

Respiratory Syncytial Virus (RSV) Maternal Programme Newsletter

From the 1st September 2024 a maternal RSV programme has been announced. This newsletter will focus on programme plans and local actions and is to be reviewed in conjunction with the [UKHSA slide set](#). For further information on the information below please see the contact us at england.pheast@nhs.net

WHY THE PROGRAMME HAS BEEN RECOMMENDED

The aim of the RSV vaccination of pregnant people programme is to reduce the incidence and severity of RSV disease in infants. While RSV can occur at any age, babies under one year of age are at the greatest risk of hospitalisation with more severe RSV.

Although most people will have been exposed to RSV in child and adulthood, the antibody levels acquired from natural infection do not provide sufficient protection to their infant. Giving people the RSV vaccine from week 28 of every pregnancy will temporarily boost their antibody levels. This will enable them to transfer a high level of RSV antibodies across the placenta to their unborn child to passively protect their infant against RSV in their first months of life. Ideally the vaccine should be given in week 28 or soon after that, so there is sufficient time for the mother to make high levels of antibodies and for these to transfer across the placenta, including if the baby is born prematurely.

In clinical vaccine trials, maternal RSV vaccination has been shown to be 70% effective at preventing severe RSV infection in infants born to vaccinated mothers for 6 months, with some data suggesting longer protection. The antibodies acquired from their mother should protect infants at an age when they are most at risk of developing severe RSV disease.

Programme

All people who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, should be offered a single dose of the RSV vaccine, through commissioned services. After that, pregnant people will become eligible as they reach 28 weeks gestation and remain eligible up to birth. The ideal opportunity to offer vaccination would be at the 28-week antenatal contact (ANC), following prior discussion at the 20-week ANC.

When to vaccinate?

Ideally, the RSV vaccine should be given in week 28 of pregnancy or soon after so that there is sufficient time for the mother to make high levels of antibodies and for these to transfer across the placenta to provide passive immunity to the unborn child to give them the best protection during early infancy. Giving the vaccine around week 28 also increases the potential for babies who are born prematurely to benefit.

Recommended vaccine

Abrysvo® Pre-F vaccine (Pfizer Limited) is the vaccine to be used for the routine RSV vaccination of pregnant people for infant protection Programme and is the only vaccine currently available for use within the national programme. Reconstituting this vaccine may differ to other vaccines used in the maternal programme. Please access the manufacturers [video](#) to watch how to make up Abrysvo®



Coadministration with other vaccines in pregnancy

Some evidence suggests that coadministration of RSV and pertussis containing vaccines may reduce the response made to pertussis components. Pertussis vaccinations are usually scheduled around the 20 weeks gestation, around the time of the anomaly scan. RSV is recommended from 28 weeks gestation. If however, a pregnant person has not received their Pertussis vaccination when they present for an RSV vaccination they can be co-administered.

Flu/Covid-19 and Anti-D vaccinations can all be co-administered with RSV.

Ordering RSV vaccines

Vaccines should be ordered through the [Immform website](#)

To minimize wastage no more than 2 weeks' worth of stock should be ordered and stored. Please note that although this vaccine is also used for the older adults programme this must be ordered through the appropriate stream on Immform. Accurate monitoring and usage of each programme can only be completed if vaccines are ordered and reported correctly.

Local actions

Community offer

- The RSV programme is being introduced from 1st September 2024 for those 28 weeks pregnant or more.
- Pregnant people will be vaccinated in community clinics (EoE model), maternity units (opportunistically) and GP practices. Some pharmacies across SNEE and MSE will also be offering the RSV vaccine.

