RSV maternal and infant protection program and Winter Immunisation Update – Tasmania 2025

This webinar will start shortly.

RSV maternal and infant protection program and Winter Immunisation Update – Tasmania 2025

March Tuesday 11, 6:30 pm – 8pm

Acknowledgement of traditional owners

We acknowledge the Tasmanian Aboriginal people as the traditional owners and ongoing custodians of the land on which we are meeting today. We pay our respects to Elders past and present.

We would also like to acknowledge Aboriginal people who are joining us today.

Learning outcomes

After this session, I will be able to:

- **Understand the epidemiology and risk factors for RSV disease**
- **Understand the Tasmanian 2025 RSV program including rationale**
- **Define epidemiology of influenza and COVID-19 including the current challenges (and opportunities)**
- **Identify priority populations recommended to receive seasonal influenza vaccines and COVID-19 boosters, including timing and co-administration**

Some housekeeping

- Tonight's webinar is being recorded
- Please use the Zoom Q&A feature to ask questions
- At the end of the webinar your browser will automatically open an evaluation survey. We appreciate you taking the time to complete this to help us improve our events programme
- Please don't forget to register for your next webinar at: https://www.primaryhealthtas.com.au/for-health-professionals/events/

Presenter(s)

Dr Romy Nicholson – Public Health Medical Officer, Public Health Services TAS

Professor Katie Flanagan Infections Diseases Physician LGH

Leah Willis: Clinical Nurse Consultant – Immunisation Team Communicable Diseases Prevention Unit Public Health Services TAS

Dr. Shannon Melody - Specialist Medical Advisor - Health Protection, Public Health Services TAS

Kerry Cleaver Clinical Nurse Specialist – Immunisation, Public Health Services TAS

Respiratory syncytial virus (RSV) Maternal and Infant Protection Program and Winter Immunisation Update - 2025

Communicable Diseases Prevention Unit, Public Health Services,
Department of Health, Tasmania

Dr Romy Nicholson, Prof Katie Flanagan, Leah Willis, Kerry Cleaver,
Dr Shannon Melody

Tasmanian Government

Acknowledgement of Country

We pay our respects to the Tasmanian Aboriginal people as the traditional and original owners and ongoing custodians of the lands on which we all meet today.

Declarations of Interest

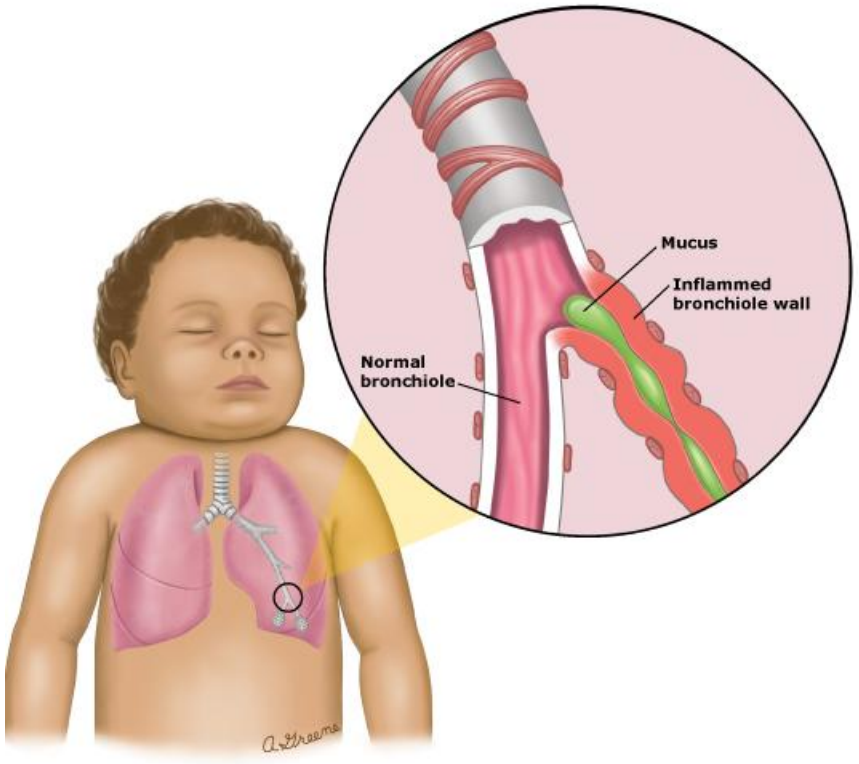
Katie Flanagan and Shannon Melody

- Members of the Australian Technical Advisory Group on Immunisation (ATAGI)

Overview

- **Respiratory Syncytial Virus Maternal and Infant Protection Program (RSV-MIPP)**
  - Epidemiology of RSV in Tasmania
  - RSV immunisation products
  - Tasmanian Program overview
  - Operational and clinical guidance
- **Winter Immunisation Update**
  - Influenza and COVID-19 epidemiology in Tasmania
  - Operational and clinical guidance
- **Questions**

Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: RSV disease



Source: uptodate.com

Conditions associated with increased risk of RSV disease in infants and young children

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

Chronic lung disease requiring ongoing oxygen or respiratory support

Neurological conditions that impair respiratory function

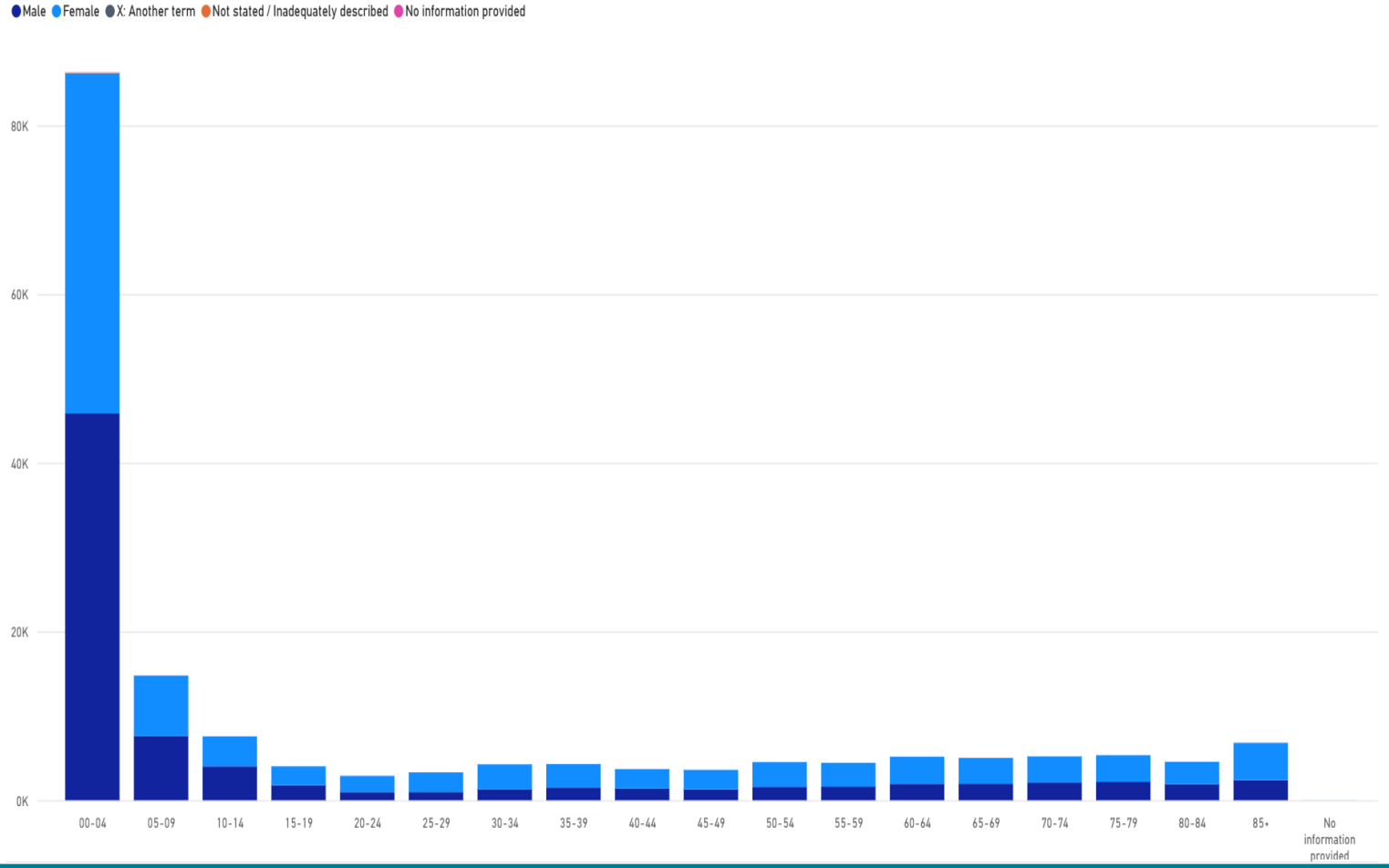
Cystic fibrosis with severe lung disease or weight for length <10th percentile

Trisomy 21 or another genetic condition that increases the risk of severe RSV disease

However, the majority of infants admitted with RSV are healthy, term infants.

Epidemiology of RSV- Australian data

Number of RSV notifications by age group in Australia, 2024



State	2024
ACT	2,742
NSW	73,693
NT	1,725
QLD	42,668
SA	12,130
TAS	2,913
VIC	30,773
WA	9,274
Total	**175,918**

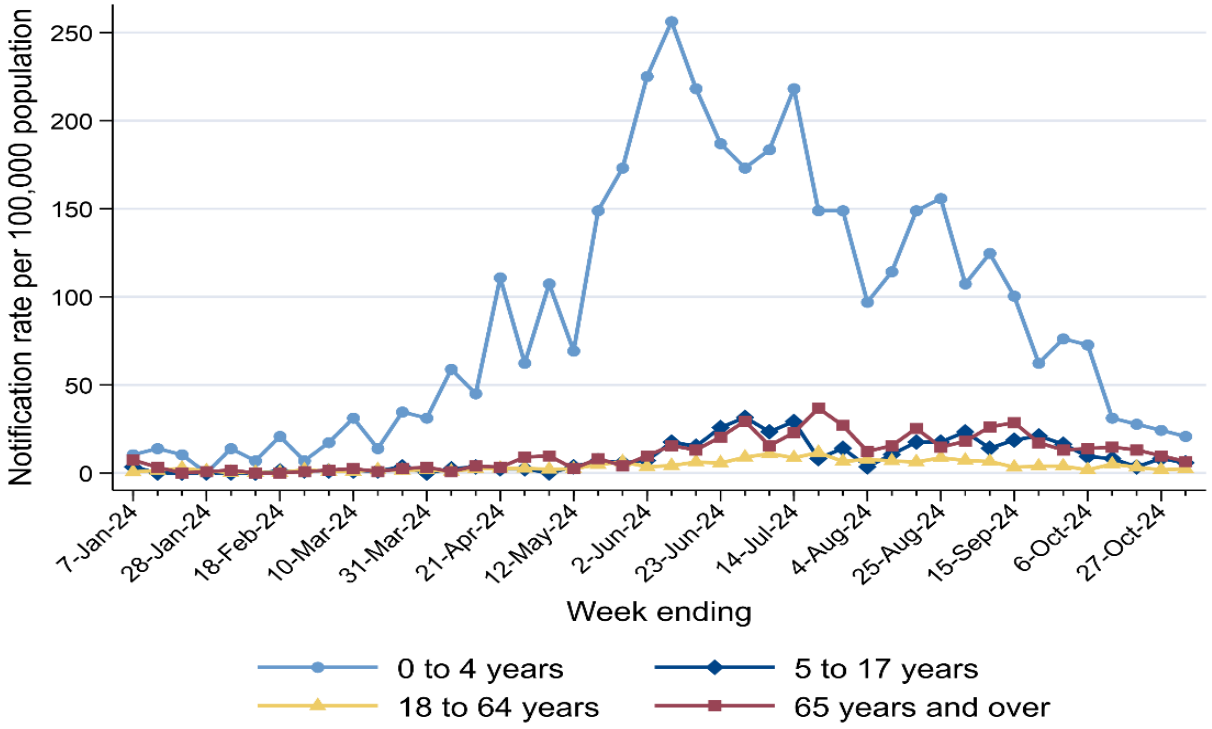
Source: National Notifiable Diseases Surveillance System (NNDSS)

