligible adults who remain unvaccinated.

How effective is vaccination?
In clinical trial, vaccination was **83 to 89%** efficacious against lower respiratory tract disease in the first RSV season.

What are the potential side effects?*
Side effects are like those experienced after routine vaccinations. However, the GSK vaccine contains an adjuvant, that may be associated with local and systemic reactivity.

What are the potential side effects?*
In clinical trials, 6 cases of inflammatory myeloid events were reported after RSV vaccination. It is not known if these events were caused by chance or were related to RSV vaccination.

Preparing for the Fall and Winter Virus Season

Every year, flu, COVID-19, and RSV cause hundreds of thousands of hospitalizations. These tips and resources can help make sure your practice is ready to help patients stay protected during fall and winter season.

As a healthcare provider, your patients depend on you as a trusted source of accurate health information and actionable guidance. During the fall and winter respiratory virus season, you can help patients and their families stay safe and reduce the risk of severe disease by strongly recommending vaccination.

Here are some tips to start the conversation with your patients

EVERYONE AGES 6 MONTHS AND OLDER	ELIGIBLE INFANTS AND CHILDREN	ELIGIBLE PREGNANT PEOPLE	ADULTS AGES 60 YEARS AND OLDER
<p>FLU AND COVID-19</p> <p>-----</p> <p>Make a strong recommendation.</p> <p><i>"You are due for your flu and COVID-19 vaccines today. I've gotten these vaccines myself and recommend them for you too."</i></p>	<p>RSV</p> <p>-----</p> <p>Make a strong recommendation.</p> <p><i>"Your baby is due for nirsevimab today, which will help protect them from severe respiratory illness."</i></p>	<p>RSV</p> <p>-----</p> <p>Discuss the two options and make a strong recommendation for the one the patient prefers.</p> <p><i>"I recommend an RSV immunization to protect your infant from severe respiratory illness. We have two options—one is a vaccine for you and the other is an immunization for your baby after birth. I recommend either one of these options for you, and most babies don't need both."</i></p>	<p>RSV</p> <p>-----</p> <p>Have a conversation with the patient about whether the vaccine is right for them.</p> <p><i>"You have the option to get the RSV vaccine today. Let's talk about some reasons you are at higher risk for getting RSV, why the vaccine is important for you, and what you want to do."</i></p>

6 TIPS TO PREPARE YOUR PRACTICE AND YOUR PATIENTS FOR THE FALL AND WINTER VIRUS SEASON



Fall and winter virus season is here. Every year, flu, COVID-19, and RSV cause hundreds of thousands of hospitalizations. These tips and resources can help make sure your practice is ready to help patients stay protected this fall and winter season.

- 1 Know what is anticipated this fall and winter virus season**
 CDC expects a similar number of hospitalizations this season as last year nationally, but likely more than pre-pandemic years. Even a moderate season of flu, COVID-19, and RSV circulating at the same time could place more significant strain on our healthcare system than a severe season of just flu and RSV alone.

Resources:
 2023-2024 Respiratory Disease Season Outlook
- 2 Understand what tools are available to protect patients against respiratory viruses**
 While we don't know exactly what's in store for this fall and winter season, we do know it's critical that our patients take advantage of safe and effective immunizations, proven treatments, testing, and everyday precautions to help protect themselves and their families against the worst effects of flu, COVID-19, and RSV.

Resources:
 Respiratory Virus Prevention Tools
- 3 Know the latest clinical guidance and recommendations for each virus and each patient**
 Make sure you're aware of the latest clinical guidance for flu, COVID-19, and RSV for different populations, including patients who have risk factors for severe respiratory illness. CDC's clinician resource hub provides information on vaccines for flu, COVID-19, and RSV. Web pages are regularly updated to reflect the most current guidance and recommendations for clinicians.

Immunization against flu, COVID-19, and RSV (for people eligible for RSV vaccine) remains the most effective protection to help reduce the risk of hospitalizations, long-term health impacts, and death. Flu, COVID-19, and RSV vaccines may be co-administered, but if a patient prefers to space them out, there is no minimum wait period between the vaccines.

Resources:
 Clinical Guidance for Flu (Vaccinations, Testing & Treatment)
 Clinical Guidance for COVID-19 (Vaccinations, Testing & Treatment)
 Clinical Guidance for RSV (Vaccinations, Testing & Treatment)
- 4 Be prepared to talk to your patients about flu, COVID-19, and RSV immunizations**
 With so many things competing for our attention, your patients need help finding the information they need to protect themselves and their family. Healthcare providers are the most trusted source of health information for their patients. You are in the best position to answer your patients' questions and ensure they receive accurate and actionable information. A clear and strong clinical recommendation is a critical factor in whether your patients get the vaccines they need. Your advice about staying up to date on vaccines and where to find trustworthy health information will help your patients keep themselves and their families safe from respiratory diseases this season.

