

2024 RSV Updates

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August 20, 2024

Learning objectives

1. Describe emerging evidence on the efficacy and safety of RSV vaccines
2. Compare the 3 approved RSV vaccines for older adults
3. Describe the roles of maternal immunization and nirsevimab in pediatric RSV prevention

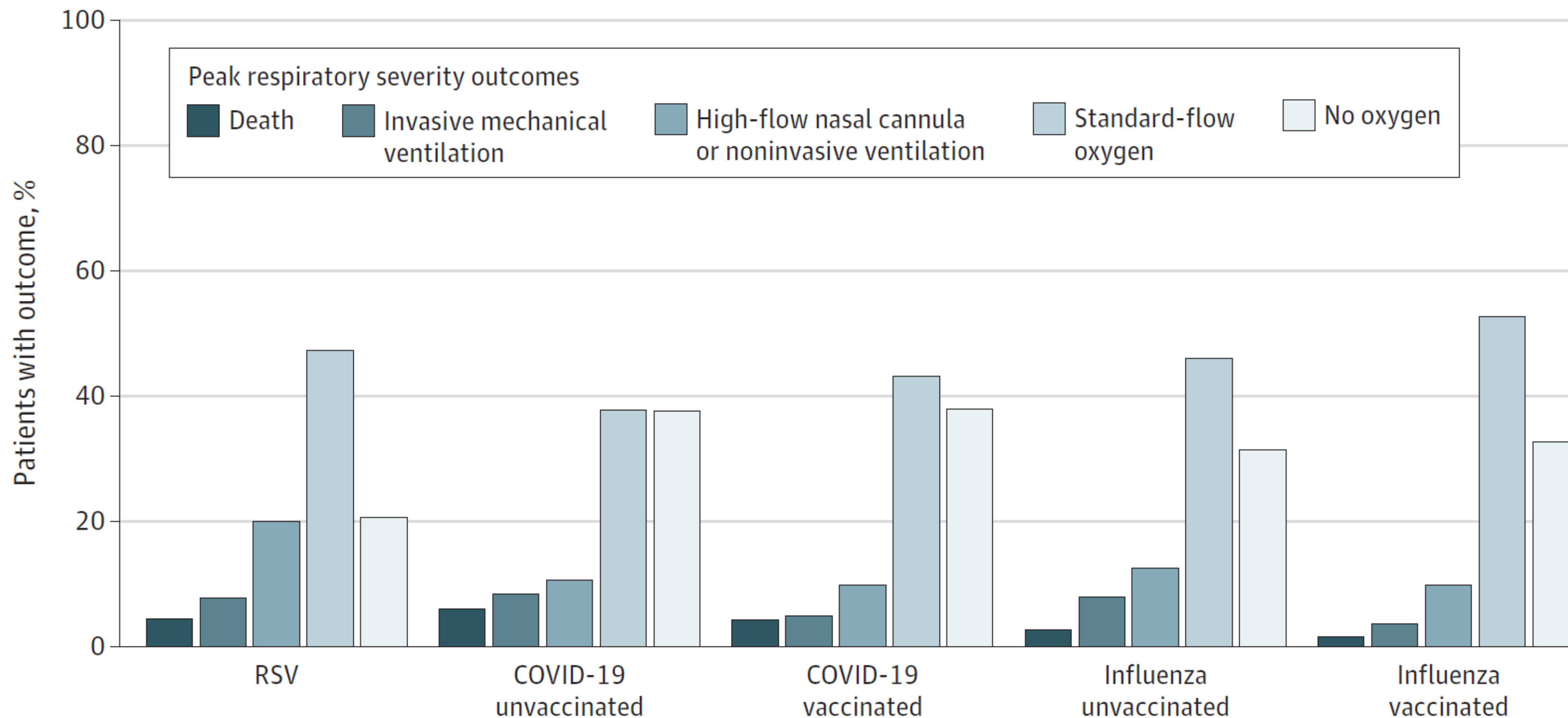
Background

Background: What is RSV?

