

Prenatal Immunization Overview & RSV Immunization Update

Adriana Diaz, MPH
Senior Program Analyst
Prenatal and Pediatric Immunization Unit
Vaccine Preventable Disease Control
Los Angeles County Department of Public Health

Maternal and Child Health Access Monthly Community Meeting
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Presentation Overview

1. Prenatal and Perinatal Immunization Overview
2. RSV Immunization Update
3. Strategies for building vaccine confidence with clients & patients about vaccines
4. Resources

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Vaccines for Pregnant People

- When a pregnant person receives a vaccine during pregnancy, the vaccine can protect both the pregnant person and their baby from preventable diseases.
- Vaccines teach the person's body to recognize harmful viruses or bacteria and create special antibodies to keep them and their baby healthy. When a vaccine is received during pregnancy, some of the mother's antibodies are passed along to the baby before birth. These antibodies provide the baby with protection against severe illness during the first few months of life.
- Vaccination during pregnancy is the best way to protect newborns from serious illness, especially since they can't get their own vaccines yet.
- Vaccines are safe during pregnancy for pregnant people and their babies.

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Vaccines
for
Pregnant
People

Tdap Vaccine

Flu Vaccine

COVID-19 Vaccine

RSV Vaccine

HepB Vaccine

<https://www.cdc.gov/vaccines/pregnancy/index.html>

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Vaccines for Pregnant People

Tdap Vaccine:

- The Tdap vaccine is recommended during weeks 27 through 36 of **each pregnancy** to help protect infants from pertussis (whooping cough).
- Whooping cough is especially severe for newborns and can be life-threatening.

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Vaccines for Pregnant People

Flu Vaccine:

- The flu vaccine is safe to receive at any point during pregnancy.
- Pregnant people are more likely to have severe illness from the flu.
- Babies younger than 6 months have the highest risk for being hospitalized from flu compared to children of other ages.

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Vaccines for Pregnant People

COVID-19 Vaccine:

- The COVID-19 vaccine is safe to receive at any point during pregnancy.
- Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people.
- Staying up to date with the COVID-19 vaccine provides protection for pregnant people and their babies

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Vaccines for Pregnant People

RSV Vaccine:

- Pregnant people can get a single dose of a respiratory syncytial virus (RSV) vaccine during weeks 32 through 36 of pregnancy during September through January to protect their newborn against RSV.
- RSV causes bronchiolitis and pneumonia in young infants and is the leading cause of hospitalization for infants in the U.S.
- To prevent severe RSV disease in infants, either maternal RSV vaccination or infant immunization with nirsevimab shortly after birth during RSV season is recommended. Most infants will not need both.

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Vaccines for Pregnant People

Hepatitis B Vaccine:

- Pregnant persons who have not previously been vaccinated against hepatitis B should get a hepatitis B vaccine during pregnancy to protect themselves and their baby from infection and diseases caused by the hepatitis B virus.
- Hepatitis B can cause long-term damage to the liver.

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Vaccines Needed at Birth

Hepatitis B Vaccine: Newborns should get the first dose of the Hepatitis B vaccine within 24 hours of birth to protect them from Hepatitis B infection.

RSV Immunization (Nirsevimab): If the mother did not receive an RSV vaccine during pregnancy or if the baby was born within 14 days of mom getting the RSV vaccine, newborn should receive a single dose of nirsevimab before or during the RSV season to protect them from severe illness.

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Vaccines For Pregnant People



If you are pregnant, vaccines can protect both you and your baby from preventable diseases. Vaccines teach your body to recognize harmful viruses or bacteria and create special antibodies to keep you and your baby healthy. When you get a vaccine during pregnancy, some of your antibodies are passed along to your baby before birth. These antibodies provide your baby with protection against severe illness during the first few months of life.

Here's What You Need To Know:

- Vaccines are safe during pregnancy for pregnant people and their babies.
- Vaccination during pregnancy is the best way to protect newborns from serious illness, especially since they can't get vaccines yet.

Vaccines Needed During Pregnancy

Tdap Vaccine:

- Get the Tdap vaccine during weeks 27 through 36 of each pregnancy to help protect your baby from pertussis (whooping cough).
- Whooping cough is especially severe for newborns and can be life-threatening.


