

Maternal/Pediatric Respiratory Syncytial Virus (RSV) Work Group

Helen Chu, MD, MPH

Chair, Maternal/Pediatric RSV Work Group

ACIP Meeting

October 23, 2024

All infants should be protected against severe RSV disease with either maternal RSV vaccine or nirsevimab

Maternal vaccine

Abrysvo, Pfizer



Pregnant persons 32 through 36 weeks' gestation

Administer September through January in most of the continental United States†

Nirsevimab

Beyfortus, Sanofi & AstraZeneca



All infants <8 months*

Second season dose for children ages 8–19 months at increased risk of severe RSV disease

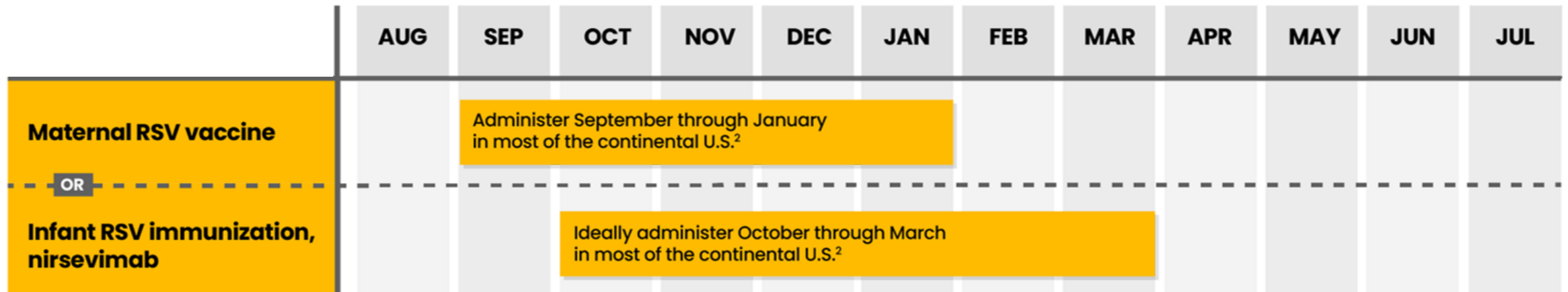
Administer October through March in most of the continental United States† (earlier the better)



***Either** maternal RSV vaccine or nirsevimab is given to protect infants against severe RSV disease – only one is needed in most instances

† Timing of administration for RSV immunization may differ in jurisdictions with RSV seasonality that differs from most of the continental United States

Nirsevimab and maternal vaccination have different administration windows to provide optimal protection to the infant



² In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

For infants born shortly before October, or during October through March who are not protected by maternal RSV vaccine, immunize within 1 week of birth, **ideally during the birth hospitalization**

Agenda

- **Safety and efficacy of clesrovimab** — Dr. Anushua Sinha (Merck)
- **Maternal RSV vaccine safety**— Dr. Malini B. DeSilva (Health Partners Institute)
- **Work Group considerations** — Ms. Danielle Moulia (CDC/NCIRD)

Work group members (external)

ACIP Members

Helen Chu (chair)

Oliver Brooks

Denise Jamieson

Liaisons

James McAuley (IDSA)

Brenna Hughes (ACOG)

Nicole Chaisson (AAFP)

Sean O'Leary (AAP)

Jennifer Schuster (PIDS)

Molly Howell (AIM)

Dana DeShon (NAPNAP)

Ex Officio Members

Lucia Lee (FDA-CBER)

Yodit Belew (FDA-CDER)

Prabha Viswanathan (FDA-CDER)

Yugenia Hong-Nguyen (FDA-CDER)

Sonnie Kim (NIH-NIAID)

April Killikelly (Public Health Agency of Canada)

Elissa Abrams (Public Health Agency of Canada)

Jessica Lee (CMS/CMCS)

Terry Dalle-Tezze (HRSA)

Matthew Clark (IHS)

Consultants

Cody Meissner (Dartmouth Geisel School of Medicine)

Daniel Feikin (World Health Organization)

Kevin Ault (Western Michigan University)

Pablo Sanchez (Nationwide Children's Hospital)

GRADE/EtR Consultants

Doug Campos-Outcalt

Rebecca Morgan

Work group members (CDC)

CDC

Jefferson Jones (co-lead)
Danielle Moulia (co-lead)
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Thank you

For more information, contact CDC
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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.