Resources:
 Fall and Winter Virus Season Patient Conversation Guide [TO COME]
 Building Confidence with COVID-19 Vaccines
 How to Talk to Your Patients About Flu
- 5 Prepare your staff**
 Educating your staff on the new and updated flu, COVID-19, and RSV immunizations will help prepare your practice for the fall and winter virus season and build trust between you and your patients. CDC regularly produces educational materials, including videos and webinars to provide you and your staff with timely and actionable information on disease activity, new clinical guidance, and immunization recommendations. Encourage your staff to receive recommended vaccines to protect themselves and your patients, and enable them to be ambassadors to help build and reinforce patients' vaccine confidence and trust.

Resources:
 Prepare Your Patients for the Fall and Winter Virus Season
- 6 Reach out to your patients about steps they can take to protect against fall and winter viruses**
 Patient portals are recognized as a promising mechanism to support greater patient engagement and overall communication between patient and provider. These platforms have shown promise in many ways for improving health outcomes, and portal messaging reminders have proven to increase vaccination rates. Leverage your platform to share scheduling reminders and other important patient materials as soon as possible.

Resources:
 Patient Reminder Language [TO COME]
 In-Office Patient Poster [TO COME]
 Flu, COVID-19, and RSV Print Materials for Patients

[6 Tips to Prepare Your Practice and Your Patients for the Fall and Winter Virus Season \(cdc.gov\)](#)

Update to Respiratory Syncytial Virus (RSV) Vaccination Claims Guidance - Office of MaineCare Service

Jan 12, 2024

On September 15, 2023, the Office of MaineCare Services (OMS) sent a [bulletin](#) regarding the coverage of RSV vaccines.

OMS has completed the update to our systems, and you may begin to submit claims for these services.

These rates are applicable only to vaccines that have been directly purchased. Any vaccine that is received via government supply or through the Vaccines for Children's program will require the use of the SL modifier and will be reimbursed at \$0.

Please review the following table for more information.

Respiratory Syncytial Virus (RSV) Vaccination Codes			
Code	Description	Effective Date	Rate
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	07/17/2023	\$0*
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	07/17/2023	\$0*
90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	05/31/2023	\$298.69
90679	Respiratory syncytial virus vaccine, preF, recombinant, subunit, adjuvanted, for intramuscular use	05/03/2023	\$284.60
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	10/06/2023	\$15.59
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	10/06/2023	\$13.44
*Government Supplied Vaccine			

[Update to Respiratory Syncytial Virus \(RSV\) Vaccination Claims Guidance | Department of Health and Human Services \(maine.gov\)](#)

RSVVaxView



Weekly Respiratory Syncytial Virus (RSV) Vaccination Dashboard

The Weekly RSV Vaccination Dashboard is designed to share weekly RSV vaccination data, including coverage estimates and intent for vaccination, using a variety of data sources including surveys, healthcare claims, electronic medical records, and immunization information systems (IIS) data. The Dashboard will be updated weekly as new data become available.

<https://www.cdc.gov/vaccines/imz-managers/coverage/rsvaxview/index.html>

Data & Charts



Adults 60+ Coverage and Intent
(Data Source: NIS)



Pregnant Persons Coverage
(Data Source: VSD)



Adult Vaccinations Administered
(Data Source: IQVIA)



Nirsevimab Coverage and Intent for Infants
(Data Source: NIS)

Educational Handouts

Infants and Young Children

3 RSV MONOCLONAL ANTIBODIES FOR INFANTS

How Does Nirsevimab (Beyfortus) Work?
Nirsevimab (Beyfortus) is a recombinant human monoclonal antibody used to protect against respiratory syncytial virus (RSV) in infants. Monoclonal antibodies are used to provide passive immunity against pathogens. Nirsevimab neutralizes RSV inhibiting conformation changes in the F protein necessary for fusion of the viral and cellular membranes and viral entry.

Which Children Are Recommended to Receive Nirsevimab (Beyfortus)?

- 1 INFANTS 8 MONTHS OR YOUNGER**
All children born during or entering their first RSV season aged 8 months or younger are recommended to receive one dose of nirsevimab.
- 2 CHILDREN AGED 8-19 MONTHS**
Children aged 8-19 months who are at an increased risk of severe RSV and entering their second RSV season are recommended to receive one dose of nirsevimab.

During What Months Should Nirsevimab Be Administered?

FOR INFANTS

Children meeting high-risk criteria, Nirsevimab administration via palivizumab which is currently administered during the RSV season.

Vaccinated with

and RSV2p/3p at least 14 days before the start of the RSV season.

and RSV2p/3p during the 6-month RSV season.

and RSV2p/3p at least 14 days before the start of the RSV season.

and RSV2p/3p during the 6-month RSV season.