COVID-19 Vaccine:

- The COVID-19 vaccine is safe to receive at any point during your pregnancy.
- Pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people.
- Staying up to date with the COVID-19 vaccine provides protection for your newborn during the first months of life until your baby can receive their own COVID-19 vaccine.

RSV Vaccine:

- Pregnant people can get a single dose of a respiratory syncytial virus (RSV) vaccine during weeks 32 through 36 of pregnancy during September through January to protect their newborn against RSV. RSV causes bronchiolitis and pneumonia in young infants.
- To prevent severe RSV disease in infants, either maternal RSV vaccination or infant immunization with nirsevimab shortly after birth during RSV season is recommended. Most infants will not need both.

Vaccines For Pregnant People



Flu Vaccine:

- The flu vaccine is safe to receive at any point during your pregnancy.
- Pregnant people are more likely to have severe illness from the flu.
- Babies younger than 6 months have the highest risk for being hospitalized from flu compared to children of other ages.
- Staying up to date with the flu vaccine provides protection for you and for your newborn during the first months of life until your baby can receive their own flu vaccine.

Hepatitis B Vaccine:

- Pregnant persons who have not previously been vaccinated against hepatitis B should get a hepatitis B vaccine during pregnancy to protect themselves and their baby from infection and diseases caused by the hepatitis B virus. Hepatitis B can cause long term damage to the liver.

Vaccines Newborns Need At Birth

Hepatitis B Vaccine:

- Your newborn should get the first dose of the Hepatitis B vaccine within 24 hours of birth to protect them from Hepatitis B infection.

RSV Injection (Nirsevimab):

- If you did not receive an RSV vaccine during pregnancy or if your baby was born within 14 days of getting the RSV vaccine, your newborn should receive a single dose of nirsevimab before or during the RSV season to protect them from severe illness. RSV is the most common cause of hospitalization in your newborn.

Your baby will also receive antibiotic eye drops, a Vitamin K injection and a simple blood test for newborn screening. If you have questions, follow up with your prenatal care provider.

Public Health Call Center
For more information, the Public Health Call Center is open 8:00 a.m. to 8:00 p.m. seven days a week at **1-833-540-0473**.

Los Angeles County Department of Public Health
publichealth.lacounty.gov/vaccines
Vaccines For Pregnant People 10/20/23

http://publichealth.lacounty.gov/vaccines/docs/vaccine-pregnant/Vaccines_ForPregnantPeople.pdf
http://publichealth.lacounty.gov/vaccines/docs/vaccine-pregnant/Vaccines_ForPregnantPeople-Spanish.pdf

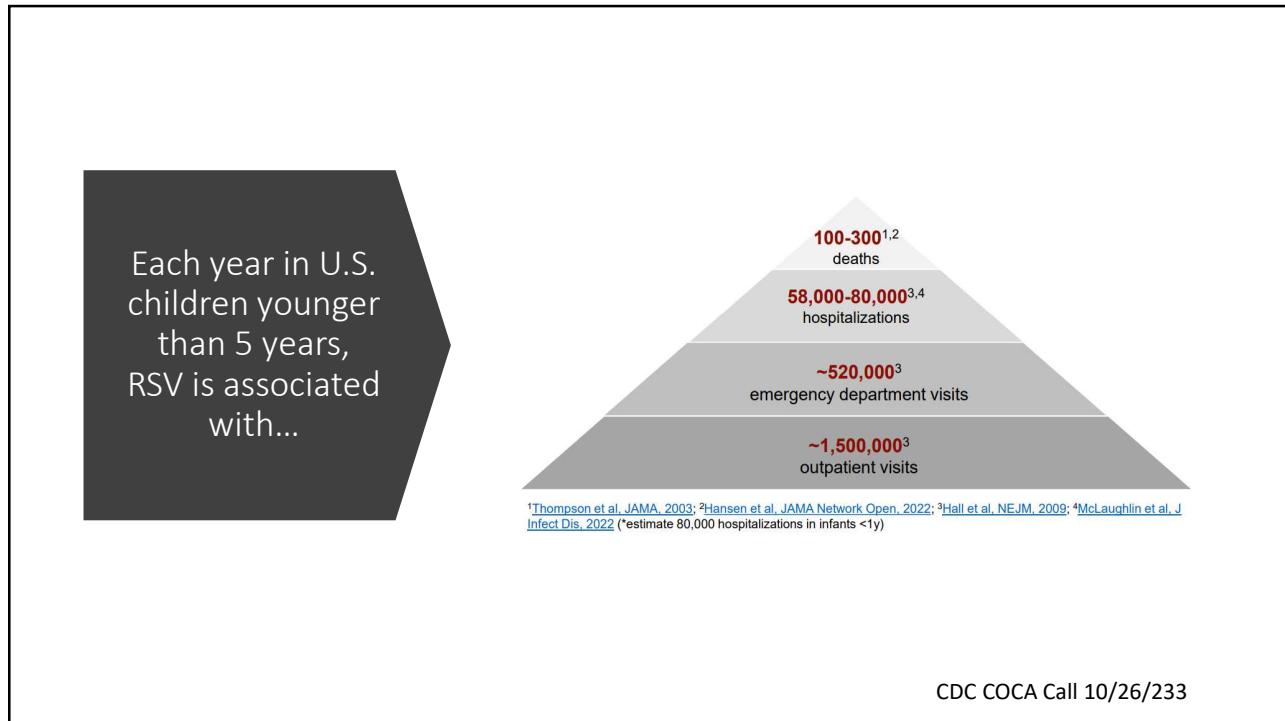
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Respiratory Syncytial Virus (RSV)

