

RSV Maternal and Infant Protection Program

2025 Victorian Immunisation Program - Webinar 2

22 January 2025

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RSV Mother & Infant Protection Program (RSV-MIPP)

In collaboration with the Commonwealth, the Victorian Government will implement the Respiratory Syncytial Virus Mother & Infant Protection Program (RSV-MIPP) for pregnant women and infants in 2025.

National Immunisation Program (NIP) Maternal RSV vaccination (Abrysvo®)



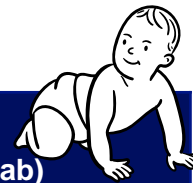
From Monday, 3 February 2025

- [eligible](#) pregnant women will have access to the free Abrysvo® RSV vaccine under the [National Immunisation Program](#)
- a single dose of Abrysvo® RSV vaccine is recommended in pregnancy at 28-36 weeks gestation to protect the infant against RSV



Australian Government
Department of Health and Aged Care

Victorian Government Victorian funded infant immunisation (nirsevimab)



1 April 2025 - 30 September 2025

A free long-acting RSV monoclonal antibody, Beyfortus™ (nirsevimab) will be available for:

- eligible infants whose mothers did not receive Abrysvo® RSV vaccine during pregnancy, or were vaccinated less than two weeks before delivery, and
- eligible infants and young children most at risk of severe RSV



Department
of Health

NIP Maternal RSV vaccination - Abrysvo®

NIP Maternal
RSV vaccination
Abrysvo®

Commencement date 3 February 2025: [eligible](#) pregnant women - 28 weeks to 36 weeks gestation

Abrysvo® is the **only** RSV vaccine approved for use in pregnant women

[Australian Immunisation Handbook](#) recommendations:

- a single dose recommended for all pregnant women at 28 - 36 weeks gestation
- can be given beyond 36 weeks gestation - but infant may require nirsevimab if less than 2 weeks prior to delivery
- not routinely recommended for use less than 28 weeks
- women who are breastfeeding but not pregnant are not recommended to receive an RSV vaccine
- advice on use in subsequent pregnancies will be provided when data is available

NOTE: Arexvy® vaccine is registered for use in adults aged 60 years and over and should **not be** administered to pregnant women. Report errors to [SAEFVIC](#)

Abrysvo® vaccine - preparation and administration

Timing

- Year-round program, Abrysvo® RSV vaccine should be routinely offered at the 28-week antenatal appointment
- All women who are already >28 weeks pregnant at the time of program commencement should be vaccinated as soon as possible
- Administer prior to 36 weeks

Co-administration

- Abrysvo® RSV vaccine can be co-administered with other maternal vaccinations including pertussis, influenza and COVID-19 vaccines

Presentation

- The lyophilised vaccine (powder) must be **reconstituted only** with the diluent provided using the vial adapter
- The prepared vaccine is a clear and colourless solution

Dosage

- Single 0.5mL, intramuscular injection into the deltoid muscle

Preparation

Abrysvo® vaccine information



Figure 1. Abrysvo® vaccine

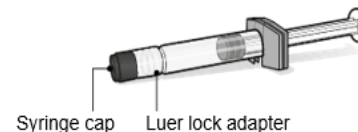
- Abrysvo® vaccine: 0.5 ml vial
- Presentation: powder and diluent for solution for injection
 - the powder or cake is white.
 - the diluent is a clear, colourless liquid
- Route & dosage:
 - Intramuscular (IM) injection into the deltoid muscle
 - 0.5ml (1 dose per vial)

Packet contents

Vial containing lyophilised
Abrysvo® RSVpreF vaccine



Pre-filled syringe containing diluent



Vial adapter



No needles are included in the packs.

AIR Code

- Abrysvo ABRSV

Australian Immunisation Register (AIR) - Reporting is critical to success of RSV-MIPP

Victorian Government funded infant program - nirsevimab



Neonate program

DOB: 1 April 2025 - 30 September 2025

Infants born to:

- mothers who **did not receive** Abrysvo® RSV vaccine during pregnancy **or**
- Abrysvo® RSV vaccine was administered <2weeks before birth,
- high risk infants* regardless of maternal vaccination status

*[Australian Immunisation Handbook | RSV](#)



Catch up - 1st season

DOB: 1 October 2024 - 31 March 2025
(up to 8 months of age)

Infants born to:

- mothers who **did not receive** maternal Abrysvo® RSV vaccine during pregnancy **or**
- Abrysvo® RSV vaccine was administered <2 weeks before birth,
- high risk infants* regardless of maternal vaccination status

