

Respiratory Syncytial Virus and ABRYSSVO®: A Guide for Employers



ABRYSSVO is the only vaccine indicated for both¹:



active immunization of **pregnant individuals at 32 through 36 weeks gestational age** for the prevention of lower respiratory tract disease (LRTD) and severe LRTD caused by respiratory syncytial virus (RSV) in infants from birth through 6 months of age



active immunization for the prevention of LRTD caused by RSV in individuals **60 years of age and older**

ACIP recommendations:

- ABRYSSVO is recommended for pregnant persons as a one-time dose at 32 weeks and zero days' through 36 weeks and 6 days' gestation using seasonal administration (meaning September–January in most of the continental United States)* for prevention of RSV-associated LRTI in infants aged <6 months.²
- Adults 60 years and older may receive a single dose of ABRYSSVO using shared clinical decision making (SCDM).^{3†}

*In jurisdictions with RSV seasonality that differs from most of the continental US, providers should follow state, local, or territorial guidance on timing of maternal vaccination with ABRYSSVO.²

†The CDC encourages healthcare providers to maximize the benefit of RSV vaccination by giving RSV vaccine in late summer or early fall. However, providers can continue recommending vaccination at any time of year, based on SCDM, to eligible adults who remain unvaccinated.⁴

ACIP = Advisory Committee on Immunization Practices; LRTI = lower respiratory tract infection.

IMPORTANT SAFETY INFORMATION

- Do not administer ABRYSSVO to individuals with a history of a severe allergic reaction (e.g. anaphylaxis) to any component of ABRYSSVO
- A numerical imbalance in preterm births was observed compared to placebo in 2 clinical studies. Data are insufficient to establish or exclude a causal relationship between preterm birth and ABRYSSVO®. To avoid potential risk of preterm birth with use of ABRYSSVO before 32 weeks of gestation, administer to pregnant individuals at 32 through 36 weeks gestational age
- Appropriate medical treatment must be available in case of an anaphylactic reaction

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Please see additional Important Safety Information on following pages. Please see [full Prescribing Information for ABRYSSVO®](#).



Hospitalizations

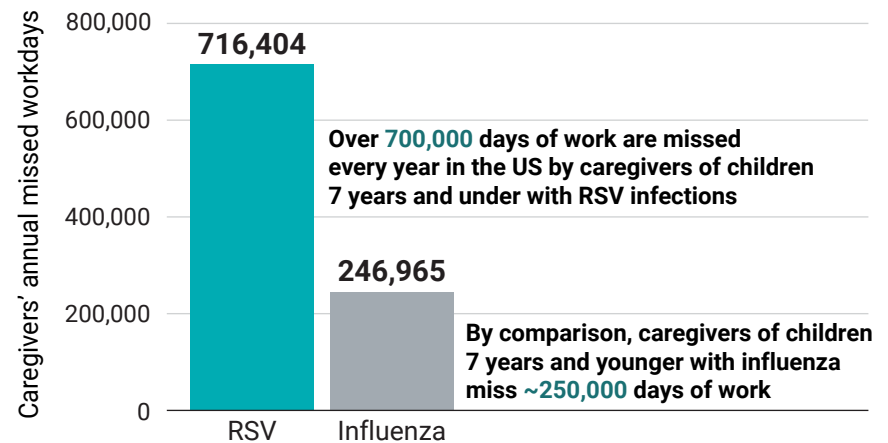
- RSV is the **leading cause of hospitalization** in infants⁵
- Hospitalization rates peak between 1 and 2 months of age⁶
- In a retrospective, observational cohort study of infants born between 2009-2015, a hospitalization for RSV in full-term infants with no major health problems at birth (mean age ~3.5 months) cost **\$6324** to **\$16,753** in 2024 dollars^{7,8*}

*Cost was dependent on insurance coverage type.

LRTD = lower respiratory tract disease; RSV = respiratory syncytial virus.



Caregivers' Lost Productivity (Children 7 Years of Age and Under)^{9,10}



The above data includes children 7 years of age and under.¹⁰ ABRYSVO is indicated for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age.¹

IMPORTANT SAFETY INFORMATION (continued)

- In clinical trials with pregnant individuals, the most commonly reported ($\geq 10\%$) adverse reactions were pain at the injection site (40.6%), headache (31.0%), muscle pain (26.5%), and nausea (20.0%)
- In clinical trials with infants born to pregnant individuals, low birth weight (5.1% ABRYSVO versus 4.4% placebo) and neonatal jaundice (7.2% ABRYSVO versus 6.7% placebo) were observed

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RSV in Adults 60 Years of Age and Older



Hospitalizations

- Like influenza, RSV can lead to hospitalization in older adults^{11,12}
- **~60,000-160,000** older adults are hospitalized for RSV every year^{11*}
 - RSV disease burden is likely underestimated^{13,14}
- Adults 60 years of age and older hospitalized for RSV spend an average of **5.6 days** in the hospital^{15†}

