

## **2024 RSV - Webinar Q&A**

Information to questions raised during the webinar is provided by the Immunisation Coalition with the clause that participants are advised to seek the most up to date clinical recommendations from the Australian Technical Advisory Group on Immunisation (ATAGI), the Australian Immunisation Handbook, or the relevant state or territory program, as available and appropriate.

A summary of frequently asked questions about RSV can be found on the National Centre for Immunisation Research and Surveillance (NCIRS) website:

<https://ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/respiratory-syncytial-virus-rsv-frequently-asked>

### ***Can RSV immunisation be administered after an acute RSV infection, and if so how long after acute infection?***

There is a general lack of information on this situation, however the National Centre for Immunisation Research and Surveillance (NCIRS) advises:

*“If a person is not currently unwell and has previously had an RSV infection, they can receive the relevant RSV immunisation product. Protection from natural infection is not long-lasting and reinfection with RSV is common, so receiving an RSV immunisation product is likely to be beneficial.”*

And *“In New South Wales, infants who have had prior laboratory-confirmed RSV infection in 2024 are not eligible for a state-funded dose of Beyfortus (nirsevimab).”* from

<https://ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/respiratory-syncytial-virus-rsv-frequently-asked>

### ***Is it recommended to administer both infant RSV immunisation (nirsevimab) and maternal RSV vaccination (Abrysvo)?***

Either maternal vaccination or infant immunisation is likely to confer sufficient protection alone and, in most cases, only one product will be needed. Exceptions may include birth within 14 days of maternal vaccination, where an immunocompromising condition may affect the immune response to maternal vaccination, and for infants with specific conditions placing them at high risk of severe disease. Please refer to ATAGI recommendations when available, and see United States program advice here for interest <https://www.cdc.gov/vaccines/vpd/rsv/hcp/child-faqs.html>

***Will data from the state-based RSV infant immunisation programs be published?***

Results from these programs will be disseminated through a range of mechanisms including directly from relevant state bodies, and through existing reporting mechanisms such as the Australian Notifiable Diseases Surveillance System (for RSV notifications), the Australian Immunisation Register (for RSV immunisation), and through post marketing safety surveillance (adverse events following immunisation). It is also likely that results and impacts of the programs will be published in peer-reviewed publications.

***Can we compare vaccine efficacy (VE) between the products?***

Each immunisation product is independently developed and there is considerable heterogeneity in the clinical trials (for example potential population, RSV seasonality, and endpoint differences), therefore it is not appropriate to compare VE directly. Each product is subject to independent evaluation with regards to safety and effectiveness of its intended indication.

***Are vaccine safety data available?***

Safety data are published in clinical trial reports and in the product information.

A summary of safety data can be found on the NCIRS website, it states:

“Clinical trials of RSV vaccines and RSV monoclonal antibodies have demonstrated them to be safe...Across clinical trials, most side effects were mild to moderate in severity and lasted a few days. There is ongoing global monitoring of the safety of RSV prevention products, including monitoring for rare adverse events. Early post-market surveillance data from the US suggest a very rare higher than expected rate of GBS in adults aged 60 years and over following Abrysvo or Arexvy (e.g. one analysis estimates an excess 2 cases of GBS per million doses given may be seen). However, a causal link has not been verified and the data is only preliminary.” <https://ncirs.org.au/media/1140>

***Which products are available on the private market, or funded through the National Immunisation Program (NIP) or Insurance Schemes?***

Arexvy is the only product currently available on the private market.

Abrysvo has now been recommended by the Pharmaceutical Benefits Advisory Scheme (PBAC) for inclusion on the National Immunisation Program (NIP) for maternal vaccination.

Patients and providers may consider liaising with the Department of Veteran Affairs or private insurers regarding coverage for RSV vaccines.

<https://www.pbs.gov.au/info/industry/listing/elements/pbac-meetings/pbac-outcomes/recommendations-made-by-the-pbac-may-2024-intracycle-meeting>

***Is testing for RSV recommended for all suspected respiratory infections?***

There is a lack of robust clinical guidelines for pathogen testing of respiratory infections, however it is reasonable to test for RSV, influenza and COVID-19 in any patient who is acutely unwell and presents for care, where testing is available, and the patient has consented.

Similarly, community-based testing during acute illness can be considered where available. It is important to consider that the sensitivity of home tests may vary, and that positive results cannot be included in national surveillance.

***Given the differences in design of studies used by the three companies and differences in definitions should we just call them all equivalent and use what is in the fridge?***

We should follow ATAGI recommendations where they are available, and TGA approved recommendations by product until these are available.

***RE: Abrysvo and Beyfortus, do we know the difference in cost for going forward whether we will be giving to mothers or babies***

This is currently under consideration with further information and advice expected to be available soon.

***Due to considerable under-ascertainment of RSV in older adults, is there a case to do a respiratory PCR on all patients admitted to hospital with respiratory symptoms or other symptoms that may suggest a respiratory pathogen?***

Yes

***If you've had the symptoms for a few days, and thought it was just a cold, is it worth getting tested?***

Yes, preferably through a GP clinic or approved vaccination centre so the diagnosis can be recorded on AIR.