*[Australian Immunisation Handbook | RSV](#), age limit not applicable



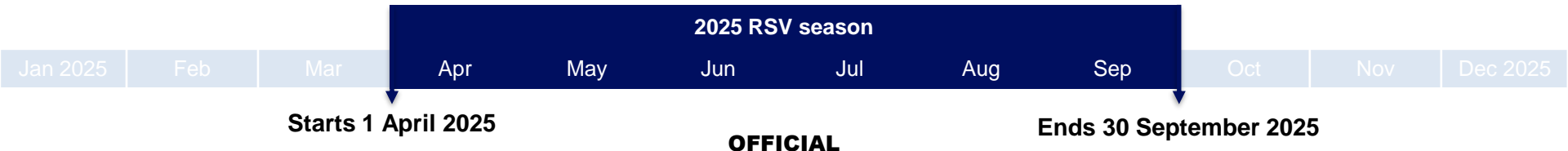
Catch up - 2nd RSV season

DOB: on or after 1 October 2023

Children vulnerable to severe RSV:

- Aboriginal Torres Strait Islander children
- young children with conditions associated with increased risk of severe RSV disease**

**[Conditions associated with increased risk](#)



Victorian Government funded infant program - nirsevimab



Neonate program

DOB: 1 April 2025 - 30 September 2025

Infants born to:

- mothers who **did not receive** Abrysvo® RSV vaccine during pregnancy **or**
- Abrysvo® RSV vaccine was administered <2weeks before birth,
- high risk infants* regardless of maternal vaccination status

* [Australian Immunisation Handbook | RSV](#)

High risk infants - 1st RSV season

- Preterm birth <32 weeks gestational age
- Haemodynamically significant congenital heart disease
- Significant immunosuppression, such as from solid organ transplant, haematopoietic stem cell transplant, or primary immune deficiencies such as severe combined immunodeficiency (SCID)
- Chronic lung disease requiring ongoing oxygen or respiratory support
- Neurological conditions that impair respiratory function
- Cystic fibrosis with severe lung disease or weight for length <10th percentile
- Trisomy 21 or another genetic condition that increases the risk of severe RSV disease
- **Born to mothers with severe maternal immunosuppression**
- **Received treatment associated with loss of maternal derived ABs**



Victorian Government funded infant program - nirsevimab



Catch up - 1st season

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Victorian Government funded infant program - nirsevimab



Catch up - 2nd RSV season

DOB: on or after 1 October 2023

Children vulnerable to severe RSV:

- Aboriginal Torres Strait Islander children
- young children with conditions associated with increased risk of severe RSV disease**

**Conditions associated with increased risk

High risk children - 2nd RSV season

- All Aboriginal and Torres Strait Islander infants
- Preterm birth <32 weeks gestational age
- Haemodynamically significant congenital heart disease
- Significant immunosuppression, such as from solid organ transplant, haematopoietic stem cell transplant, or primary immune deficiencies such as severe combined immunodeficiency (SCID)
- Chronic lung disease requiring ongoing oxygen or respiratory support
- Neurological conditions that impair respiratory function
- Cystic fibrosis with severe lung disease or weight for length <10th percentile
- Trisomy 21 or another genetic condition that increases the risk of severe RSV disease

2025 RSV season

Jan 2025 Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec 2025

Starts 1 April 2025

Ends 30 September 2025

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Nirsevimab (Beyfortus™) - preparation and administration

Timing

Protective benefits maximised if administered:

- shortly after birth for infants born just before or during the RSV season, aim to give before discharge
- may be delayed for neonates in NICUs, SCNs

Recommended work practices

- Link to established workflows in maternity units
- Check maternal vaccination AIR access
- Refer to recommendations in the [Australian Immunisation Handbook](#) for medical risk conditions and after treatment (such as cardiopulmonary bypass)

Presentation

- Clear to opalescent colorless to yellow solution in a prefilled syringe
- Each prefilled syringe contains **0.5 mL or 1 mL** solution
- Pack size: 1 or 5 single use prefilled syringe(s)* without needles

AIR Code

- Beyfortus BFRSV

Formulations

- Prefilled syringe with a **purple plunger rod** contains 50mg of nirsevimab in 0.5mL
- Prefilled syringe with a **light blue plunger rod** contains 100mg of nirsevimab in 1mL

Indications

Neonate & first RSV season	Second RSV season
<p>Body weight:</p> <ul style="list-style-type: none">• less than 5 kg - 50mg• 5kg and greater - 100mg	<p>A 200 mg dose administered as two intramuscular injections (2 x 100 mg) at the same visit</p>