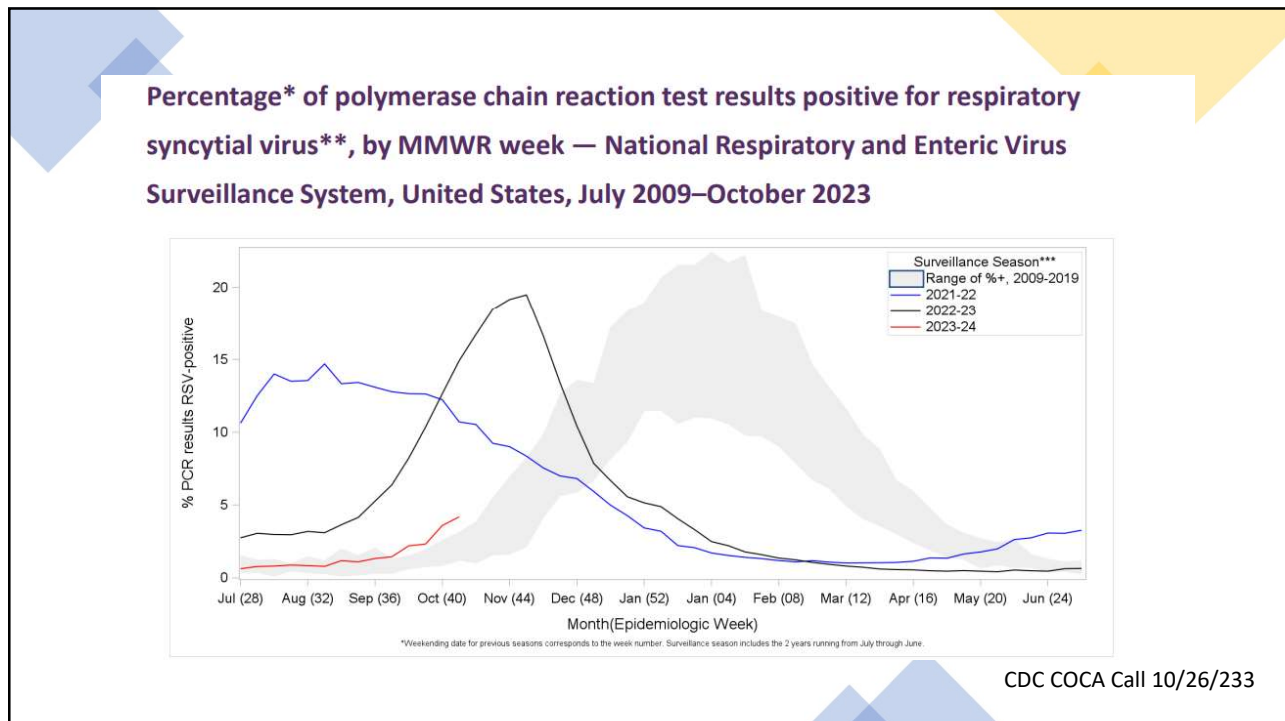
- RSV is a very contagious respiratory virus that can cause cold-like symptoms in some, but can cause pneumonia and severe disease in others.
- RSV is a common cause of lower respiratory tract infection in infants
- Most (68%) infants are infected in the first year of life and nearly all (97%) by age 2 years
- RSV is the leading cause of hospitalization in U.S. infants
 - 2–3% of young infants will be hospitalized for RSV
 - Highest RSV hospitalization rates occur in first months of life and risk declines with increasing age in early childhood
 - Although medical conditions are associated with increased risk of severe disease, 79% of children hospitalized with RSV aged <2 years had no underlying medical conditions

CDC COCA Call 10/26/233: https://emergency.cdc.gov/coca/calls/2023/callinfo_102623.asp

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Maternal RSV Vaccine and Infant Nirsevimab

Two products are available to protect infants from severe RSV disease

Maternal immunization



Nirsevimab



CDC COCA Call 10/26/233

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Protecting infants from severe RSV Disease

Two immunization products are available to protect infants from severe RSV disease

To protect infants in their first season:


- Maternal vaccine (Abrysvo) OR
- Nirsevimab (Beyfortus)

To protect eligible infants in their second season:

- Nirsevimab (Beyfortus)

CDC COCA Call 10/26/233

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CDC Health Advisory:
Limited Availability of Nirsevimab in the United States—Interim CDC Recommendations to Protect Infants from RSV during the 2023-2024 Respiratory Virus Season
 October 23, 2023

The CDC has issued a health advisory to provide options for clinicians to protect infants from respiratory syncytial virus (RSV) in the context of a limited supply of nirsevimab, a long-acting monoclonal antibody immunization product recommended for preventing RSV-associated lower respiratory tract disease in infants.

The manufacturer, Sanofi, reports a limited supply of nirsevimab, particularly the 100mg doses used for infants weighing ≥5 kg. In the context of this shortage, the CDC recommends prioritizing available nirsevimab 100mg doses for infants ≥5kg at the highest risk for severe RSV disease. Recommendations for using 50mg doses (indicated for infants <5kg) remain unchanged at this time.

LAC DPH reminds healthcare providers that there are several ways to protect infants from severe RSV this season (now through March):













- Maternal RSV vaccination.** Vaccination of pregnant persons at 32-36 weeks of gestation provides protection to newborns and infants through 6 months of age. For more information, see [ACIP recommendations](#). Information for patients available at [CDC RSV Vaccination for Pregnant People](#).
- Immunization of infants weighing < 5 kg with 50 mg dose nirsevimab.** Nirsevimab should be administered to infants < 5kg in the first week of life if: the birth mother did not receive RSV vaccine during pregnancy, the birth mother's RSV vaccination status is unknown; or if the infant was born within 14 days of maternal RSV vaccination (including all infants born at <34 weeks' gestation).
 Birthing hospitals and newborn providers should purchase 50 mg doses of nirsevimab and begin or continue administering these doses to all infants <5kg, including all newborns born to birth mothers who did not receive maternal vaccine. Additionally, birthing hospitals can become Vaccine for Children Providers and administer nirsevimab to newborns who are eligible for VFC. To learn more about the VFC program, please see: <https://eziz.org/vfc/enrollment>.
- Immunization of infants weighing ≥5kg with remaining 100 mg dose nirsevimab** should be prioritized as recommended in the CDC advisory.

<https://t.e2ma.net/message/jza3ox/3ybv1g>

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Immunizations to Prevent RSV Infection

Who, What, When, Where, and Why

	Who	What	When	Where	Why	
Maternal RSV Immunization	 Pregnant people	 Pfizer RSV vaccine (Abrysvo)	 32 through end of 36 th week	 September-January*	 Primarily outpatient clinics and pharmacies	 Protects infants from severe RSV from birth through first months of life
Nirsevimab See Health Advisory for priority groups in the setting of limited nirsevimab during 2023-2024 season	 Infants aged <8 months whose mothers did not receive RSV vaccine, children 8-19 months at increased risk	 Nirsevimab (Beyfortus) monoclonal antibody	 First week of life, or as entering RSV season	 October-March*	 Primarily birthing hospital and outpatient clinics	 Protects infants and young children from severe RSV in the months after immunization

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Maternal RSV Vaccine and Infant Nirsevimab

- Either maternal RSV vaccine or infant nirsevimab is recommended for all infants, but administration of both products not needed for most infants
- Healthcare providers of pregnant people should provide information on both products and consider patient preferences when determining whether to vaccinate the pregnant patient or to not vaccinate and rely on administration of nirsevimab to the infant after birth.

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Patient Education and Counseling

- **Prenatal providers** should discuss both products with pregnant people to aid in their decision-making, taking into account:
 - Relative advantages and disadvantages of each product
 - Patient preferences
 - Local availability of nirsevimab
- **Prenatal providers** who do not offer the maternal RSV vaccine in their practice should refer patients elsewhere for vaccination – Proactively provide a prescription for vaccination in a pharmacy

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YOU are patients' most trusted source of information on vaccines.

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Conversation Guide: RSV Immunization Decisions

- Counsel your patients about RSV and COVID-19 immunization the same way you would for any other immunization
- If your practice does not carry or has insufficient supplies of any vaccine, refer patients elsewhere in the community when feasible
- Use a presumptive approach instead of a “participatory” approach

CDC COCA Call 10/26/233

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CDC Healthcare Provider Toolkit: Preparing Your Patients for the Fall and Winter Virus Season

How to talk to your patients about flu, COVID-19, and RSV immunizations ^

Many people have questions about the new or updated immunizations for flu, COVID-19, and RSV. As your patients' most trusted source of information on immunizations, you play a critical role in helping them understand the importance of immunizations and that immunizations are safe and effective.

- › Talking to Recipients about COVID-19 Vaccination | CDC
- › Building confidence with COVID-19 vaccines | CDC
- › How to talk to your patients about flu | CDC
- › How to talk to adults 60 and older about RSV vaccination using shared clinical decision-making | CDC

<https://www.cdc.gov/respiratory-viruses/tools-resources/health-care-providers.html#talk-to-patients>

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[WHO WE ARE](#) [WHAT WE DO](#) [LATEST IN](#)

Pregnancy and the COVID-19 Vaccine

Are you pregnant or planning to become pregnant? Pregnant people are at higher risk for getting very sick with COVID-19 compared to people who are not pregnant.

Pregnant people who contract COVID-19 are at risk of pregnancy complications such as preterm birth, high blood pressure, bleeding disorders, death, and stillbirth.

CDC research following more than 46,000 vaccinated pregnant individuals has shown that COVID-19 vaccines and boosters are safe and protective for you and your baby.

For more information visit our [Guidance for Vaccines During Pregnancy](#).

Share the following fact sheet and social media messages with your communities. This material is downloadable and shareable.

CDPH Material Co-brand Disclaimer
Local health jurisdictions (LHJs) and community-based organizations (CBOs) may co-brand materials created by CDPH (those in CDPH Office of Communications Toolkits) by adding their agency logo next to or near the CDPH logo. Be sure there is ample space between the two logos. Materials may not be altered or edited in any other way, including removal or adjustment of the CDPH logo.

Fact Sheet

Pregnant & Protected

Pregnant & Protected

[WHO WE ARE](#) [WHAT WE DO](#) [LATEST IN](#)

<https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/Pregnancy-and-the-COVID-19-Vaccine.aspx>

<https://www.cdcfoundation.org/pregnant-and-protected>

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<https://www.acog.org/programs/immunization-for-women/activities-initiatives/building-covid-19-vaccine-confidence>

<https://www.cdc.gov/vaccines/covid-19/hcp/engaging-patients.html>


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Webinar Tomorrow: Talking with Patients About Staying Safe from Respiratory Viruses During the Holidays

Join us tomorrow, November 16th, with Sharon Goldfarb, DNP, RN, FNP-BC, for a webinar on how to effectively communicate with patients about staying safe from respiratory viruses during the holiday season.

Participants will learn:

- Recent data on COVID-19, flu, and respiratory syncytial virus (RSV)
- Strategies for increasing vaccine acceptance
- How to effectively counsel patients on the risk and spread of respiratory viruses during the holiday season



Thursday, November 16th at 12:00PM-1:00PM

Register here!
https://us06web.zoom.us/webinar/register/WN_gn0A3QfOS3ynTZ2g-0ErMw?msdynttrid=QFMbOUgM-4pXcVqVlEb1sLQqOQlc8WUUCKWhnXFej8#/registration

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Voices For Vaccines Toolkit for Speaking About Vaccines

Talking with vaccine-hesitant people

This is the section of the toolkit where the "rubber meets the road" and we provide practical steps to help guide conversations with vaccine-hesitant people. But before we get into the nuts and bolts...

Some things to remember

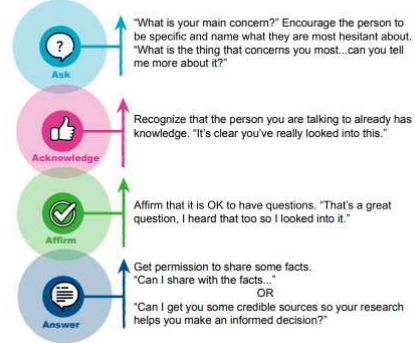
- 1. Don't let the perfect be the enemy of the good.**
Yes, you are going to make mistakes. You might be frustrated or worried you've misstepped. It's okay! As long as you are honest and kind, you'll do fine.
- 2. What you think of as "convincing" can seem like "coercion" to the other person.** So tread lightly. Listen carefully. Assure people you are not trying to make their decisions for them but are trying to give them accurate information to help them make their own decisions.
- 3. Encourage questions!** Many people feel like they are not "allowed" to ask questions because "the science is settled." And while the science is settled about vaccines, it doesn't mean we can ask questions to better understand it.
- 4. Behaviors change attitudes faster than attitudes change behaviors.** People make unconscious decisions to trust us (or not) based on how we say something, more than what we say. So be a role model for trust-worthy behavior. Listen - no seriously, really listen. You're having a conversation, not giving a speech. Be informed and supportive. Be an ally.
- 5. It's a journey, not a destination.** Not every vaccine-hesitant person is a refuser - in fact, most are not. They have questions that need answers and that can take time. Conversations about vaccines are not a "one and done." It takes time, so be patient, have realistic expectations, and don't push too hard.

Yes, you should talk to a vaccine-hesitant person!
We need to think it was better to let them find their own way or "I Don't Feel But we're pushing."
But they are looking for answers, let's make sure they get the facts!

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We know this seems like a lot, so we've boiled it down the 4-A Approach. This approach helps families feel respected and heard, and empowers them to make positive health decisions

Four steps. Easy to remember. Winner winner, chicken dinner! Here it is...



<https://www.voicesforvaccines.org/toolkits/vaccine-hesitancy/>

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LACDPH Updated Vaccines Webpage

publichealth.lacounty.gov/vaccines/

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The screenshot shows the top navigation bar of the County of Los Angeles Department of Public Health website. It includes a search bar, a language translation tool, and an A-Z index. The main navigation menu contains links for Home, COVID, Community, Schools, Health Professionals, and Newsroom. The central banner features the word 'VACCINES' in large white letters on a teal background. Below this, there is a call to action box with a smartphone icon and text stating: 'For more information, the Public Health Call Center is open 8 a.m. to 8 p.m. seven days a week at 1-833-540-0473.' To the right is an illustration of a vaccine bottle and a shield. A teal box below contains the text: 'As fall approaches, it's time to think about the well-being of your family and community. The best way to ensure a safe and healthy fall and winter is by getting vaccinations for both you and your children. Vaccines are really important in stopping infectious diseases from spreading, and they help our community stay healthy and strong.' At the bottom of the banner are four orange buttons: 'COVID VACCINES', 'FLU VACCINES', 'RSV IMMUNIZATIONS', and 'GET VACCINATED'.

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The infographic is titled 'WHY VACCINATE?' and features a checklist of four benefits, each with a checkmark icon. To the left of the list is an illustration of hands holding a clipboard with a checklist. Below the list are four teal navigation buttons: 'HOW DO VACCINES WORK?', 'HOW DO WE KNOW VACCINES ARE SAFE?', 'WHY DO I NEED VACCINES AT DIFFERENT TIMES?', and 'GET YOUR QUESTIONS ANSWERED'. At the bottom, there are two light blue boxes. The left box contains a green shield with a white checkmark and the text 'WHICH VACCINES ARE IMPORTANT FOR FALL AND WINTER?'. The right box contains an illustration of a vaccine bottle and a shield, with the text 'WHO NEEDS VACCINES?' and a checkmark icon followed by the text 'Everyone can benefit from vaccines, from newborns to adults.'