Epidemiology of RSV- Tasmania

Number of notifications of RSV by week, Tasmania, 2023 to 2024

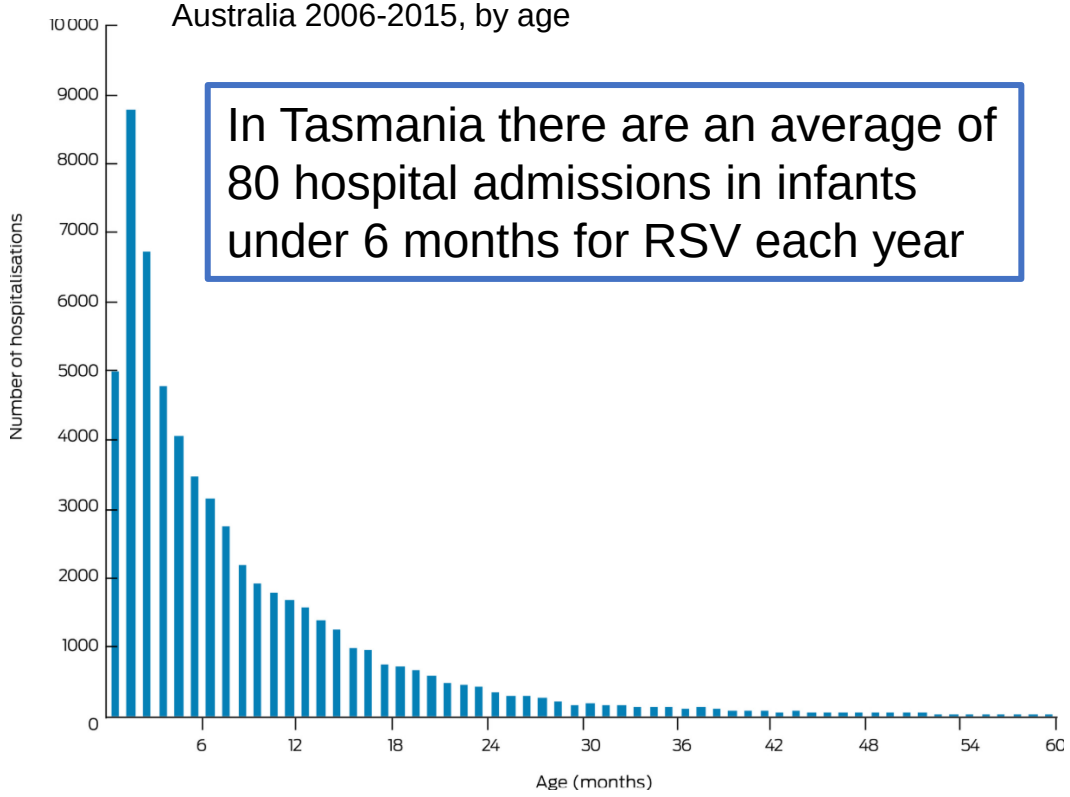
Epidemiology of RSV- who gets it and when in Tasmania?

Rate of notification of RSV by age group and week, Tasmania 2024 to 27 October



Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: burden of disease in Australia

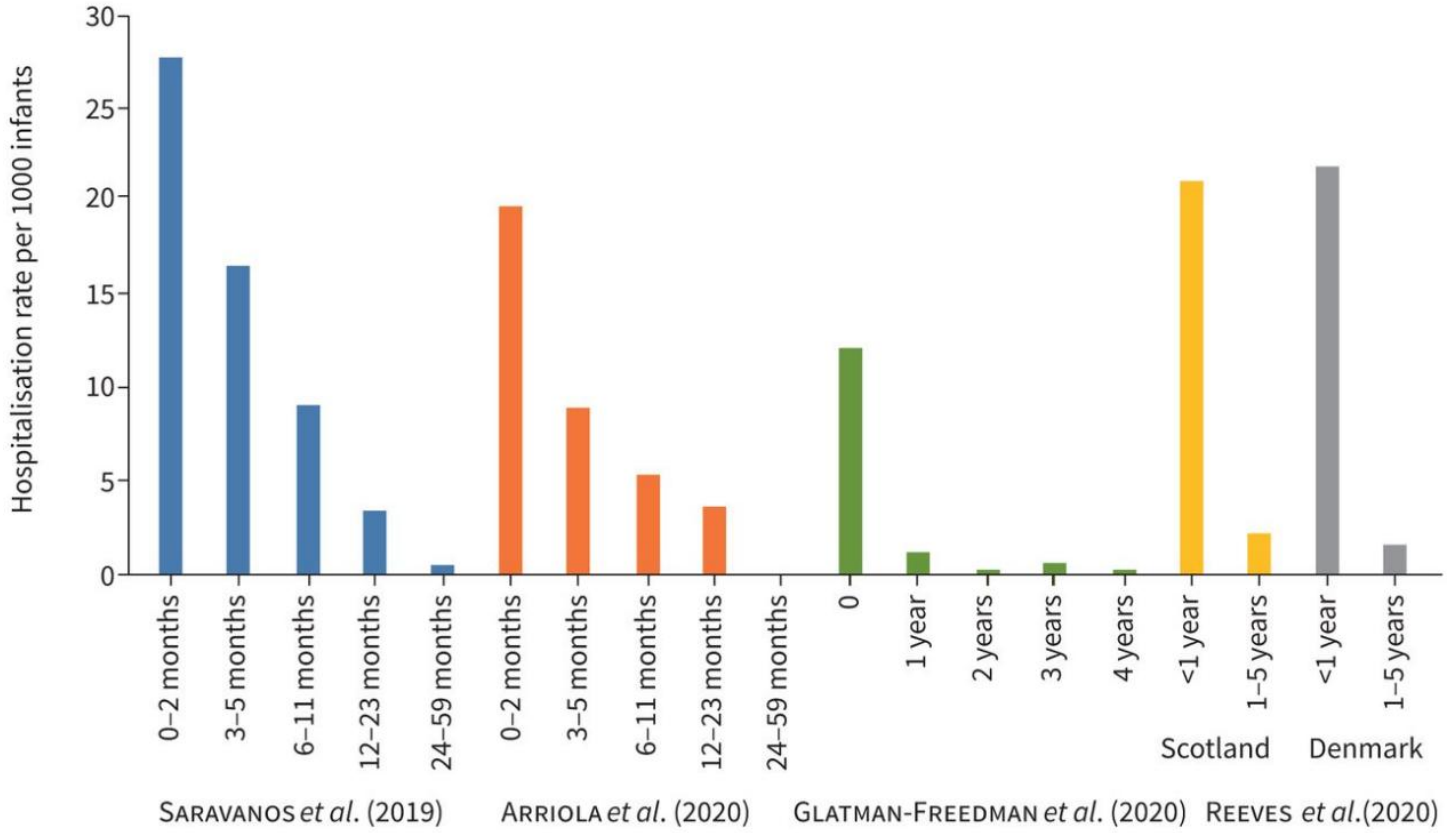
Number of RSV hospitalisations of children under 5 years of age, Australia 2006-2015, by age



In Tasmania there are an average of 80 hospital admissions in infants under 6 months for RSV each year

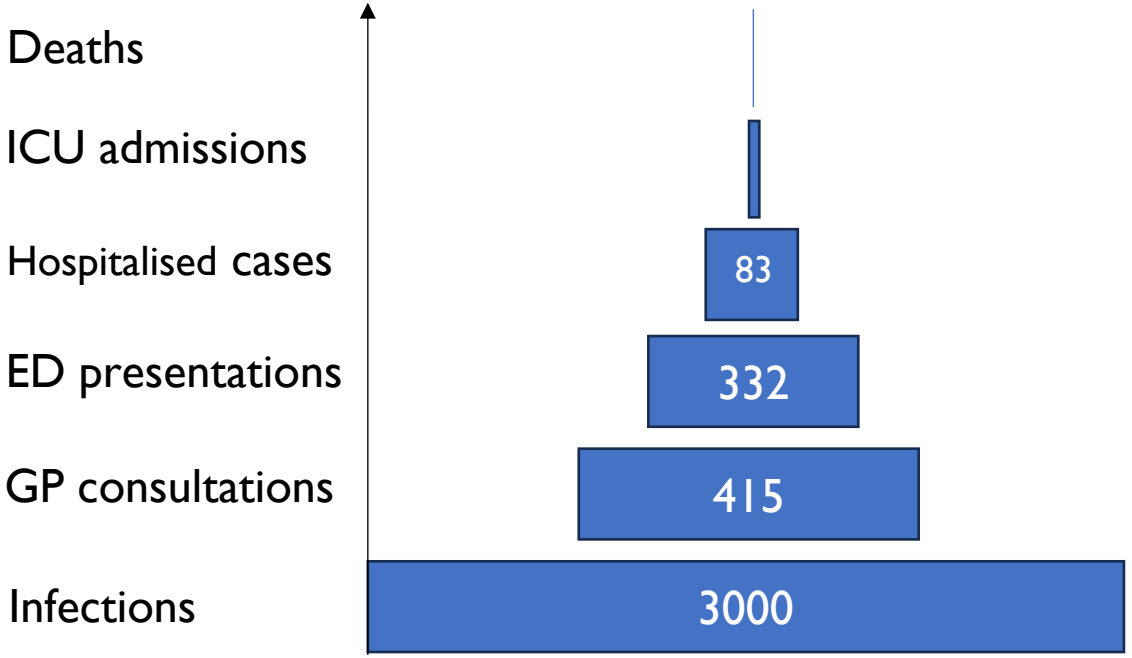
Source: Saravanos et al. Medical Journal of Australia. 2019

Published estimates of RSV hospitalisations per 100,000 population by age



Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: Burden of disease Tasmania

- Average 80 hospitalisations annually in infants under 6 months of age
- Tip of the iceberg



Modelling based on Cacho (2024) US

Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: Abrysvo and Beyfortus

Two immunisation products:

- **Maternal vaccination (Abrysvo)**
  - Bivalent RSV prefusion F protein-based

- **Infant immunisation (Nirsevimab, Beyfortus)**
  - Long-acting monoclonal antibody

Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: Abrysvo and Beyfortus

3 key messages

- Most comprehensive protection program for babies in the world
- From February 3rd Abrysvo on the NIP
- As a back-up to this vaccine there will be a back-up treatment (mAb)

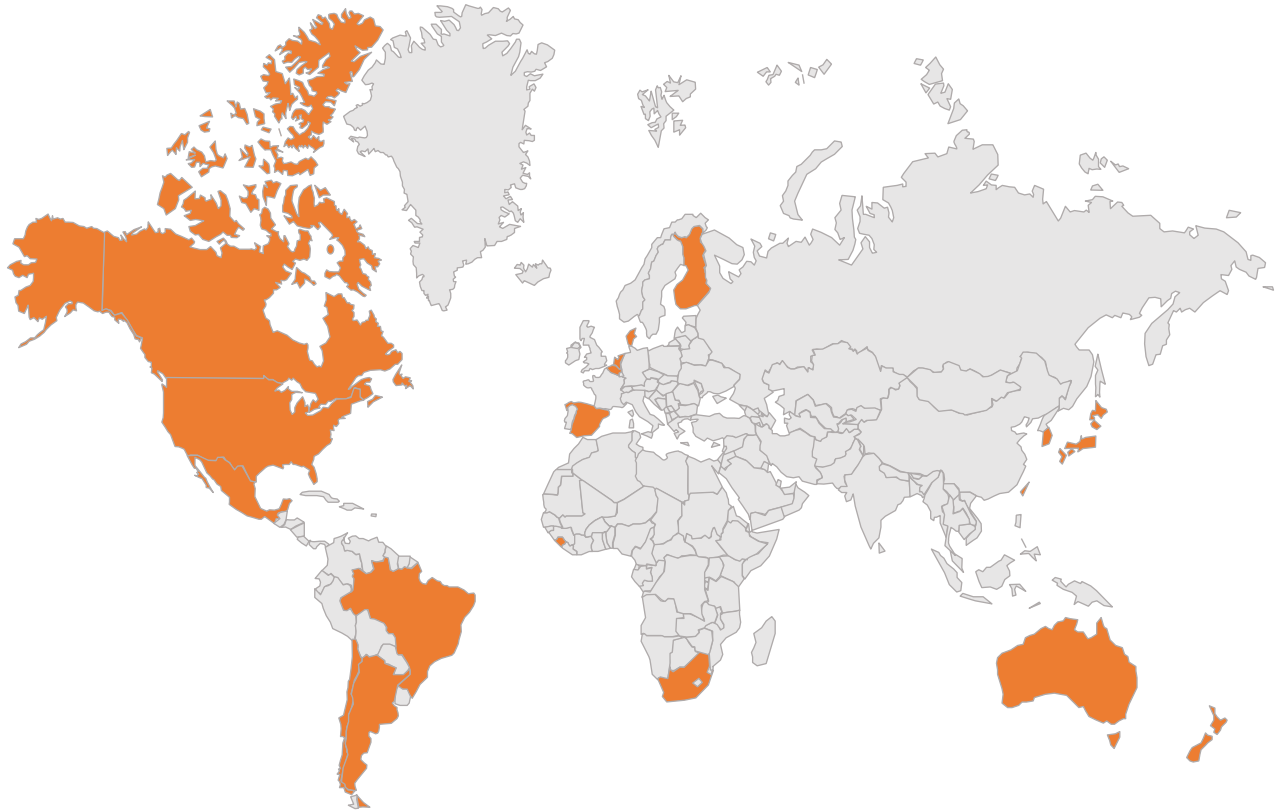
Phase 3 Clinical Study Evidence
MATISSE Trial