- Respiratory virus
- Seasonal outbreaks
- Infects all kids
- Reinfected throughout life
- Substantial M&M – similar to flu



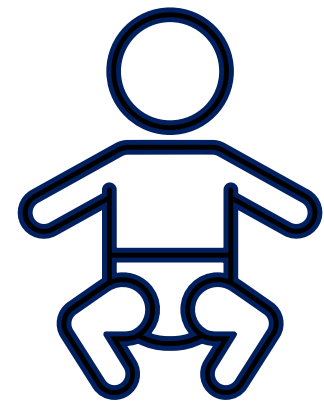
Peak Illness Severity among adults hospitalized with RSV, Covid-19 & Influenza



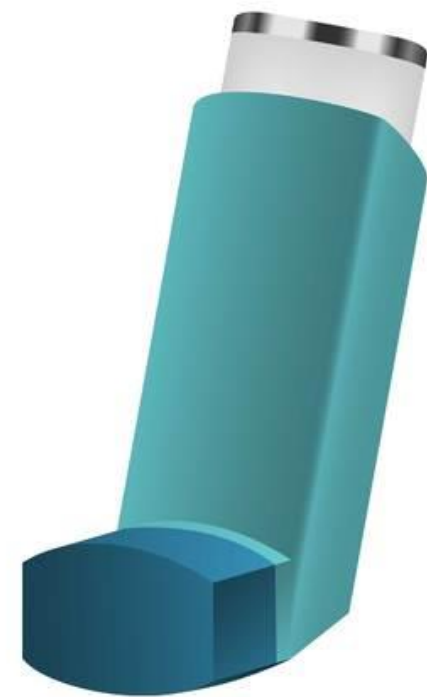
RSV: clinical picture

- Infants often present with lower respiratory tract infection
 - Bronchiolitis or pneumonia
- Older children & adults – upper respiratory symptoms
 - Higher risk groups may develop lower respiratory infection, severe disease
- Treatment: supportive care

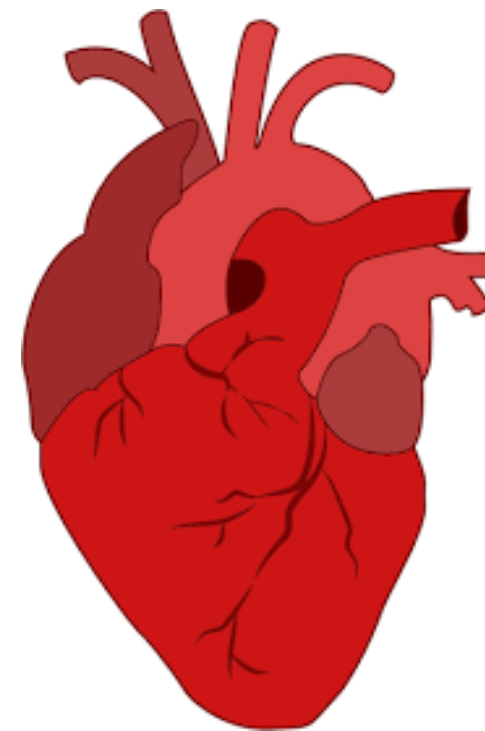
Risk factors for severe RSV disease



Infants



Asthma &
COPD



Heart failure
& coronary heart disease



Immunocompromised



Elderly

RSV vaccines for older adults

FDA approves first vaccine for RSV, a moment six decades in the making

By Brenda Goodman, CNN
⌚ 8 minute read · Updated 3:56 PM EDT, Wed May 3, 2023



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US drug regulator approves world's first RSV vaccine