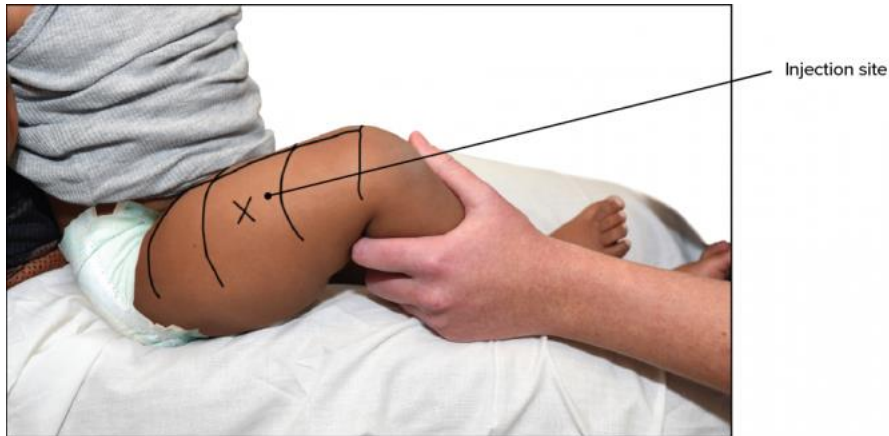


AIR - Reporting is critical to success of RSV-MIPP

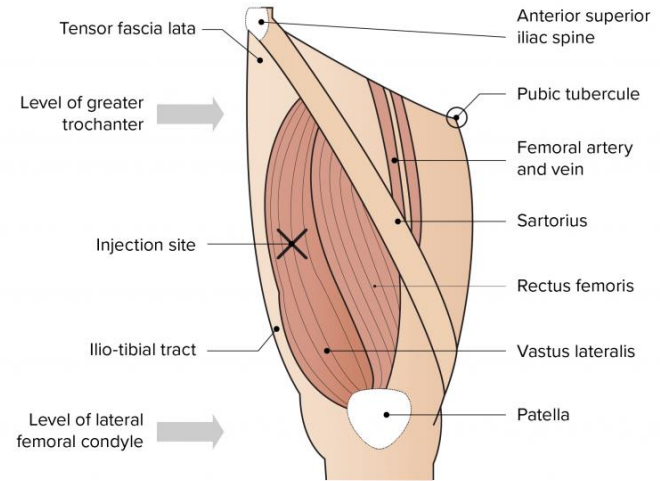
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Nirsevimab - route of administration

Administer nirsevimab **intramuscularly (IM)**. The preferred site of administration is the anterolateral thigh region.



[Vastus lateralis injection site on the anterolateral thigh](#)



[Figure. Anatomical markers used to identify the vastus lateralis injection site on the anterolateral thigh](#)

Storage of Abrysvo® and nirsevimab



Abrysvo® and nirsevimab **must** be stored in a purpose-built vaccine refrigerator at or between +2°C to +8°C and protected from light at all times



Store in the original cardboard packaging until immediately prior to administration to protect from light



Do not shake or expose to heat



Vaccine refrigerator temperature must be continuously monitored in accordance with the current edition of the National Vaccine Storage Guidelines 'Strive for 5'



A range of resources to support cold chain management are available on the Department of Health Cold Chain Management webpage



Department of Health

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RSV-MIPP: immunisation workforces

- Medical practitioners, nurse practitioners and authorised midwives can already administer Abrysvo® RSV vaccine and nirsevimab to eligible cohorts.
- Additional immunisers have been authorised to administer RSV immunisation products to support implementation and access to the RSV-MIPP.

Abrysvo®

- Will be available for **all immunisation providers** in Victoria
- Nurse immunisers, pharmacist immunisers, intern pharmacist immunisers and Aboriginal and Torres Strait Islander health practitioner (ATSIHP) immunisers are authorised to administer Abrysvo® vaccine for RSV, as recommended in the Australian Immunisation Handbook



nirsevimab

- Availability will be limited due to constrained supply
- Nurse immunisers and Aboriginal and Torres Strait Islander health practitioner (ATSIHP) immunisers are authorised to administer nirsevimab to eligible infants and children listed on the department's [RSV immunisation webpage](#) and in accordance with the [Australian Immunisation Handbook](#)