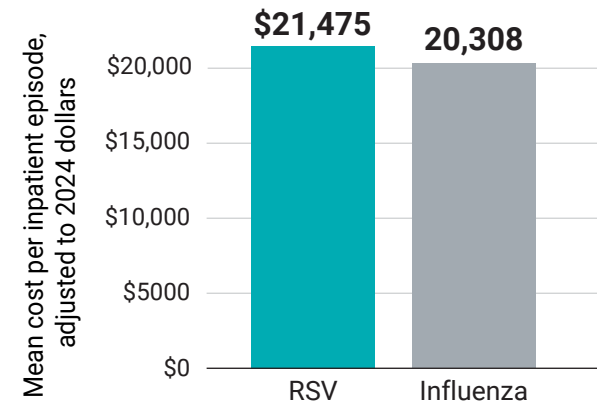
*RSV hospitalization data are from a period when no vaccine was available.

†Based on historical data from the National Inpatient Sample (1997-2012, N=16,316) of hospitalized adults aged 60 and older with ICD-9 codes 079.6 (RSV), 466.11 (bronchiolitis due to RSV), and 480.1 (pneumonia due to RSV).¹⁵

RSV = respiratory syncytial virus.



Direct Costs^{8,16‡}



Hospitalization Costs are Similar for RSV and Flu in Adults 60+¹⁶

‡National Inpatient Sample daily average hospitalization cost per DRG in 2013 for patients aged ≥60. RSV cost data are from a period when no vaccine was available.¹⁶

IMPORTANT SAFETY INFORMATION (continued)

- Syncope (fainting) may occur in association with administration of injectable vaccines, including ABRYSVO. Procedures should be in place to avoid injury from fainting
- In clinical trials with older adults, the most commonly reported (≥10%) adverse reactions were fatigue (15.5%), headache (12.8%), pain at the injection site (10.5%), and muscle pain (10.1%)

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Please see additional Important Safety Information on following page. Please see [full Prescribing Information](#) for ABRYSVO®.

ABRYSVO® Is the Only FDA-approved Vaccine to Help Protect Both Older Adults and Infants* From RSV

*Via maternal immunization



Consider taking the following actions to support RSV vaccination in your workplace:

- Making RSV vaccination available to your pregnant employees and employees 60 years of age and older in the workplace or in company health clinics
- Communicating about RSV vaccine availability and the importance of infant protection to your pregnant employees and protection to employees 60 years of age and older

Resources



- Ask your Pfizer representative for a Respiratory Health Toolkit for Employers, which includes tips to communicate with your employees
- Scan the QR code to find where ABRYSVO is available in your area



FDA = U.S. Food and Drug Administration; RSV = respiratory syncytial virus.

IMPORTANT SAFETY INFORMATION (continued)

- Immunocompromised individuals, including those receiving immunosuppressive therapy, may have a diminished immune response to ABRYSVO
- Vaccination with ABRYSVO may not protect all vaccine recipients

Individuals who received ABRYSVO during pregnancy are encouraged to contact 1-800-616-3791 to enroll in a Pregnancy Exposure Registry.

Please see full Prescribing Information for ABRYSVO®.

1. ABRYSVO® Prescribing Information. Pfizer, Inc. 2023. 2. Fleming-Dutra KE, et al. *MMWR*. 2023;72(41):1115-1122. 3. Melgar M, et al. *MMWR*. 2023;72(29):793-801. 4. Centers for Disease Control and Prevention (CDC). Accessed March 7, 2024. <https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults-faqs.html> 5. McLaughlin JM, et al. *J Infect Dis*. 2022;225:1100-1111. 6. Hall CB, et al. *Pediatrics*. 2013;132(2):e341-e348. 7. Ledbetter J, et al. *J Med Econ*. 2020;23(2):139-147. Supplemental data at <https://www.tandfonline.com/doi/suppl/10.1080/13696998.2019.1658592?scroll=top> 8. US Bureau of Labor Statistics. Accessed March 15, 2024. https://www.bls.gov/data/inflation_calculator.htm 9. Munro APS, et al. *Curr Opin Infect Dis*. 2023;36:379-384. 10. Bourgeois FT, et al. *Pediatrics*. 2009;124(6):e1072-e1080. 11. CDC. Accessed March 13, 2024. <https://www.cdc.gov/rsv/research/index.html> 12. CDC. Accessed June 7, 2023. <https://www.cdc.gov/flu/about/burden/past-seasons.html> 13. Tin Tin Htar M, et al. *Epidemiol Infect*. 2020;148:e48:1-16. <https://doi.org/10.1017/S0950268820000400> 14. Rozenbaum MH, et al. *Infect Dis Ther*. 2023;12:1487-1504. 15. Pastula ST, et al. *Open Forum Infect Dis*. 2017;4(1):ofw270. 16. Ackerson B, et al. *J Infect Dis*. 2020;222:962-966.