3 May 2023

Yale Medicine

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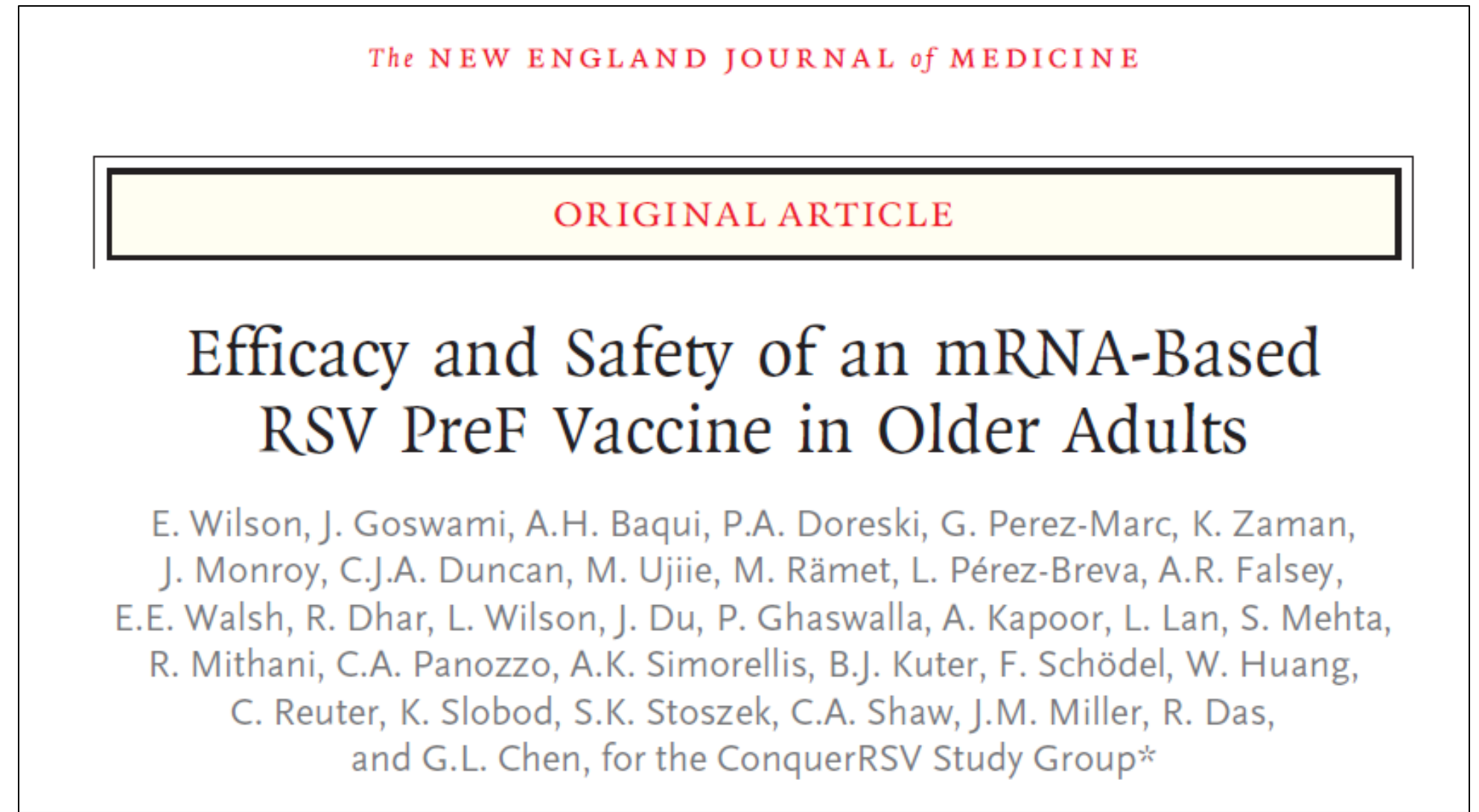
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Should You Get the New RSV Vaccine?

BY [KATHY KATELLA](#) SEPTEMBER 25, 2023

Effective vaccines for older people and new immunizations for babies could reduce hospitalizations during the RSV season.

2024: Moderna mRNA RSV vaccine



- Same mRNA vaccine platform as Moderna SARS-CoV-2 vaccine
- mRNA encodes RSV-F protein (*stabilized in pre-fusion conformation – same as other RSV vaccines*)
- 84% efficacy against RSV lower tract disease with ≥ 2 signs/symptoms

3 FDA-approved RSV vaccines

	GSK - Arexvy	Pfizer - ABRYYSVO	Moderna - mResvia
Age			
Doses	-	-	-
Vaccine type <i>All target RSV prefusion F</i>			
Vaccine efficacy <i>vs. symptomatic, lab-confirmed lower respiratory disease</i>			

1. Papi A, et al. N Engl J Med. 2023;388:595-608.

2. Britton A. et al, MMWR. Aug 6 2024

Safety profile

	GSK - Arexvy	Pfizer - ABRYYSVO	Moderna - mResvia
Serious adverse events (SAE)			
Unsolicited adverse events			
Inflammatory neurologic events			

VAERS: Vaccine Adverse Event Reporting System. Passive, voluntary surveillance system.

* Comparison: GBS after COVID vaccines was 0.43 and 0.54 for Pfizer and Moderna respectively.

Old ACIP recommendation

Adults ≥ 60 may receive a single dose of RSV vaccine, using shared clinical decision making

Challenges:

- Implementation of shared decision-making
- Doesn't focus on highest risk groups



New ACIP recommendations:

- Adults ≥ 75 years of age: receive a single dose of RSV vaccine
- Adults 60–74 years of age who are at increased risk of severe RSV disease: receive a single dose of RSV vaccine

Co-administration of RSV + influenza vaccines

- ACIP: “Coadministration of RSV vaccines with other adult vaccines is acceptable”¹
- Immunogenicity: **comparable neutralization titers** for Influenza A/B, RSV A/B, when co-administered^{2,3,4}
- Reactogenicity: well-tolerated, acceptable safety profile^{2,3,4}



Real world vaccine effectiveness

Post-licensure data

- 4 observational studies of vaccine effectiveness against RSV-associated hospitalization among adults aged ≥ 60 years during the first RSV season after vaccination
- Estimates from the general population or among immunocompetent adults only ranged from 75% (95% CI = 50%–87%) to 82% (95% CI = 69%–89%)
- VE was similar across vaccine products (GSK Arexvy and Pfizer Abrysvo) and patient age groups (60–74 years and ≥ 75 years)
- Effectiveness was demonstrated among adults aged ≥ 60 years with certain immunocompromising conditions and those with end-stage renal disease.

Vaccine durability

Phase 3, randomized trial



Efficacy over 2 seasons:

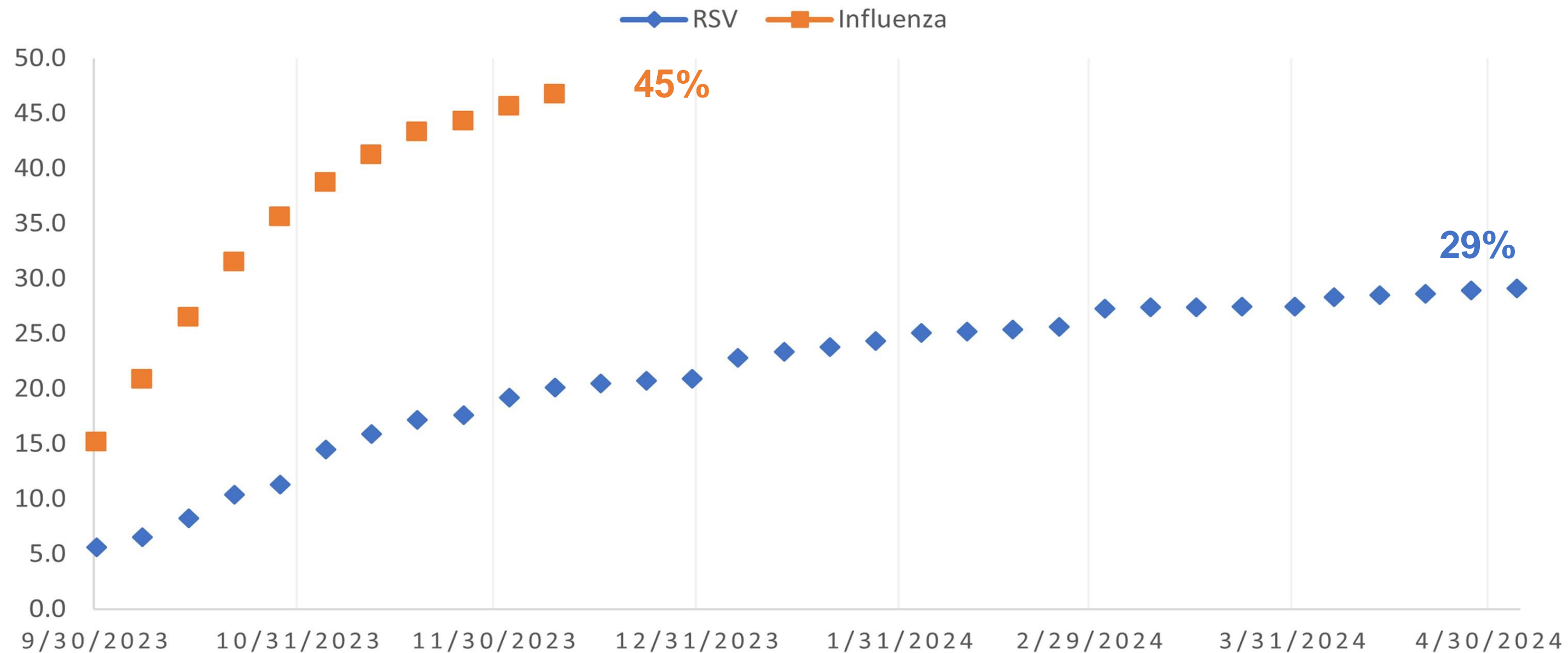
1 dose: 79% efficacy against severe lower tract disease; 67% against RSV lower tract disease

2 doses, 1 year apart: 79% against severe lower tract disease; 67% against RSV lower tract disease

Annual boosters not needed – single dose for now

Vaccine uptake

CUMULATIVE PERCENTAGE OF RSV AND INFLUENZA
VACCINATION AMONG ADULTS ≥65 YEARS, 2023-2024



- Awareness
- Convenience
- Insurance coverage
- Vaccine fatigue

RSV vaccines in older adults – key points

- All 3 vaccines have moderate to high efficacy in preventing severe RSV lower respiratory tract disease ¹
- Overall safe and well tolerated
 - Severe neuro events (GBS) occurred in 0.014% - 0.0005% of participants – very rare²
- Unknowns:
 - Vaccine efficacy against hospitalization & death
 - Vaccine efficacy in the highest-risk patients: immunocompromised, very elderly, many comorbidities
 - Durability of protection, if/when boosters will be needed

