# Respiratory Syncytial Virus (RSV) Vaccine Protocol

vaccine protocol for Pregnant People and Persons Age 60 years and older

**Document reviewed and updated:** **January 16, 2024**

## Condition for protocol

To reduce incidence of morbidity and mortality of lower respiratory tract disease among infants and older adults caused by Respiratory Syncytial Virus (RSV).

## Policy of protocol

The nurse will implement this protocol for RSV vaccination.

## Condition-specific criteria and prescribed actions

**Delete this entire paragraph before printing/signing protocol.**

[Instructions for persons adopting these protocols: The table below lists indication, contraindication, and precaution criteria and suggested prescribed actions that are necessary to implement the vaccine protocol. The prescribed actions include examples shown in brackets but may not suit your institution’s clinical situation and may not include all possible actions. A licensed prescriber must review the criteria and actions and determine the appropriate prescribing action.]

Indications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person is non-acutely ill and 32 weeks, 0 days through 36 weeks, 6 days gestation during September through January\* | Proceed to vaccinate only with Abrysvo (Pfizer) vaccine after consultation of risks and benefits has taken place. |
| Person is age 60 years or older, is non-acutely ill and has not previously received RSV vaccination. | Proceed to vaccinate after consultation of risks and benefits has taken place. |
| Person is age 60 years or older, is currently healthy but has a chronic medical condition or other factor that puts them at increased risk for severe respiratory disease. | Proceed to vaccinate after consultation of risks and benefits has taken place. |

Contraindications

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person had a severe allergic reaction (e.g., anaphylaxis) to a previous dose of RSV vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Person has a severe allergy to a component of RSV vaccine. | Do not vaccinate; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Precautions

|  |  |
| --- | --- |
| Criteria | Prescribed action |
| Person has a mild illness defined as temperature less than \_\_\_\_°F/°C with symptoms such as: {to be determined by medical prescriber} | Proceed to vaccinate. |
| Person has a moderate to severe illness defined as temperature \_\_\_\_°F/°C or higher with symptoms such as: {to be determined by medical prescriber} | Defer vaccination and {to be determined by medical prescriber} |

## Prescription

* Abrysvo (Pfizer) only:
	+ **Pregnant People (September through January\*)**: Give Respiratory Syncytial Virus (RSV) vaccine, 0.5 mL, intramuscular (IM) at 32-36 weeks gestation.
	+ \* Timing of administration is based on typical RSV seasonality in Minnesota. Dates may need to be adjusted if RSV community spread is abnormally early or late.
* Abrysvo (Pfizer) or Arexvy (GSK):
	+ **Adults age 60 years and older**: Give Respiratory Syncytial Virus (RSV) vaccine, 0.5 mL, intramuscular (IM).

## Medical emergency or anaphylaxis

Follow pre-established agency protocol for anaphylaxis.

## Question or concerns

**Insert overseeing medical consultant’s information below and delete this sentence before printing/signing.**

In the event of questions or concerns call (insert name) at (insert phone number).

**This protocol shall remain in effect until rescinded.**

Name of prescriber (please print):

Prescriber signature:

Date: