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Agency

# Maternal RSV programme for infant protection: introduction of a new immunisation programme. A webinar for health professionals

9<sup>th</sup> July 2024  
14:30 – 15:45

# Maternal programme for infant protection

- Welcome – Dr Julie Yates (UKHSA)
- A clinical perspective – Dr Tami Benzaken (UKHSA)
- Epidemiology, vaccination & safety – Dr Conall Watson (UKHSA)
- Vaccine and supporting documentation for HCPs – Greta Hayward (UKHSA)
- Programme delivery – Caroline Temmink & Felipe Castrocardona (NHS England)
- Data recording and reporting – James Spirit (NHS England)
- Resources and communications – Cherstyn Hurley (UKHSA)
- Q&A

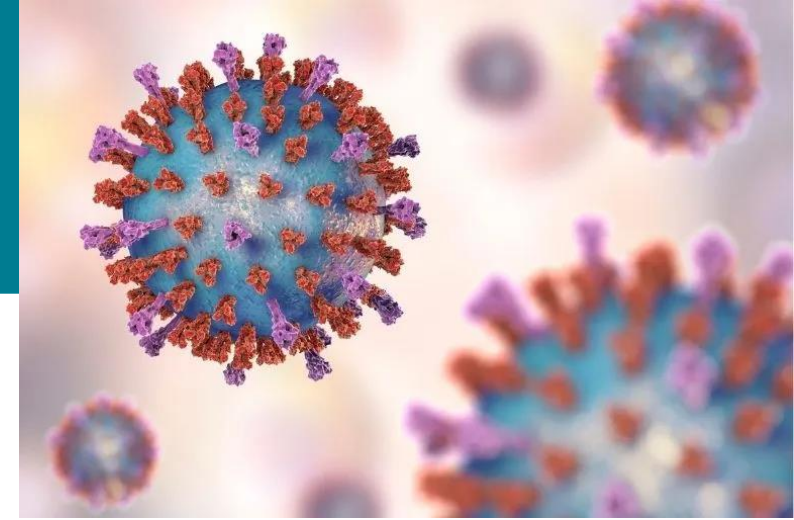


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# RSV disease in infants

Dr Tami Benzaken  
Paediatrician & UKHSA Fellow

# RSV Disease



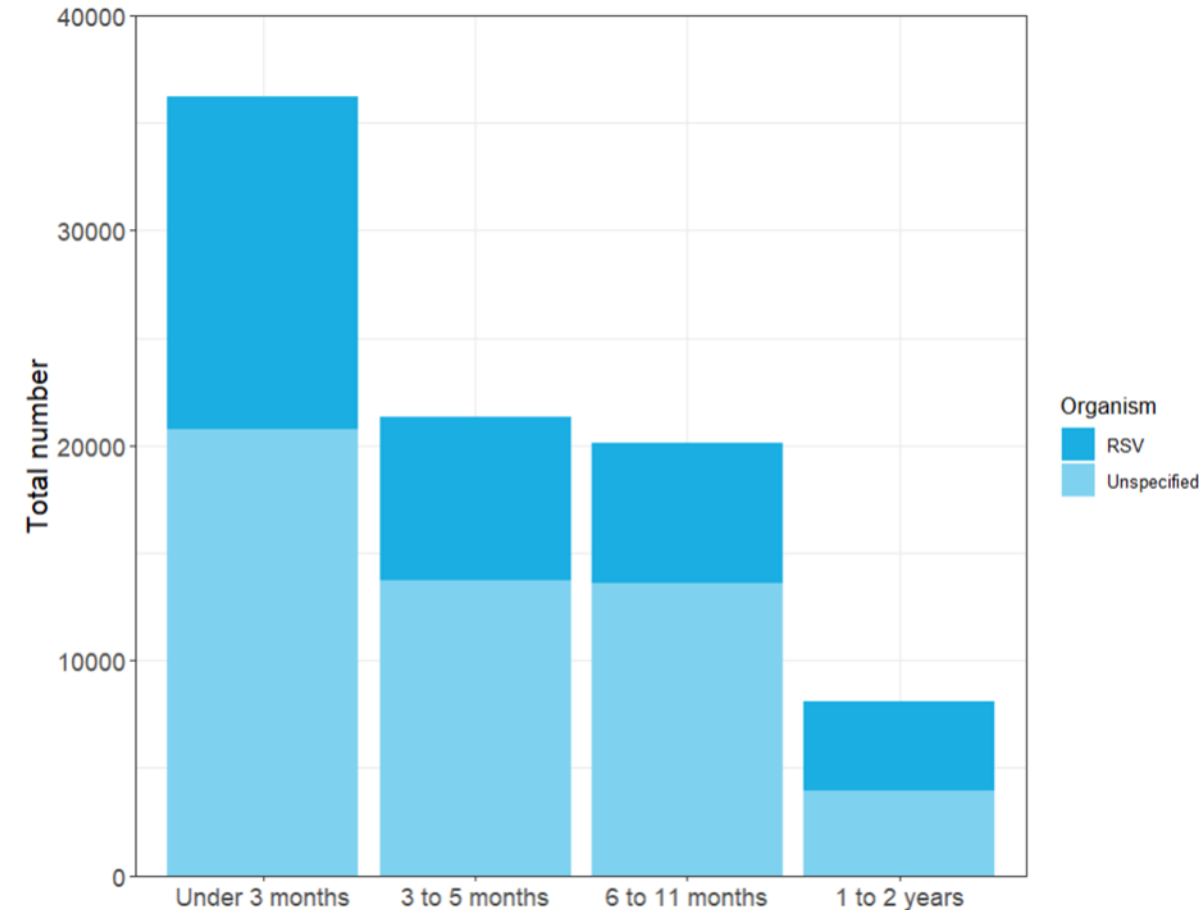
- RSV is a very common respiratory virus
- Spread through respiratory secretions
- At least half of children experience an RSV infection in 1<sup>st</sup> year of life and almost all by age of 2 years (Henderson et al 1979, Berbers et al 2021)
- Occurs year round, but primarily in October- March season
- Usually causes mild, self-limiting respiratory infection in adults and older children, but can be severe in infants causing bronchiolitis
- RSV responsible for ~ 80% of all bronchiolitis cases

# Burden on Healthcare Services

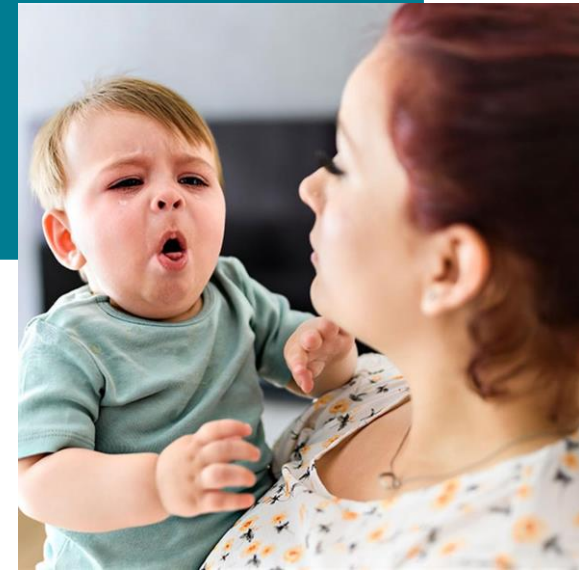
- Each year in UK, RSV contributes to an estimated:
  - 450,000 GP attendances (Taylor et al)
  - 33,500 hospital admissions (Reeves)
- 5% of RSV-associated admissions were in high-risk infants, requiring 21% of the estimated bed days.