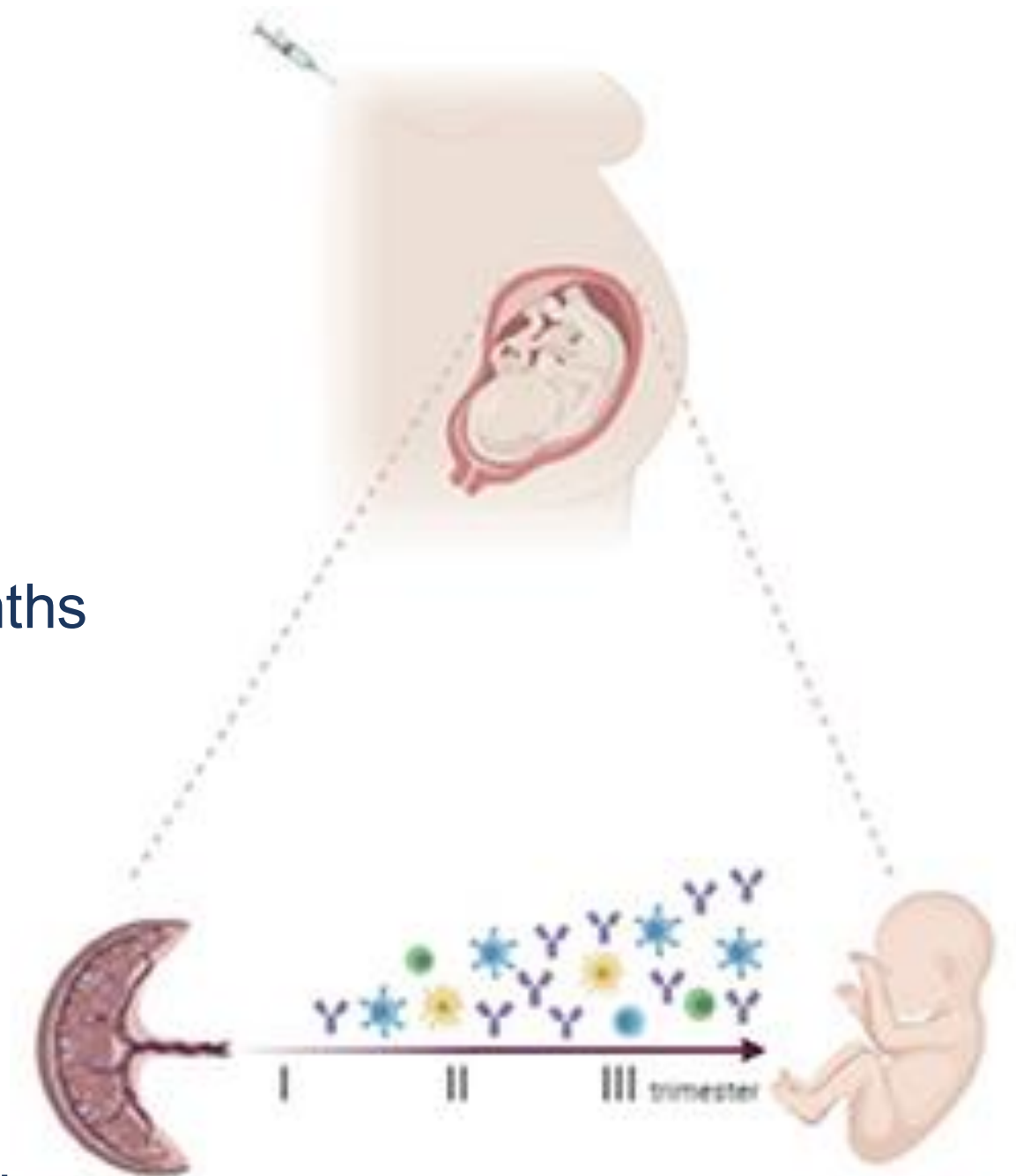
1. Britton, MMWR, 2024

2. Hause, MMWR, 2024.

Pediatrics

Maternal immunization

- Transplacental antibody transfer
- Protects infants in first few months of life
- Same strategy used for tetanus, pertussis (Tdap)
- Bivalent vaccine – RSV A and B – Abrysvo (Pfizer)
- Approved for use at **32 - 36 weeks** of pregnancy
- **Vaccine efficacy** among pregnant individuals 32 - 36 weeks
 - ↓ risk of severe lower respiratory disease by 91.1% within first 3 months
 - ↓ risk of severe lower respiratory disease by 76.5% within 6 months
 - ↓ risk of lower respiratory disease by 57.3% within 6 months
- **Safety:**
 - Most common: injection-site pain, headache, muscle aches, nausea
 - **Pre-eclampsia:** 1.8% of vaccine recipients vs. 1.4% placebo
 - **Preterm birth:** 5.7% of vaccine recipients, 4.7% placebo
 - FDA requiring post-marketing studies of preterm birth and preeclampsia



