NSW Health

Eligibility for Abrysvo® and nirsevimab (Beyfortus™)

NSW RSV Prevention Program

Please distribute to all doctors, nurses and other staff in your practice or service.

National Immunisation Program: Maternal RSV vaccine Abrysvo®

A single dose of Abrysvo should be offered year round to all pregnant women at the 28-week antenatal visit (recommended from 28 weeks gestation, ideally before 36 weeks)

- Free under the National Immunisation Program from 3 February 2025.
- Abrysvo is the only RSV vaccine available for administration to pregnant women.
- Abrysvo can be co-administered with other antenatal vaccinations including diphtheria, tetanus and pertussis (dTpa) vaccine (also given at the 28-week antenatal visit) and influenza vaccines. For further information on co-administration see the Australian Immunisation Handbook.
- Abrysvo is not recommended for use before 28 weeks until additional safety and effectiveness data is available.
- Abrysvo can be given after 36 weeks gestation. If a pregnant women is not vaccinated by 36 weeks gestation, they should receive the vaccine as soon as possible after 36 weeks gestation. However infants may not be adequately protected if they are born within 2 weeks of their mother being vaccinated. If delivery occurs within 2 weeks of the mother receiving Abrysvo, the infant is recommended to also receive nirsevimab (see below).

NSW funded monoclonal antibody: BeyfortusTM (nirsevimab)

Infants up to 6 months of age who meet the following eligibility criteria:

- Born to mothers who did not receive Abrysvo during pregnancy, **or**
- Born within 2 weeks of the mother receiving Abrysvo during pregnancy, **or**
- Born with risk conditions for severe RSV disease[1] regardless of maternal vaccination status, **or**
- Born to mothers with severe immunosuppression, where the immune response to maternally administered RSV vaccine was impaired as per the **Australian Immunisation Handbook**, **or**
- Have lost effective passive immunisation
    - Those whose mothers have received Abrysvo in pregnancy but have subsequently undergone a treatment after birth, such as cardiopulmonary bypass or extracorporeal membrane oxygenation, that may lead to loss of maternal antibodies, **or**

	○ Those who have already received nirsevimab but have subsequently undergone one of the procedures above (a repeat dose or nirsevimab will be recommended). Eligible infants should receive nirsevimab prior to discharge from hospital. If an eligible infant is not immunised with nirsevimab before they are discharged from hospital, they can receive nirsevimab up to 6 months of age from their GP, community health centre or Aboriginal medical service.
Children up to 24 months of age entering their second or subsequent RSV season who meet the following eligibility criteria:	• Children with risk conditions for severe RSV disease[1]. • A minimum interval of 6 months is recommended between a 1st and 2nd season dose of nirsevimab. Eligible children can receive nirsevimab through their local general practitioner (GP), Aboriginal medical service (AMS) or community health service
NSW RSV Vulnerable Babies Program catch-up for infants born from 1 October 2024 to 16 March 2025 who meet the following eligibility:	• Infants not protected through maternal RSV vaccination, **and** • did not receive nirsevimab at birth, **and** • Infants who meet one of the following eligibility criteria: — premature infants born less than 37 weeks gestation, **or** — Aboriginal and Torres Strait Islander infants, **or** — infants with risk conditions for severe RSV disease[1]. Eligible infants can receive nirsevimab through their local GP, AMS or community health service.

[1] **Conditions associated with increased risk of severe RSV disease** in infants and young children as recommended in the Australian Immunisation Handbook include:

- 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) in consultation with a paediatric infectious disease, immunology or immunisation specialist.
- 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.

Useful resources

- NSW RSV Prevention Program – Information for health professionals
  https://www.health.nsw.gov.au/immunisation/Pages/respiratory-syncytial-virus.aspx
- Clinical decision aid for nirsevimab (Beyfortus™) in newborn infants
  https://www.health.nsw.gov.au/immunisation/pages/rsv-aid-infants.aspx
- Clinical decision aid for nirsevimab (Beyfortus™) in infants and children up to 24 months of age who remain at risk of severe RSV disease
  https://www.health.nsw.gov.au/immunisation/pages/rsv-aid-children.aspx