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Hot Topics Webinar Series

Respiratory Syncytial Virus (RSV): Vaccines for Adults

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Illinois State Medical Society

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Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
Diana Balbarin, MSN, APRN	Planning Committee Member Presenter	No	N/A
Ajanta Patel, MD MPH	Faculty/Presenter	No	N/A
Mark Tancredi	Faculty/Presenter	No	N/A
Brian Borah MD	Faculty/Presenter	No	N/A
Philip Martinez, LCPC	Planning Committee Member	No	N/A
Nicole Anania, DO, MS, FAAP	Faculty/Presenter Other	No	N/A
Ranjiv Matthews, MD	CME Reviewer	No	N/A
Joseph Hageman	CME Reviewer	Yes	Owlet - Royalties
Stephanie Atella	Staff	No	N/A
Erin Moore	Staff	No	N/A

None of the Planning Committee members, faculty/presenters, content reviewers, CME application reviewers or anyone in control of the training content disclosed a relevant financial relationship with a commercial interest/ineligible company.

Learning Objectives

As a result of this webinar, participants will be able to:

- Understand the public health significance of Respiratory Syncytial Virus (RSV) and the importance of RSV prevention.
- Address the clinical concern of severe RSV for older adults.
- Summarize information about the RSV vaccines, including effectiveness in trials, eligibility of people ages 60 years and older, and duration of protection.
- Be able to have shared decision making about RSV vaccination with eligible patients.

Speakers

- Ajanta Patel, MD, MPH - Medical Director, Chronic Disease Prevention and Health Promotion, Chicago Department of Public Health.
- Brian Borah, MD, MA - Medical Director, Vaccine-Preventable Diseases Surveillance, Chicago Department of Public Health.
- Diana Balbarin, MSN, ANP-BC, Immunization Program, Chicago Department of Public Health.
- Mark Tancredi, MD - Research fellow in Pulmonary and Critical Care Medicine at the University of Chicago.

RSV:
Overview, clinical manifestations, & burden of disease

RSV is a Common Respiratory Virus

- Nearly all children infected by age 2
  - Most common cause of hospitalization in infants.
- Annually ~2.5 million infections in US adults
  - 16,000 deaths in elderly and immunocompromised adults.

Under-recognized cause of severe illness in adults.

RSV Virology

- Isolated in the 1950s in animal models, first human identification was in infants with severe lower respiratory tract illness.
- Single-stranded RNA virus.
- The G protein on the viral envelope attaches to the host cell; the F protein causes fusion and cell entry and is the target of vaccine mechanism of action (both GSK and Pfizer vaccines).
- 2 antigenic subtypes (A and B) - often *but not always* co-circulate.
  - Can accumulate antigenic drift, but no rapid antigenic shift
- Historical viral circulation is November – March in North America with regional variation.

Clinical Manifestations

- **Infants** --> upper respiratory/AOM vs bronchiolitis.
  - 1-3% of children are hospitalized for RSV bronchiolitis.
  - + ICU risk.
- Young children --> less severe (URIs).
- Adults --> asymptomatic/mild URI (most) vs lower respiratory tract infection (**¼** of adults).
- **Older adults** --> risk of severe LRTI.
  - Wheezing, bronchitis, pneumonia.
  - + ICU risk.
- **Adults immunocompromised, underlying cardiorespiratory illness.**
  - Asthma, COPD and CHF exacerbations.
  - High risk for severe LRTI.

Immunological Considerations

- Immunity is not considered to last more than one season due to waning antibodies.
  - Some individuals may be infected >1 per season.
- Reinfection is well established, usually in subsequent seasons.
  - Children <2 capable of having recurrent symptomatic infections.
  - Lifelong recurrent infection is typical .
- Co-infections with other viruses and bacteria are common.

Mechanisms of Action

- RSV enters through nasal epithelium and activates down the airway.
- G protein targets epithelial cells, particularly ciliated airway epithelium, with cilia aiding to the spread in the airway.
- F protein facilitates cell-to-cell transmission and fusion of cells into multicellular "syncytia," leading to airway symptoms.
- Epithelial sloughing and shedding leads to airway hyperreactivity and mucus hyperproduction.

Limitations in Understanding Burden of Disease

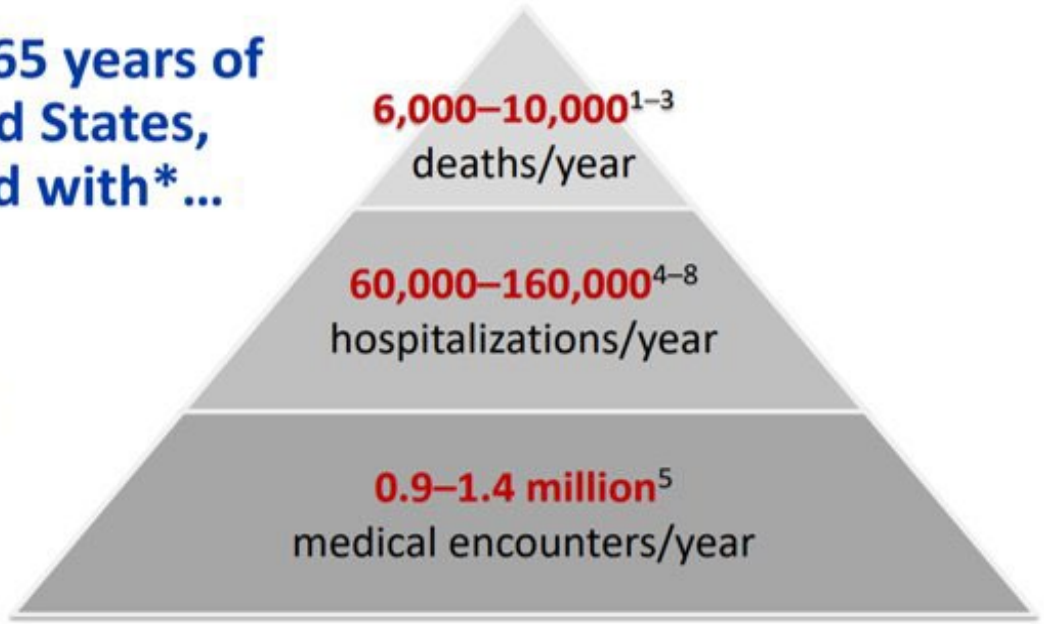
- Limitations on epidemiology and surveillance.
  - Clinical recommendations against routine viral testing in symptomatic children.
  - RSV is not a mandated reportable illness.
  - Lack of consistent case definitions.
- WHO (European Region) is calling for improved surveillance of respiratory viruses subsequent to COVID pandemic.

"Is RSV really a concern in older adults?"

RSV Infection in Adults

Among adults ≥65 years of age in the United States, RSV is associated with*…

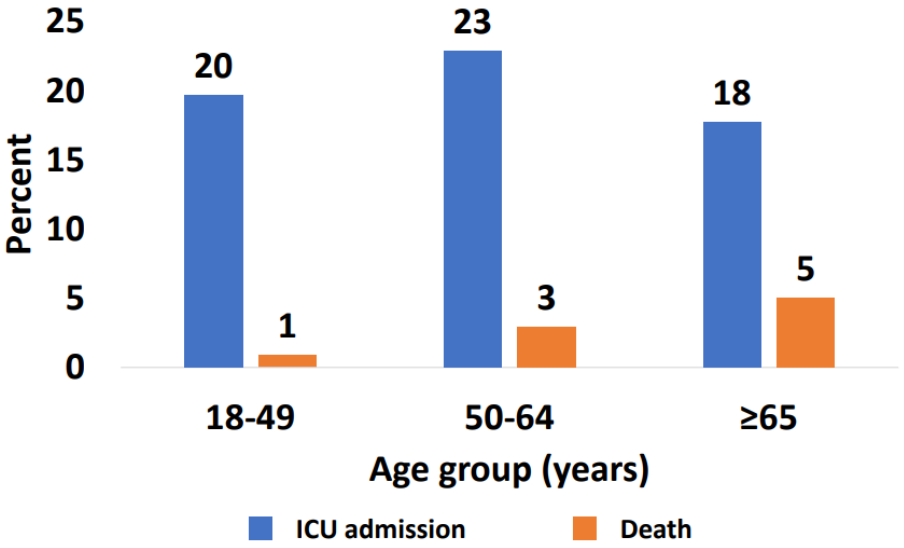
*There is substantial uncertainty in burden of disease, reflected in wide ranges here.



1. Thompson et al, JAMA (2003): https://doi.org/10.1001/jama.289.2.179
2. Matias et al, Influenza Other Respi Viruses (2014): https://doi.org/10.1111/irv.12258
3. Hansen et al, JAMA Network Open (2022): https://doi.org/10.1001/jamanetworkopen.2022.0527
5. McLaughlin et al, Open Forum Infect Dis (2022): https://doi.org/10.1093/ofid/ofac300
6. Zheng et al, Pneumonia (2022): https://doi.org/10.1186/s41479-022-00098-x
7. Branche et al, Clinical Infect Dis (2022): https://doi.org/10.1093/cid/ciab595
8. CDC RSV-NET data 2016–2020 (unpublished)

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-23/RSV-Adults-04-Melgar-508.pdf

Outcomes among adults ≥18 years hospitalized for RSV: RSV-NET 2017–18 to 2019–20 seasons (n=8,214)



Slide credit: Fiona Havers

Severe outcomes frequent among adults of all ages hospitalized for RSV

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https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-02/slides-02-23/RSV-Adults-04-Melgar-508.pdf

Age, LTCF residence, and cardiopulmonary conditions are associated with severe RSV

Characteristics and Outcomes Among Adults Aged ≥60 Years Hospitalized with Laboratory-Confirmed Respiratory Syncytial Virus — RSV-NET, 12 States, July 2022–June 2023

Fiona P. Havers, MD[1]; Michael Whitaker, MPH[1]; Michael Melgar, MD[1]; Bhoomija Chatwani, MPH[1,2]; Shua J. Chai, MD[3,4]; Nisha B. Alden, MPH[5]; James Meek, MPH[6]; Kyle P. Openo, DrPH[7,8,9]; Patricia A. Ryan, MS[10]; Sue Kim, MPH[11]; Ruth Lynfield, MD[12]; Yomei P. Shaw, PhD[13]; Grant Barney, MPH[14]; Brenda L. Tesini, MD[15]; Melissa Sutton, MD[16]; H. Keipp Talbot, MD[17]; Kristen P. Olsen[18]; Monica E. Patton, MD[1]; RSV-NET Surveillance Team

~1600 patients hospitalized with RSV.