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GETTING VACCINATED IS VERY IMPORTANT FOR




Older Adults




Pregnant People




School-Aged Children



People With Chronic Diseases



People With Weakened Immune Systems



Infants & Toddlers

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Vaccines For Pregnant People

If you are pregnant, vaccines can protect both you and your baby from preventable diseases. Vaccines teach your body to recognize harmful viruses or bacteria and create special antibodies to keep you and your baby healthy. When you get a vaccine during pregnancy, some of your antibodies are passed along to your baby before birth. These antibodies provide your baby with protection against severe illness during the first few months of life.

Here's What You Need To Know:

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- Pregnant people who have not previously been vaccinated against hepatitis B should get a Hepatitis B vaccine during pregnancy to protect themselves and their baby from infection and disease caused by the hepatitis B virus. Hepatitis B can cause long-term damage to the liver.

Vaccines Newborns Need At Birth

Hepatitis B Vaccine:

- Your newborn should get the first dose of the hepatitis B vaccine within 24 hours of birth to protect them from hepatitis B infection.


RSV Injection (Nirsevimab):

- If you did not receive an RSV vaccine during pregnancy or if your baby was born within 14 days of getting the RSV vaccine, your newborn should receive a single dose of nirsevimab before or during the RSV season to protect them from severe disease. RSV is the most common cause of hospitalization in your newborn.

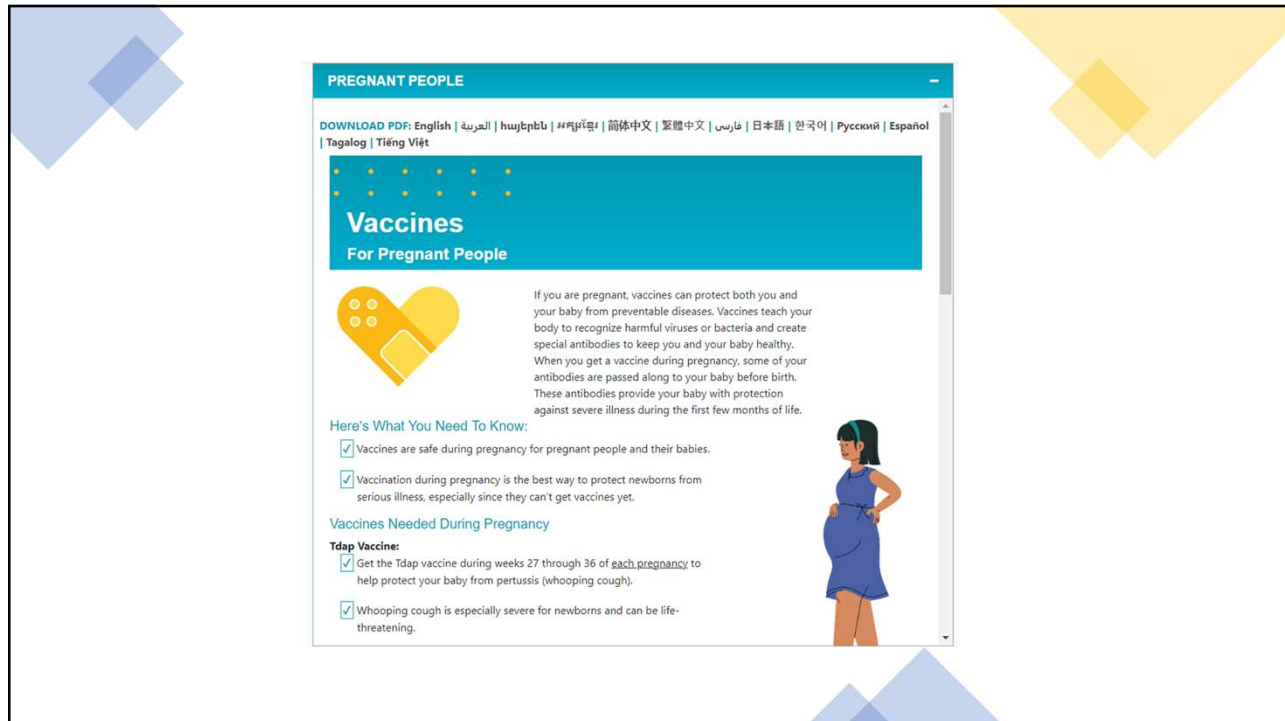
Your baby will also receive antibiotics ear drops, a vitamin K injection and a single blood test for newborn screening. If you have questions, follow up with your prenatal care provider.

