Health Advisory:
Updated Guidance for Healthcare Providers on Increased Supply of Nirsevimab
January 26, 2024

Action Requested

This updated guidance was provided by the Washington State Department of Health in the January 23, 2024, Vaccine Blurbs Special Edition. ***Bolded text emphasizes changes in guidance from the previous advisory's scarcity-based recommendations.*** *Vaccine Blurbs and more information from DOH are available on the DOH webpage.*

- Given the recent increase in nirsevimab supply and the manufacturers' plan to release an additional 230,000 doses in January, 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 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.
- In the setting of increasing supply, **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.**
    - Healthcare providers should continue to work with their state immunization program and the manufacturer to order available nirsevimab doses. CDC is working closely with jurisdictional partners to ensure adequate supply through the Vaccines for Children Program.
    - Neither RSV vaccine (Pfizer Abrysvo, GSK Arexvy) is approved for use in infants or young children. Healthcare providers should take care to use the correct product for the correct population.
    - Although supply of nirsevimab is expected to increase, available supply may continue to vary locally and by healthcare facility. **For healthcare providers who continue to have limited supply, nirsevimab should be prioritized to protect infants at the highest risk for severe RSV disease using the following principles: first by high-risk conditions and then by age, prioritizing the youngest infants first.**
- Pregnant people 32 through 36 weeks gestation should receive RSV vaccination through January.
    - Pfizer Abrysvo is the only RSV vaccine recommended for use in pregnant people. GSK Arexvy is not recommended for use in pregnant people.
    - Administration of both nirsevimab and RSV vaccination for pregnant people is not needed to protect most infants.
    - The Advisory Committee on Immunization Practices (ACIP) recommends Abrysvo RSV vaccine for pregnant persons during September–January in most of the continental United States, including Washington State. The Childhood Vaccine Program will follow the ACIP recommendations and will no longer offer Abrysvo for pregnant teens after January 31, 2024.
    - CDC recommends that Abrysvo can be considered valid if given inadvertently to a pregnant person after January 31. Coverage may vary by private insurer or insurance plan if Abrysvo is given after January 31.
- Powerful tools have been available to protect newborns against severe disease this RSV season. Nirsevimab has provided invaluable protection for infants. In addition, Abrysvo between 32-36 weeks of pregnancy provides protection from severe RSV disease for the infant. It is important to be aware of vaccination errors that came about with bringing both of these products to the market at the same time. CDC on a January 17 call shared the following vaccination errors and steps to take to address them:

Administration Error	Steps to take
Pregnant person receives Arexvy RSV vaccine instead of Abrysvo	• Arexvy has not been authorized for use in pregnant people. • Do not give Abrysvo. • Infant should receive nirsevimab shortly before or during their first RSV season (age less than 8 months).
Arexvy or Abrysvo given to an infant instead of nirsevimab	• The infant should receive nirsevimab 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. • If administration of both products is done in less than 72 hours, doses should be in different anatomical sites.
Infant receives 50mg Nirsevimab dose when they weigh more than 5kg, rather than the recommended 100mg dose	• Follow-up dose of 50mg should be regardless of interval from the lower than recommended dose. • Please note: this is different from the general ACIP recommendation, in which if more than one day passes from the error, the recommendation is to give the full dose as a repeat.

- Health care providers are encouraged to report these administration errors to VAERS even if there is no adverse health event related to the error. Inform the recipient of the error and determine how the error occurred and implement strategies to prevent it from happening again.

Resources

RSV and Nirsevimab Recommendations Webinar, noon to 1 p.m., February 1, 2024: Register here. Continuing education available for nurses and medical assistants.

Websites:

- Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC
- Healthcare Provider Toolkit: Preventing vaccine administration errors
- Frequently Asked Questions About RSV Vaccine for Pregnant People | CDC
- Vaccine Administration: Preventing Vaccine Administration Errors (cdc.gov)