- **17% in long-term care facilities.**
- **49% w/ chronic lung disease (COPD, asthma, other).**
- **67% with cardiovascular disease (CHF, CAD, CVA).**
- Viral co-infections were infrequent.
- 17% required ICU admission, 5% died.

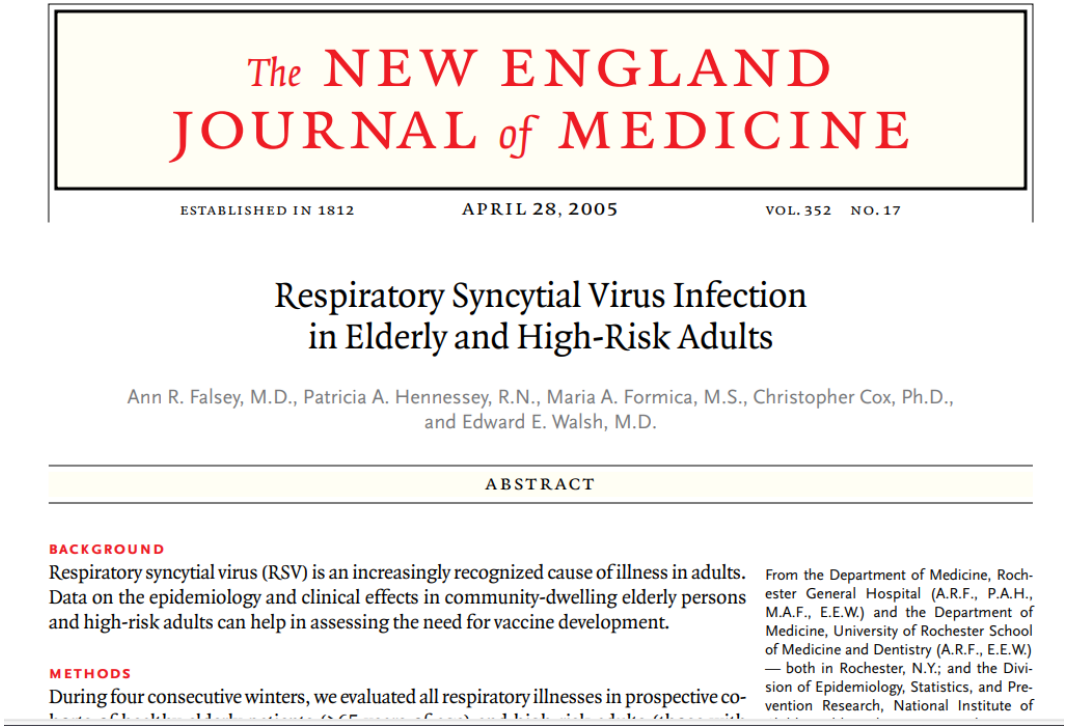
Characteristic	Overall No.	Overall Weighted % (95% CI)
Underlying medical condition		
≥1 underlying medical condition***	1,584	95.5 (93.2–97.2)
Chronic lung disease	813	49.2 (45.7–52.7)
COPD	552	33.7 (30.5–37.0)
Asthma	332	19.1 (16.6–21.8)
Other†††	72	5.4 (3.8–7.3)
Cardiovascular disease	1,108	67.1 (63.7–70.5)
CHF§§§	545	33.2 (30.0–36.5)
CAD¶¶¶	435	26.4 (23.5–29.5)
CVA****	253	13.7 (11.7–15.9)
Immunocompromising condition	292	18.6 (16.0–21.4)
Diabetes mellitus	553	32.6 (29.5–35.8)
Neurologic condition	439	27.3 (24.3–30.5)
Dementia††††	183	12.4 (10.1–15.0)
Other	256	14.9 (12.6–17.4)
Kidney disorder	477	29.3 (26.3–32.5)
Obesity	572	37.8 (34.3–41.4)

RSV developed in 3-7% of healthy elderly adults in the study cohort.

In the cohort of hospitalized adults, RSV was responsible for:

- **10.6% of PNA admissions.**
- **11.4% of COPD exacerbations.**
- **5.4% of CHF exacerbations.**
- **7.2% of asthma exacerbations.**

Similar outcomes for those with influenza vs RSV (use of health care services, lengths of stay, ICU care (15% v 12%), and mortality (8% v 7%)).



The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812 APRIL 28, 2005 VOL. 352 NO. 17

Respiratory Syncytial Virus Infection in Elderly and High-Risk Adults

Ann R. Falsey, M.D., Patricia A. Hennessey, R.N., Maria A. Formica, M.S., Christopher Cox, Ph.D., and Edward E. Walsh, M.D.

ABSTRACT

BACKGROUND

Respiratory syncytial virus (RSV) is an increasingly recognized cause of illness in adults. Data on the epidemiology and clinical effects in community-dwelling elderly persons and high-risk adults can help in assessing the need for vaccine development.

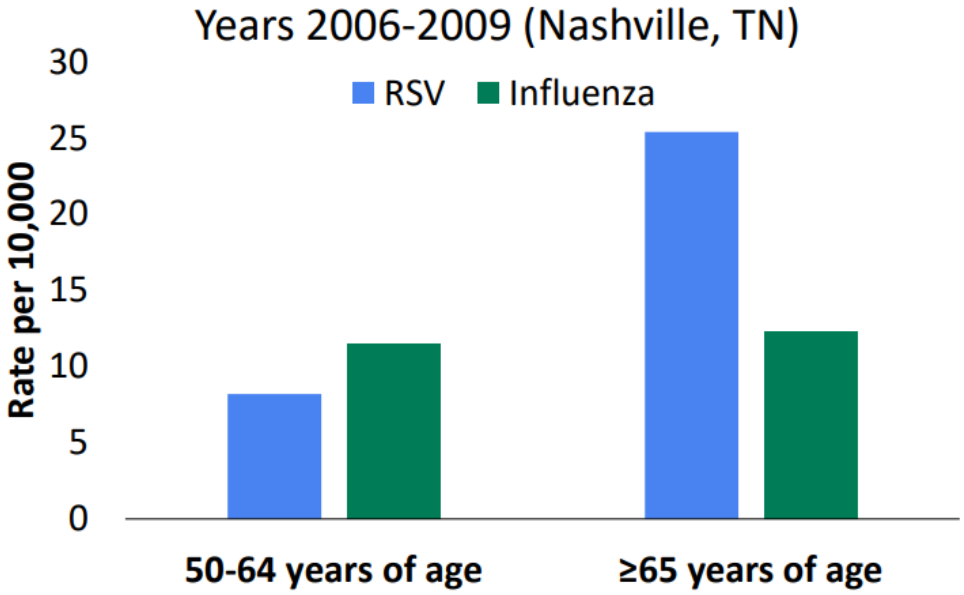
METHODS

During four consecutive winters, we evaluated all respiratory illnesses in prospective co-

From the Department of Medicine, Rochester General Hospital (A.R.F., P.A.H., M.A.F., E.E.W.) and the Department of Medicine, University of Rochester School of Medicine and Dentistry (A.R.F., E.E.W.) — both in Rochester, N.Y.; and the Division of Epidemiology, Statistics, and Prevention Research, National Institute of

Falsey A et al, NEJM. 352 (17), 2005

Similar RSV and influenza hospitalization rates and severity in older adults



Adults ≥65 years hospitalized with acute respiratory illness over 3 seasons

- **6.1%: RSV**
- **6.5%: Influenza**
- **Similar clinical severity**

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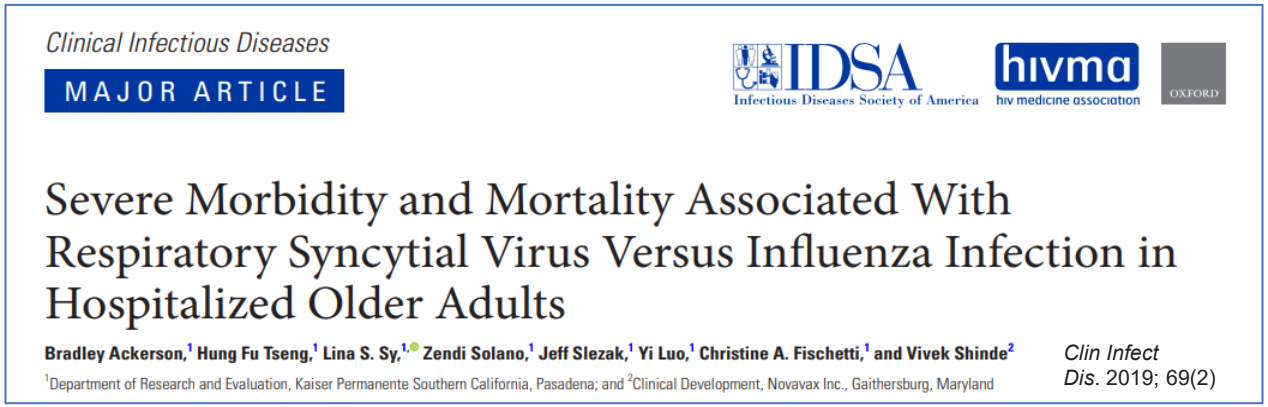
Widmer et al, JID (2012)

RSV can be associated with more severe disease than flu



Clinical Infectious Diseases

MAJOR ARTICLE

IDSA Infectious Diseases Society of America · hivma hiv medicine association · OXFORD

Severe Morbidity and Mortality Associated With Respiratory Syncytial Virus Versus Influenza Infection in Hospitalized Older Adults

Bradley Ackerson,[1] Hung Fu Tseng,[1] Lina S. Sy,[1] Zendi Solano,[1] Jeff Slezak,[1] Yi Luo,[1] Christine A. Fischetti,[1] and Vivek Shinde[2]

[1]Department of Research and Evaluation, Kaiser Permanente Southern California, Pasadena; and [2]Clinical Development, Novavax Inc., Gaithersburg, Maryland

Clin Infect Dis. 2019; 69(2)

645 RSV- and 1878 flu-associated hospitalizations.

- RSV-associated hospitalization --> more likely to have CHF and COPD.
- RSV associated with greater odds of:
  - Lengths of stay ≥ 7days (OR: 1.5).
  - PNA (OR: 2.7).
  - ICU (OR: 1.3).
  - Mortality within 1 year (OR: 1.3).