Ordering RSV Abrysvo® and nirsevimab

Abrysvo®

- Ordering opened on **20 January 2025** to ensure all **registered** immunisation providers have access to the vaccine before commencement of the program
- National Immunisation Program eligibility commences on **Monday 3 February 2025**
- Order limits for Abrysvo® RSV vaccine are in place to manage demand and ensure equitable distribution
- Order limits may change without notice, providers should refer to their [Onelink](#) ordering template for the most up to information
- Account audits will be undertaken to ensure over-ordering does not occur and all doses must be reported to the AIR
- Shelf-life extension to batches LL2636, LL6779, LR6778, this information will be included when affected batches are despatched



nirsevimab

- Ordering is anticipated to open in **mid-March** to ensure that **registered** immunisation providers have access to nirsevimab before the commencement date of **1 April 2025**. More information will be provided closer to the date
- GP's, public and private hospitals, NPs and local councils should refer to their [Onelink](#) ordering template
- Due to limited supply strict order limits will be in place to manage demand and ensure equitable distribution
- Account audits will be undertaken to ensure over-ordering does not occur



Australian Immunisation Register (AIR) reporting

Preparation – examine records



- Encourage mothers to bring digital / other copy of Immunisation statement or the Victorian Maternity Record (VMR) to all appointments and when presenting for infant nirsevimab dose
- Check eligibility criteria for risk factors for neonates and 'catch-up' doses

Report doses



- Check – does your clinical software immunisation records automatically interface with the AIR? If not, ensure your service has manual processes in place to report encounters
- Have you updated your practice software for 2025?
- Ensure correct codes, refer to [Services Australia AIR codes](#)
- Read [AIR fact sheet for providers](#) to ensure reporting is in line with recommendations

Reporting to the AIR



- It is **mandatory** to report all National Immunisation Program (NIP) vaccinations provided to the AIR
- It is **strongly encouraged** to report all other vaccinations to the AIR
- Record vaccine information within 24 hours (if practical), otherwise within 10 business days of administration
- Infants not enrolled with Medicare or not eligible for Medicare will be added to the AIR when a vaccination provider reports their vaccination details. This is a manual process and can take up to 5-10 business days
- Individuals who are enrolled with Medicare automatically have an AIR record created for them
- When reporting vaccinations for infants, add as much detail as possible to allow for future matching to a Medicare record and to avoid creating duplicate records
- Refer to [AIR Tip | NCIRS](#) for information on how to report newborn vaccinations for infants who are not yet enrolled in Medicare

Vaccine administration error - RSV

Abrysvo®



Common administration errors

- Brand confusion - **Abrysvo®** and **Arexvy®**
- Indication for use - which brand is licenced for which person, reconstitution is required

Avoid administration errors

- **Abrysvo®** and **Arexvy®** are **not approved** for use in infants and young children
- **Abrysvo®** is the **only** RSV vaccine recommended for pregnant people (NIP)
- **Arexvy®** is registered for people aged 60 years and over (private)

Arexvy® - not used in RSV-MIPP



Key strategies for safe practice - [Vaccine error management](#)

- Right person, right vaccine, right time, right dose
- Clearly label vaccines in vaccine refrigerator - keep separate
- Education - share information regarding RSV program and products, including preparation
- Report to the Australian Immunisation Register

Report adverse events following immunisation (AEFI)

- Report AEFI and vaccine administration error to [SAEFVIC](#), Victoria's safety surveillance service
- Requirement for [open disclosure](#)

Practical tips - resources for health professionals



Information for immunisation providers

- Australian Government RSV Program advice for health professionals
- [Department of Health Respiratory syncytial virus \(RSV\) immunisation website](#)
- [Fact sheet - Abrysvo® RSV vaccine preparation](#)
- [Fact sheet - RSV vaccination in pregnancy - Abrysvo®](#)
- RSV-MIPP Infant program – Toolkit for Immunisation providers
- [Uploading to the AIR - factsheet for immunisation providers](#)
- [NCIRS - Respiratory syncytial virus \(RSV\) FAQ](#)
- [Australian Immunisation Handbook - Respiratory syncytial virus \(RSV\)](#)

Information for consumers

- [RSV vaccination for pregnant women – A3 posters](#)
- [Fact sheet - RSV vaccination in pregnancy](#)
- Fact sheet - RSV immunisation for infants and young children – Nirsevimab
- [Better Health Channel Respiratory syncytial virus \(RSV\) factsheet](#)
- Australian Government RSV frequently asked questions

Respiratory syncytial virus (RSV) immunisation

ATAGI recommendations, resources and workforce authorisation information for immunisation providers.

Accessibility statement and publisher information

To receive this presentation in another format, using the National Relay Service 13 36 77 if required, or email the Immunisation Program <immunisation@health.vic.gov.au>.

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In this presentation, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koori/Kourie' is retained when part of the title of a report, program or quotation.

Available at <<https://www.health.vic.gov.au/immunisation/respiratory-syncytial-virus-immunisation>>.