Office of Immunization
Washington State Department of Health

You can find a full copy of what was presented at this meeting at the following link: ACIP June 26-28, 2024 Presentation Slides | Immunization Practices | CDC.

RSV

- **ACIP updates RSV vaccination recommendations for older adults.**
- ACIP voted unanimously (11-YES – 0-NO) in favor of recommending RSV vaccines for older adults. This includes a transition away from shared clinical decision-making on RSV vaccines for older adults:
    - **ACIP recommends adults 75 years and older receive a single dose of RSV vaccine.**
    - **ACIP recommends adults 60-74 who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.**
- Adults who have already received a dose of RSV vaccine *do not* need to receive another dose this year.

COVID-19

- **ACIP recommends 2024-2025 COVID-19 vaccines for persons 6 months and older.**
- All COVID-19 vaccines are expected to be available to ship mid-August to late-September. Like the 2023-2024 season, CDC plans to approach the 2024-2025 fall/winter respiratory season comprehensively.

Influenza (Flu)

- **ACIP reaffirms the recommendation for a routine annual influenza vaccination for persons 6 months and older** who do not have contraindications.
- **Flu High Dose Solid Organ Transplant Recipients 19-64**: ACIP recommends high dose inactivated, adjuvanted inactivated, and/or recombinant flu vaccines as an acceptable option for influenza vaccination for solid organ transplant recipients ages 19-64 who are on immunosuppressive medication regimens.

Other Discussions in Brief:

COVID-19

- A statistical signal was found in the CDC Vaccines Safety Datalink (VSD) for Guillain-Barré syndrome (GBS) following Pfizer COVID-19 vaccine among people aged ≥65 years. The increased rate ratio observed during the 2023-2024 season *may or may not represent a true risk*.
- There was also a safety signal in VSD for ischemic stroke following the Moderna COVID-19 vaccine in adults 65+, and the Pfizer COVID-19 vaccine in adults 50-64.

RSV

- For the 2024-2025 season, nirsevimab supply will be limited in September but will be broadly available by October 1. Maternal RSV vaccination is expected to resume in September through January 2025 for most of the U.S.
- Maternal RSV: There are **no changes** to current recommendations: not offering RSV vaccine doses to pregnant people *for each pregnancy*.
- Maternal RSV Vaccine Effectiveness and Additional Doses in Subsequent Pregnancies:
    - Currently, we are unable to estimate the maternal RSV vaccine effectiveness in the 2023-2024 season due to limited uptake of the maternal RSV vaccine, early onset of the 2023-2024 RSV season, and the timing of the vaccine rollout.
    - CDC will continue to monitor maternal RSV vaccine effectiveness in future seasons. There is still no data on additional RSV vaccine doses in subsequent pregnancies.
    - The work group is also concerned that data in older adults suggest revaccination does not restore antibody levels to those after the first dose. *Additional data are needed prior to recommending RSV vaccine during each pregnancy.*
- Implementation of RSV Maternal Vaccination & Nirsevimab: (slides)
    - 51% of infants are estimated to be protected from RSV either from nirsevimab or RSV maternal vaccination
    - 8% of pregnant persons received maternal RSV vaccination
    - 43% of women with infants reported their infants received nirsevimab.
- Maternal RSV Vaccine Safety:
    - **VAERS:** Pregnancy-specific (e.g., preterm delivery) conditions were frequently reported to VAERS as is expected in a vaccine recommended at 32-36 weeks' gestational age. More info available in: slides
    - **VSD:** In VSD, 10,295 RSV vaccines were administered at 30 to less than 37 weeks gestational age among pregnant persons during 2023–2024 respiratory season with **427 preterm births among vaccine recipients. The preterm birth incidence was 4.1% which is *within the expected range* (3.1-6.1%)** based on historical data before the introduction of this vaccine.
- Nirsevimab Safety: (slides 6-7)
    - The most frequently reported adverse events involved infants who developed breakthrough RSV infections despite receiving nirsevimab. Cases of serious hypersensitivity reactions were identified, and the product labeling was updated in February 2024. There are no additional safety signals.
- Nirsevimab Vaccine Effectiveness (slides):
    - CDC reviewed nirsevimab real world vaccine effectiveness (VE) from the 2023-2024 season. Between the two reviewed studies, nirsevimab was:
        - 77% effective against RSV-associated Emergency Department visits.
        - 89% effective against medically attended RSV-associated acute respiratory illness.
        - **91-98% effective against RSV-associated hospitalizations**.
    - Limitations included a short interval from nirsevimab administration to illness onset and an inability to assess the duration of protection.
    - Committee members expressed that the results were "astounding" even with limitations and emphasized the importance of increasing access to nirsevimab in

hospitals by overcoming the barriers related to bundled payments for private pay patients.

- Challenges with RSV vaccination in the 2023-2024 season included cost and reimbursement issues, insurance coverage, supply shortages, access, and complex recommendations and nuanced communication.
    - CDC showed data on birthing hospitals enrolled in VFC has increased from 219 to 367 from August 2023 to May 2024.
    - Sanofi is focused on increased volume of RSV product, frontloading supply, and more broad availability of both the 50 and 100ug doses. Sanofi said it is not possible to split the 100ug dose products into two 50ug doses at this time.

For more information: Advisory Committee on Immunization Practices (ACIP) | CDC