Age	RSV	Unspecified
Under 3 months	15,454 (46%)	20,747 (40%)
3 to 5 months	7,610 (23%)	13,718 (26%)
6 to 11 months	6,513 (19%)	13,593 (26%)
1 to 2 years	4,143 (12%)	3,960 (8%)
Total	33,720 (100%)	52,018 (100%)

*Total number of hospital attendance for acute bronchiolitis for children under 2 year of age*



# Clinical Presentation: RSV Bronchiolitis

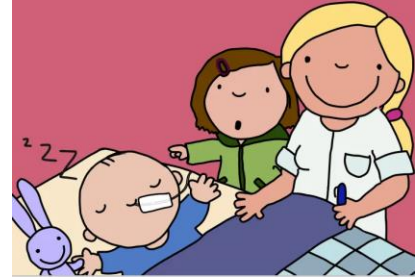


- RSV bronchiolitis occurs in children under 1 and most severely affects <3 months
- Causes inflammation of airways and breathing difficulties
- Signs & symptoms: cough, coryza, pyrexia, reduced feeding, increased work of breathing, hypoxia
- Symptoms worse on day 3-4 of illness
- High risk of severe disease: prematurity, chronic lung disease, congenital heart disease, immunodeficiency and other congenital anomalies
  - Currently targeted high-risk programme in place for this cohort (palivizumab) which will continue

# Management



Anne's baby brother  
has RSV



- Supportive treatment only:
  - Feeding support (nasogastric/ intravenous)
  - Breathing support (oxygen, non-invasive & invasive ventilation)
- [Stories of parents:](#)
  - [resc-eu.org/parents-patients/rsv/stories-of-parents/](https://resc-eu.org/parents-patients/rsv/stories-of-parents/)
- <https://www.nhs.uk/conditions/bronchiolitis/>



# Morbidity & Mortality

- Complications: apnoeas, hypoxia, secondary bacterial infections.
- Possibly associated with viral wheeze and asthma in childhood
- Up to nearly 4% of those admitted with RSV bronchiolitis require PICU admission (risk increased with prematurity).
- 20-40 deaths in children from RSV every year in UK
  - high-risk infants hospitalised with RSV have 3% risk of death (Muller-Pebody et al 2002)
  - Significant social inequalities in RSV mortality





# Conclusions



- RSV causes significant disease in infants and places considerable impact on NHS services over winter months
- It is a leading cause of infant mortality globally and last year contributed to 34 child deaths in England
- A universal maternal vaccine will offer protection to infants from RSV bronchiolitis improving clinical outcomes for these children as well as reducing the burden on healthcare services



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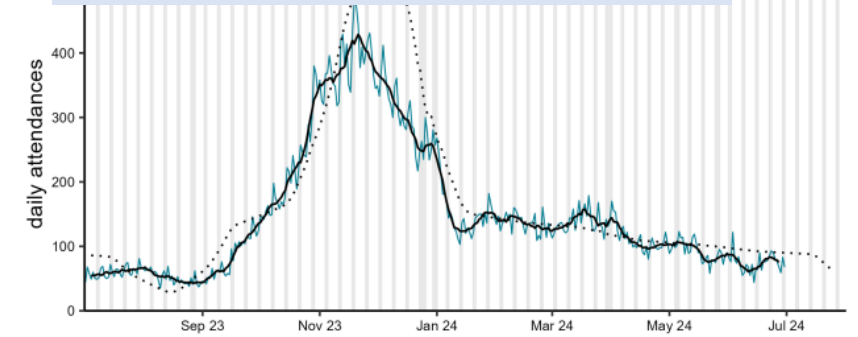
# RSV public health perspective: from surveillance to immunisation

Conall Watson MPharm PhD FFPH  
Consultant Epidemiologist  
Immunisation and Vaccine-preventable Diseases Division

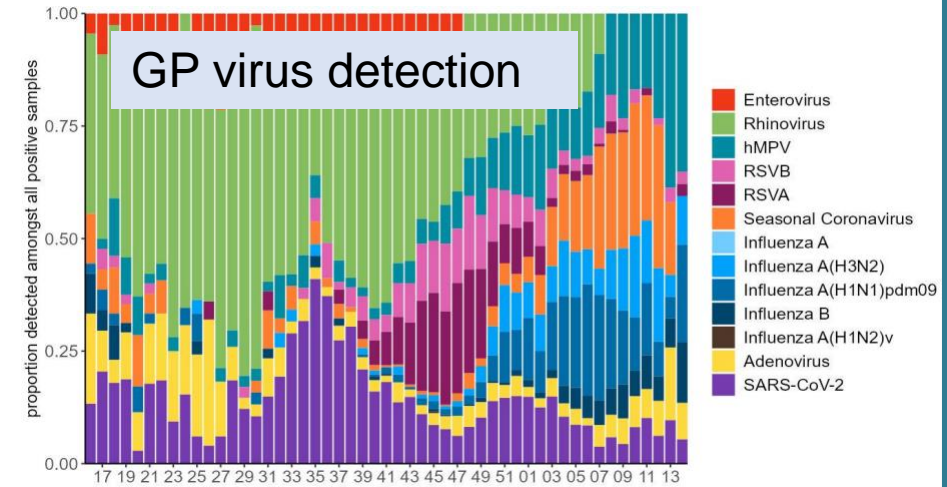
# RSV surveillance

- UKHSA monitors RSV activity in England through the season - published at [gov.uk/government/collections/weekly-national-flu-reports](https://gov.uk/government/collections/weekly-national-flu-reports)
- RSV surveillance is also used to inform immunisation policy, such as JCVI advice.
- UKHSA will be monitoring the impact, equity and effectiveness of the RSV immunisation programme and supporting MHRA with safety monitoring.

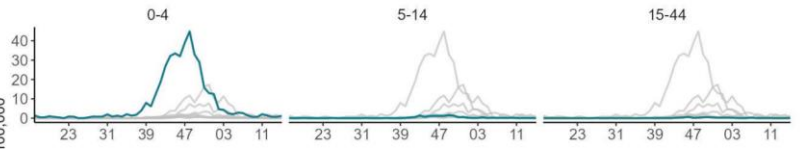
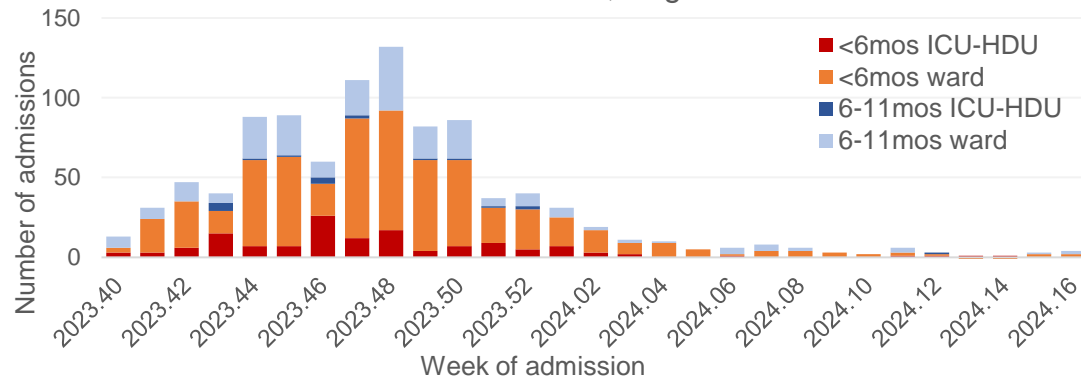
## Emergency Dept bronchiolitis



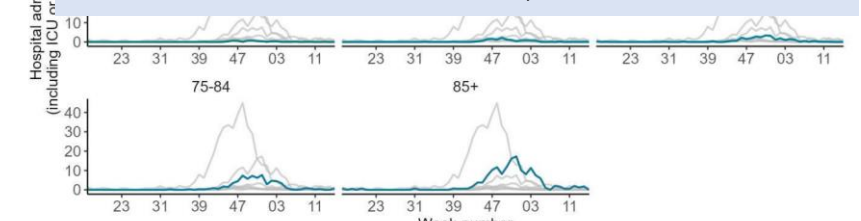
## GP virus detection



RSV admissions, <1y, data from acute NHS trusts in sentinel SARI-Watch surveillance, England 2023-24



## RSV admission rates, SARI Watch



# RSV prevention

- Respiratory transmission precautions
  - sneezing/coughing into bend of the elbow
  - Handwashing with soap
  - It's OK to ask people with colds not to visit small babies
    - But key transmitters may be siblings, or parents who cannot avoid contact
- Reducing the risk of/from severe disease
  - Not smoking around babies / avoid indoor environmental smoke
  - Advice on when to seek care
- Immunisation



# New RSV immunisations for infant protection by passive immunisation



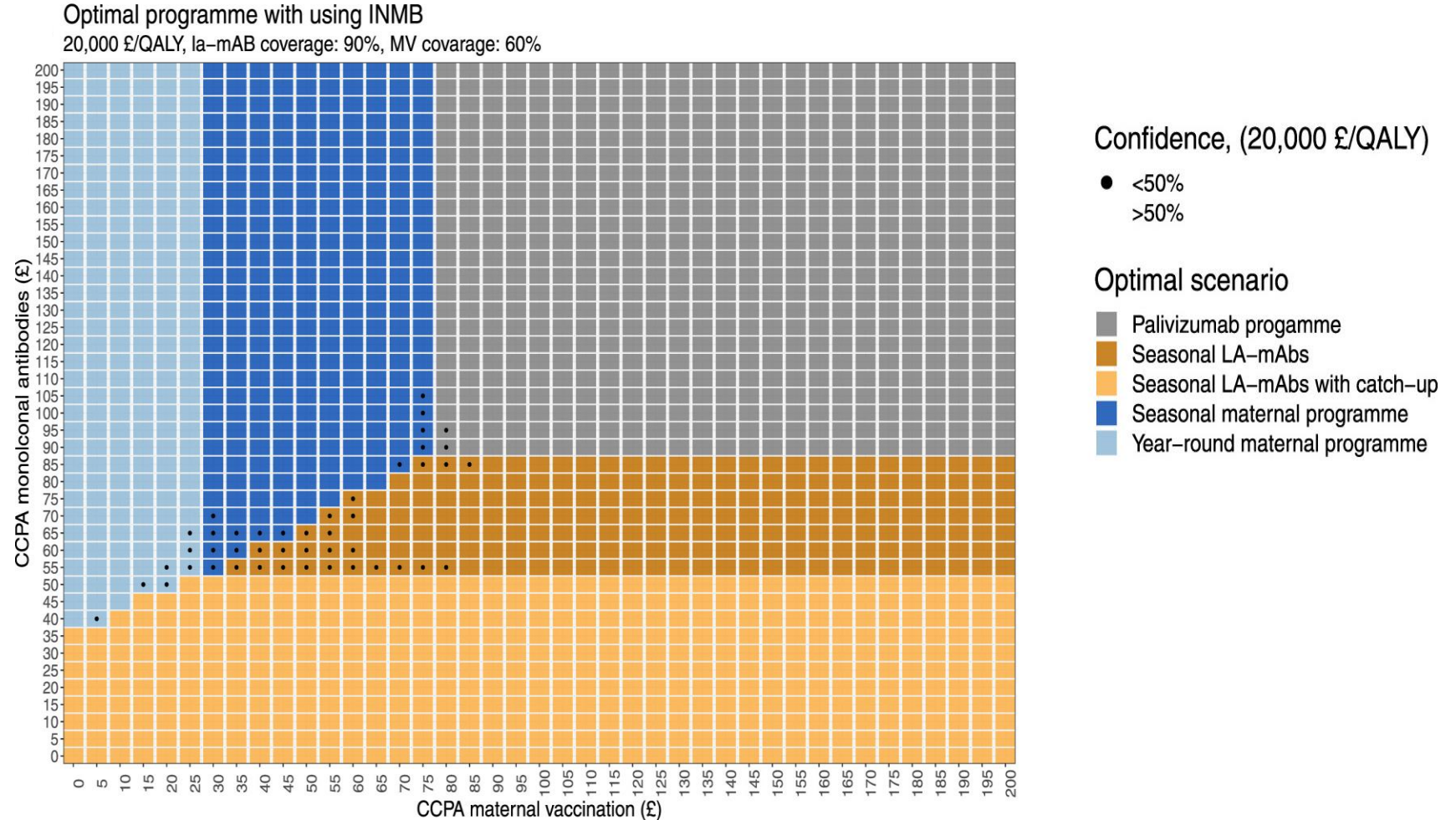
**Nirsevimab**  
(Beyfortus®) infant  
monoclonal antibody  
immunisation,  
developed by  
Sanofi/AstraZeneca

**Abrysvo®** Pre-F RSV  
antenatal vaccine,  
developed by Pfizer



# JCVI assesses a wide range of evidence, including safety, efficacy over time, operational aspects and impact

Modelling of the **impact and cost effectiveness of potential immunisation strategies** was undertaken by the London School of Hygiene and Tropical Medicine to inform JCVI's advice



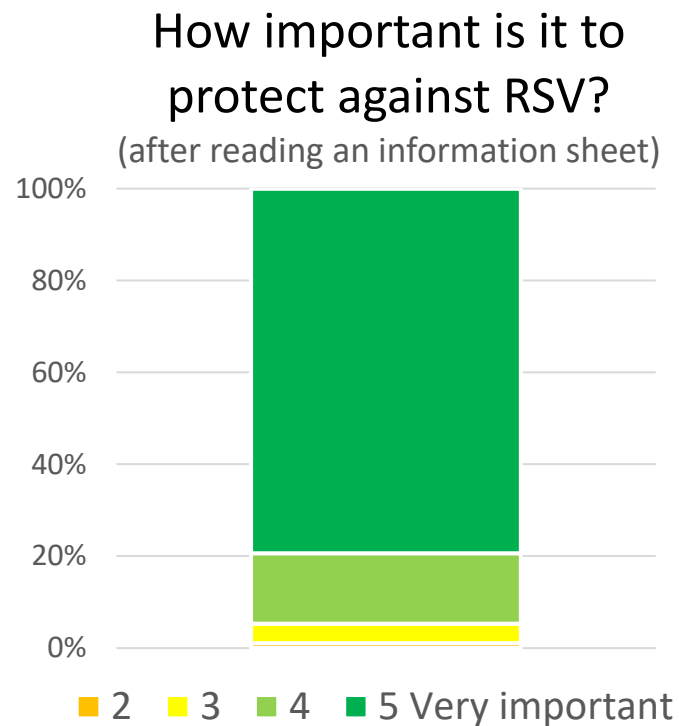
“JCVI recognises that there is a **significant burden of RSV illness** in the UK population and **unmet public health need** which has a **considerable impact on NHS services** during the winter months.

JCVI advises that **both products are suitable for a universal programme to protect neonates and infants from RSV.**

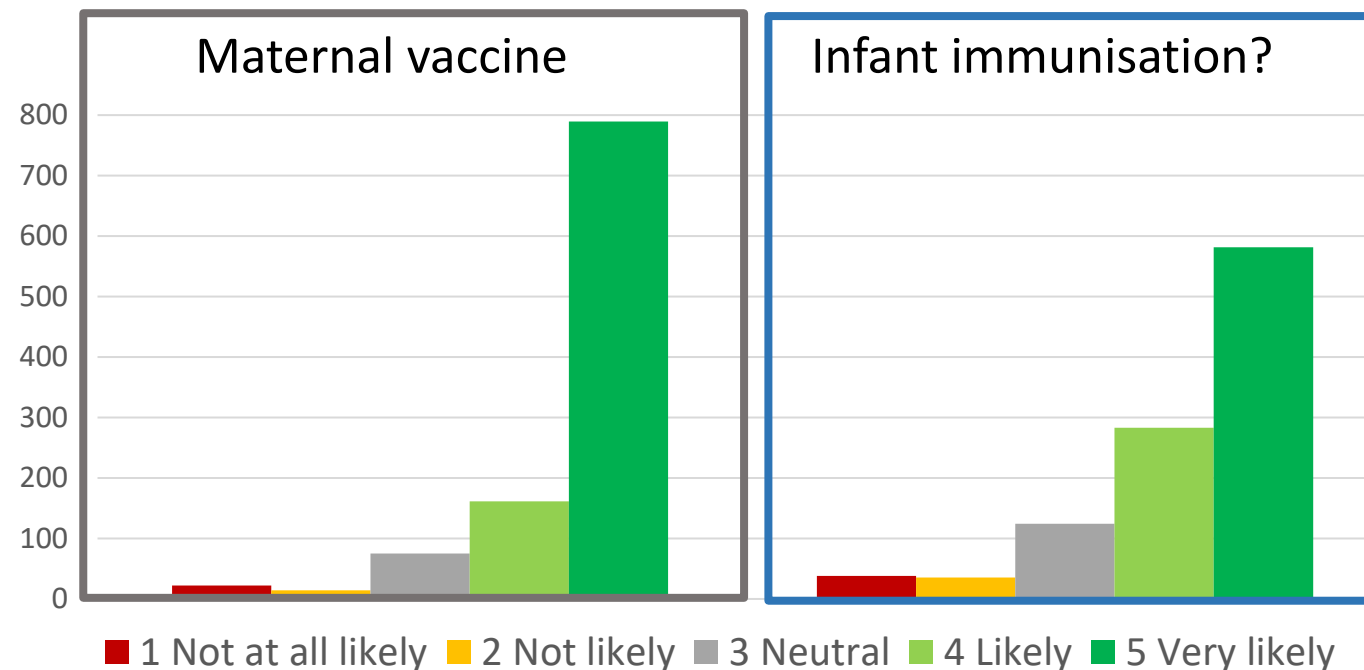
JCVI **does not have a preference for either product** or whether a maternal vaccination or a passive immunisation programme should be the programme chosen to protect neonates and infants...

JCVI advises a preference for **a year-round offer ... to ensure high uptake** and for reasons of **operational effectiveness** because this would be less complex and resource intensive to deliver, compared with running seasonal campaigns.”

# Acceptability of RSV immunisations: UKHSA survey of 1061 pregnant women and new mums



### How likely would you be to accept...



**89.5%** indicated likely to accept **maternal vaccine**

**81.4%** indicated likely to accept **infant immunisation**

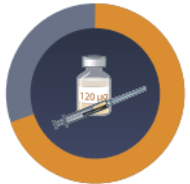


# Protection of infants by maternal vaccination

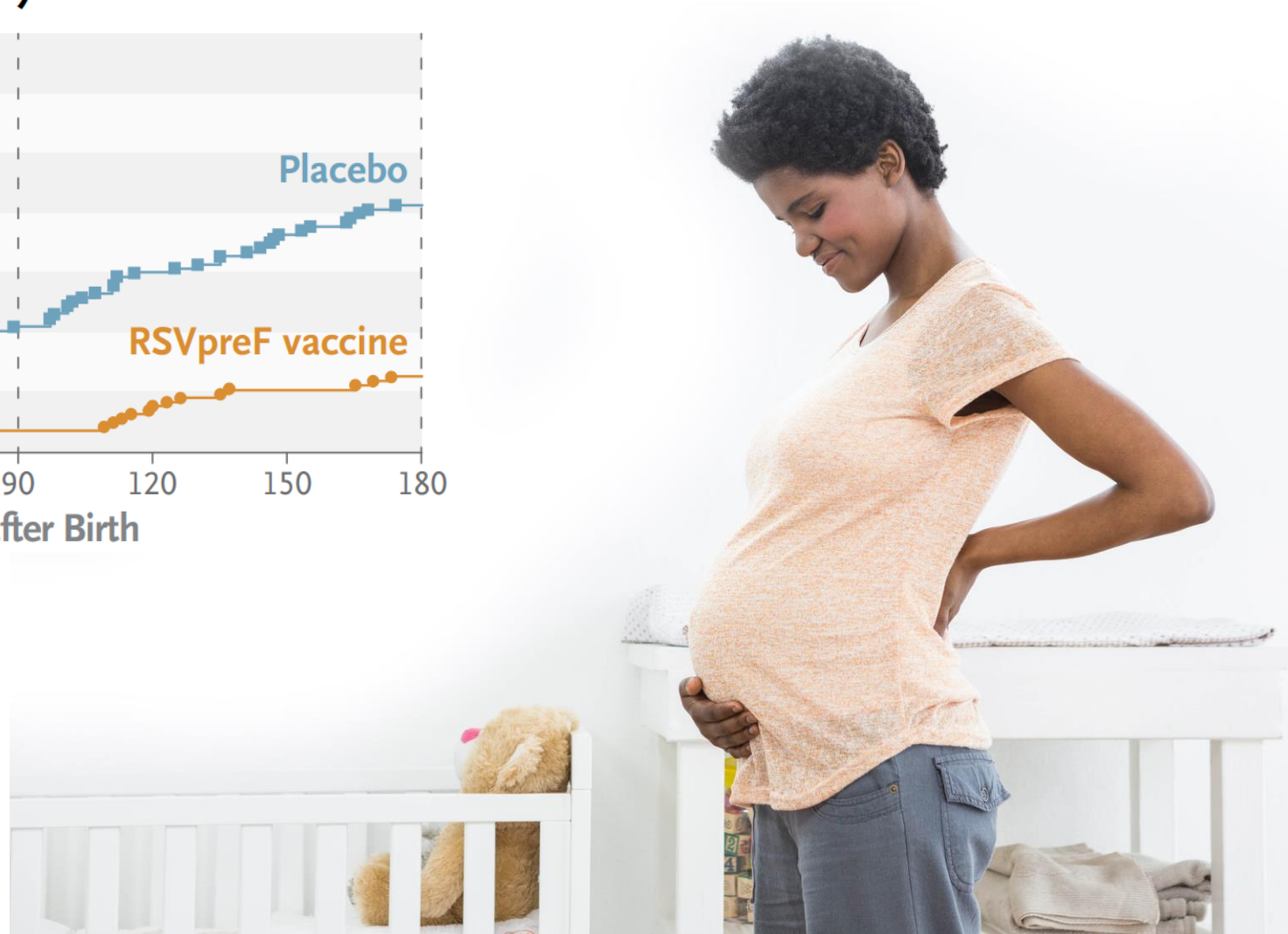
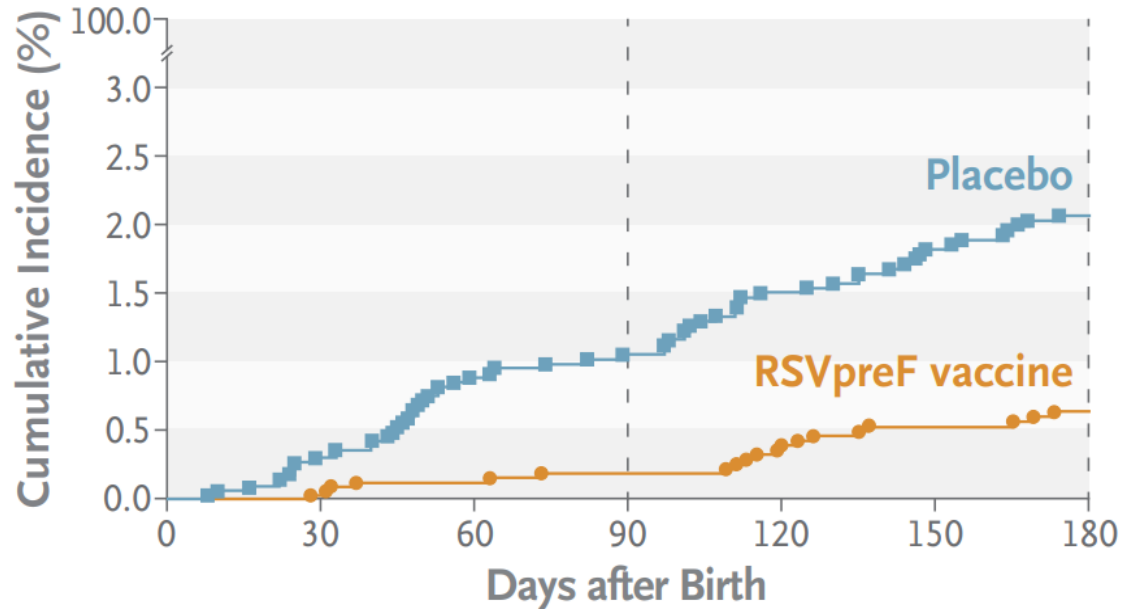
## Severe RSV-Associated Lower Respiratory Tract Illness



Vaccine efficacy at 90 days, 81.8%  
(99.5% CI, 40.6–96.3)



Vaccine efficacy at 180 days, 69.4%  
(97.58% CI, 44.3–84.1)

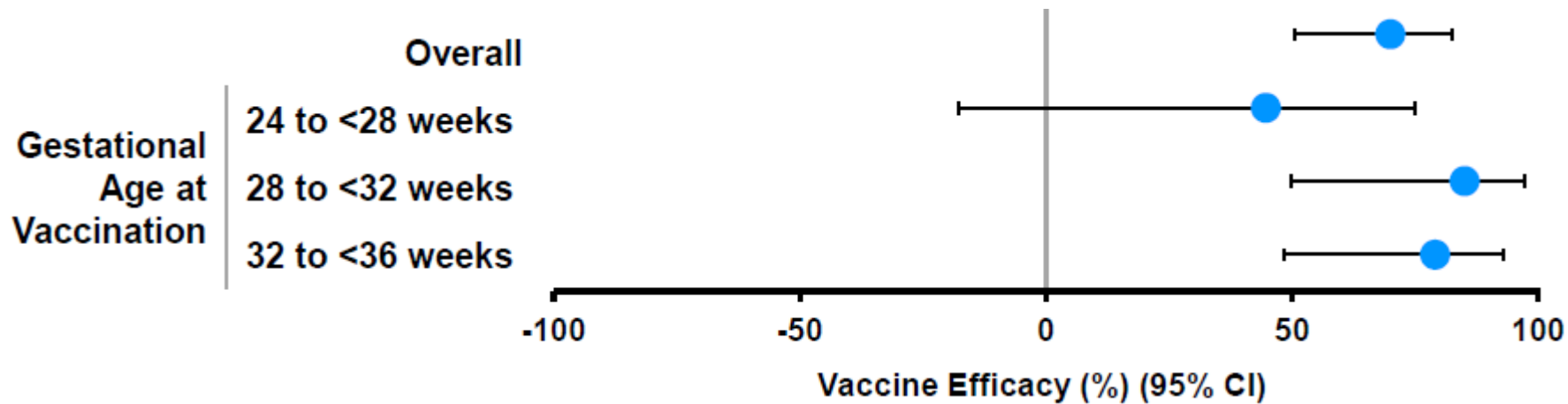


Kampmann *et al*, 2023, MATISSE trial,  
*New Eng J Med* 10.1056/NEJMoa2216480

# Vaccination from week 28 to birth

Ideally in week 28 or within a few weeks of this, so there is time for antibody production and transfer across the placenta, even if baby is born early.

## Posthoc analysis of protection to 180 days age against severe RSV LRTI



# Adverse reactions

The most commonly reported adverse reactions following immunisation were:

- vaccination site pain (41%)
- headache (31%)
- Myalgia (muscle ache) (27%)

Most reactions were mild and resolved within a few days.

# Vaccine safety

**Approved by MHRA based on quality, safety and efficacy:**

**“There are no major safety concerns” [1]**

Median birth weight and median gestational week at birth were equal in vaccine and placebo groups in the phase 3 trial. [2]

No safety signals in operational use in the USA, where it has been given to over 100,000 women. [3]

## Top 10 most common adverse events within a month of vaccination in the phase 3 trial

All statistically overlapping with placebo

Adverse event	Percentage with event	
	Vaccine (n=3682)	Placebo (n=3675)
Premature delivery	2.1%	1.9%
Pre-eclampsia	1.0%	0.9%
Gestational hypertension	0.8%	0.6%
SARS-CoV-2	0.6%	0.6%
UTI	0.6%	0.5%
Gestational diabetes	0.6%	0.4%
Anaemia	0.4%	0.6%
Premature labour	0.4%	0.3%
Threatened labour	0.4%	0.3%
Prem rupture of membranes	0.3%	0.2%

# Co-administration of RSV vaccine with other routine vaccines and immunoglobulins in pregnancy

Product	Can be co-administered with RSV vaccine in pregnancy?
Influenza vaccine	Yes
COVID-19 vaccine	Yes
Pertussis-containing vaccine	Yes*
Anti-D immunoglobulin	Yes

\*A phase 2 study showed reduced immune response to some pertussis components when a DTaP vaccine was co-administered with an RSV vaccine in non-pregnant women age 18-49 years. [1]

- The clinical impact of this is unknown, but likely to be small.
- If the pertussis-containing vaccine is given at the typical time (around week 20) and RSV vaccine at the scheduled time (week 28 onward), there is no chance of a reduced pertussis response.
- If a woman has not had her antenatal pertussis-containing vaccine by the time she is attending for RSV vaccine, give both at once to maximise timely antibody production.

# Subsequent pregnancies

For best protection of the baby  
**vaccinate in every pregnancy**  
from week 28, regardless of the  
interval between pregnancies.



# Monoclonal immunisation of higher-risk babies

Existing programme for immunisation of (very) high-risk babies continues:

- JCVI in Feb 2023 recommended that nirsevimab replace palivizumab for the currently eligible cohort because of its extended half-life and high efficacy, if it can be obtained by NHS Specialised Commissioning at an equivalent price.
- Palivizumab (Synagis®, AstraZeneca) is expected to continue to be the product in 2024-25 season, given IM monthly in paediatrics.

Ongoing area of policy development.

## Box 1

### High Risk due to chronic lung disease of prematurity (CLD), also known as bronchopulmonary dysplasia (BPD)

Pre-term infants who have moderate or severe CLD. Moderate or severe CLD is defined as 'preterm infants with compatible x-ray changes who continue to receive supplemental oxygen or respiratory support at 36 weeks post-menstrual age'.<sup>1</sup> Children who fall into the light and dark red shaded area of Table 1 should be offered prophylaxis

Infants with respiratory diseases who are not necessarily pre-term but who remain in oxygen at the start of the RSV season are also considered to be at higher risk

These infants may include those with conditions including:

- pulmonary hypoplasia due to congenital diaphragmatic hernia
- other congenital lung abnormalities (sometimes also involving congenital heart disease or lung malformation)
- interstitial lung disease

and including those receiving long term ventilation (LTV) at the onset of the season.<sup>2</sup>

### High Risk due to Congenital Heart Disease (CHD)

Preterm infants with haemodynamically significant, acyanotic CHD at the chronological ages at the start of the RSV season and gestational ages at birth covered within the light red shaded area in Table 1.

Cyanotic or acyanotic CHD plus significant co-morbidities particularly if multiple organ systems are involved.

### High Risk due to Severe Combined Immunodeficiency Syndrome (SCID)

Children less than 24 months of age with SCID – the most severe form of inherited deficiency of immunity, who are unable to mount either T-cell responses or produce antibody against infectious agents – until immune reconstituted.

Respiratory syncytial virus

Where clinical judgement of other individual patient circumstances strongly suggests that prophylaxis would prevent serious RSV infection in infants who are at particular risk of complications from RSV, use of nirsevimab (first-line, if available) or palivizumab could be considered during the RSV season.

Chronological age (months)	Gestational age at birth (weeks <sup>+days</sup> )						
	≤24+0	24+1 to 26+0	26+1 to 28+0	28+1 to 30+0	30+1 to 32+0	32+1 to 34+0	≥34+1
<1.5							
1.5 to <3							
3 to <6							
6 to <9							
9							

<sup>1</sup> Light red shaded area denotes eligibility for premature infants with haemodynamically significant acyanotic congenital heart disease; light or dark red areas denote eligibility for preterm infants with chronic lung disease. See text for further details including eligibility for other conditions.



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# The Respiratory Syncytial Virus (RSV) vaccine and healthcare practitioner documentation

Greta Hayward RGN, RM, MPH  
Consultant Midwife – Immunisation & Public Health Programmes  
Design, Implementation and Clinical Guidance Division



# RSV vaccination of pregnant women eligibility criteria

## Inclusion

- all pregnant women from 28 weeks' gestation
- eligible up until delivery (licensed 28-36 week)
- off label after week 36 of pregnancy in line with national recommendations
- single dose
- every pregnancy
- year-round programme

## Exclusion

- less than 28 weeks pregnant

# Abrysvo® Pre-F RSV vaccine

- a non-live bivalent recombinant vaccine
- manufactured by Pfizer
- does not contain animal products
- full list of vaccine components and excipients in the Abrysvo® [Summary of product characteristics \(SPC\)](#)
- **black triangle** label
- POM – PGD



# Vaccine ordering

## Ordering

- via the [ImmForm website](#)
- should be ordered regularly throughout the year
- the same Abrysvo® vaccine will be used for both the older adult and the vaccination of pregnant women programmes. They will be listed as separate items on ImmForm and the vaccine allocated for each programme should be ordered and managed independently where possible.

# Vaccine preparation

Each pack of Abrysvo® RSV vaccine contains:

- powder for 1 dose in a vial
- solvent (water for injection)
- vial adaptor
- 25G 25mm needle (suitable alternatives can be used if required)

[Manufacturer's instructional video for storage and preparation of the administration of Abrysvo](#)



# Healthcare practitioner resources

All UKHSA healthcare practitioner resources relating to RSV vaccination for older adults will be available in the [UKHSA RSV immunisation programme collection](#).

- the Green Book: Immunisation against infectious disease: [RSV Green Book chapter \(27a\)](#)
- ***Information for healthcare practitioner's guidance***
- ***Training slide set***
- Patient Group Direction (PGD): [RSV vaccine](#)
  
- Pfizer Abrysvo® vaccine preparation [instructional video](#)
- Pfizer Abrysvo® [Summary of product characteristics](#)

# RSV immunisation programme for infants: Programme Delivery

Caroline Temmink and Felipe Castrocardona



# Background: what is NHS England's role in the delivery of the RSV immunisation programme?

- NHS England leads the NHS in England to deliver high quality equitable services for all.
- NHS England regional teams are responsible for working with Integrated Care Boards (ICBs) to commission and pay providers to deliver the RSV immunisation programme.
- Delivery models and provider roles and responsibilities are determined by NHSE regional commissioning teams and their partner ICBs.
- To support delivery of the RSV immunisation programme, NHS England has developed commissioning guidance, clinical guardrails and national service schedules 2, 4 and 6.
- NHS England are working with UKHSA and DHSC to launch a public facing communications campaign to encourage uptake of the RSV vaccination amongst eligible groups.