RSV can be associated with more severe disease than flu *and* COVID-19

Disease Severity of Respiratory Syncytial Virus Compared with COVID-19 and Influenza Among Hospitalized Adults Aged ≥60 Years — IVY Network, 20 U.S. States, February 2022–May 2023

TABLE 2. In-hospital outcomes among adults aged ≥60 years hospitalized with respiratory syncytial virus, COVID-19, or influenza — Investigating Respiratory Viruses in the Acutely Ill Network, 25 hospitals,* 20 U.S. states, February 1, 2022–May 31, 2023

In-hospital outcomes	No./Total no. (%) RSV patients n = 304	COVID-19 patients n = 4734	Influenza patients n = 746	RSV vs. COVID-19 aOR† (95% CI)	p-value	RSV vs. influenza aOR† (95% CI)	p-value
Standard flow oxygen therapy§	157/197 (79.7)	2,169/3,726 (58.2)	390/593 (65.8)	2.97 (2.07–4.27)	<0.001	2.07 (1.37–3.11)	<0.001
HFNC or NIV¶	59/256 (23.0)	495/4,223 (11.7)	94/687 (13.7)	2.25 (1.65–3.07)	<0.001	1.99 (1.36–2.90)	<0.001
ICU admission	74/304 (24.3)	819/4,734 (17.3)	125/746 (16.8)	1.49 (1.13–1.97)	0.005	1.55 (1.11–2.19)	0.01
IMV or death	41/304 (13.5)	481/4,734 (10.2)	52/746 (7.0)	1.39 (0.98–1.96)	0.07	2.08 (1.33–3.26)	0.001

Vaccine 37 (2019) 7355–7362

Contents lists available at ScienceDirect

Vaccine

journal homepage: www.elsevier.com/locate/vaccine

Conference report

Meeting report: WHO consultation on Respiratory Syncytial Virus (RSV) vaccine development, Geneva, 25–26 April 2016

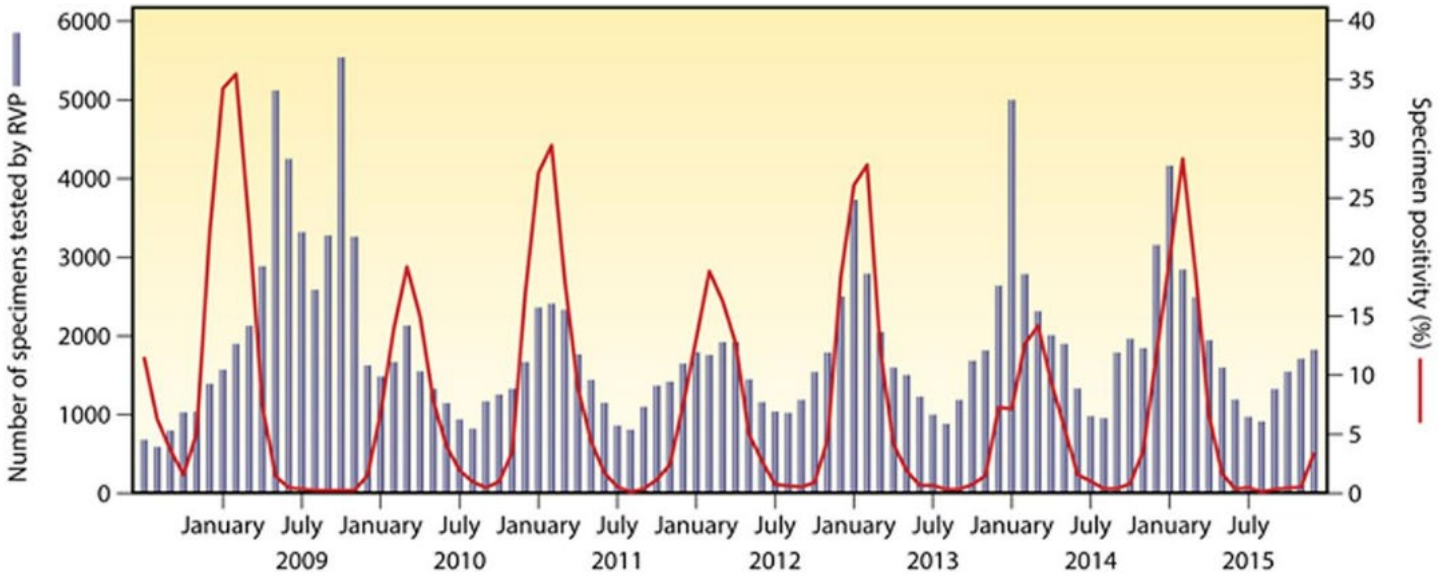
Birgitte K. Giersing [a], Ruth A. Karron [b], Johan Vekemans [a], David C. Kaslow [c], Vasee S. Moorthy [a,*]

[a] Initiative for Vaccine Research, World Health Organization, CH-1211 Geneva 27, Switzerland
[b] Johns Hopkins Bloomberg School of Public Health, Baltimore, MD 21205, USA
[c] PATH, Seattle, WA 98109, USA

2016: World Health Organization (WHO) Product Development for Vaccines Advisory Committee assessed RSV as the most promising new vaccine of potential major public health importance in the subsequent decade.

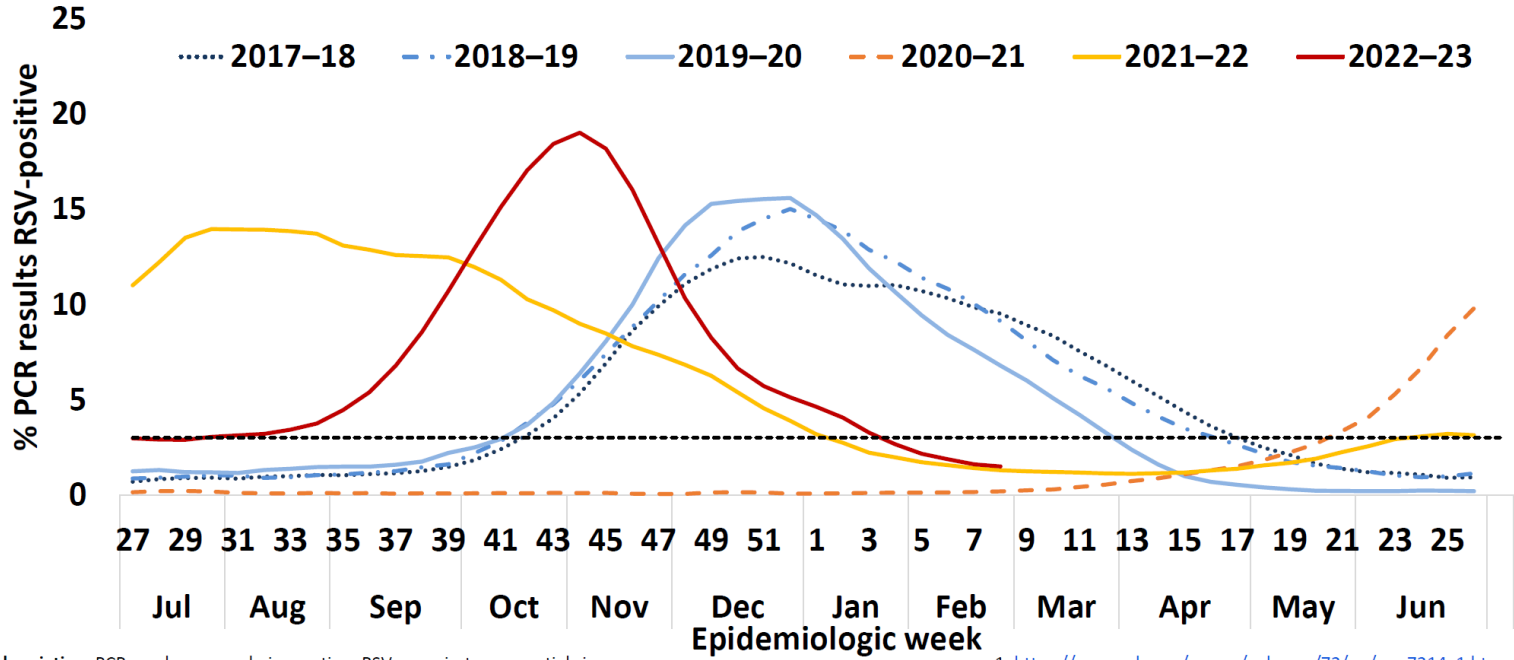
National and local epidemiology of RSV

RSV normally peaks in winter & early spring



Griffiths et al. Clin Micro Rev. 2016

Changes in seasonality of RSV transmission following SARS-CoV2 introduction— NREVSS[1], 2017–2023



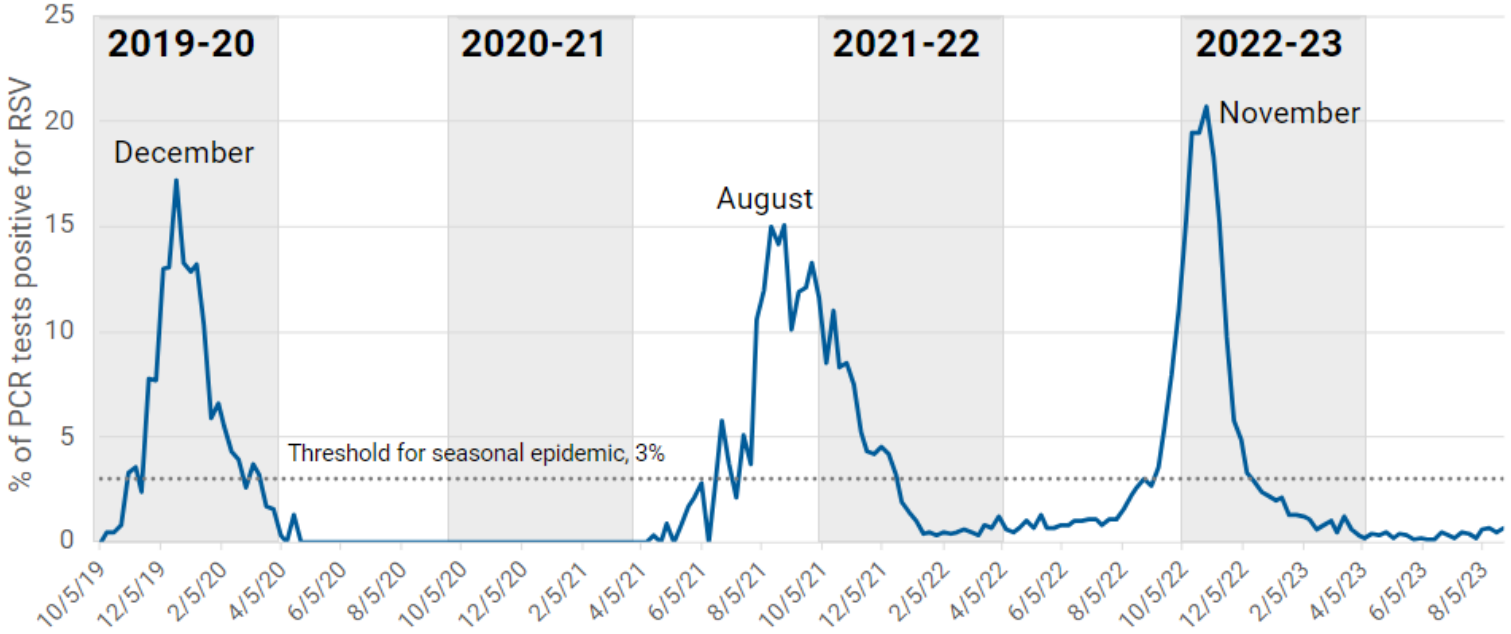
Abbreviation: PCR = polymerase chain reaction; RSV = respiratory syncytial virus.

