



Department of Health

Heidi Hedberg, Commissioner
Robert Lawrence, MD, MA, CMO

3601 C Street, Suite 540
Anchorage, Alaska 99503

Division of Public Health

Lindsey Kato, MPH, Director

<https://health.alaska.gov/dph/Epi>
24 Hour Emergency (800) 478-0084
Local (907) 269-8000

Editors:

Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

Bulletin No. 10
September 13, 2024

RSV Immunization Guidance for the 2024–25 Season

Summary

Given early circulation of respiratory syncytial virus (RSV) already occurring in Alaska, *we recommend clinicians start administration of nirsevimab (Beyfortus™) and RSV vaccination as soon as they have inventory.* Respiratory syncytial virus (RSV) causes seasonal epidemics of respiratory illness in Alaska and the rest of the United States. RSV pneumonia disproportionately impacts infants and older adults.¹ New prevention products became available for both adults and infants in autumn 2023. The purpose of this *Bulletin* is to provide administration updates for the 2024–25 season and highlight that Alaska guidance typically differs from national guidance as the RSV season in Alaska often begins and ends later than in most other states (see Figure for 2023–24 data). For example, [Alaska elongated the 2023–24 season in Spring 2024](#) for recommending nirsevimab (Beyfortus™). Decisions to elongate the window for administration beyond March may occur if notable circulation of RSV persists.

Adult Vaccination Efficacy and Safety

There are three vaccines available for adults against RSV: one mRNA vaccine (Moderna mResvia) and two protein subunit vaccines (GSK Arexvy, Pfizer Abrysvo*²).² Efficacy estimates are similar; each reduced symptomatic, laboratory-confirmed lower respiratory tract disease (LRTD) in adults aged ≥60 years by around 80%.² Vaccines were generally well tolerated. Trials of protein subunit vaccines found a numerical imbalance of Guillain-Barre syndrome.² It is unknown whether this is a result of chance or increased risk after vaccination. mRNA vaccination was associated with a higher rate of local side effects such as pain or swelling, but no increased risk of serious adverse events.

Vaccination for Older Adults

In June 2024, the Advisory Committee on Immunization Practices (ACIP) voted to follow a risk- and age-based recommendation for older adults.

- Everyone aged ≥75 years should receive *one lifetime dose* of any RSV vaccine.
- Adults ages 60–74 years at increased risk of severe RSV should receive one lifetime dose of any RSV vaccine: those with chronic heart, lung, kidney, liver, neurologic, or blood disease, diabetes with complications or requiring insulin or SGLT-2 inhibitors, severe obesity, moderate or severe immunocompromise, or other chronic medical conditions or risks as determined by a clinician; residents of nursing homes; and residents of rural or remote communities where transportation for severe RSV care is challenging.²
- Vaccination is expected to have the most benefit if administered shortly before the start of the RSV season.²

Vaccination During Pregnancy

- ACIP recommends a single lifetime dose of Abrysvo (Pfizer) maternal RSV vaccine during weeks 32 through 36 of pregnancy, seasonally administered from September through January to reduce the chance of severe RSV in infants by around 50–60%.² *Arexvy (GSK) is not approved during pregnancy or for adults aged <60 years.*

Monoclonal Antibody for Infants

- One dose of nirsevimab should be given to infants aged ≤8 months born during or entering their first RSV season. This dose should be given during the birth hospitalization or, if born before the season, as soon as possible at the beginning of the RSV season to provide maximum protection.⁵
- One dose of nirsevimab should be given to infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season. Children at increased risk may include those with chronic lung disease requiring medical support, cystic fibrosis with severe lung disease, severe immunocompromise, and all Alaska Native and American Indian children.⁵
- Nirsevimab is not needed if the infant’s mother is immunocompetent, was appropriately immunized during the most recent pregnancy, and had no condition that could impair placental antibody transfer.

Immunization Availability

Pharmacies, health care clinics, and other facilities may offer RSV immunizations for adults and children. RSV immunizations are available to Alaskans via private purchase, the federal Vaccines for Children (VFC) program, and the Alaska Vaccine Assessment Program (AVAP).

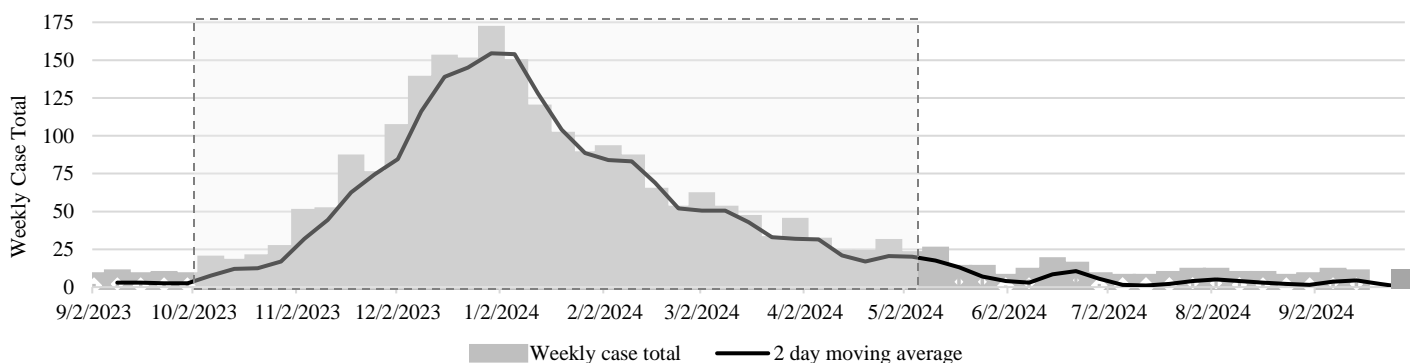
Coadministration, Precautions, and Contraindications

RSV vaccines and nirsevimab can be given at the same time as other vaccines.³ Moderate or severe acute illness is a precaution to vaccination; those with a minor acute illness with or without fever can be immunized.⁴ Vaccines are contraindicated for persons with a history of severe allergic reaction to a vaccine component.

References

1. Nam H, Ison M. Respiratory syncytial virus infection in adults. *BMJ* 2019;266:I5021.
2. CDC. Use of Respiratory Syncytial Virus Vaccines in Adults Aged ≥60 Years: Updated Recommendations of the ACIP—United States, 2024. *MMWR* ePub: August 6, 2024.
3. CDC. *ACIP Timing and Spacing of Immunobiologics*. Updated August 1, 2023.
4. CDC. *ACIP Contraindications and Precautions*. Updated August 1, 2023.
5. SOE *Bulletin*. Update on Nirsevimab for RSV Prevention During the 2023–24 RSV Season. No. 14. September 11, 2023.

Figure. Laboratory-Confirmed RSV Cases Reported by Week — Alaska, Sept. 2023 – Sept. 2024



* RSVPreF (Abrysvo, Pfizer) is also FDA-approved for use during pregnancy. RSVPreF3 (Arexvy, GSK) and mResvia (Moderna) are not.