Study product: Abrysvo™

7,392 pregnant participants
≤49 years between ≥24 and
≤ 36 weeks gestation

7,128 infants enrolled

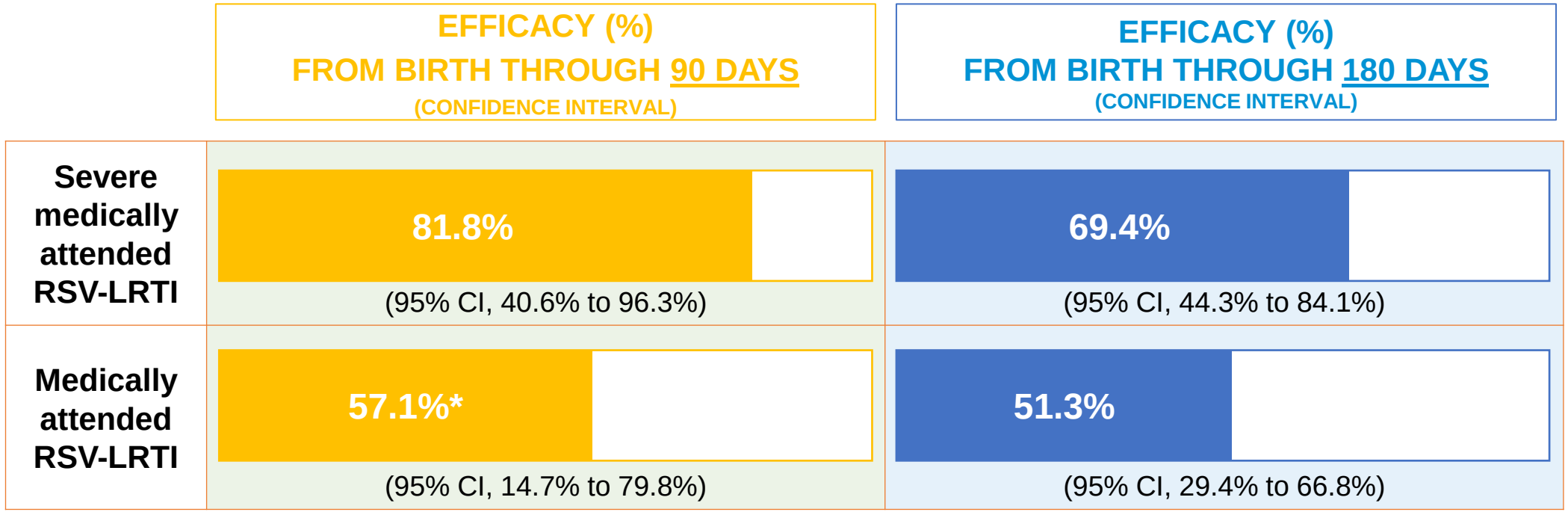
Study sites in 18 countries



Reference: Kampmann B, et al. *New Engl J Med 2023; 388*(16): 1451

Original slide developed by the WHO and PATH. Last updated: January 2024.

Phase 3 Clinical Study Evidence
MATISSE Trial



**did not reach pre-specified level of statistical significance*

Efficacy remains high through first 180 days, most critical 6 months after birth when infants are at greatest risk

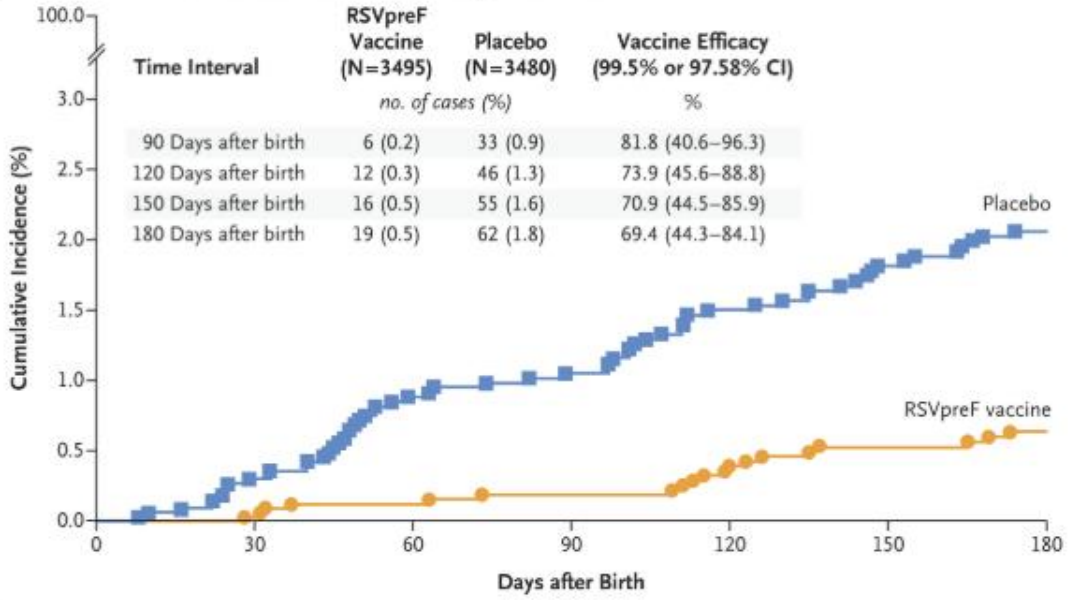
Reference: Kampmann B, et al. *New Engl J Med 2023; 388*(16): 1451

Original slide developed by the WHO and PATH. Last updated: January 2024.

Phase 3 Clinical Study Evidence
MATISSE Trial

Severe medically attended RSV-LRTI

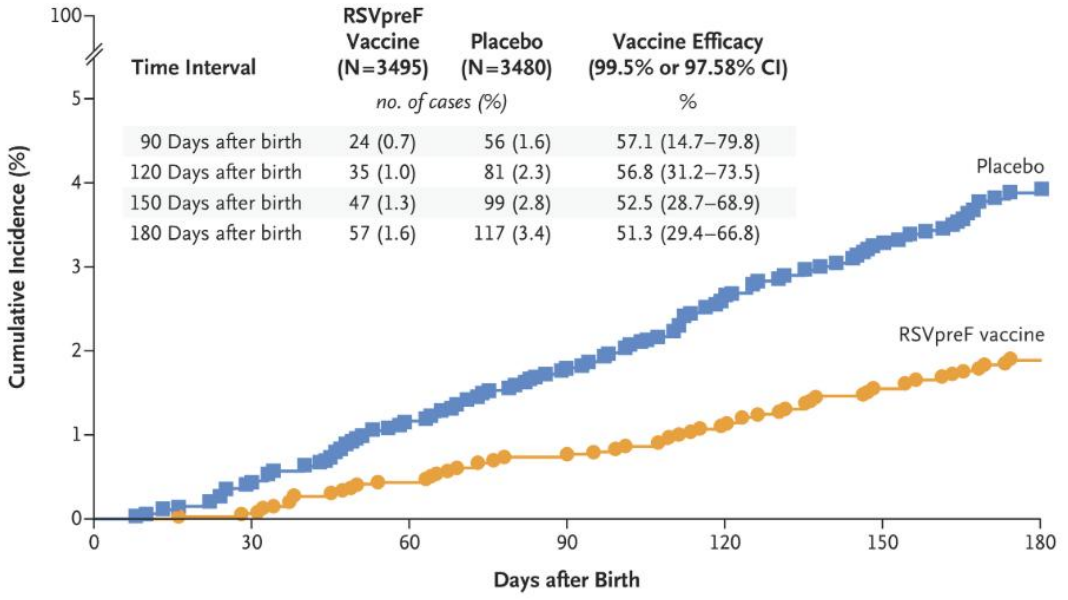
Time Interval	RSVpreF Vaccine (N=3495)	Placebo (N=3480)	Vaccine Efficacy (99.5% or 97.58% CI)
	no. of cases (%)		%
90 Days after birth	6 (0.2)	33 (0.9)	81.8 (40.6–96.3)
120 Days after birth	12 (0.3)	46 (1.3)	73.9 (45.6–88.8)
150 Days after birth	16 (0.5)	55 (1.6)	70.9 (44.5–85.9)
180 Days after birth	19 (0.5)	62 (1.8)	69.4 (44.3–84.1)



No. at Risk							
Placebo	3480	3292	2973	2899	2833	2776	2749
RSVpreF vaccine	3495	3349	3042	2981	2916	2867	2820

Medically attended RSV-LRTI

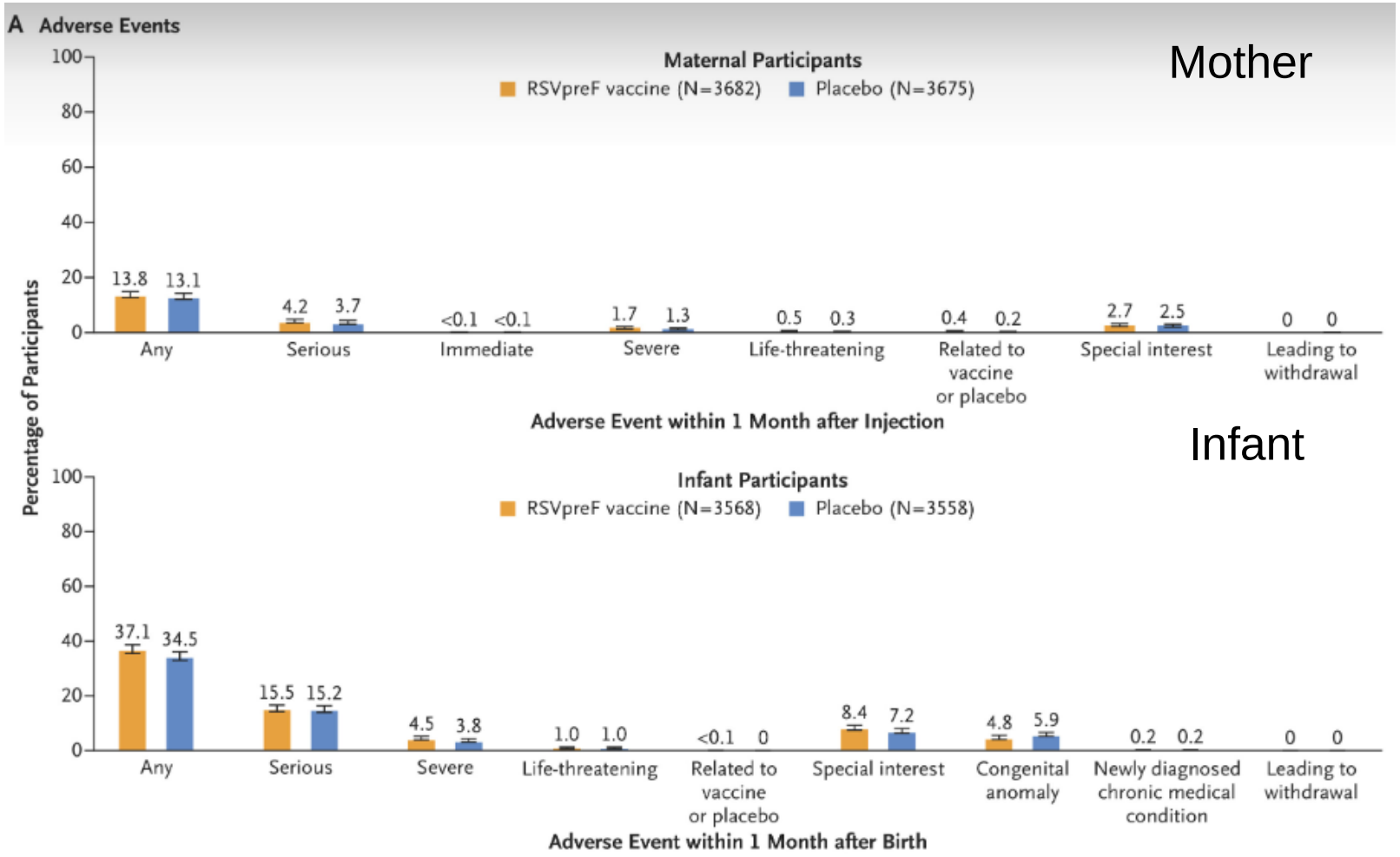
Time Interval	RSVpreF Vaccine (N=3495)	Placebo (N=3480)	Vaccine Efficacy (99.5% or 97.58% CI)
	no. of cases (%)		%
90 Days after birth	24 (0.7)	56 (1.6)	57.1 (14.7–79.8)
120 Days after birth	35 (1.0)	81 (2.3)	56.8 (31.2–73.5)
150 Days after birth	47 (1.3)	99 (2.8)	52.5 (28.7–68.9)
180 Days after birth	57 (1.6)	117 (3.4)	51.3 (29.4–66.8)



No. at Risk							
Placebo	3480	3288	2964	2879	2804	2738	2700
RSVpreF vaccine	3495	3348	3035	2968	2898	2845	2792

Reference: Kampmann B, et al. *New Engl J Med 2023; 388*(16): 1451

Abrysvo: Adverse Event Profile
MATISSE Trial

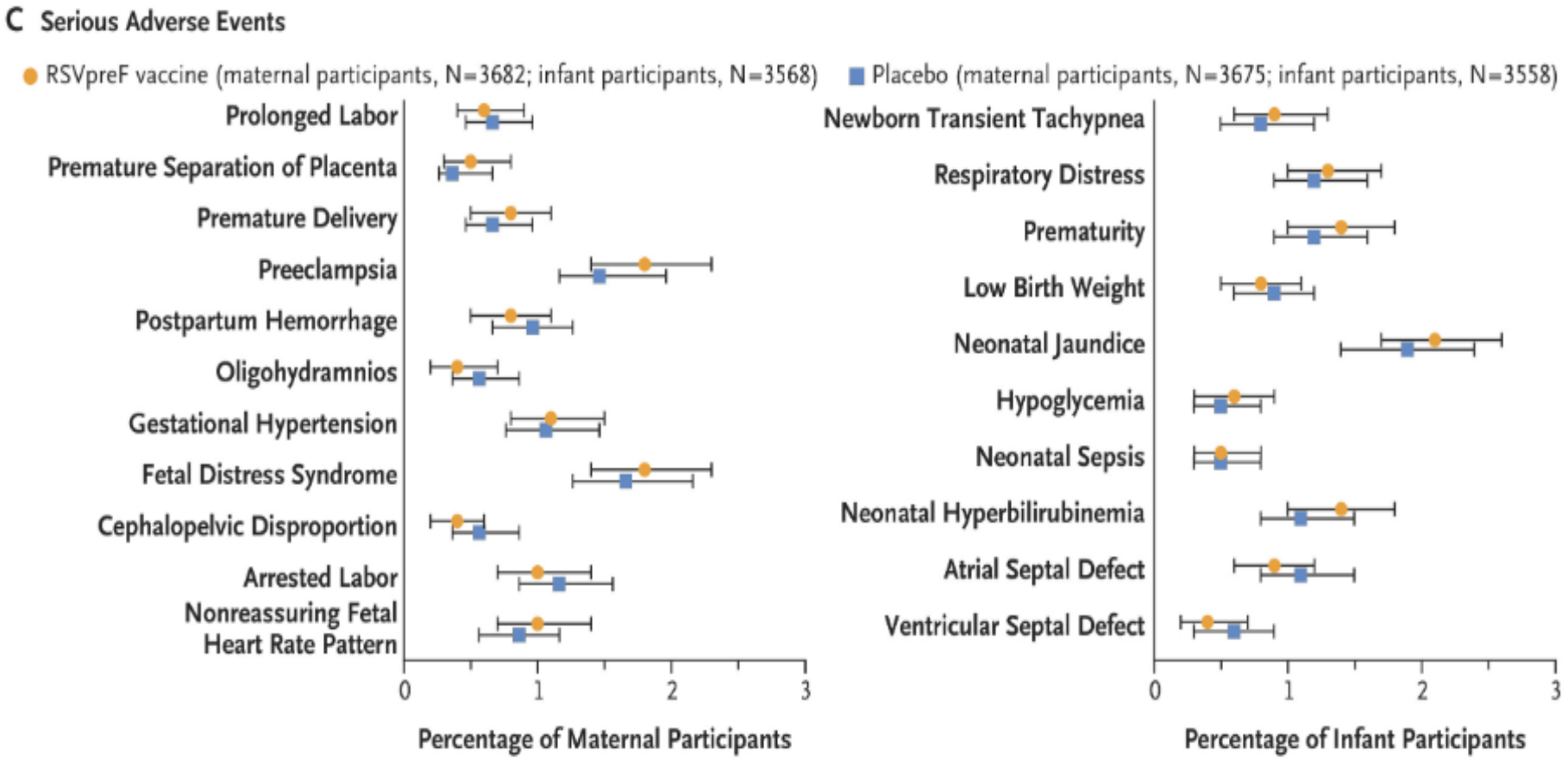


Mother

Infant

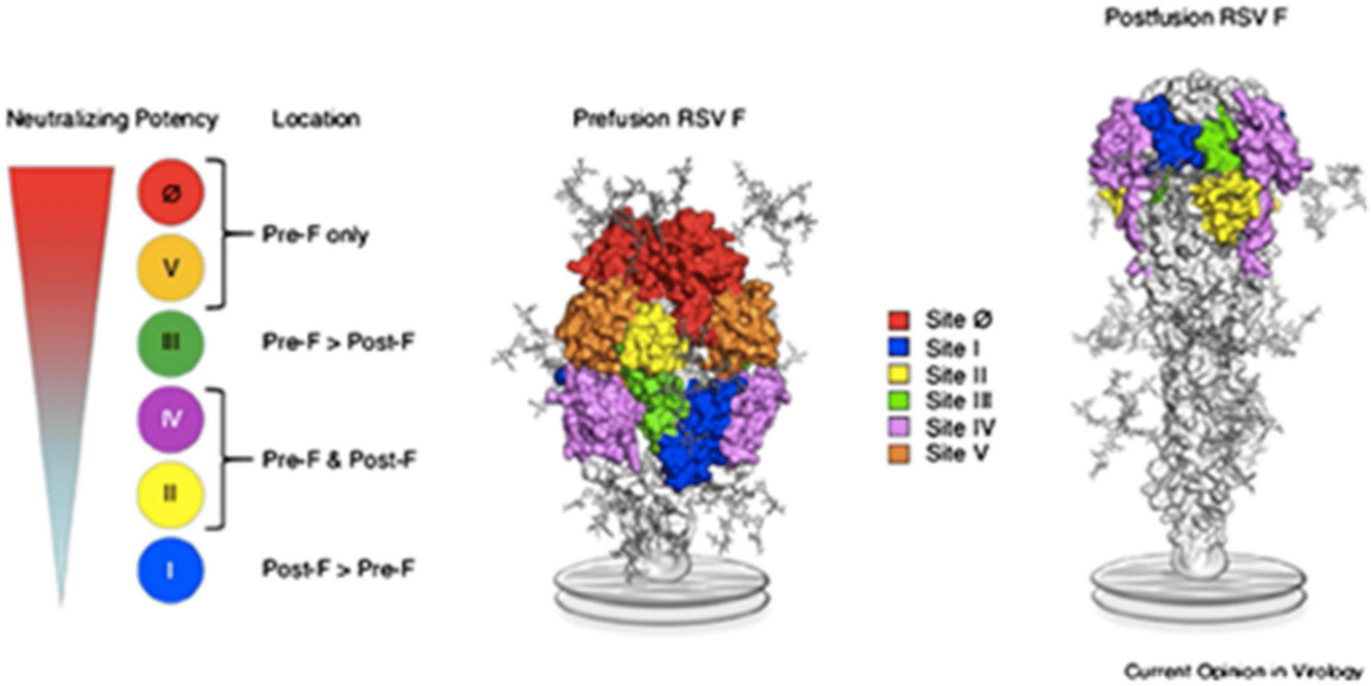
Reference: Kampmann B, et al. *New Engl J Med 2023; 388*(16): 1451

Abrysvo: Serious Adverse Events
MATISSE Trial



Reference: Kampmann B, et al. *New Engl J Med 2023; 3*88(16): 1451

Monoclonal Antibody: Nirsevimab

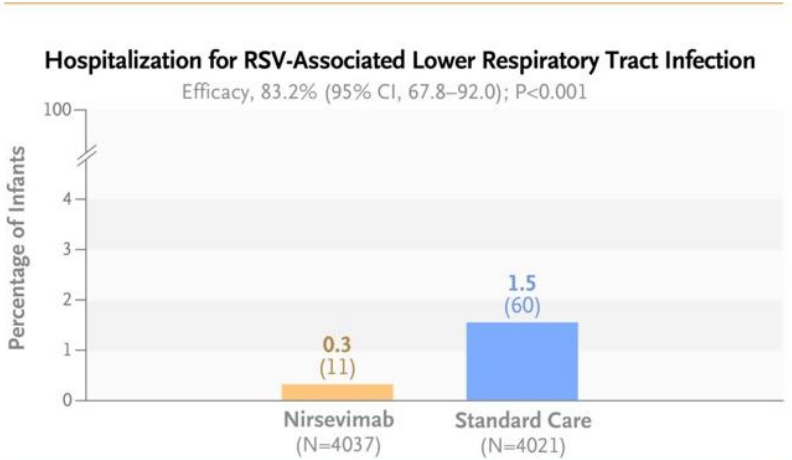


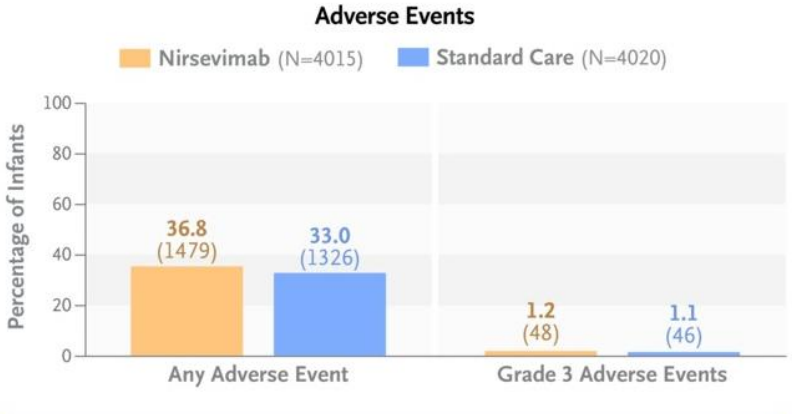
- Recombinant neutralising human IgG1 long-acting monoclonal antibody to the prefusion conformation of the RSV F protein modified to extend serum half-life
- Inhibits the membrane fusion step in viral entry

Taleb et al. J Clin Microbiol Infect Dis 2018

Monoclonal Antibody: Nirsevimab (Beyfortus) **HARMONIE Trial**

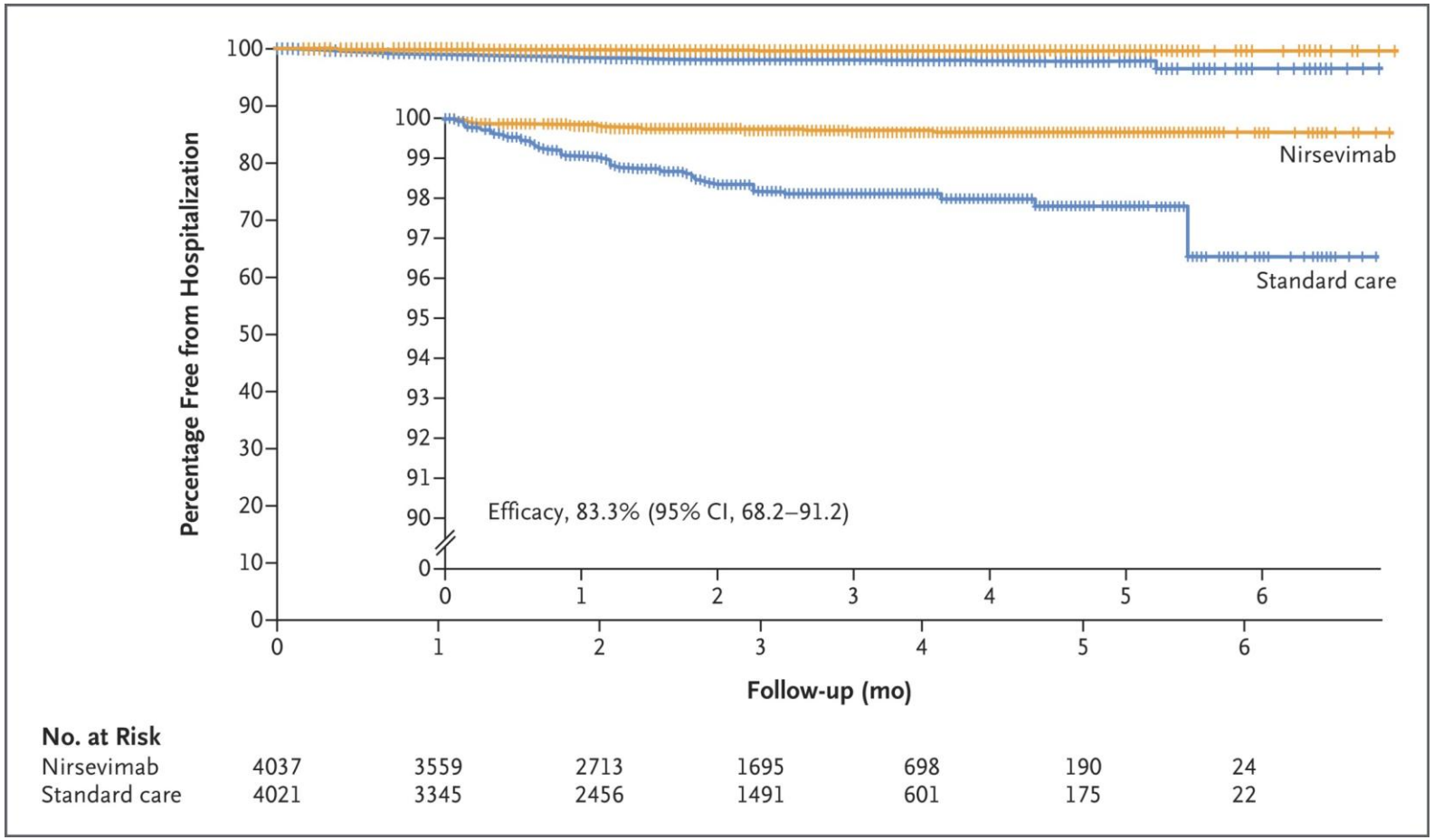
- Phase 3b pragmatic open-label RCT in France, Germany, UK
- 8058 infants
- Tested efficacy against hospitalisation for RSV-associated LRTI and Safety
- Concluded that Nirsevimab protected in conditions that approximated to the real-world setting
- Not blinded and short follow-up