# Programme Delivery Model:



<p>Who will be eligible for the RSV vaccine?</p>	<p>All women who are at least 28 weeks pregnant.</p> <p>After 28 weeks' gestation, pregnant women will remain eligible for the RSV vaccine up to birth.</p> <p>Providers are expected to deliver the RSV vaccination programme from 1<sup>st</sup> September 2024. Providers should have provisions in place to offer the vaccine to pregnant women who have passed 28 weeks at that point.</p>
<p>When should the RSV vaccine be offered?</p>	<p>The RSV vaccine should be offered to eligible pregnant women all year round from 28 weeks. RSV vaccination discussion is encouraged at any point in the antenatal period prior to the point of offer. Midwives and healthcare professionals should use antenatal contacts as early as possible for vaccination discussion.</p>
<p>Who will be responsible for delivery of the RSV vaccination?</p>	<p>Most vaccinations will be delivered by commissioned trust providers including community providers in a small number of areas. In some areas other supporting immunisation services may also be commissioned to offer in reach and outreach services.</p> <p>RSV vaccinations should be administered by trained staff operating under an appropriate legal mechanism. A template PGD will be available for local approval from the week commencing 5<sup>th</sup> August 2024, which will allow specified registered health care professionals to vaccinate.</p>
<p>Will be the RSV vaccination be offered in general practice?</p>	<p>General practice provision will be commissioned through the GP contract as a component of Essential Services, to proactively offer and provide RSV vaccination in pregnancy on an opportunistic or on request basis from 28 weeks of pregnancy. Opportunistic offer should proactively be made when the women attends the practice where records indicate vaccination status remains incomplete.</p> <p>The Statement of Financial Entitlements (SFE) will be updated in due course to include RSV vaccination in pregnancy at the standard item of service fee. Practices will be required to manually claim through CQRS for RSV vaccinations in pregnancy as an automated service will not be in place for the start of the programme.</p>



# Programme Delivery Model:



<p>Who will be responsible for inviting eligible people for their RSV vaccine?</p>	<p>Local services must ensure that all pregnant women are informed of their eligibility, are proactively offered and recalled and where accepted provided vaccination, as part of routine care.</p>
<p>Who will be responsible for booking vaccination appointments?</p>	<p>Local services must ensure that all eligible pregnant women who request an RSV vaccination are offered an appointment.</p>
<p>How will supply of the RSV vaccine be managed?</p>	<p>Providers should order Abrysvo® online via the ImmForm website.</p> <p>Abrysvo® will be available to order from 1st August 2024 and providers will be able to monitor their orders and deliveries through ImmForm.</p> <p>It is recommended that providers order no more than 2 weeks' worth of stock.</p>
<p>Can the RSV vaccine be co-administered with other vaccines?</p>	<p><b>Pregnant women:</b></p> <p>Abrysvo® should not be routinely scheduled with other vaccinations in pregnancy.</p> <p>Pregnant women can have Abrysvo® co-administered with inactivated influenza vaccine, COVID-19 vaccine and/or anti-D immunoglobulin, if necessary. When more than one vaccine is administered, it should be at different sites, preferably different limbs.</p> <p>If a pertussis containing vaccine has not been given by the time of attendance for Abrysvo® RSV vaccine, both vaccines can and should be given at the same appointment to ensure prompt development of immune response.</p>

# Roles and responsibilities

Providers (commissioned providers with maternity services, immunisation providers and general practice) are responsible for:

- Ensuring that they have read the information for Healthcare Practitioners document and the RSV training slide set.
- Ensuring that the template PGDs is approved before 1<sup>st</sup> September 2024 (General practice PGD approval is through routine processes).
- Ensuring staff are trained and competent to administer RSV vaccinations.
- Identifying pregnant women and informing them of their eligibility for the RSV vaccine, advocating uptake and ensuring they are up to date with all other vaccines they are eligible for. This includes signposting them to relevant NHS resources such as the patient information leaflet. The general practice offer is on request or opportunistic.
- Ordering vaccines via the ImmForm website. Providers should ensure that there is an ImmForm account set up for their organisation.
- Ensuring equality of access so that all eligible pregnant women who request an RSV vaccination are offered an appointment. Appointments should be delivered in a suitable and appropriate location. Vaccinations clinics/services commissioned from providers with maternity and immunisation services should ideally be set up within or as close as possible to antenatal maternity settings, to maximise convenience and uptake alongside routine maternity care.
- Administering RSV vaccinations.
- Ensuring vaccination events are recorded using nationally agreed applications. Vaccinations provided in a GP setting should be recorded directly onto GPIT systems. Vaccinations provided in a maternity setting should be recorded on the new NHS Record a Vaccination Service (RAVs) system.
- More information about the programme delivery model and provider roles and responsibilities will be outlined in the national RSV immunisation service schedules.



# Midwives and Obstetricians. Roles and responsibilities, RSV programme

Trusted clinical experts and women's health champions: Promoting health and preventing disease

## Midwives

Vaccine counselling and signposting: Immunisations education and advocacy within the maternity pathway, including the RSV vaccine.

- Vaccine administration: Registered healthcare professionals that can vaccinate include nurses, midwives and others. Who administers the vaccine is subject to local commissioning agreements. These agreements would include how Trusts and ICBs are supporting rollout, and should ensure it does not impact on safe staffing for core maternity care.
- Responsibilities: Provide evidence-based information about the importance of immunisations in pregnancy for both the woman and her unborn baby, in line with relevant guidelines ([NMC 2019](#), [NICE 2021](#), [HEE 2023](#))
- Recommendation: Use the booking appointment to offer and discuss the RSV vaccine, as part of the *staying healthy during pregnancy* discussion (immunisations, lifestyle choices, etc.)

## Obstetricians

- Vaccine counselling and signposting: Support Immunisations education and advocacy within the maternity pathway, including the RSV vaccine.
- Responsibilities: Take an active role in implementing public health priorities. Be knowledgeable about the current recommended vaccinations available to protect women and their unborn children, and provide balanced counselling ([NICE 2021](#), [RCOG 2022](#))
- Recommendation: Support implementation by checking if the pregnant woman has been offered and accepted RSV vaccination in this pregnancy, and if they have not, offer it.

# UKHSA maternal programme webinar

Data recording and reporting

James Spirit

# Recording RSV vaccination events



## General practice providers:

RSV vaccinations given by general practice must be recorded directly onto GPIT systems.

## Maternity service providers:

RSV vaccinations given by maternity service providers must be recorded on the new Record a Vaccination Service (RAVS) system.

RAVS is owned by NHS England and will be provided free of charge.

RAVS has been designed to help clinical staff record RSV vaccination events easily and effectively.

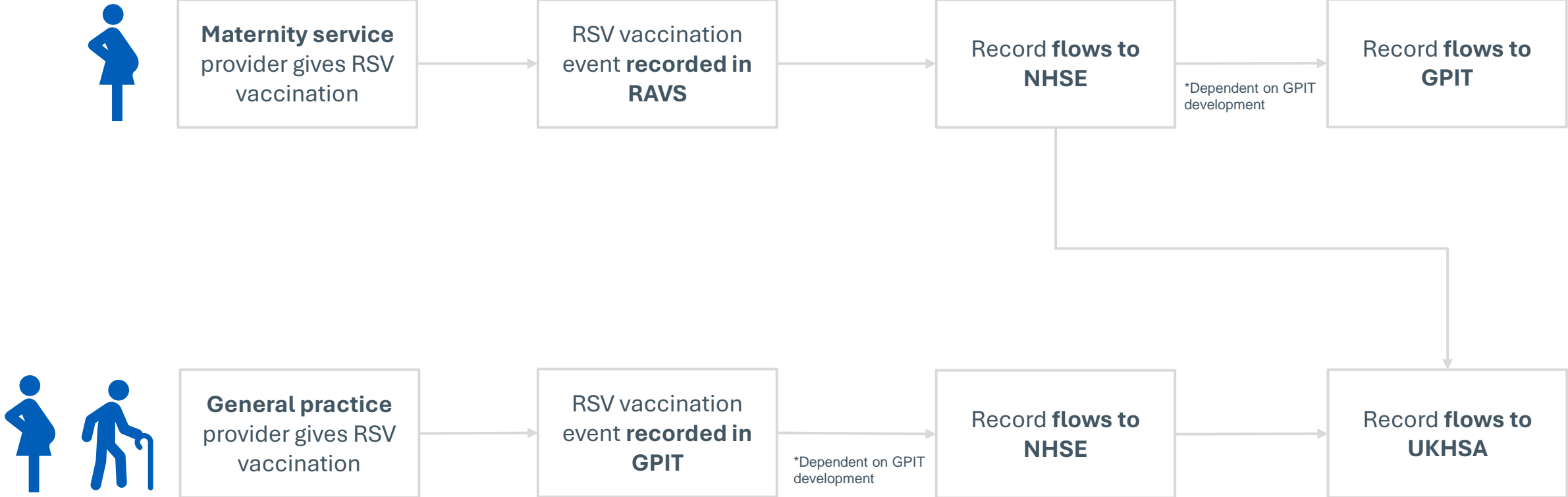
Recording vaccination events in RAVS will ensure GPs have an accurate record of vaccinations for their patients and will enable NHSE, UKHSA and MHRA to monitor the delivery, safety and efficacy of the RSV maternal programme for infant protection.