* 3-week centered moving averages of percentage of RSV-positive PCR results nationwide. The black dotted line represents the threshold for a seasonal epidemic (3% RSV-positive laboratory PCR results).

1. https://www.cdc.gov/mmwr/volumes/72/wr/mm7214a1.htm

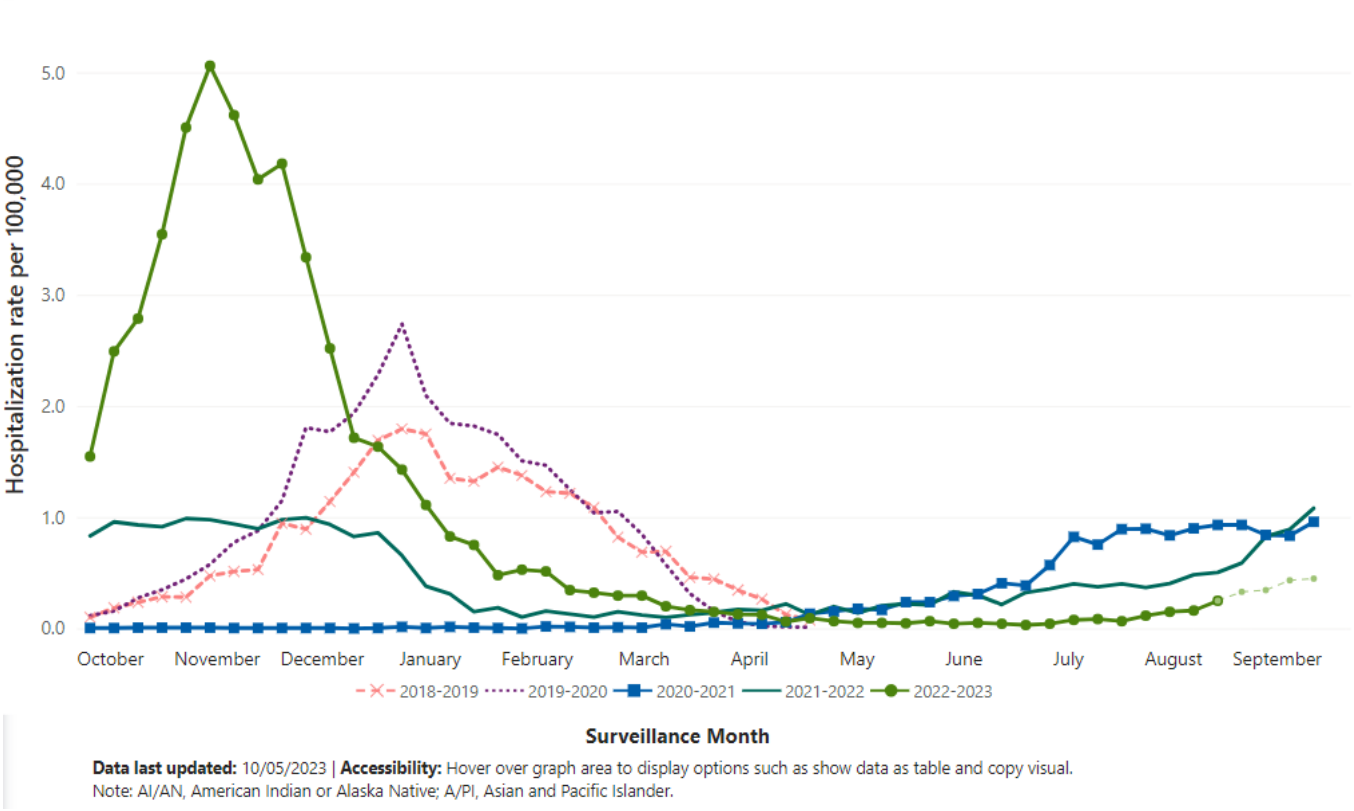
Jones J. Evidence to recommendations framework: nirsevimab updates [Presentation slides]. Presented at the Advisory Committee on Immunization Practices meeting, Atlanta, GA; August 3, 2023. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-08-3/02-RSV-jones-508.pdf

COVID-19 disrupted RSV seasonality in Chicago too



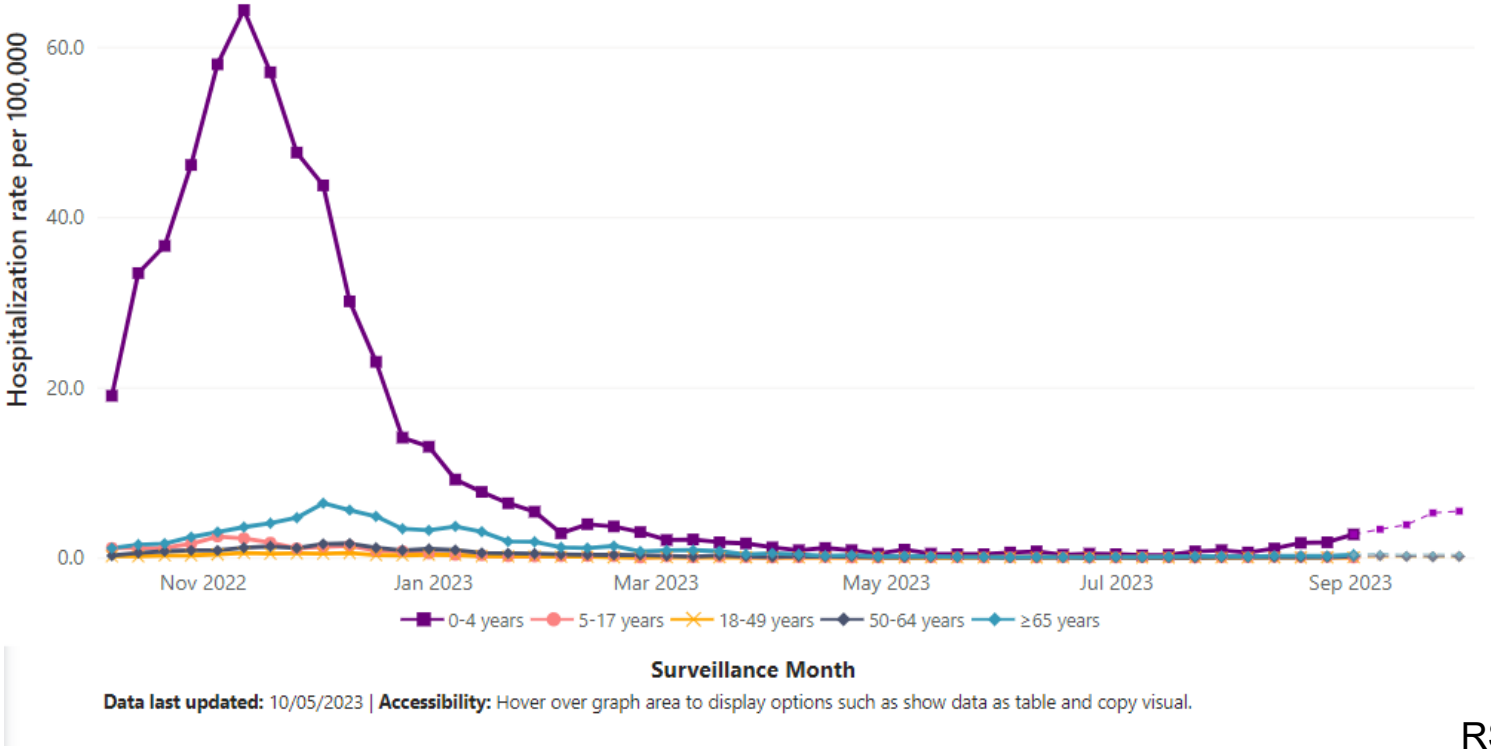
Gray boxes represent typical RSV season, October-March. Source: Aggregate, weekly PCR test results from a convivence sample of Chicago hospital laboratories and a commercial laboratory serving Chicago healthcare facilities. Data reported through 8/26/2023.