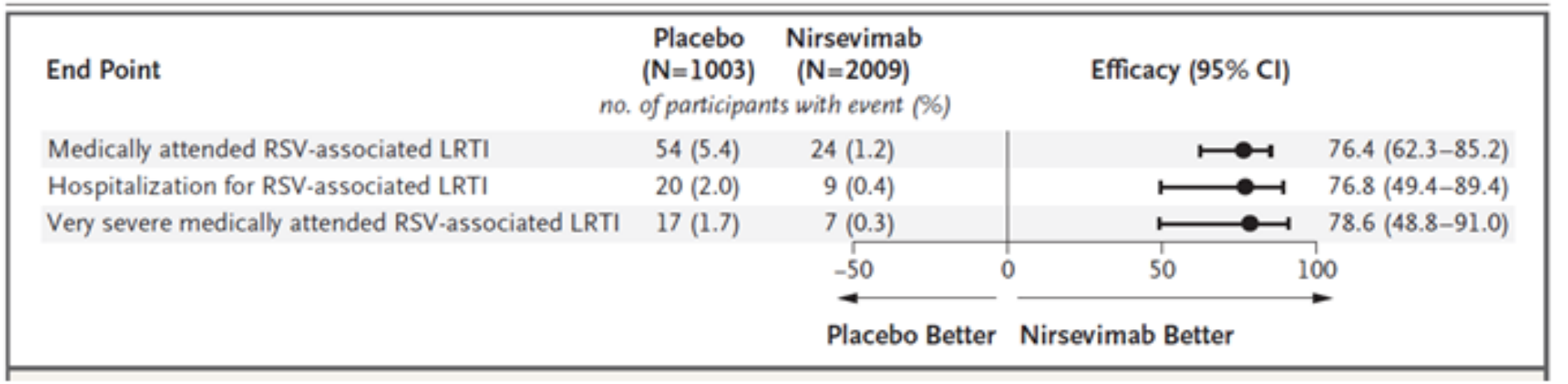
Drysdale SB et al. N Engl J Med2023;389:2425-2435

Monoclonal Antibody: Nirsevimab (Beyfortus)
HARMONIE Trial



Monoclonal Antibody: Nirsevimab (Beyfortus)
MELODY Trial

- 3,012 participants born at ≥35 weeks gestation randomised in a 2:1 ratio
  - 1998 infants have received one dose of nirsevimab (50 mg if they weighed <5 kg, 100 mg if they weighed ≥5 kg)
  - 996 have received placebo before their first RSV season



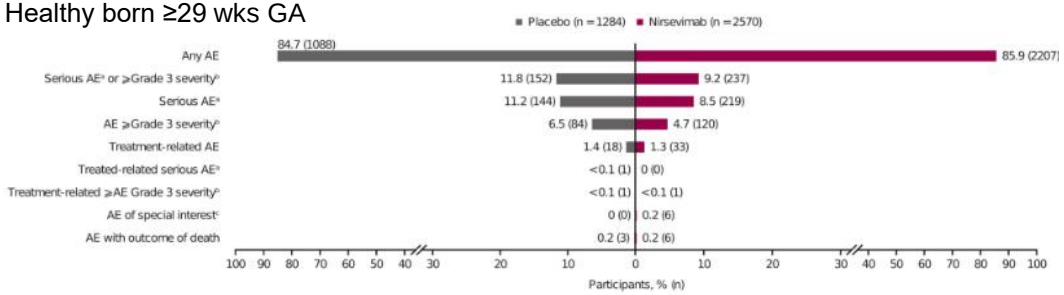
End Point	Placebo (N=1003)	Nirsevimab (N=2009)	Efficacy (95% CI)
	no. of participants with event (%)		
Medically attended RSV-associated LRTI	54 (5.4)	24 (1.2)	76.4 (62.3–85.2)
Hospitalization for RSV-associated LRTI	20 (2.0)	9 (0.4)	76.8 (49.4–89.4)
Very severe medically attended RSV-associated LRTI	17 (1.7)	7 (0.3)	78.6 (48.8–91.0)

- Adverse events were reported in 1.3% of the nirsevimab recipients and 1.5% of the placebo recipients through 360 days after injection

Respiratory syncytial virus (RSV) Maternal and Infant Protection Program: Nirsevimab

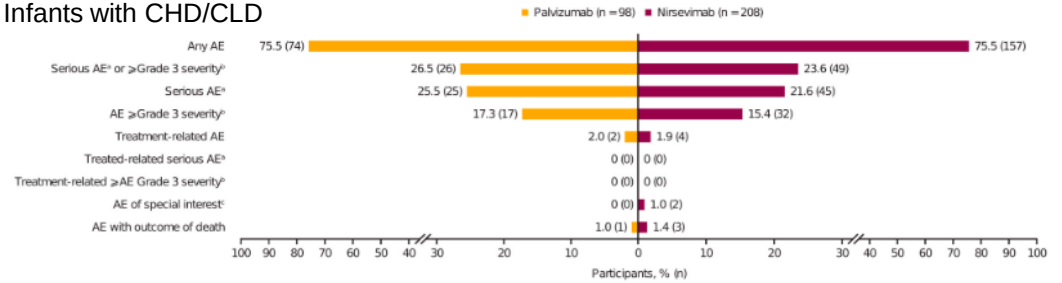
Participants (%)

Healthy born ≥29 wks GA

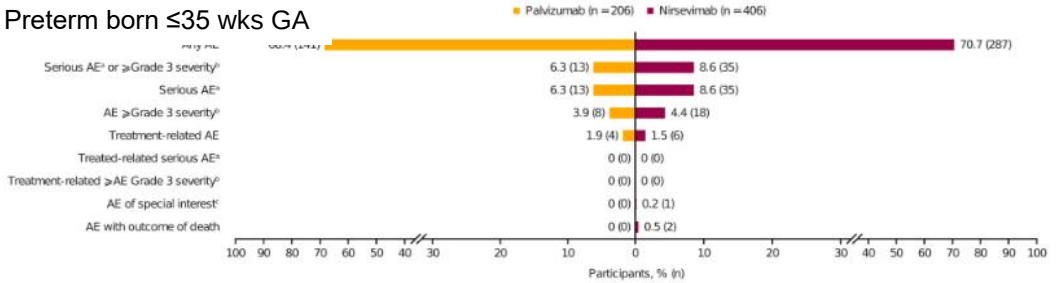


Participants (%)

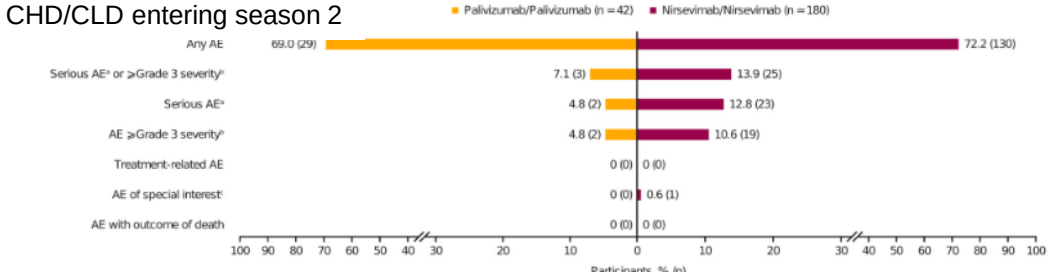
Infants with CHD/CLD



Preterm born ≤35 wks GA



CHD/CLD entering season 2



- Summary of safety data from all pivotal RCTs including MELODY and MEDLEY
  (MEDLEY = infants with congenital heart disease (CHD) and/or chronic lung disease of prematurity (CLD) or born ≤35 weeks GA)
- Nirsevimab *n* = 3,184; Placebo *n* = 1,284
- **Conclusion: A single dose per season of nirsevimab for the prevention of RSV disease had a favorable safety profile, irrespective of wGA or comorbidities**

Mankad et al, Pathogens 2024; 13(6): 503

2025 RSV Maternal & Infant Protection Program in Tasmania

Tasmanian program will:

- offer all pregnant women the RSV vaccine (Abrysvo) from 28 weeks – **year round**
- offer long-acting RSV monoclonal antibody to eligible infants and young children (mAb; Nirsevimab; Beyfortus)– **seasonal program (April – September)**
- **Based on modelling, maternal arm at 70% uptake would prevent 32 hospitalisations, with additional 32 hospitalisations avoided through provision of mAb**

2025 RSV Maternal & Infant Protection Program in Tasmania

	Abrysvo®	**Nirsevimab**
Funding	NIP	State-funded
Program duration	Year round	Seasonal, 1 April to 30 September 2025
When to give	Single dose in pregnancy: 28-36 weeks gestation*	• First season: eligible* infants born from 1 October 24 AND less than 8 months at time of administration • Second season: eligible children less than 24 months with risk conditions* born from 1 October 23
Dose	The dose of Abrysvo® is 0.5 mL, given by intramuscular injection only, preferably in the deltoid region of the upper arm Single dose administered in pregnancy (third trimester)	• First season: <5kg: 50mg, >5kg: 100mg • Second season: 200mg
Co-administration	Pregnant women can receive Abrysvo® at the same time as, or separate to, dTpa, influenza and COVID-19 vaccines	Nirsevimab (Beyfortus) can be safely administered with other routine childhood vaccines

* Conditions associated with increased risk of severe RSV disease in infants and young children are listed in the Australian Immunisation Handbook and *Appendix 2*

2025 Maternal RSV Program

ABRYSVO

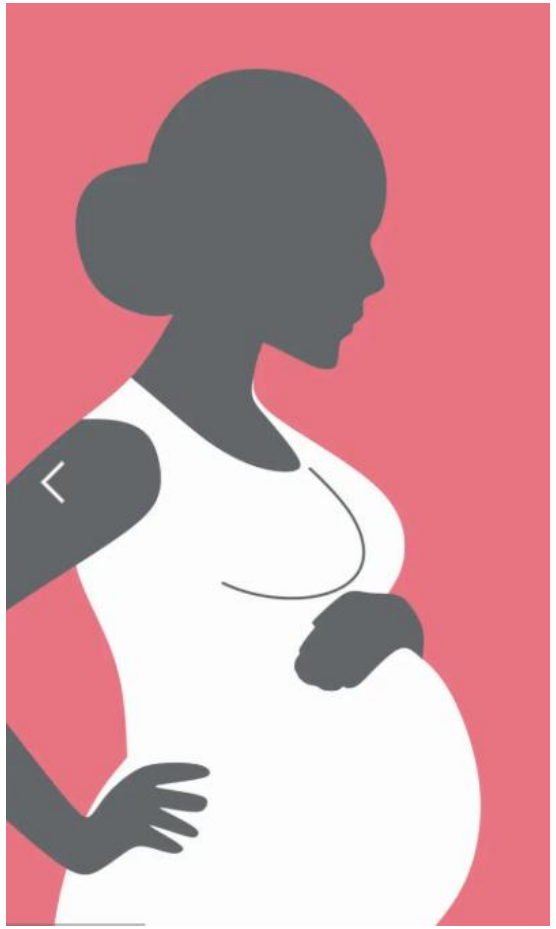
RSV vaccination of pregnant women for infant protection

Abrysvo - RSV maternal vaccine

Abrysvo is the only vaccine licensed for RSV vaccination in pregnancy and is the only vaccine currently available for use on the NIP

- It is an inactivated recombinant vaccine used for the prevention of RSV
- It does not contain any live organisms and cannot cause the disease
- One dose (0.5 mL) of Abrysvo comes as a vial containing vaccine powder and a pre-filled diluent syringe
- Once reconstituted, the vaccine should be a clear and colourless solution

Maternal Vaccination with Abrysvo



- For the best protection, Abrysvo is recommended for pregnant women from 28 – 36 weeks and ideally two weeks before birth to give enough time for the mother to make antibodies, and for these to cross the placenta to protect the baby, even if born early
- RSV vaccine can be offered to pregnant women up until delivery, but for the infant to be considered adequately protected vaccination needs to be received at least two weeks prior to delivery
- Safe to administer if pregnant and breast feeding another child

Maternal RSV Vaccination Sticker

Maternal RSV Vaccination	
☐ Received RSV vaccine (Abrysvo®) at ≥28 weeks gestation	
Date of administration:	**Gestation at administration:** /40
*Please note the Abrysvo® vaccine should be administered **at least two weeks prior** to delivery, to provide optimal protection to the infant, but can be given any time prior to delivery.*	

February 2025

Uptake so far…….