The image shows the Okta NHS Sign In page. At the top, the Okta logo is displayed. Below it, the text "NHS Sign In" is centered. There are two input fields: "Email" and "Password". The "Password" field has a toggle icon for visibility. Below the fields is a checkbox labeled "Keep me signed in". At the bottom, there is a blue "Sign in" button.

The image shows the "Record a vaccination" page on the NHS system. The header includes the NHS logo and the title "Record a vaccination". There are links for "Find a patient" and "Settings". A beta notice is present: "Beta This is a new service - your feedback (opens in a new tab) will help us to improve it." The main heading is "Your location". Below it, the instruction reads: "Please enter your organisation, site and care model to continue." There are three dropdown menus: "Organisation" (selected: NHS ARDEN AND GREATER EAST MIDLANDS COMMISSIONING SUPP), "Site" (selected: --Please select--), and "Care model" (selected: --Please select--). A green "Continue" button is at the bottom right.

The image shows the "Record a vaccination" page on the NHS system, specifically the "Find a patient" section. The header includes the NHS logo and the title "Record a vaccination". There are links for "Find a patient" and "Settings". A beta notice is present: "Beta This is a new service - your feedback (opens in a new tab) will help us to improve it." The main heading is "Find a patient". Below it, there are three tabs: "By NHS number" (selected), "By demographics", and "By local records". The section is titled "Search by NHS number". Below this, the instruction reads: "The quickest way to find a patient. Enter a 10 digit NHS number". There is an input field for the NHS number and a green "Search" button.

# Reporting RSV vaccination events





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# Respiratory Syncytial Virus maternal vaccination programme publications

July 9 2024

UKHSA Communications and Immunisation – Design,  
Implementation and Clinical guidance depts.

# Respiratory Syncytial Virus Programme Letter

From 1 September 2024, a vaccination for Respiratory Syncytial Virus (RSV) will be available for:

1. Older adults aged 75 to 79
2. Pregnant women who are at least 28 weeks pregnant

More details can be found on the [RSV programme letter](#) on GOV.UK.

Correspondence

## Introduction of new NHS vaccination programmes against respiratory syncytial virus (RSV)

Published 24 June 2024

Applies to England

Contents	24 June 2024
<a href="#">Programme for older adults aged 75 to 79 years old</a>	To:
<a href="#">Programme for pregnant women to protect infants</a>	Trust:
<a href="#">Annexe A. Detailed information and guidance for healthcare professionals – Older adult programme</a>	<ul style="list-style-type: none"><li>• chief executives</li><li>• chief operating officers</li><li>• medical directors</li></ul>
<a href="#">Annexe B. Detailed information and guidance for healthcare professionals – pregnancy vaccination for infant protection programme</a>	<ul style="list-style-type: none"><li>• chief pharmacist</li><li>• chief nurses</li><li>• head of midwifery</li></ul>
<a href="#">Annexe C. Detailed information and guidance for healthcare professionals – both programmes</a>	Integrated Care Boards (ICB): <ul style="list-style-type: none"><li>• chief executives</li><li>• chief operating officers</li></ul>



# RSV Collection on GOV.UK

The [RSV Collection](#) holds a range of information on the programme for the public and professionals.

This includes the following documents:

1. RSV Vaccination Programme Letter
2. JCVI advice on a RSV vaccination programme
3. RSV for older adults leaflet and poster
4. RSV for pregnant women leaflet and poster

Respiratory syncytial virus (RSV) is an enveloped RNA virus, in the same family as the human parainfluenza viruses and mumps and measles viruses. RSV is one of the common viruses that cause coughs and colds in winter. RSV is transmitted by large droplets and by secretions from contact with an infected person.

Infants under one year of age and the elderly are at the greatest risk of developing severe disease. While most RSV infections usually cause mild illness, infants aged less than 6 months frequently develop the most severe disease such as bronchiolitis and pneumonia, which may result in hospitalisation.

From 1 September 2024, 2 new respiratory syncytial virus (RSV) vaccination programmes will be introduced:

#### **Programme for older adults aged 75 to 79 years old**

All adults turning 75 years old on or after 1 September 2024 will be eligible for the routine programme and should be offered a single dose of the RSV vaccine. A one-off catch-up campaign for those already aged 75 to 79 years old on 1 September 2024 will be undertaken at the earliest opportunity.

#### **Programme for pregnant women to protect infants**

All women who are at least 28 weeks pregnant (the eligible cohort) on 1 September 2024, will be offered a single dose of the RSV vaccine. After that, pregnant women will become eligible as they reach 28 weeks gestation and remain eligible up to birth.

#### **Programme documents**

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[Respiratory syncytial virus \(RSV\) vaccination programmes letter](#)

24 June 2024    Correspondence

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[RSV immunisation programme: JCVI advice, 7 June 2023 \(updated 11 September 2023\)](#)

11 September 2023    Independent report



UK Health  
Security  
Agency

# RSV Vaccination Programme Launch Communications Plan

# The programme

DHSC will announce two new routine RSV vaccination programmes

```
graph TD; A[DHSC will announce two new routine RSV vaccination programmes] --> B[1. Maternal vaccine to protect infants]; B --> C[2. Older adults turning 75, alongside a catch-up programme for 75–79-year-olds.];
```

1. Maternal vaccine to protect infants

2. Older adults turning 75, alongside a catch-up programme for 75–79-year-olds.

- The vaccination programme will commence from September 2024
- The offer will be all-year-round (not seasonal)
- The offer is a one-off offer for adults. For pregnant women it is offered in every pregnancy.
- Delivery model: Older adults from GPs & some community pharmacies. Maternal is through commissioned services.

# Objectives and audiences

1. Raise awareness among key audiences about the programmes:
  - Expectant mothers & wider family
  - Older adults & wider family
  - Healthcare professionals (GPs and Imms professionals)
  - Key stakeholders including RCPCH, RC Midwives, RC Nursing, RCGPs, Health Visitors, Maternity Action & Age UK
2. Encourage high uptake of the RSV vaccine in eligible populations
3. Maintain credibility of new vaccine and reassure audiences and stakeholders about safety
4. Ensure clear messaging for expectant mothers on how the new vaccine is scheduled into the existing maternal vaccine programme.

# Key Messages

(Note these will be refined for different audiences)

## Maternal:

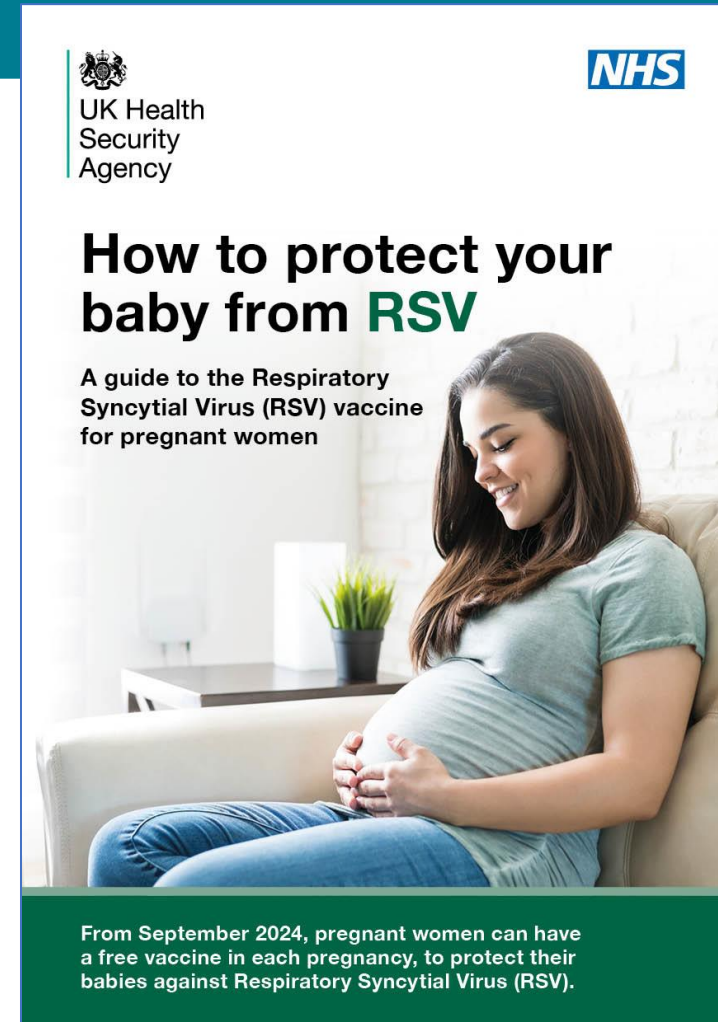
- From September 2024, pregnant women can have a vaccine to help protect their babies against RSV (**Respiratory Syncytial Virus**)
- You should be offered your vaccine around the time of your 28-week antenatal appointment
- Studies have shown the RSV vaccine is very safe for you and your baby
- A vaccine is needed in every pregnancy to give your new baby the best protection

## Older Adults:

- A single dose of vaccine will help to boost protection as you reach an age group at highest risk of serious RSV infection.
- Everyone turning 75 years old on or after the 1 September 2024 will be offered a single dose of RSV vaccine.
- For the first year of the programme, the vaccine will also be offered to those who are already aged 75 to 79 years on 1 September 2024.
- RSV vaccine is given all year round

# How to protect your baby from RSV

- This guide to the RSV vaccination for pregnant women contains the rationale for the programme, who is eligible and when they should have their RSV vaccine, safety and effectiveness, where to get more information and the symptoms of RSV.
- This leaflet can be ordered using product code: C24RSV03EN



# Protect your baby from RSV poster

Product Code: C24RSV03EN

There is a poster to promote the programme to pregnant women.