2022-23 season caused high rates of hospitalization



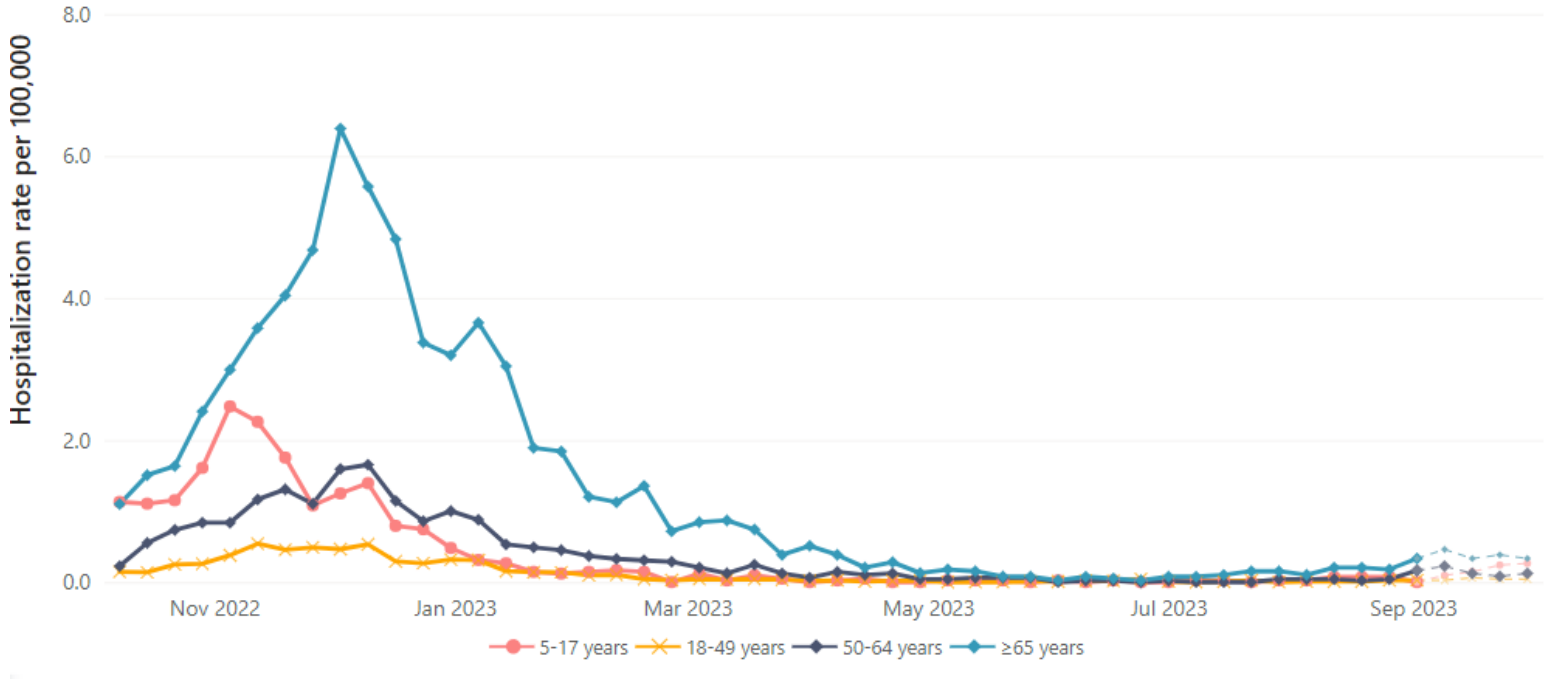
RSV-NET

2022-23 season caused high rates of hospitalization



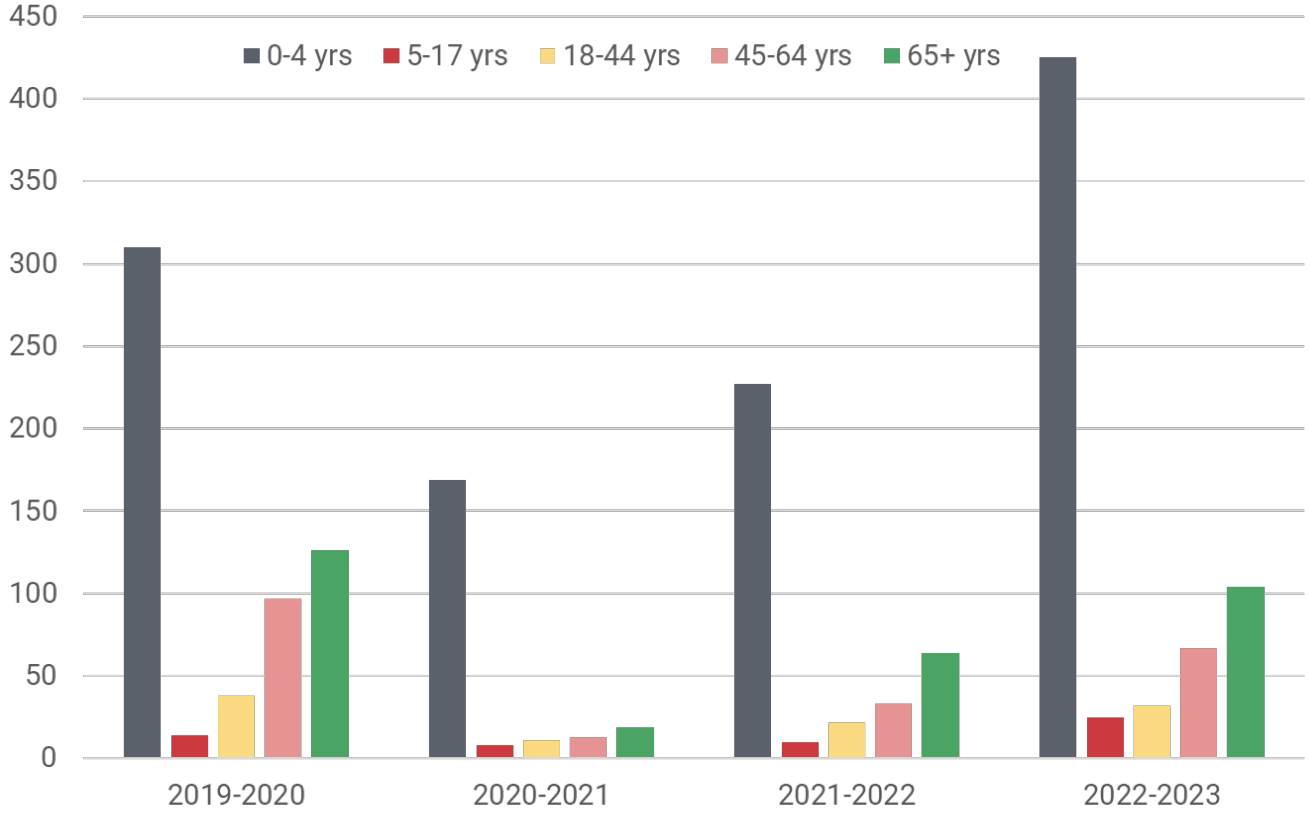
RSV-NET

2022-23 season caused high rates of hospitalization



RSV-NET

RSV hospitalizations by age group in Chicago, 2019–2023



RSV hospitalizations by age group in Chicago, 2019–2023 (adults)