The program was planned expecting an uptake of around 70% (similar to pertussis uptake)

It's early days, but uptake is lower than we were expecting ☹

Abrysvo is the cornerstone of the program and there needs to be a strong focus on achieving high maternal vaccine uptake

What can you do to help…….??

- Please encourage your pregnant patients to take up the opportunity to have this vaccine
- Identify pregnant patients and recall if possible
- Prioritise late pregnancy patients so as they don't miss out

There are two different vaccine formulations for RSV

Abrysvo and Arexvy…….their names are very similar!

These are different vaccine formulations and are **only** registered for use in a specific age or population groups:

Abrysvo is the only vaccine to be used in pregnant women

Abrysvo is also registered for use (but not funded) for adults aged ≥60 years

Arexvy is only indicated for use in older adults aged ≥60 years and must not be given in pregnancy

Fun ways to help prevent administration errors

Picture the b in Abrysvo as a pregnant person to remember the right vaccine to administer to pregnant people (28 – 36 weeks)!

Arexvy – **XVY** (end of alphabet = older person)

Vaccine Administration Errors

The RSV vaccines Abrysvo and Arexvy are different vaccine formulations and are **only** registered for use in a specific age or population groups:

- **Abrysvo** is the only vaccine to be used in pregnant women / is also registered for use (but not funded) for adults aged ≥60 years
- **Arexvy** is only indicated for use in older adults aged ≥60 years and should not be given in pregnancy

- Nirsevimab (Beyfortus) only registered for use in infants
- Call Public Health Services if a vaccine administration error is identified for advice

Nirsevimab (Beyfortus)

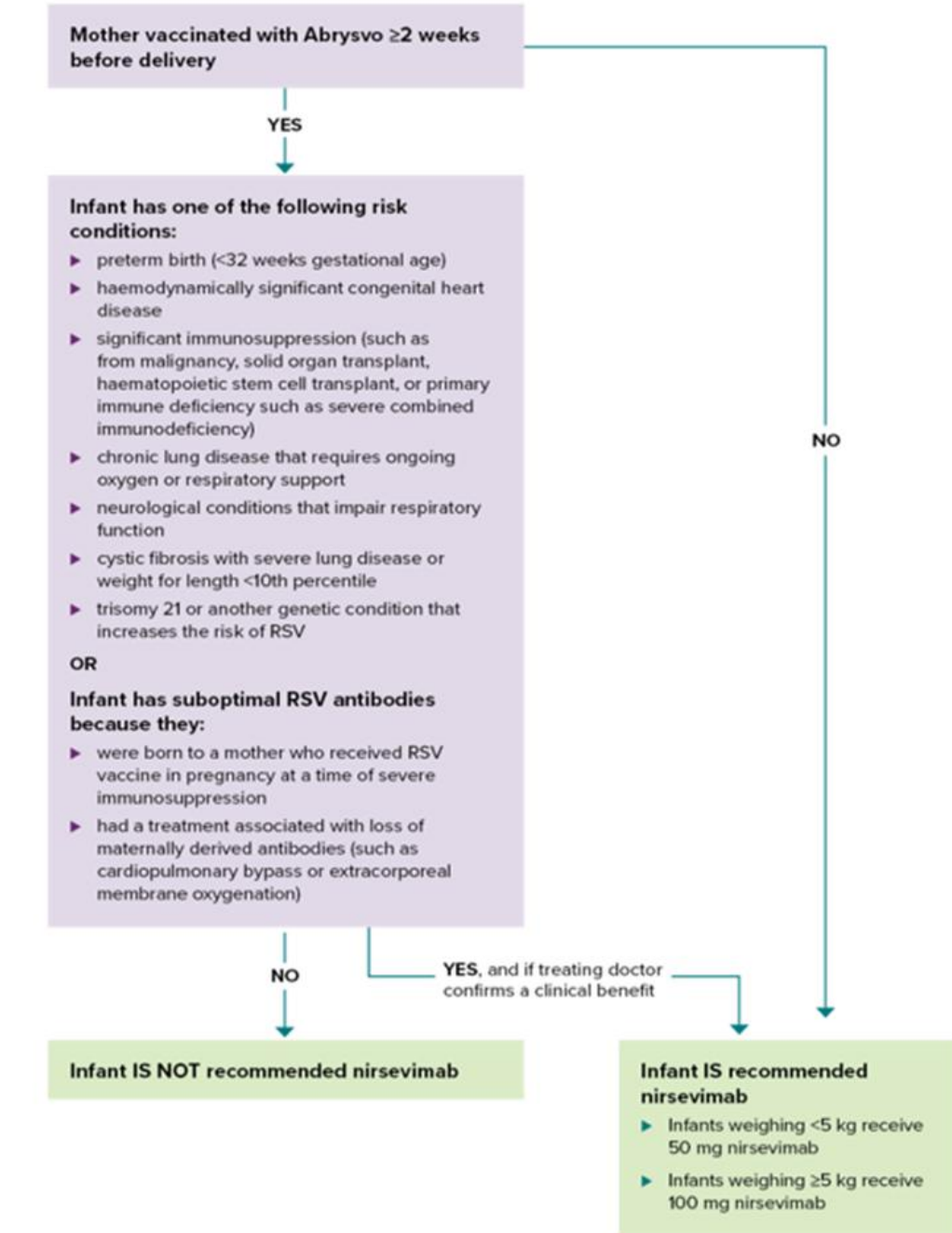
2025 Infant RSV Program

Seasonal program from 1 April – 30 September

Nirsevimab (Beyfortus) is recommended for:

- Eligible infants born from 1 October 2024 and aged <8 months:
  - Infants whose mothers did not receive RSV vaccination during pregnancy
  - Infants whose mothers were vaccinated less than two weeks before delivery
  - Infants who are at increased risk of severe RSV, are eligible for Nirsevimab (Beyfortus) under this program regardless of their mother's vaccination status
  - Infants born to mothers with severe immunosuppression
  - Infants whose mothers have received RSV vaccine in pregnancy but have subsequently undergone a treatment that has led to loss of maternal antibodies

Flowchart to guide which infants should receive Beyfortus® (nirsevimab) in their first RSV season



Infant immunisation with Nirsevimab (Beyfortus)

Nirsevimab (Beyfortus) is also recommended for:

High-risk second RSV season for children (<24 months of age)

- born from 1 October 2023 and with conditions associated with an increased risk of severe RSV disease
- these children may have also received a dose of Nirsevimab (Beyfortus) in their first RSV season

Nirsevimab (Beyfortus) - dosage and administration

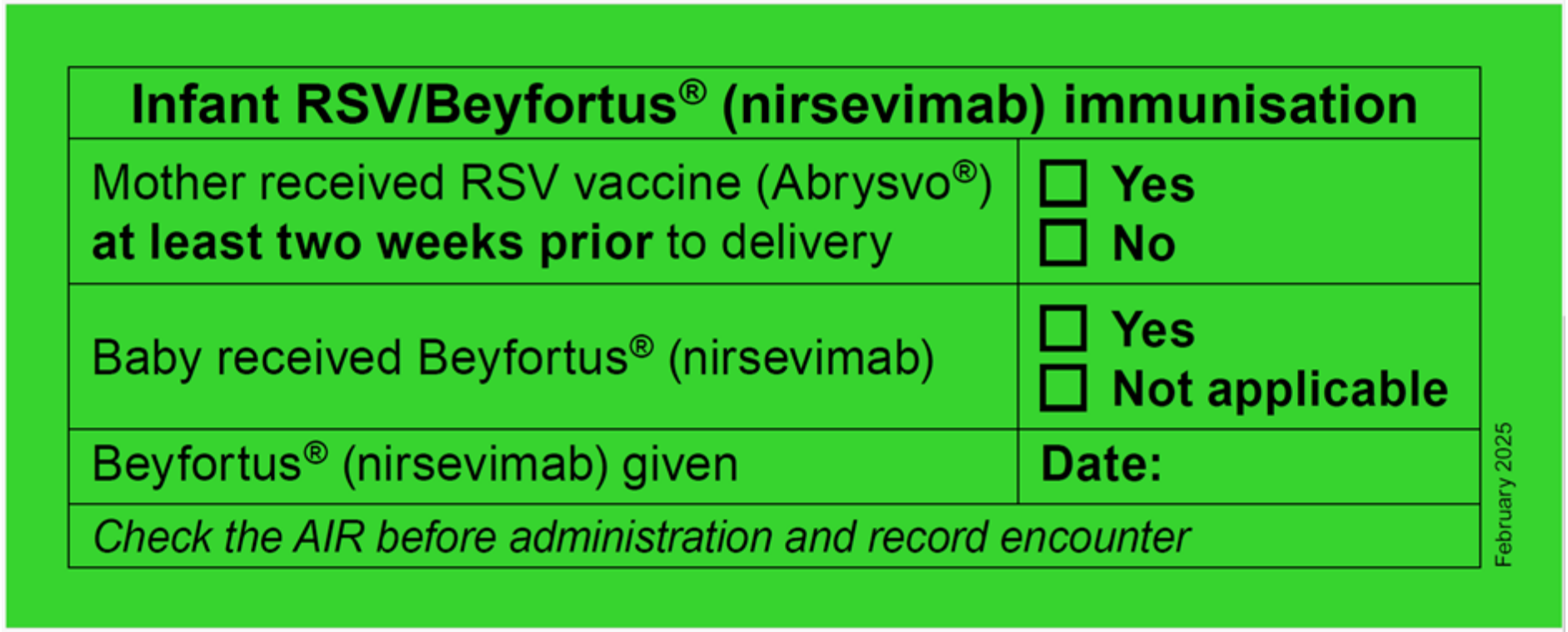
Will be administered before hospital discharge where possible

- Given into the anterolateral thigh, as a weight-based dose, for infants in their first season (aged less than 8 months):
  - <5kg 50mg dose (purple plunger)
  - ≥ 5kg 100mg dose (blue plunger)

- Children entering their 2nd RSV season with an increased risk of severe RSV disease (<24mths):
  - 2 x 100mg dose - via separate intramuscular injections
  - Given in the deltoid in children over 12 months of age

RSV Resources for Immunisation Providers

You can expect to see this sticker on PHR's of babies born from the 1 April 2025



Infant RSV/Beyfortus® (nirsevimab) immunisation	
Mother received RSV vaccine (Abrysvo®) **at least two weeks prior** to delivery	☐ **Yes** ☐ **No**
Baby received Beyfortus® (nirsevimab)	☐ **Yes** ☐ **Not applicable**
Beyfortus® (nirsevimab) given	**Date:**
Check the AIR before administration and record encounter	

February 2025

This indicates if a baby received a birth dose of nirsevimab (Beyfortus) prior to discharge from Maternity Services

Practice points

- We need your help ☺ !

- Nirsevimab can be co-administered with scheduled NIP vaccines
- If given at a separate visit, there is no minimum interval between nirsevimab and other vaccines
- **Important** - Infants in their 1st RSV season are only eligible for nirsevimab until they are 8 months old – please recall all infants for 4- and 6-month NIP vaccines on time to ensure nirsevimab can be offered in a timely manner
- PHS is working with CHaPS to identify eligible infants – families may present prior to 6 weeks seeking nirsevimab

Vaccine Ordering

- Abrysvo is available to order NOW
- Nirsevimab (Beyfortus) will be available to order shortly (we will let you know)
- Please order online via the Tasmania Vaccine Ordering system or via Sigma (for pharmacists – Abrysvo only)
- Immunisation providers are required to have a Tasmanian vaccine account to order the products.
- For assistance or details on obtaining a vaccine account, please contact the Immunisation Team via immunisation@health.tas.gov.au or 1800 671 738 (option 4)

Reporting & Documentation

Documentation is going to be particularly important in this program, given the multiple providers across maternal and infant care

Abrysvo	Nirsevimab (Beyfortus)
Mother's vaccination status directly influences the baby's immunisation requirements	Record all doses in the immunisation record section of the PHR (baby blue book) Record on PHR sticker
Record maternal vaccination in relevant antenatal clinical records (*new* 'orange book' sticker)	Record on AIR AIR does not need a Medicare number (can use Mum's last name, baby of Mum's first name, date of birth, gender and address) when entered via PRODA
Mandatory to report all NIP vaccines to the AIR - new antenatal flag	Appropriate documentation is vital particularly during transition of baby's care
Always check AIR before administering an RSV vaccine	
Encourage women to install Medicare app during early pregnancy (for access to their digital AIR Immunisation History Statement)	

Additional RSV Resources for Immunisation Providers

Additional RSV Resources for Immunisation Providers:

- Tasmanian Department of Health - RSV maternal and infant protection program 2025
- Tasmanian Department of Health – RSV Toolkit
- Respiratory Syncytial Virus (RSV) chapter – Australian Immunisation Handbook
- NCIRS Respiratory syncytial virus (RSV): Frequently asked questions (FAQs)
- Australian Government, Department of Health and Aged care – National Immunisation Program
- Primary health Tasmania – Health Pathways
- Sharing Knowledge About Immunisation | SKAI

