

RSV Vaccination in Adults: Introduction

Albert Shaw, MD, PhD Chair, Adult RSV Work Group Advisory Committee on Immunization Practices April 16, 2025

Adult RSV Work Group Membership

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June 2024 ACIP Recommendations for RSV Vaccination in Older Adults:

ACIP recommends all adults aged ≥75 years and adults aged 60–74 years who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.^{1,2}

1. Recommendation is for any Food and Drug Administration—approved RSV vaccine (Arexvy [GSK]; Abrysvo [Pfizer]; or mResvia [Moderna]). There is no product preference.

2. Eligible adults are currently recommended to receive a single dose of RSV vaccine; adults who have already received RSV vaccination should not receive another dose.

Chronic medical conditions and other risk factors associated with increased risk of severe RSV disease

Chronic cardiovascular disease	Chronic lung or respiratory disease	Diabetes mellit complicated by ch neuropathy, retind organ damage or r with insulin or so cotransporter-2	ronic kidney disease, opathy or other end- requiring treatment odium-glucose (SGLT2) inhibitor	Severe obesity (body mass index ≥40 kg/m ²)
End stage renal disease/dialysis dependence	Chronic hematologic conditions	Chronic liver disease	Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness	
Residence in a nursing home	Overate or severe immunocompromise	Other chronic medical conditions or risk factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)		

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- Protein subunit (based on RSV F protein in prefusion conformation)
 - GSK Arexvy¹: monovalent RSV-A, AS01_E adjuvant
 - **Pfizer Abrysvo**²: bivalent RSV-A/RSV-B, no adjuvant
- Messenger RNA (mRNA, encoding RSV F protein in prefusion conformation)
 - Moderna mResvia³: monovalent RSV-A, no adjuvant

- 1. https://www.fda.gov/media/167805/download
- 2. https://www.fda.gov/media/168889/download
- 3. <u>https://www.fda.gov/media/179005/download</u>

• Protein subunit

- **GSK Arexvy**¹: monovalent RSV-A, AS01_E adjuvant
- **Pfizer Abrysvo**²: bivalent RSV-A/RSV-B, no adjuvant

mRNA

- Moderna mResvia³: monovalent RSV-A, no adjuvant

Approved for prevention of lower respiratory tract disease (LRTD) caused by RSV in **adults aged ≥60 years**

- 1. https://www.fda.gov/media/167805/download
- 2. <u>https://www.fda.gov/media/168889/download</u>
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Approved for prevention of LRTD caused by RSV in adults aged 50–59 years who are at increased risk for LRTD caused by RSV*

*There is no current ACIP recommendation for RSV vaccination in adults aged <60 years, **except** for the maternal vaccination recommendation:

https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm

• Protein subunit

- **GSK Arexvy**¹: monovalent RSV-A, AS01_E adjuvant
- Pfizer Abrysvo²: bivalent RSV-A/RSV-B, no adjuvant-

• mRNA

- Moderna mResvia³: monovalent RSV-A, no adjuvant

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https://www.cdc.gov/mmwr/volumes/72/wr/mm7241e1.htm

Approved for prevention of LRTD caused by RSV in adults aged 18–59 years who are at increased risk of LRTD caused by RSV*

• Protein subunit

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- Pfizer Abrysvo²: bivalent RSV-A/RSV-B, no adjuvant-

• mRNA

- Moderna mResvia³: monovalent RSV-A, no adjuvant

Also approved and recommended for active immunization in **pregnancy*** at 32–36 weeks gestational

 age for the prevention of LRTD and severe LRTD caused by RSV in infants from birth through 6 months of age.