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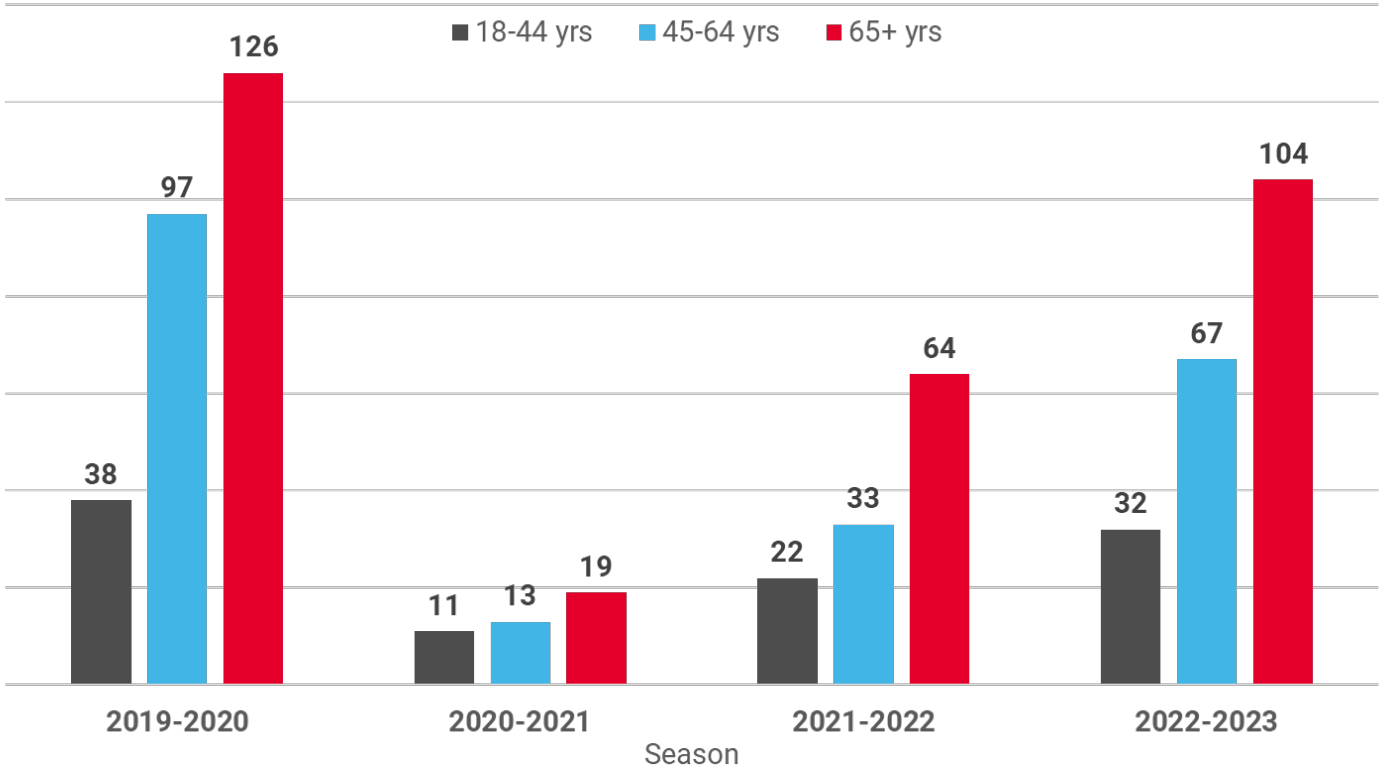
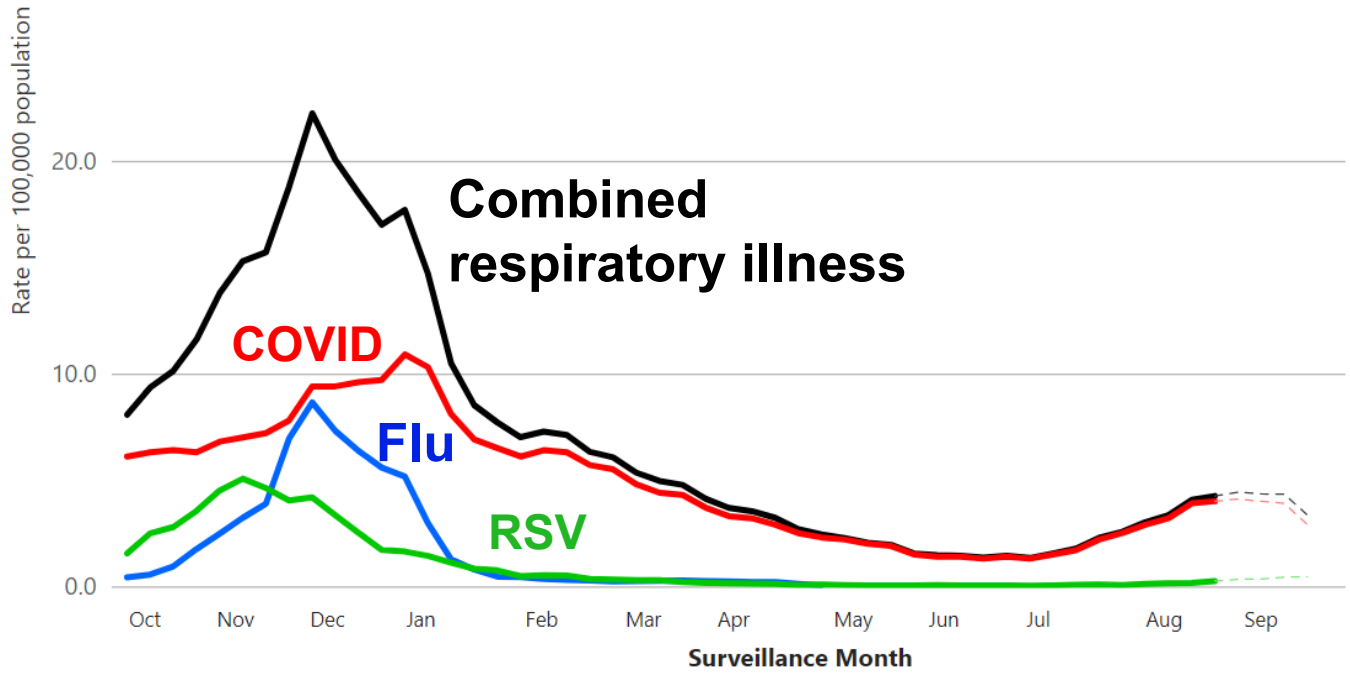
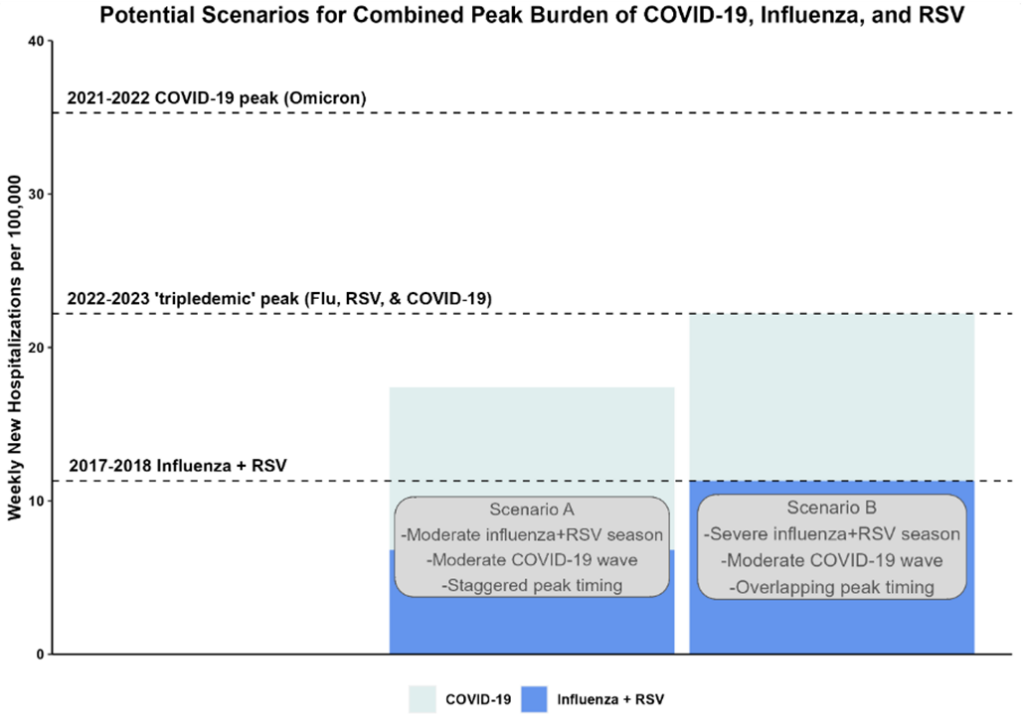


Respiratory virus-associated hospitalizations, 2022–2023 season ("tripledemic")

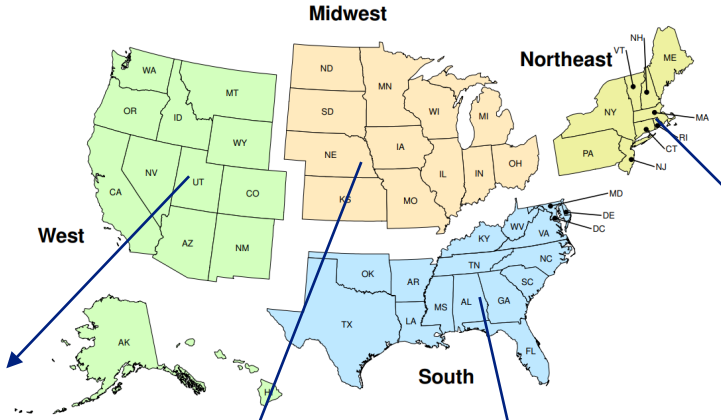


CDC expects similar number of hospitalizations compared to last year.

- Even “moderate” COVID-19 + typical flu/RSV season can still strain hospital system
- Uncertainties include:
  - Timing
  - Viral evolution
  - Vaccine performance/uptake



https://www.cdc.gov/forecast-outbreak-analytics/about/season-outlook.html



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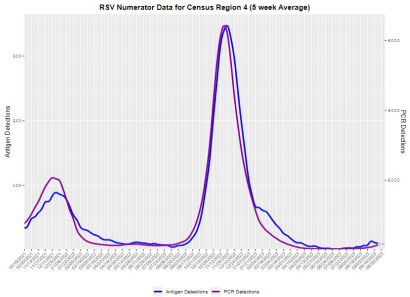

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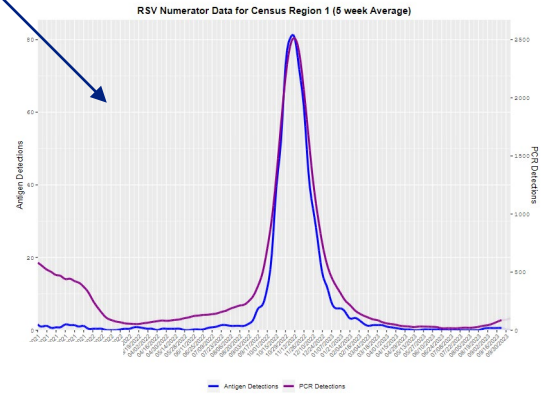

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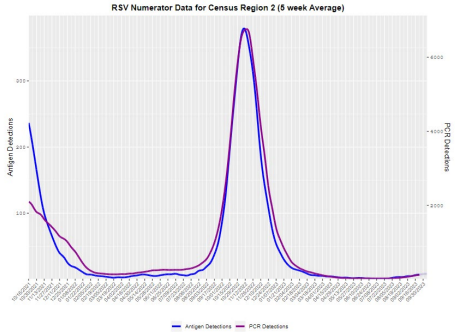

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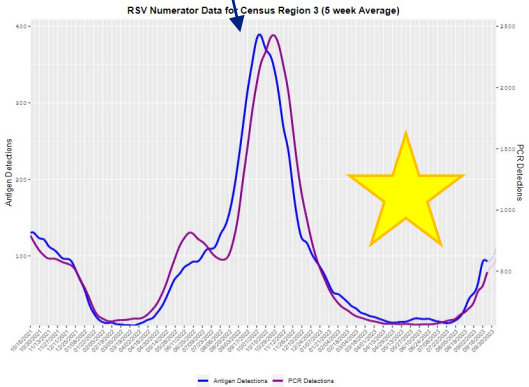
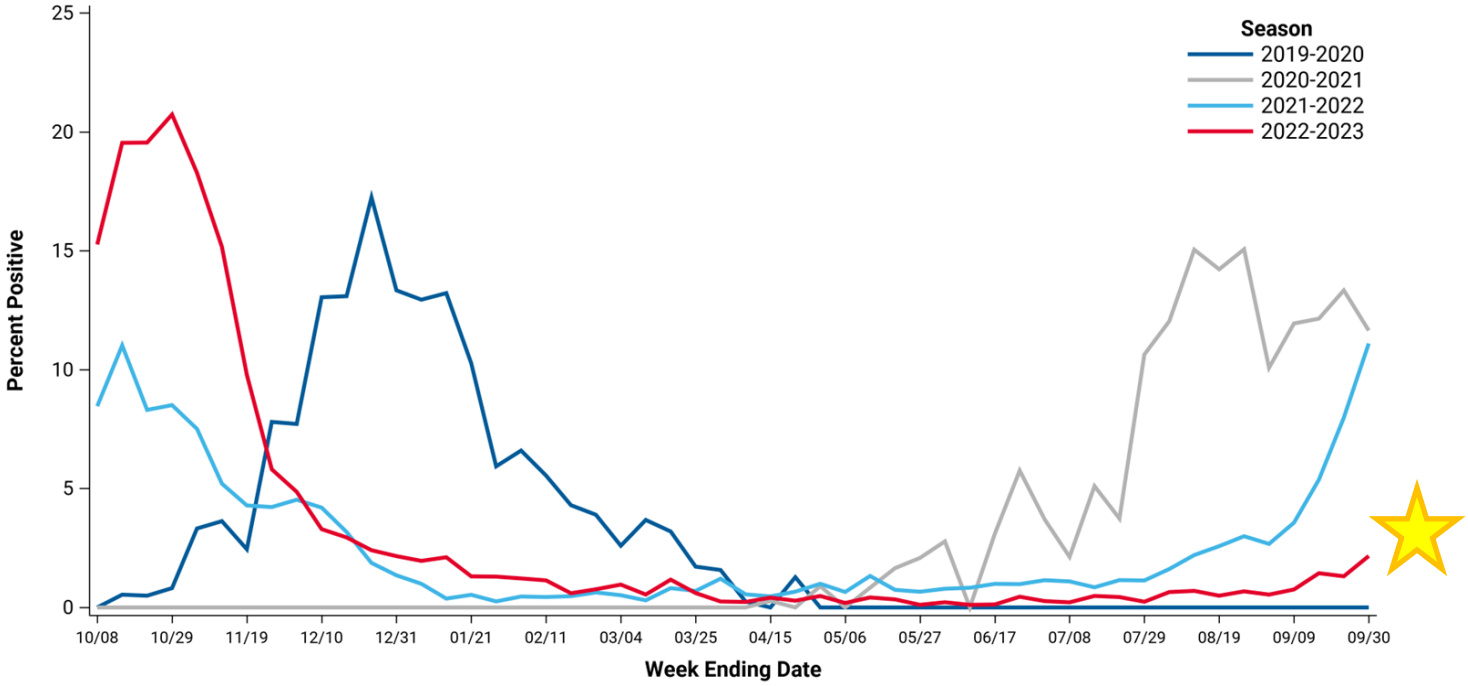