Winter Immunisation Update

Flu, COVID-19, RSV (older adults)

Excess deaths

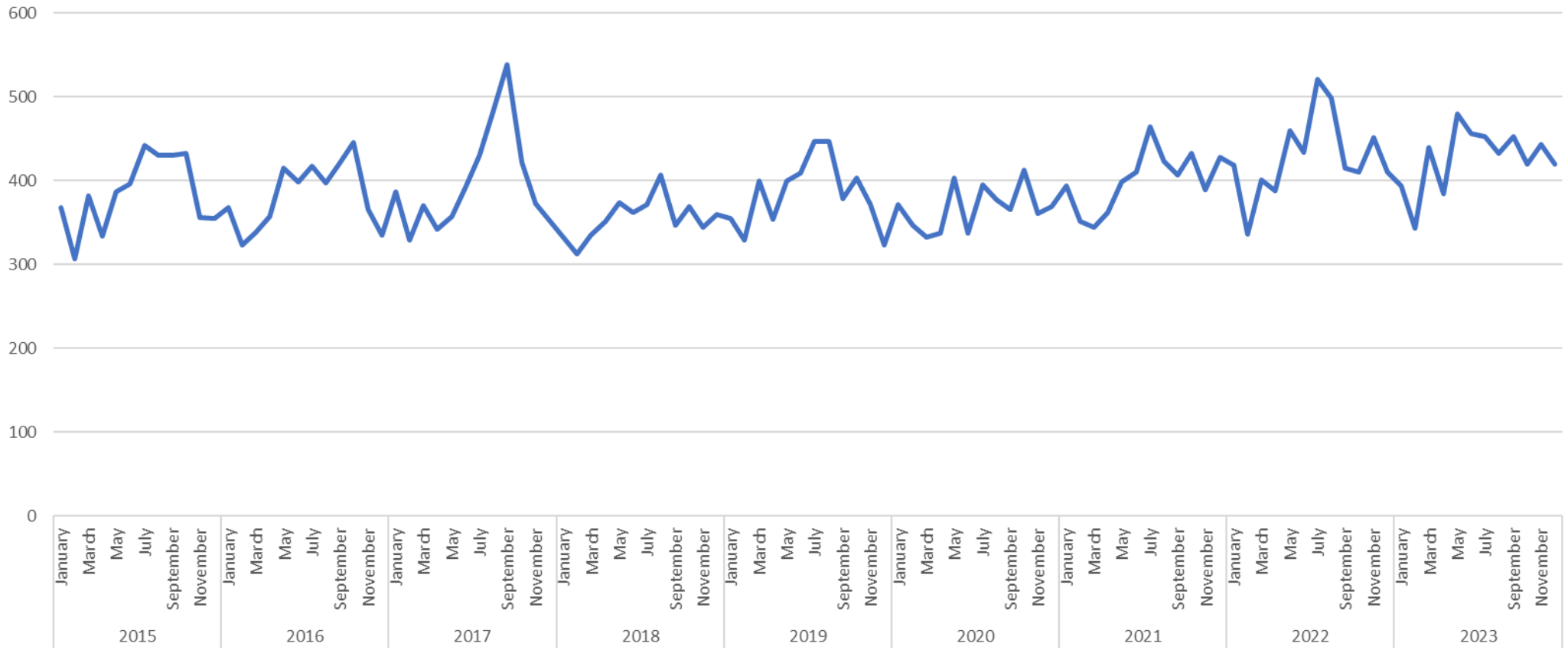


Figure. All deaths, Tasmania, 2015 to 2023

Source: ABS Provisional Mortality, Tasmania, 2015-2023

Influenza epidemiology

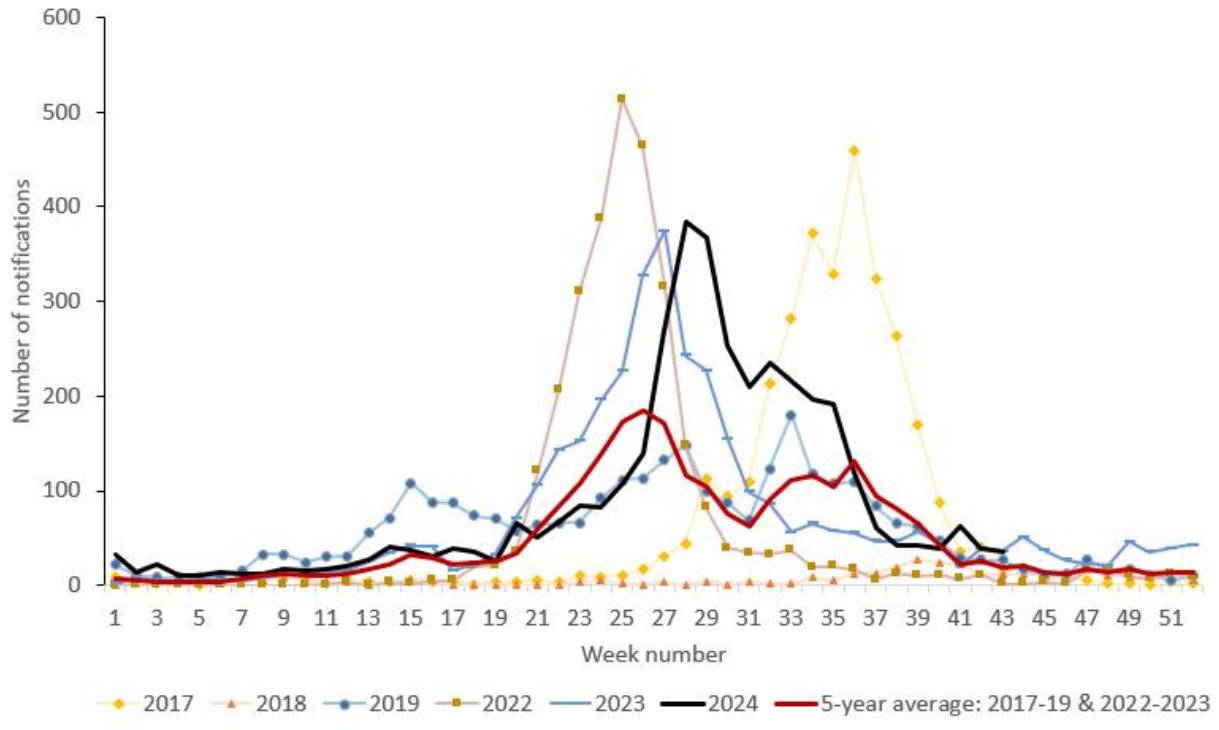


Figure. Number of notifications of influenza by week, Tasmania, 2019 to 2024 (until 27 October)

Source: Tasmanian Notifiable Disease Surveillance System (TNDSS)

Influenza epidemiology – features of annual epidemics

- Onset
  - Rarely March-April
  - Typically (60%) May-June
  - Occasionally July-August
- Peak
  - Typically late August
  - Varies mid-July to early-Oct
  - 2022 was early mid-June
- Ascertainment
  - Annual attack-rate est. 10%
  - Higher among young children
  - Proportion of infections diagnosed & notified is low (<<10%)

Notifications of Influenza

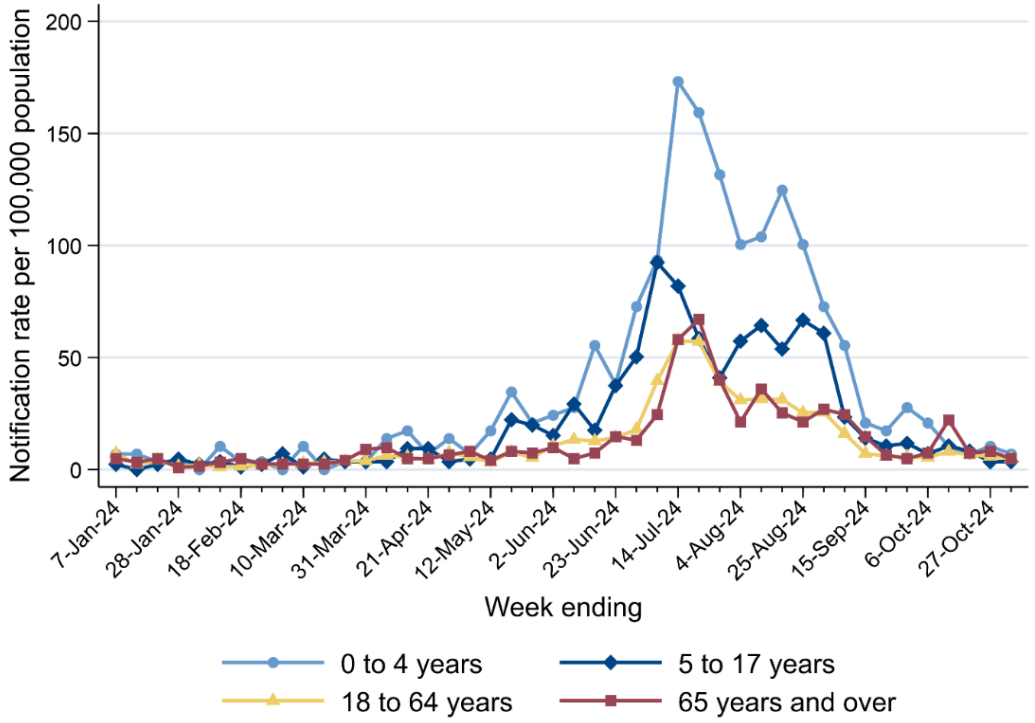


Figure. Rate of notifications of influenza by age group and week, Tasmania, 2024 (until 27 October)

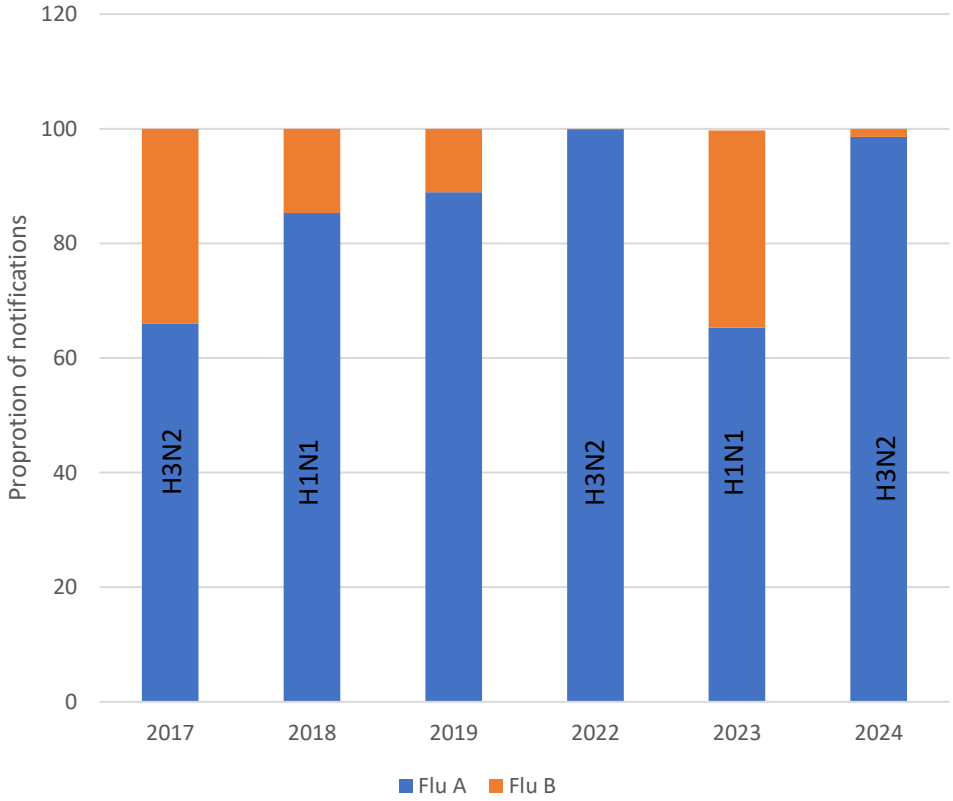


Figure. Notifications of influenza by virological subtype/lineage, Tasmania, 2019 to 2024