This should be displayed in GP surgeries, maternity units or midwifery settings and hospitals.



# RSV Leaflet for Pregnant Women – translations and accessible versions currently being produced

Translations of the leaflet will be available to order and download in: Albanian, Arabic, Bengali, Bulgarian, Chinese (simplified), Chinese (traditional), Dari, Estonian, Farsi, French, Greek, Gujarati, Hindi, Italian, Latvian, Lithuanian, Nepali, Panjabi, Pashto, Polish, Portuguese, Romanian, Romany, Russian, Somali, Spanish, Tagalog, Tigrinya, Turkish, Twi, Ukrainian, Urdu, Yiddish and Yoruba.

The poster and leaflets will also be available in a range of accessible formats:

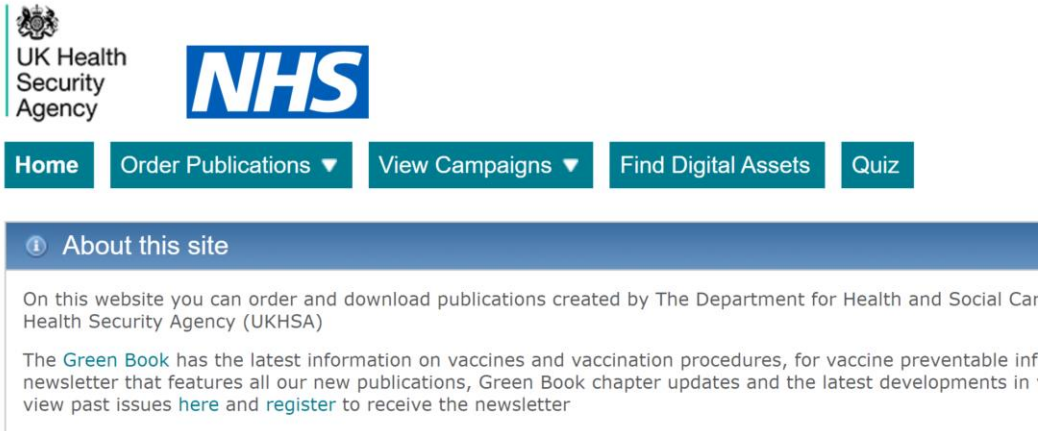
1. BSL video (product code: C24RSV03BSL)
2. Large print (product code: C24RSV03LP)
3. Audio (product code: C24RSV03AU)
4. Braille (product code: C24RSV03BR)

Training and guidance slide set and health professional guidance, Green book chapter, will be published shortly.

PGD will be published later and be available to download in advance of the start of the programme.

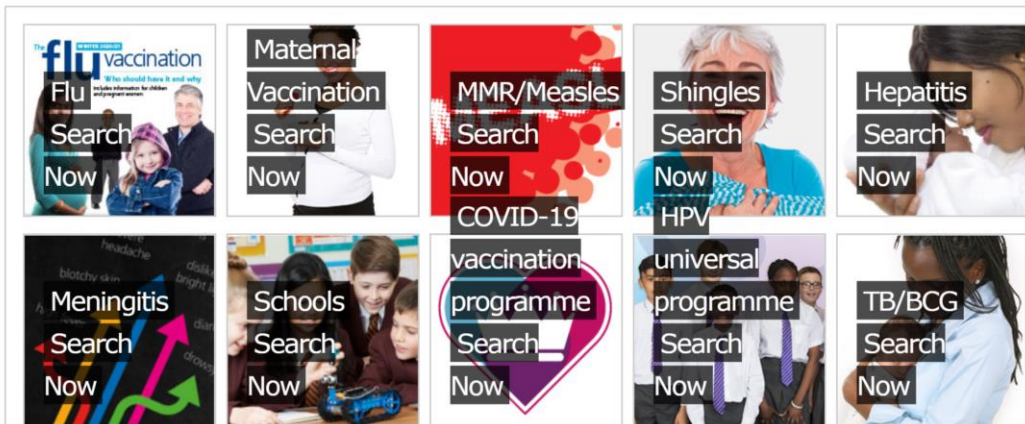


# Where to find the RSV publications to order – free service for all settings including those vaccinating



The screenshot shows the NHS website header with the UK Health Security Agency logo and the NHS logo. Navigation links include Home, Order Publications, View Campaigns, Find Digital Assets, and Quiz. Below the header is an 'About this site' section with an information icon. The text in this section states: 'On this website you can order and download publications created by The Department for Health and Social Care Health Security Agency (UKHSA). The Green Book has the latest information on vaccines and vaccination procedures, for vaccine preventable infectious diseases. It features all our new publications, Green Book chapter updates and the latest developments in view past issues here and register to receive the newsletter.'

## Health Publications



A grid of ten search buttons for various health publications. Each button features a small image and the following text: 'Search' and 'Now'. The publications are: 1. Flu vaccination (with 'You should have it and why'), 2. Maternal Vaccination, 3. MMR/Measles, 4. Shingles, 5. Hepatitis, 6. COVID-19 vaccination programme, 7. Schools, 8. universal programme, 9. TB/BCG, and 10. Meningitis (with 'blotchy skin', 'headache', 'dizziness', 'bright', 'diarrhoea', 'vomiting', 'drowsy', 'stiff neck', 'rash', 'fever', 'sore throat', 'cough', 'sneezing', 'runny nose', 'itchy eyes', 'itchy ears', 'itchy nose', 'itchy throat', 'itchy skin', 'itchy scalp', 'itchy hair', 'itchy eyebrows', 'itchy eyelashes', 'itchy eyebrows', 'itchy eyelashes', 'itchy eyebrows', 'itchy eyelashes').

## [Health publications website](#)

Free service  
Deliveries 3-5 working days  
Short link:

<https://qrco.de/healthpubs>

Resources to support health professionals delivering the routine vaccinations and looking after pregnant women



# Have you registered for Vaccine Update – Immunisation bulletin – R/S/ special issue coming soon

CQC endorsed – ‘registering and reading Vaccine update is one of the indicators of best practice’  
<https://www.gov.uk/government/collections/vaccine-update>

Audience: Screening and immunisation teams, clinics, GP practices, practice nurses, midwives, student nurses, health professionals and anyone with an interest in the UK vaccination programmes.

One stop shop for policy, supply or vaccine programme implementation including the training, guidance documents, examples of best practice, implementation guidance and patient facing resources to promote the campaign.

Register for the free bulletin here: [Sign up to receive the Vaccine update newsletter.](#)

The collage displays six covers of the 'Vaccine Update' bulletin from the UK Health Security Agency. Each cover features the agency's logo and a specific topic. The covers are:
 

- Issue 326 - April 2022:** Focuses on '2 doses of the HPV vaccine' for gay and bisexual men aged 15 and over.
- COVID-19 special - Issue 330 - June 2022:** Celebrates '120 million doses of COVID-19 vaccine given in England'.
- Special edition - November 2021:** Details the 'Flu vaccination programme'.
- Issue 339 - June 2023 - HPV Special:** Announces 'Changes to the HPV Universal Programme'.
- Issue 327 - May 2022:** Features 'SCID and TB a BCG Vaccine Update Special'.
- Issue 328 - May 2022:** Addresses 'Do they know it's shingles?'.

 Each cover includes a 'CONTENTS' section listing various articles and resources available in that issue.



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Order stocks of all of the resources on  
Health Publications website

<https://www.healthpublications.gov.uk/Home.html>

or phone 0300 123 1002



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# Q&A