https://www.cdc.gov/surveillance/nrevss/rsv/region.htm
Updated Oct 12, 2023

RSV activity is increasing in Chicago.



Chi.gov/flu

First time in history:
vaccines for all three major respiratory viruses !

Influenza

RSV

COVID-19

First time in history:
vaccines for all three major respiratory viruses !

Influenza

RSV

COVID-19

- New monoclonal antibody for infants entering their 1st and 2nd RSV seasons.
- **GSK and Pfizer vaccines.**

Timeline

May 2023: RSV vaccines by GSK (Arexvy) and Pfizer (Abrysvo) were approved by the FDA in for adults 60 years and older.

- Both **highly effective** at preventing severe illness.

June 2023: Advisory Committee on Immunization Practices (ACIP) recommended RSV vaccines for those 60 years and older.

ACIP Recommendation:

"Adults aged ≥60 years
may receive a single dose of RSV vaccine,
using shared clinical decision-making."

RSV Vaccines for Adults ≥ 60 years are highly effective

GSK (Arexvy) Efficacy evaluation period	Vaccine efficacy against outcome	
	RSV-associated LRTD	RSV-associated medically attended LRTD
Season 1	82.6 (57.9–94.1)	87.5 (58.9–97.6)
Season 2	56.1 (28.2–74.4)	—
Combined seasons 1 and 2 (interim)	74.5 (60.0–84.5)	77.5 (57.9–89.0)

Pfizer (Abrysvo) Efficacy evaluation period	Vaccine efficacy against outcome	
	RSV-associated LRTD	RSV-associated medically attended LRTD
Season 1	88.9 (53.6–98.7)	84.6 (32.0–98.3)
Season 2	78.6 (23.2–96.1)	—
Combined seasons 1 and 2 (interim)	84.4 (59.6–95.2)	81.0 (43.5–95.2)

Havers et al. MMWR. 2023

Rare inflammatory neuro adverse events occurred.

- **GSK**:
  - 3 out of 17,922
  - GBS x1
  - ADEM x2
    - (1 dx later revised)

- **Pfizer**
  - 3 out of 20,255
  - GBS x1
  - Other x2

Unclear safety signal

"Until additional evidence becomes available from postmarketing surveillance clarifying the existence of any potential risk, RSV vaccination in older adults should be targeted to those who are at highest risk for severe RSV disease and therefore most likely to benefit from vaccination."

Havers et al. MMWR. 2023

Vaccine Products

- RSVpreF (Abrysvo, Pfizer)
  - Recombinant RSV F protein antigen, stabilized in the prefusion conformation (preF).
- RSVPreF3 (Arexvy, GSK)
  - Recombinant RSV F protein antigen, stabilized in the prefusion conformation (preF), and $AS01_E$ adjuvant.

CDC does not have a preferential recommendation for either vaccine. Patients who are 60 years and older may receive whichever vaccine is available.

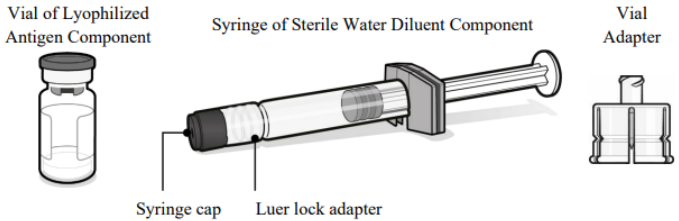
Storage and Handling

- Abrysvo
  - 3 component kit.
  - Refrigerated at 36-46°F (2-8°C) in original carton.
  - Do not freeze.
  - Discard if any component has been frozen.
- Arexvy
  - 2 vials.
  - Refrigerated at 36-46°F (2-8°C) in original carton.
  - **Protect vials from light.**
  - Do not freeze.
  - Discard if any component has been frozen.

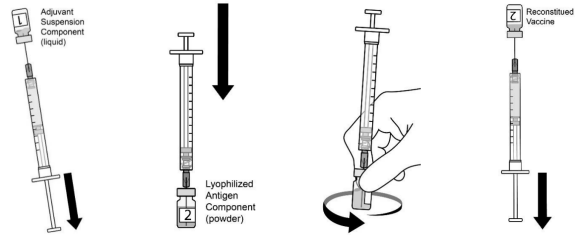
Preparation and Administration

- Abrysvo (3-piece kit)
  - Clear and colorless.
  - After reconstitution, administer immediately or store at room temperature and use within 4 hours.

ABRYSVO is supplied in a kit that includes a vial of Lyophilized Antigen Component (a sterile white powder), a prefilled syringe containing Sterile Water Diluent Component and a vial adapter.



- Arexvy (2 vials)
  - Opalescent, colorless to pale brownish liquid.
  - After reconstitution, administer immediately or store protected from light in refrigerator or at room temperature and use within 4 hours.



Timing of Administration

- RSV vaccination is currently approved and recommended for administration as a single dose.
- Sufficient evidence does not exist currently to determine the need for revaccination.
- RSV vaccines appear to provide some protection for at least 2 RSV seasons.
  - Additional surveillance and evaluation are needed to assess how long the vaccines protect and whether additional doses will be needed.
- For the 2023-2024 season, offer RSV vaccination to adults aged 60 years and older.

Timing of Administration

- Coadministration of RSV vaccines with other adult vaccines is acceptable.
  - Might increase local or systemic reactogenicity.
- Available data on immunogenicity of coadministration is currently limited.
- RSV and flu antibody titers were somewhat lower with coadministration; however, the clinical significance of this is unknown.
- Post-licensure efficacy and safety monitoring of coadministration will further direct guidance.

Administration

- A single 0.5mL dose intramuscularly with a 1- to 1.5-inch needle.
- The preferred site of administration is the deltoid region of the upper arm.
- You Call the Shots Adult IM Injection.

Adverse Reactions

- Most commonly reported:
  - Injection site pain
  - Fatigue
  - Muscle pain
  - Headache
  - Joint pain

Contraindications/Warnings

- Contraindicated: History of severe allergic reaction (ex: anaphylaxis) to any vaccine component.
  - ABRYSVO Package Insert
    - Vial stopper, tip cap, and rubber plunger are not made with natural rubber latex.
    - Contains no preservatives.
  - AREXVY Package Insert
    - Vial stoppers are not made with natural rubber latex.
    - Contains no preservatives.
- Warnings
  - Adults with a minor acute illness, such as a cold, can receive RSV vaccination.
  - Moderate or severe acute illness, with or without fever, is a precaution to vaccination; vaccination should generally be deferred until the patient recovers.
  - ACIP Contraindications Guidelines for Immunization.

Drug Interactions

- Abrysvo
  - Concomitant administration study of Abrysvo and Tdap in non-pregnant women (18-49 yo), no safety concerns were identified.

Barriers to implementing ACIP's recommendation for RSV vaccination in 60+ adults:

1. Lack of awareness of RSV burden of disease in adults.
2. Prioritization of RSV vaccine among other adult vaccines
3. Access and equity challenges
4. The *type* of ACIP recommendation (shared clinical decision making, rather than routine)

ELSEVIER

Vaccine

Volume 37, Issue 4, 21 January 2019, Pages 565-570

Primary care physicians' perspectives on respiratory syncytial virus (RSV) disease in adults and a potential RSV vaccine for adults

Laura P. Hurley [a b], Mandy A. Allison [a c], Lindsay Kim [e f], Sean T. O'Leary [a c], Lori A. Crane [a d], Michaela Brtnikova [a c], Brenda L. Beaty [a], Kristen E. Allen [e], Sarah Poser [e], Megan C. Lindley [e], Allison Kempe [a c]

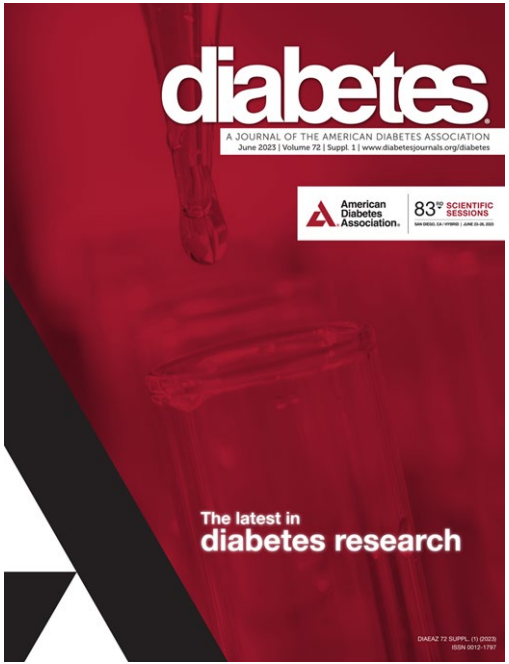
- Internet survey of PCPs who reported taking care of RSV patients (n=317).
- 73% responded that in patients ≥ 50 years, influenza is generally more severe than RSV.
- 57% rarely consider RSV as a potential pathogen.
- 61% do not test for RSV because there is no treatment.