Public Health Call Center
 For more information, the Public Health Call Center is open 8:00 a.m. to 8:00 p.m. seven days a week at **483-6644CTH**.

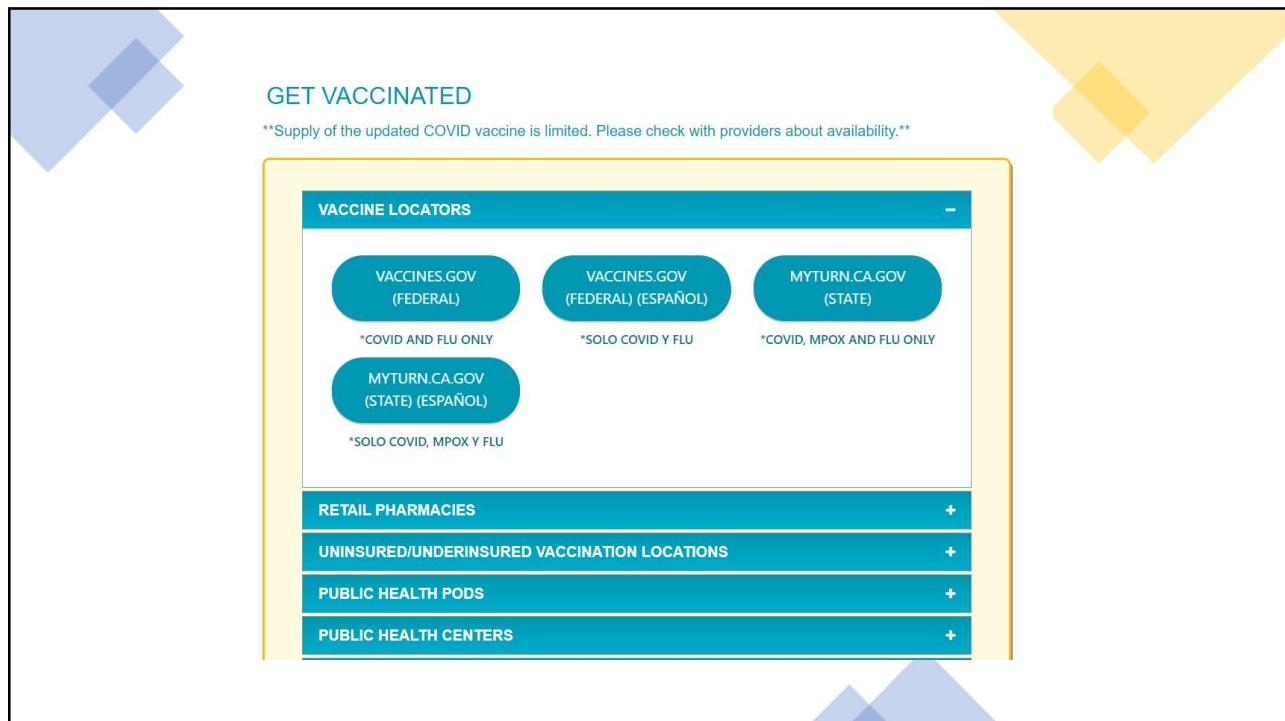
Los Angeles County Department of Public Health
 483-6644CTH
 Vaccine For Pregnant People 10/2023



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Updates for Clinicians:

- LACDPH Prenatal (Maternal) Immunization [Survey](#)
- ACOG/DPH Clinical Maternal Immunization and RSV Update Webinar for Providers – **Date TBD**

If interested in participating, please contact:

Adriana Diaz

ADiazMar@ph.lacounty.gov

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Questions?

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