EoE Screening and Immunisation Team

- The Community School Aged Immunisation Service (CSAIS) will be inviting patients at 28 weeks to have the RSV vaccine in a community clinic.
- There will be many community clinics in different areas, where the immunisation nurses can also deliver other vaccinations which may have been missed such as Pertussis.
- If a pertussis containing vaccine has not been given by the time of attendance for RSV vaccine, both vaccines can be given at the same appointment to ensure prompt development of immune response.
- The 2 CSAIS providers across the region are EPUT - [Children's Immunisation and Vaccination team - Essex | Essex Partnership University NHS Trust \(eput.nhs.uk\)](https://www.essex.nhs.uk/childrens-immunisation-and-vaccination-team) and HCT - [Service details | Hertfordshire Community NHS Trust \(hct.nhs.uk\)](https://www.hertfordshire.nhs.uk/service-details)

Contact details for the CSAIS providers can be found on the [NHSE EoE website](https://www.nhs.uk/eoeloc)

FAQs [Taken from a recent training session] Information obtained from UKHSA Guidance linked in resources section

Leaflets and resources available from [Health Publications](#) and will be distributed as available.

For those pregnant people on 1st September who have already passed their 28 week point how soon should they be vaccinated?

Abrysvo® is licensed between 28 and 36 weeks gestation and those people passed their 28 week gestation from 1.9.24 should be vaccinated first. RSV can be administered after 36 weeks and up until birth off-label and this is covered by the [PGD](#).

Can pregnant people be vaccinated during labour/after delivery if they have not had the RSV vaccination?

Vaccination late in pregnancy may not provide optimal protection to the infant as there may be insufficient time for the mother to make a good response and have antibodies to pass across the placenta. It is clinically reasonable for women who present in labour and have not received the RSV vaccine during pregnancy to be offered the vaccine up until the time of discharge from hospital following delivery, or in comparable circumstances for births outside of hospital. However, this may not be available from all NHS services. The emphasis remains on offering vaccination from week 28 of pregnancy for trans-placental transfer of antibodies.

A vaccine delivered to the mother in labour or after delivery would not offer passive protection to the baby through transplacental antibody transfer but may protect the mother from contracting RSV or make her less infectious and therefore reduce chance of transmission to the infant. There may also be antibody transfer to the baby through breastmilk if choosing to breastfeed.

The PGD excludes those that have already given birth.

Can the RSV vaccine be co-administered?

Please see the [section](#) above on co-administration.

How will this affect pertussis vaccinations?

Pertussis vaccinations are routinely offered around 20 weeks gestation and RSV at 28 weeks gestation. Pertussis is licensed from 16 weeks and some areas will offer this vaccination prior to the anomaly scan.

How is the vaccine ordered?

Please see the [section](#) above for information on ordering.

How can I access the PGD?

Follow your local trust guidance. The National PGD templates can be accessed [here](#) – please note these need to be locally authorised.

How will I know if someone has had RSV vaccination?

For maternal RSV vaccines given in settings other than GP practices, the vaccination will be recorded on a new system called RAVS (Record A Vaccination Service) which will transfer the information to GP practices so that the GP is aware the vaccine has been given. Not all elements of this service will be in place on 1st September but in due course the plan is RAVS users will be able to see if someone has been vaccinated in another setting.

What if I am not sure whether RSV has already been given in this pregnancy?

If there is no documented evidence of vaccination being given it is recommended the person is assumed to be unvaccinated and correct vaccine offered/given.

Is the product and dose the same for the 75+ programme or are they different vaccines?

Abrysvo® is the recommended product for both the maternal and older adult programme. The dosage is the same for both programmes. There are however two ordering streams on Immform. Please see the [section](#) above for further information.

Is it correct that you can give maternal RSV vaccine with flu, when you can't give 75+ RSV vaccines with flu?

There is some data which shows that in older adults administering Abrysvo® at the same time as seasonal influenza vaccine may reduce the immune response to the RSV vaccine. This is not the case for maternal RSV and Influenza vaccines as they are given to younger people.

Do I need to take 28/40 bloods before administering RSV as I would with Anti-D? [this was asked today in training session]

There is no specific information within the guidance to indicate that vaccination needs to be considered in the context of a blood test.

