



# Maternal/Pediatric Respiratory Syncytial Virus (RSV) Work Group

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**Chair, Maternal/Pediatric RSV Work Group**

ACIP Meeting

June 28, 2024

# Two products are recommended to protect infants and young children from RSV lower respiratory tract disease

- **RSV prevention in infants during their first RSV season (i.e., aged <8 months)**
  - To protect infants in their first season, either maternal RSV vaccination (Abrysvo, Pfizer), or use of nirsevimab (Beyfortus, Sanofi and AstraZeneca) in the infant is recommended to prevent RSV lower respiratory tract disease
  - Administration of both products is not needed for most infants
- **Children ages 8–19 months who are at increased risk of severe RSV disease and entering their second RSV season are recommended to receive one dose of nirsevimab**

# Timing of RSV vaccine and nirsevimab

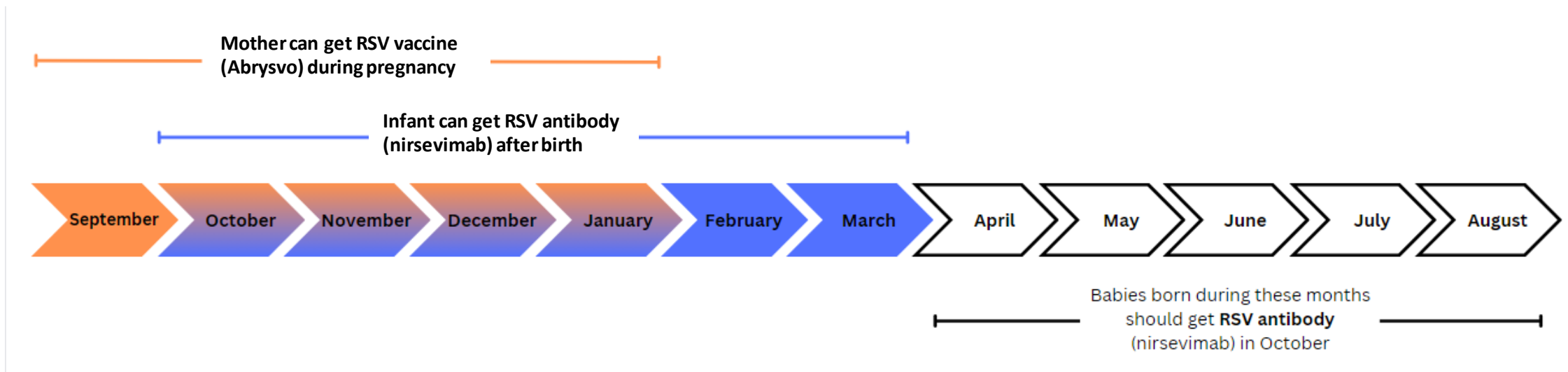


Figure represents recommended timing of immunization product deployment for most of the continental U.S. In jurisdictions with seasonality that differs from most of the continental United States (e.g., Alaska, jurisdictions with tropical climates), providers should follow state, local, or territorial guidance on timing of administration

# Timing of administration of maternal Pfizer RSV vaccine (Abrysvo) and nirsevimab (Beyfortus)

- **Maternal RSV vaccine**
  - For pregnant people at 32–36 weeks' gestation, vaccinate using seasonal administration (meaning **September–January** in most of the United States)
- **Nirsevimab<sup>1</sup>**
  - For infants <8 months of age, immunize shortly before season onset (e.g., **October**)
  - For infants born during **October–March**, immunize within 1 week of birth

<https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm>; <https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm>

<sup>1</sup>In jurisdictions with seasonality that differs from most of the continental United States (e.g., Alaska, jurisdictions with tropical climates), providers should follow state, local, or territorial guidance on timing of administration

# Vaccine administration errors reported in young children and pregnant people



January 22, 2024

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

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

[Administration of the GSK Respiratory Syncytial Virus Vaccine to Pregnant Persons in Error - PubMed \(nih.gov\)](#)

[Incorrect Administration of Adult RSV Vaccines to Young Children - PubMed \(nih.gov\)](#)

- Multiple products introduced in the same season created confusion among healthcare workers as to which groups were eligible for which immunizations
- Rare reports of administration errors were received by the Vaccine Adverse Events Reporting System (VAERS)
  - Reports of pregnant persons receiving Arexvy (GSK's vaccine for older adults)
  - Reports of children receiving RSV vaccine instead of monoclonal antibody products (e.g., nirsevimab)
  - Wrong dose (nirsevimab) administered
- CDC made additional resources available and increased education efforts with healthcare providers

# Work group members (external)

## ACIP Members

Sarah Long (chair)

Oliver Brooks

Camille Kotton

Denise Jamieson

## Liaisons

James McAuley (IDSA)

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Nicole Chaisson (AAFP)

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Jennifer Schuster (PIDS)

Molly Howell (AIM)

Dana DeShon (NAPNAP)

## Ex Officio Members

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Judy Beeler (FDA-CBER)

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Sonnie Kim (NIH-NIAID)

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Lauren Roper

Amadea Britton

Manisha Patel

# Agenda

- **Implementation and uptake of nirsevimab and maternal RSV vaccine** — Dr. Shannon Stokley (CDC/NCIRD)
- **Maternal RSV vaccine safety surveillance** — Dr. Pedro Moro (CDC/NCEZID)
- **Summary of effectiveness of nirsevimab in infants** — Dr. Amanda Payne (CDC/NCIRD)
- **Work Group considerations** — Dr. Jefferson Jones (CDC/NCIRD)



# Thank you

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 [cdc.gov](https://www.cdc.gov)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U.S. Centers for Disease Control and Prevention.

