DEPARTMENT OF HEALTH

MnVFC Announcement

Date: August 31, 2023

To: MnVFC Providers

From: MnVFC Program

Re: RSV Prevention for Infants: Two New Strategies Coming this Fall

Please route to:
- Clinical supervisor
- Medical director
- Clinic manager
- Clinic staff
- Pharmacy
- Vaccine staff

Nirsevimab (Beyfortus) – passive immunization with monoclonal antibodies

In early August, the Advisory Committee on Immunization Practices (ACIP) approved Nirsevimab (Beyfortus) for all infants less than 8 months of age in their first Respiratory Syncytial Virus (RSV) season. This long acting monoclonal antibody protects infants up to 150 days. Clinical trials show 70-80% efficacy for preventing medically attended lower respiratory tract disease (LRTD) in infants and 90% efficacy in preventing ICU admission. Most common side effects were rash and injection site redness, pain and swelling.

Even though Nirsevimab is not a vaccine, the Vaccines For Children (VFC) program voted to include it in the VFC available vaccines to help ensure that all MnVFC-eligible children will have access to it at no cost.

If you have a birthing hospital in your system and they would like to enroll as a VFC provider, please reach out to us. We are working closely with CDC to determine how to best implement VFC in this setting and we encourage you to start the process early.

More information about implementing this recommendation will be coming in the next few weeks. Refer to MMWR: Use of Nirsevimab for the Prevention of Respiratory Syncytial Virus Disease Among Infants and Young Children: Recommendations of the Advisory Committee on Immunization Practices (https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm) for additional information.

Maternal RSV vaccine (Abrysvo from Pfizer) – passive immunization with maternal antibodies

In August, the Food and Drug Administration (FDA) approved RSV vaccine (Abrysvo) for use in pregnant people to prevent lower respiratiory tract disease in infants from birth to 6 months. It is approved for use at 32 to 36 weeks of gestational age of pregnancy. Clinical trials show 80-90% efficacy at preventing severe LRTD in infants for the first 90 days, and about 70% effective up to 180 days. Most common side effects reported were pain at the injection site, headache, muscle pain and nausea. In additional safety reports there were slight increases in risk of pre-eclampsia (Abrysvo 1.8%/placebo 1.4%) and pre-term births (Abrysvo 5.7%/placebo 4.7%). Pregnant persons who were at increased risk of preterm birth were generally excluded from the clinical trials.

We anticipate ACIP will discuss this topic during an upcoming meeting. Visit Advisory Committee on Immunization Practices (ACIP) (https://www.cdc.gov/vaccines/acip/index.html) for more information.

MnVFC Program
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