Can I give the vaccine at 27+4 weeks (if seeing in clinic at this time) to avoid another antenatal appointment?

The vaccine licensing and [PGD](#) advise 28 weeks gestation and above. If any vaccine is inadvertently given before the recommended gestation please review the [Healthcare Practitioner Guidance](#) and follow your local process which should include informing your local [Screening and Immunisation Team](#).

Are there any differences between this injection technique/draw up to pertussis?

The Abrysvo® vaccine pack contains a vial adaptor which must be used when reconstituting the vaccine with the diluent. When mixing the contents, the vaccine should be gently swirled for 1-2 minutes. The contents should not be shaken when mixing. Please use the QR code below to view the Abrysvo® preparation video:



There is a [UKHSA slide](#) set that explains this (pages 27-30) in greater detail.

Is this a year-round programme?

RSV is a year round programme.

Is this offered in every pregnancy?

As with pertussis it is recommended offering RSV in every pregnancy to protect every infant that will be born.

Will this affect breastfeeding?

It is likely that antibodies produced following maternal vaccination with Abrysvo® are present in human milk. These may contribute to the protective effect. No adverse effects from receiving RSV vaccine have been shown in breastfed newborns of vaccinated mothers. Infants born to women who have received Abrysvo® can be safely breastfed.

Does this replace the high-risk RSV infant programme already in place?

The high-risk infant RSV programme will continue.

How do I report inadvertent vaccine errors?

In the first instance report any vaccination errors to the relevant Screening and Immunisation Team

EoE Screening and Immunisation Team
For immunisation queries/incidents

- East Anglia (Norfolk, Suffolk, Cambs and Peterborough): england.eaimms@nhs.net
- Hertfordshire, Bedfordshire, Luton and Milton Keynes (HBLMK): england.immsqa@nhs.net
- Essex: england.essexatimms@nhs.net
- For COVID-19 queries please contact RVOC on: england.eoe-vacprg@nhs.net

How do I report any suspected adverse reactions?

Abrysvo® is part of the Medicines and Healthcare products Regulatory Agency's (MHRA) [Black Triangle Scheme](#) for new medicines and vaccines to allow rapid identification of new safety information. Health professionals and those vaccinated are asked to report suspected adverse reactions through the online [Yellow Card scheme](#), by downloading the Yellow Card app or by calling the Yellow Card scheme on 0800 731 6789 9am to 5pm Monday to Friday.

If a mother has been diagnosed with RSV in pregnancy should they still be offered the vaccine?

Although it might be expected that a woman diagnosed with RSV infection during pregnancy would transfer antibodies to her unborn baby, there is no assurance that the levels would be high enough to sufficiently protect the infant. As high levels of antibodies are made following vaccination, offering vaccine in week 28 of pregnancy or as soon as possible after that should ensure that optimal antibody levels can be passed to the baby.

Vaccination of women who may be infected, asymptomatic or incubating RSV infection is unlikely to have a detrimental effect on the illness but women currently experiencing symptoms of RSV disease should not attend for vaccination if they are acutely unwell with a fever. They should be vaccinated as soon as they are clinically recovered.

Resources

[Health Publications website for resources](#)

[Introduction of new NHS vaccination programmes against respiratory syncytial virus \(RSV\) - GOV.UK \(www.gov.uk\)](#)

[Marketing authorisation holder's Summary of product characteristics](#)

[Medicines and Healthcare products Regulatory Agency \(MHRA\): reporting adverse reactions](#)

[PGDs](#)

[Respiratory syncytial virus \(RSV\) programme: information for healthcare professionals - GOV.UK \(www.gov.uk\)](#)

[Respiratory syncytial virus \(RSV\) vaccination programme - GOV.UK \(www.gov.uk\)](#)

[Respiratory syncytial virus: the green book, chapter 27a - GOV.UK \(www.gov.uk\)](#)