RSV 1 2 3 MICIS

NIARSEVIMAB DOSING INFO

MEONATES AND INFANTS BORN DURING OR ENTERING THEIR FIRST RSV SEASON

LESS THAN 5 MO: **50 MG**
5 MO OR GREATER: **100 MG**

CHILDREN WHO REMAIN VULNERABLE THROUGH THEIR SECOND RSV SEASON

200 MG
(2 X 100 MG SYRINGES)

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Disclaimer: These are general recommendations only. Specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition.

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Pregnant Patients

2 RSV VACCINATION OF PREGNANT PATIENTS

1 DOSE
One dose completes the series.

WEEKS GESTATION
32 to 36
At time of administration

SEPTEMBER - JANUARY
RSV2p/3p administration to pregnant patients is recommended by ACOG September 1st through January 31st.

Who is Recommended to Receive RSV2p/3p in Pregnancy?

ALL PREGNANT PATIENTS 32 TO 36 WEEKS GESTATION
All pregnant patients are recommended to receive RSV2p/3p. The approved interval for when to administer is during 32 to 36 weeks gestation.

Efficacy against medically attended RSV-associated lower respiratory tract disease in infants: 51%

Efficacy against hospitalization for RSV-associated lower respiratory tract infection in infants (0-180 days): 56%

Can Other Vaccines Be Co-administered in the Same Visit?

YES! ROUTINE VACCINATIONS SUCH AS Tdap, INFLUENZA, AND COVID-19 CAN BE GIVEN AT THE SAME VISIT.
There is no available data on coadministration of RSV2p/3p in pregnant patients and other routine vaccinations. Coadministration data exists for RSV2p/3p and influenza vaccine in older adults.
CDC allows for simultaneous administration of routine vaccinations within the same visit under CDC's Immunization General Best Practices. Healthcare providers can administer RSV2p/3p with Tdap, influenza, COVID-19, and other routine vaccinations without regards to timing and during the same visit.

KEY POINTS OF PRETERM BIRTHS IN CLINICAL TRIALS

- Most preterm births (91%) were late preterm at ≥ 34 weeks gestation
- Most preterm births occurred > 30 days after vaccination
- The preterm birth imbalance between RSV2p/3p and placebo was most prominent in patients located in South Africa
- For patients in the United States, preterm birth rate was 5.7% in RSV2p/3p vs. 5.3% in placebo

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Adult 60 +

1 RSV VACCINATION OF OLDER ADULTS

60 YEARS
All adults aged 60 years and older are eligible.

1 DOSE
Provides protection over 2 RSV seasons

80%
77 - 81% efficacy preventing medically-extended RSV lower respiratory tract infection

VACCINE EFFICACY BY AGE (PREVENTION OF SYMPTOMATIC LOWER RESPIRATORY TRACT INFECTION)

- 60 AND UP:** 74 - 84%
- 65 AND UP:** 70 - 87%
- 70 AND UP:** 76 - 90%

IF WE VACCINATED ALL MAINE ADULTS 65+ YEARS, OVER TWO RSV SEASONS WE WOULD PREVENT:

- 7,792 OUTPATIENT VISITS
- 779 HOSPITALIZATIONS
- 40 DEATHS

OLDER ADULTS

Shared Clinical Decision Making

The Advisory Committee on Immunization Practices (ACIP) recommends RSV vaccination for all adults 60 years and older via shared clinical decision making.

Shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient.

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https://micismaine.org/education-topics/clinical-toolkit/?utm_medium=email&utm_source=govdelivery

Resources

- [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](#)
- [Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023](#)
- [Frequently Asked Questions about RSVpreF \(Abrysvo\) Vaccine for Pregnant People](#)
- [Conversation Guide For Healthcare Providers \(cdc.gov\)](#)
- [Frequently Asked Questions about RSV Immunization with Monoclonal Antibody for Children 19 months and Younger](#)
- [Healthcare Provider Toolkit: Preventing vaccine administration errors](#)
- [Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season | CDC](#)
- [RSV Information for Healthcare Providers | CDC](#)
- [RSV Symptoms and Care | CDC](#)
- [RSV ACIP Vaccine Recommendations | CDC](#)
- [RSVVaxView | CDC](#)
- [Vaccine Recommendations for Older Adults Archives | Immunize.org](#)
- [RSV Vaccination for Adults 60 Years and Older \(cdc.gov\)](#)
- [COCA Now Messages | CDC Emergency Preparedness & Response](#)
- [Nirsevimab-Visual-Guide.pdf \(aap.org\)](#)
- [Immunization Recommendations for the 2023-2024 Respiratory Disease Season: At-A-Glance \(cdc.gov\)](#)
- [Only Administer Nirsevimab \(Beyfortus, Sanofi\) to Young Children \(cdc.gov\)](#)
- [Only Administer Abrysvo \(Pfizer\) Vaccine to Pregnant People \(cdc.gov\)](#)

Thank You



Questions?

Maine Immunization Program