Maternal immunization: post-market surveillance

Limited data; conflicting evidence on perinatal outcomes

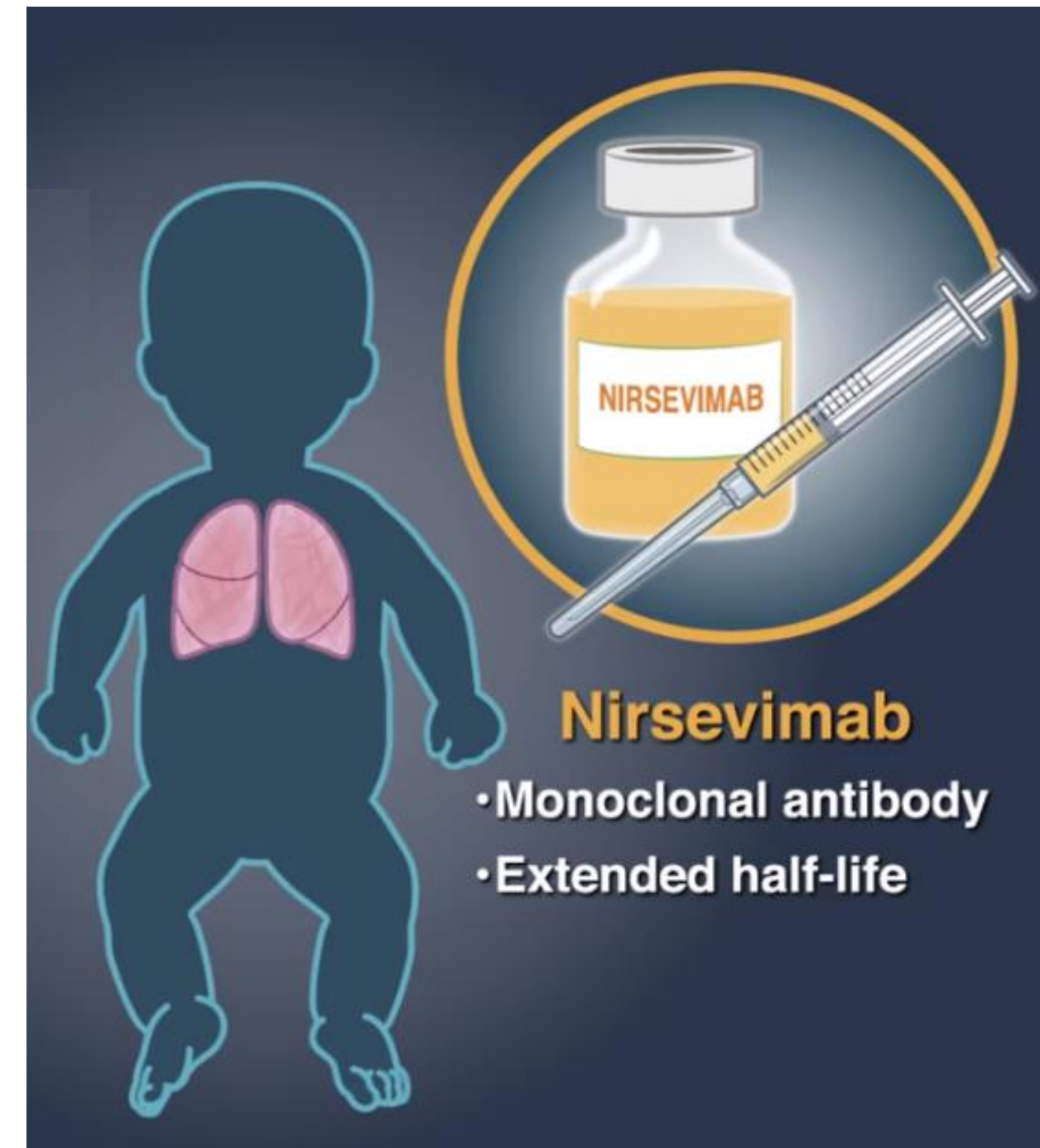
Observational study of 2,900 pregnancies in NYC - preterm birth occurred in:

- 5.9% of RSV-vaccinated
- 6.7% of non-vaccinated
- Adjusted analysis:
 - no association between vaccine and preterm birth
 - ↑ risk hypertensive disorders of pregnancy
- Preprint (no peer review)
 - Observational study using VAERS data
 - Signal for increased preterm birth