P: DIABETES EDUCATION | JUNE 20 2023

524-P: Knowledge, Attitudes, and Perceptions of Respiratory Syncytial Virus (RSV) among U.S. Adults with Diabetes FREE

ELIZABETH LA; SUVAPUN BUNNIRAN; DIANA GARBINSKY; MARIA REYNOLDS; SARA POSTON; LAURIANE HARRINGTON

- Among adults with diabetes, RSV hospitalization rates are ~2.4-11.4 times higher vs. adults without diabetes.
- X-sectional survey of adults with diabetes (n = 339).
- **>60% had never heard of RSV.**
- **Among those that had heard of RSV, 70% "rarely consider RSV as a cause of their cold/flu-like symptoms."**



Barriers to implementing ACIP's recommendation for RSV vaccination in 60+ adults:

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Barriers to implementing ACIP's recommendation for RSV vaccination in 60+ adults:

1. Lack of awareness of RSV burden of disease in adults
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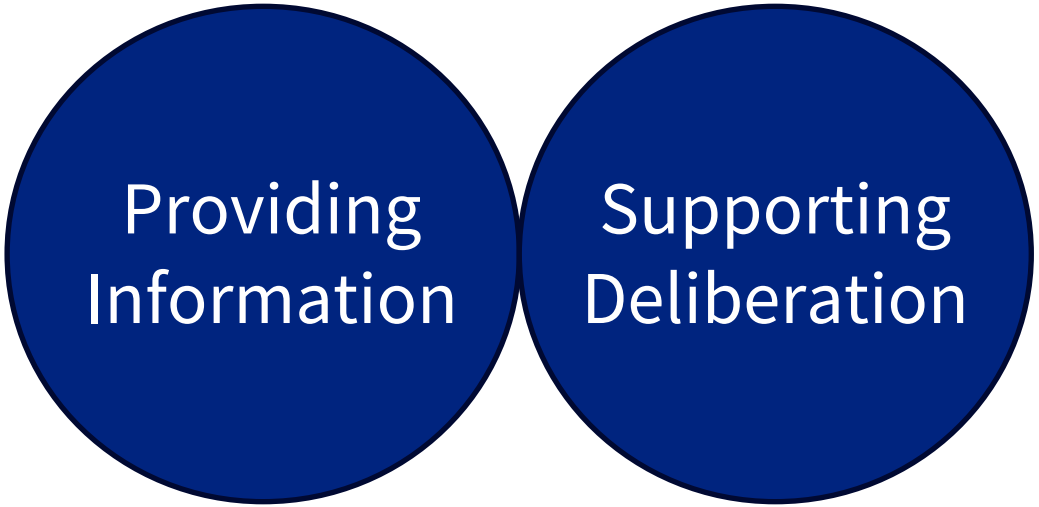
3. Access and equity challenges
4. The *type* of ACIP recommendation (shared clinical decision making, rather than routine).

Shared Decision-Making



Shared Decision-Making in Clinical Practice

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Introducing Choice:

- Step back.
- Offer choice.
- Emphasize importance of personal preferences.
- Explain uncertainty.
- Check reaction.
- Defer closure.

Describing Options:

- Check knowledge.
- List options.
- Describe options.
- Describe harms and benefits.
- Summarize.

Making Decisions:

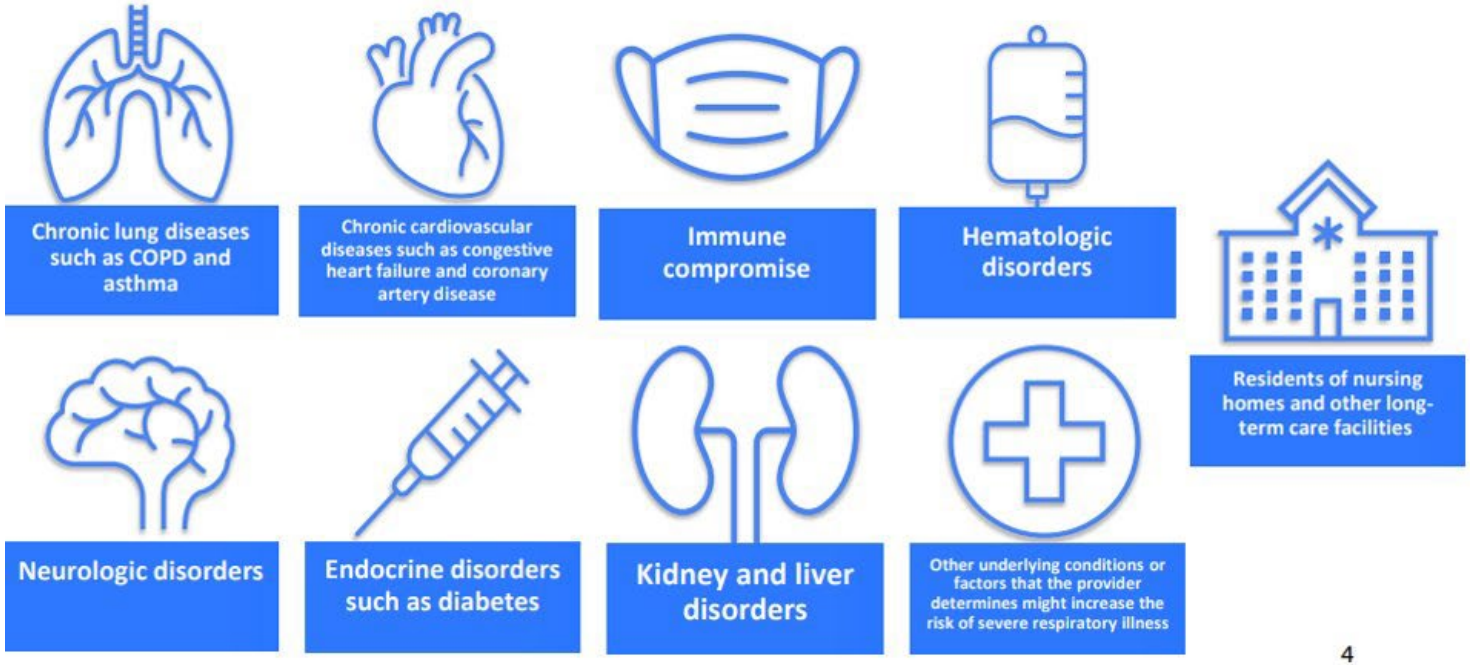
- Explore patient preferences.
- Check for need to defer decision.
- Offer review.
- Recommend, if helpful.

Elwyn et al. JGIM. 2012.

RSV-Specific Considerations

- Significance of vaccine trials
- Who is most likely to benefit?
- Who is most at risk of severe disease?

Adults who may be at higher risk of RSV disease include persons with:



RSV-Specific Considerations

- Significance of vaccine trials
- Who is most likely to benefit?
- Who is most at risk of severe disease?
- Insurance

Case 1

- A.J. is an 80yo F with COPD, HTN, OA, and CKD III. She takes a combination LAMA-LABA inhaler and uses albuterol occasionally. In the last two years she has had two COPD exacerbations, but no hospitalizations. She lives alone and stays active visiting her grandchildren, but she feels she does not 'bounce back' from colds as quickly as she used to.

Case 2

- C.H. is a 63yo M with a history of thoracotomy for aortic valve and root repair 3 years ago. He is very active, runs daily, and golfs regularly. He has no other medical conditions and takes no daily medications.

Case 3

- K.A. is a 61yo F with follicular lymphoma and asthma. She follows regularly with Hematology for monitoring of her disease; her lymphoma is indolent and she has not received any therapy for it, although it is possible she could require treatment in the future. She uses a combination ICS-LABA as both daily and rescue therapy for asthma, and had 2 exacerbations this year requiring outpatient prednisone.

Questions?

Coding

Most recent changes to the CPT® Category I New Immunization* Vaccine Codes Long Descriptor document:

- Addition of 2 Category 1 codes (96380, 96381) accepted by the CPT Editorial Panel. Codes 96380, 96381 and all related references will be published in CPT 2025.

*For the purposes of CPT coding, "Immunization" includes vaccines/toxoids, immune globulins, serum or recombinant products.

It is important to note that further CPT Editorial Panel or Executive Committee actions may affect these codes and/or descriptors. For this reason, code numbers and/or descriptor language in the CPT code set may differ at the time of publication. In addition, further Panel actions" may result in gaps in code number sequencing.

The removal of the FDA pending symbol follows notification that this product had been granted FDA approval status on the date indicated. Code 90678 was originally published in CPT 2023.

Codes	Long Descriptor	Released to AMA Website	FDA Approval Effective	Publication
✓90678	Respiratory syncytial virus vaccine, preF, subunit, bivalent, for intramuscular use	June 30, 2023	May 31, 2023	CPT® 2024

https://www.ama-assn.org/system/files/vaccine-long-descriptors.pdf

Resources

- CDC: RSV National Trends
- CDC: RSV in Older Adults and Adults with Chronic Medical Conditions
- CDC: RSV Vaccination for Older Adults 60 Years of Age and Over
- ACIP Meeting Slides
- American Academy of Family Physicians (AAFP): Respiratory Syncytial Virus (RSV) Vaccines and Therapeutics
- Vaccine Information Statement
- Updated Adult Vaccine Schedule

- CDC HAN 9.5.23

Increased Respiratory Syncytial Virus (RSV) Activity in Parts of the Southeastern United States: New Prevention Tools Available to Protect Patients

Print

HAN HEALTH ALERT NETWORK

This is an official CDC HEALTH ADVISORY

Distributed via the CDC Health Alert Network
September 05, 2023, 2:00 PM ET
CDCHAN-00498

Outreach Resources

Download here

- Should You Get the New RSV Vaccine? – Yale Medicine
- Most Older Adults Unaware of New RSV Vaccine & Unsure About Getting It – NORC
- RSV vaccines: Questions patients may have and how to answer – AMA
- Feature Article: A New Vaccine … and It's for Adults! Find Out More About RSV and the Vaccine

Upcoming Events

- Illinois Vaccinates Against COVID-19 (I-VAC) Mini Bootcamp
  - October 27, 8-10AM
  - Free CME Available
- COVID-19 Commercialization Update
  - October 27, 12 - 1PM
- RSV in Pregnant Populations – ECHO Learning Collaborative
  - November 7, 12 - 1PM
  - Free CME Available

Register at illinoisaap.org/events

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  &
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Thank You!

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