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- 3. <u>https://www.fda.gov/media/179005/download</u>

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Moderna has submitted an application for licensure for adults aged 18–59 years who are at increased risk of LRTD caused by RSV. PDUFA date June 12th, 2025.⁴

PDUFA: Prescription Drug User Fee Act

- 1. https://www.fda.gov/media/167805/download
- 2. https://www.fda.gov/media/168889/download
- 3. https://www.fda.gov/media/179005/download
- 4. <u>https://investors.modernatx.com/news/news-details/2025/Moderna-Reports-Fourth-Quarter-and-Fiscal-Year-2024-Financial-Results-and-Provides-Business-Updates/default.aspx</u>

Today's meeting

- Adult RSV Work Group will propose a policy recommendation for age expansion of the use of RSV vaccines to include adults aged 50-59 years at increased risk of severe RSV disease.
- Immunobridging and safety data in adults aged 50-59 years at increased risk of severe RSV disease were previously presented to ACIP by GSK and Pfizer; today Moderna will present immunobridging and safety data in adults aged 18-59 years at increased risk.
- ACIP will also see presentations from manufacturers on immunogenicity and safety of re-vaccination and economic analyses of RSV vaccination in adults aged 50-59 years at increased risk.
- Then we will share the complete Evidence to Recommendation framework and propose a policy recommendation for an ACIP vote.

Acknowledging there is also one FDA-approved vaccine for RSV prevention in adults aged <50 years, the Work Group continues to evaluate recommendations for RSV vaccination in this age group



*Pfizer's Abrysvo is also licensed and recommended for use in pregnant women of any age to prevent RSV LRTD in infants after birth. <u>No other RSV vaccine should be administered to pregnant women</u>.

Policy for the use of RSV vaccines in adults aged <50 years will be revisited at the June 2025 meeting.

- The Work Group recognizes that certain adults aged <50 years may benefit from RSV vaccination
- However, the Work Group has indicated there are likely important differences in considering a recommendation for adults aged <50 years compared to adults aged ≥50 years, including:
 - Absolute risk of RSV-associated disease and which medical conditions increase risk the most
 - Risk-benefit balance
 - Cost-effectiveness
 - Importance of ability to restore protection with revaccination
- As of today's meeting, information on the absolute risk of RSVassociated disease among adults with risk conditions is still being analyzed and estimates of risk-benefit balance and cost-effectiveness of vaccination in younger adults are not yet available.

Policy for the use of RSV vaccines in adults aged <50 years will be revisited at the June 2025 meeting.

- The Work Group is also reviewing or anticipates reviewing the following data deemed critical for a recommendation in adults aged <50 years:
 - The projected balance of public health benefits and risks considering uncertainty in vaccineassociated Guillain-Barré syndrome risk in a younger population
 - Evidence of RSV vaccine immunogenicity or effectiveness in adults with the most severely immunocompromising conditions
 - The duration of protection over time in adults aged ≥60 years who were vaccinated in 2023
 - Available data on immunogenicity of revaccination with different vaccine platforms and revaccination intervals
- The Work Group has indicated it needs to review these data and needs additional time to consider the best policy option in adults aged <50 years.
- The Work Group welcomes ACIP's thoughts about adults aged <50 years during discussion at the end of today's session.

Agenda: Wednesday April 16, 2025

- Manufacturer Presentation: mRNA-1345 (Moderna) Immunogenicity in Adults Aged 18-59 Years at Increased Risk; 24-Month Re-Vaccination
- Manufacturer Presentation: Arexvy (GSK) 36-Month Re-Vaccination
- Economic Analysis of Adult RSV Vaccination, including benefits and risk discussion
- Comparison of Economic Analyses of Adult RSV Vaccination
- Evidence to Recommendations
- Clinical Considerations
- ACIP discussion and vote

Dr. Frances Priddy (Moderna)

- Dr. Susan Gerber (GSK)
- Dr. Ismael Ortega-Sanchez (CDC) on behalf of Dr.
 David Hutton (University of Michigan)
- Dr. Ismael Ortega-Sanchez (CDC)
- Dr. Michael Melgar, Dr. Diya Surie (CDC)
- Dr. Michael Melgar (CDC)

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