Nirsevimab (Beyfortus)

- Long-acting monoclonal antibody
- Intramuscular injection
- Single dose (unlike palivizumab) → cheaper
- 79% efficacy in preventing medically attended RSV LRTI
- **Infants <8 months** born during or entering their 1st RSV season
 - Within 1 week of birth
 - During birth hospitalization or outpatient
- **Infants & children 8–19 months** at increased risk for severe RSV disease, entering their 2nd RSV season
 - Chronic lung disease of prematurity requiring medical support
 - Severe immunocompromise
 - Cystic fibrosis with severe lung disease or <10th %ile wt/length
 - American Indian or Alaska Native children



Pediatric RSV prevention

- **Vaccine advantages**

- Cheaper

- More accessible in low-resource settings
 - Area of greatest need: >97% of RSV-attributable deaths are in low-income and middle-income countries

- Immune response to multiple epitopes

- Reduce risk of immune escape
 - Anti-drug antibodies in 6% of nirsevimab group vs 1% of placebo group

- **Monoclonal advantages**

- No concerning safety signals

- Ideal for preterm infants (mother not yet vaccinated) and infants with impaired transplacental antibody transfer

Real-world vaccine and mAb effectiveness

Early Estimate of Nirsevimab Effectiveness for Prevention of Respiratory Syncytial Virus–Associated Hospitalization Among Infants Entering Their First Respiratory Syncytial Virus Season — New Vaccine Surveillance Network, October 2023–February 2024

Heidi L. Moline, MD¹; Ayzsa Tannis, MPH¹; Ariana P. Toepfer, MPH¹; John V. Williams, MD^{2,3}; Julie A. Boom, MD^{4,5}; Janet A. Englund, MD⁶; Natasha B. Halasa, MD⁷; Mary Allen Staat, MD^{8,9}; Geoffrey A. Weinberg, MD¹⁰; Rangaraj Selvarangan, PhD¹¹; Marian G. Michaels, MD^{2,3}; Leila C. Sahni, PhD^{4,5}; Eileen J. Klein, MD⁶; Laura S. Stewart, PhD⁷; Elizabeth P. Schlaudecker, MD^{8,9}; Peter G. Szilagyi, MD¹⁰; Jennifer E. Schuster, MD¹²; Leah Goldstein, MPH¹; Samar Musa, MPH^{2,3}; Pedro A. Piedra, MD^{4,5}; Danielle M. Zerr, MD⁶; Kristina A. Betters, MD⁷; Chelsea Rohlf, MBA⁹; Christina Albertin, MPH¹⁰; Dithi Banerjee, PhD¹²; Erin R. McKeever, MPH¹; Casey Kalman, MPH¹; Benjamin R. Clopper, MPH¹; New Vaccine Surveillance Network Product Effectiveness Collaborators; Meredith L. McMorrow, MD^{1,*}; Fatimah S. Dawood, MD^{1,*}

What's next

What's next for RSV prevention and treatment

Products in development:

Combination Vaccines

- RSV + HMPV combo vaccine
- Moderna, AstraZenica



EDP-938¹

- Phase 2a (human challenge) trials
- **Adults**
- Replication inhibitor
- ↓ Viral load
- ↓ Symptom scores
- ↓ Mucus

Ark Biopharma: Ziresovir²

- Phase 3 trials
- Hospitalized **infants**
- Small molecule fusion protein inhibitor
- ↓ symptoms
- ↓ length of ICU stay
- ↓ viral load

Take home points

Conclusions

- New RSV vaccines provide ≥ 2 years of effective protection against severe disease with a single dose
- Overall safe and well-tolerated
- Key populations:
 - Adults >75 or 60-74 + comorbidities
 - Mothers/Birth parents
 - Infants (monoclonal Ab)
- Cost-effective and decrease the burden of illness



Thank you

Teaching Peer Evaluation
for Dr. Denise McCulloch