COVID-19 epidemiology

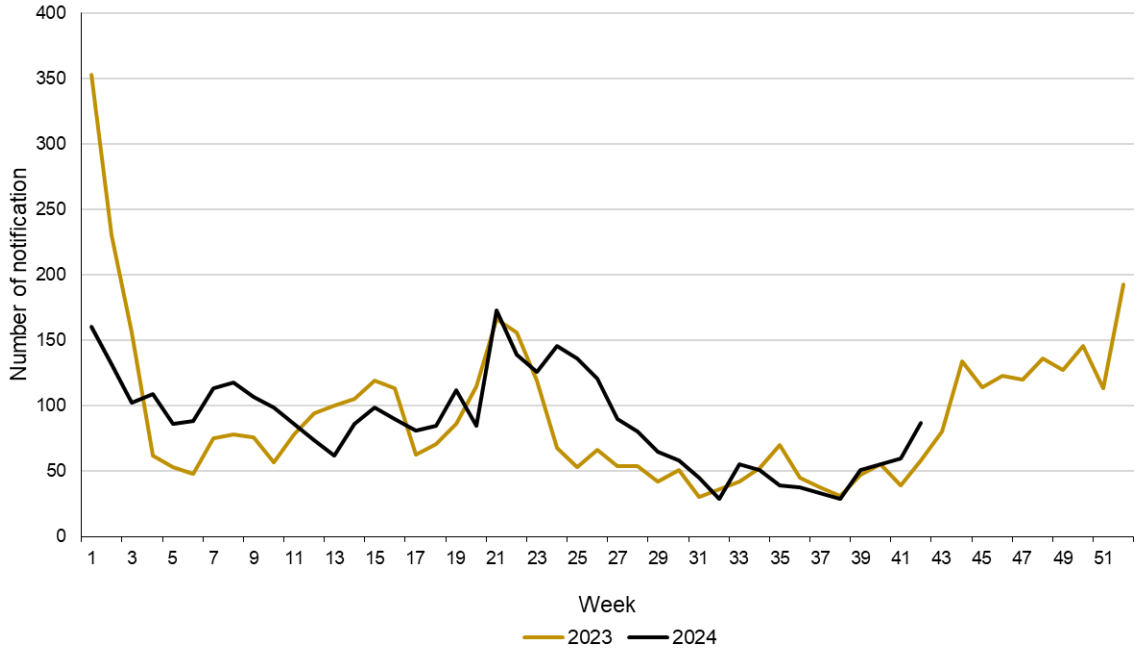


Figure. Number of notifications of COVID-19 by week, Tasmania, 2023 and 2024 (until 27 October)

- Seasonal patterns of COVID-19 yet to be established, twice yearly waves of increased activity apparent.
- Variant-driven transmission

COVID-19 epidemiology

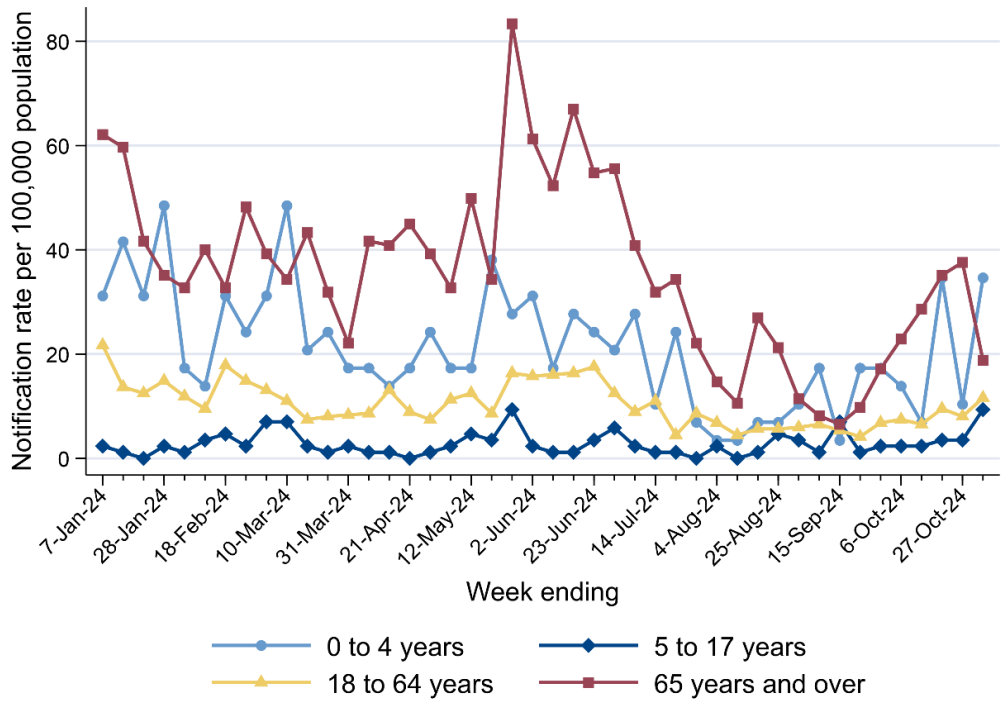


Figure. Rate of notifications of COVID-19 by age group and week, Tasmania, 2024 (until 27 October)

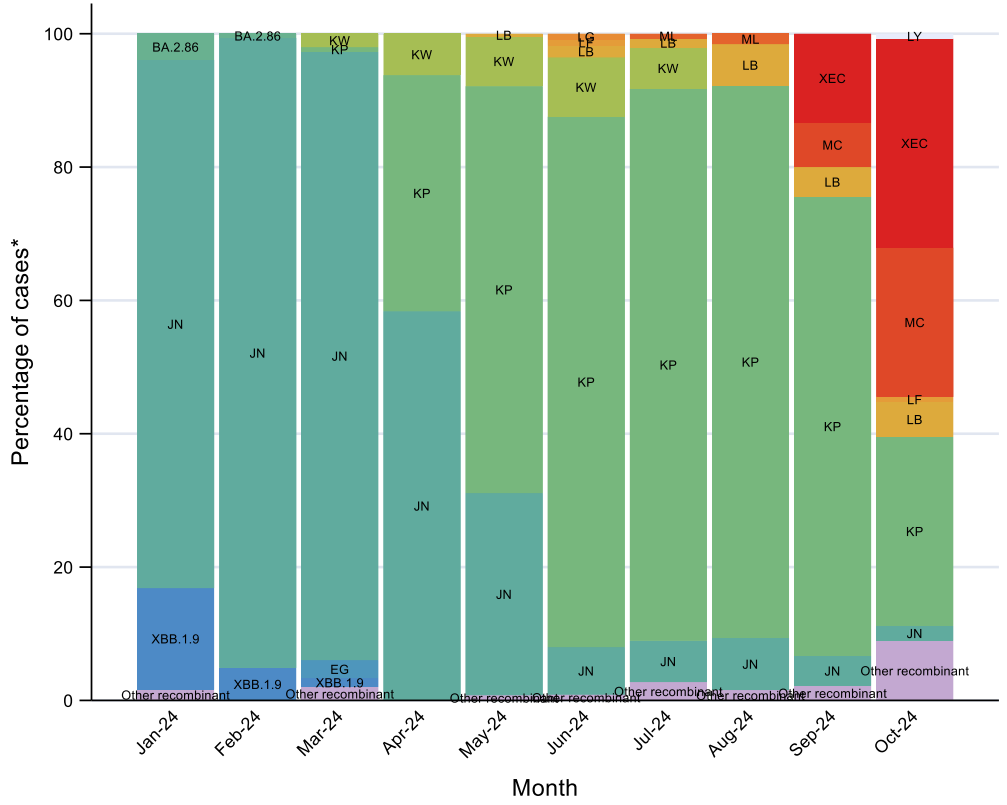


Figure. Notifications of COVID-19 by sublineage and month, Tasmania, 2024 (until 27 October)

COVID-19 epidemiology

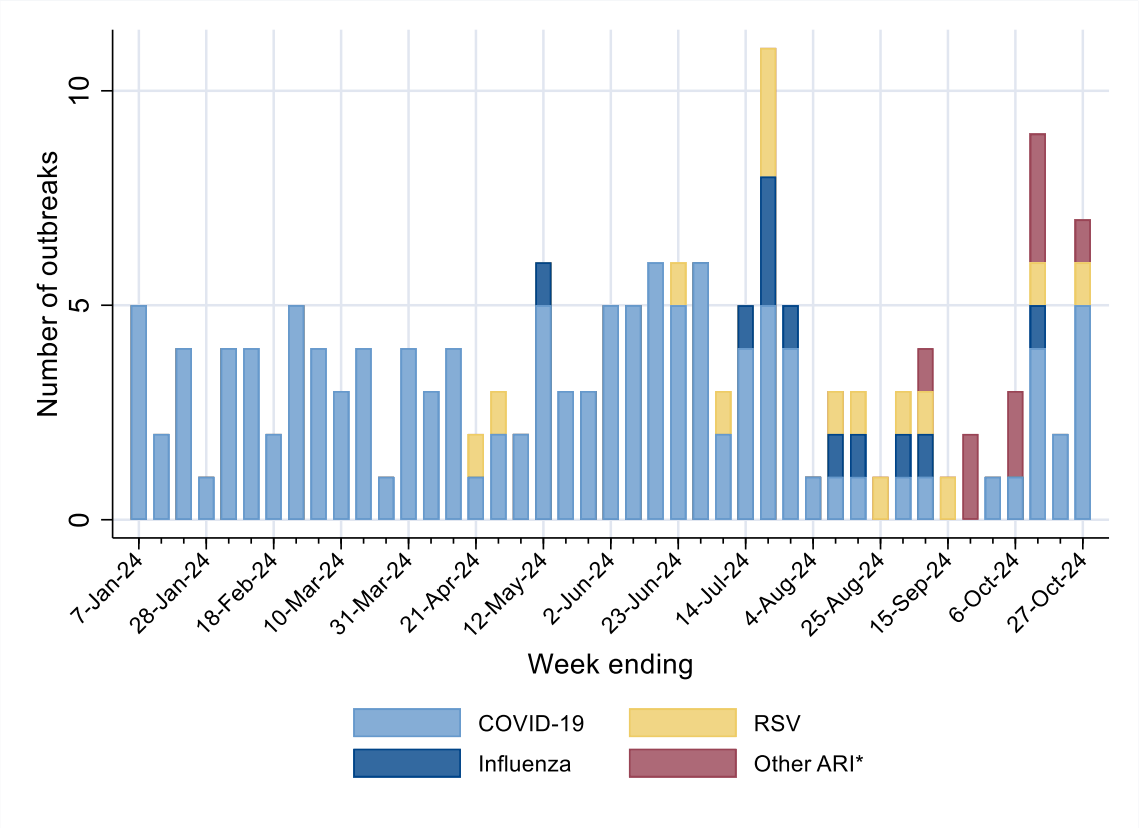
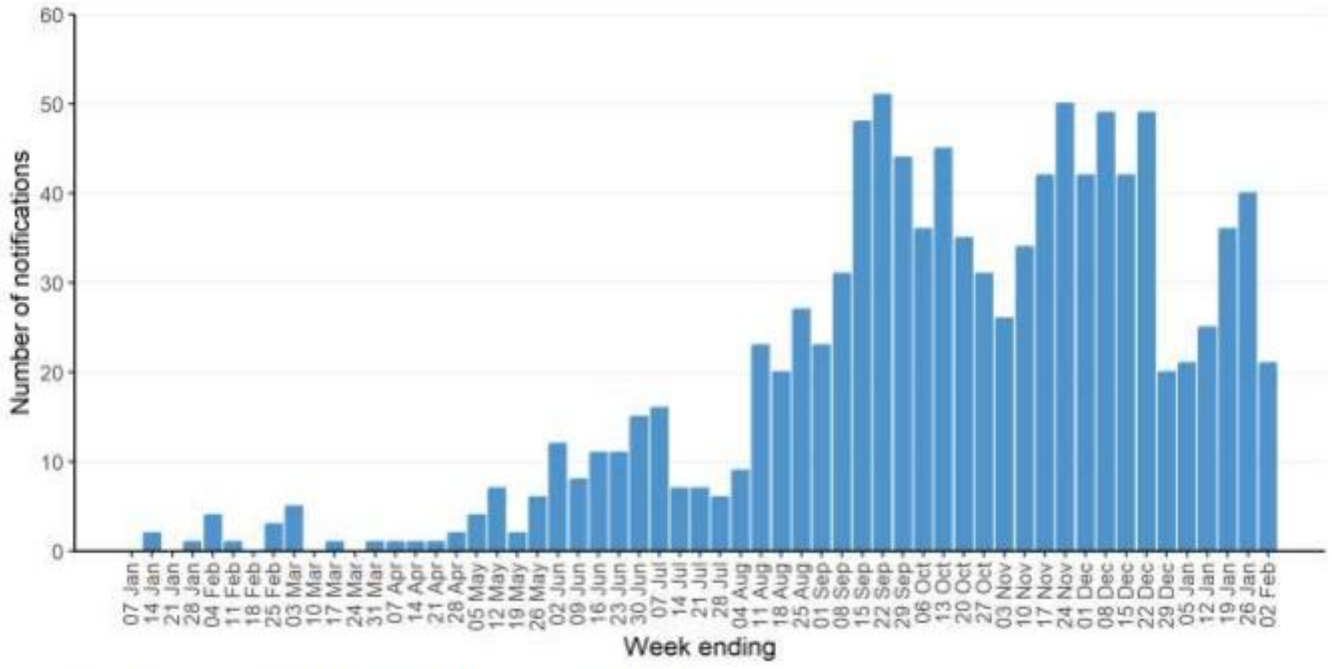


Figure. Number of new acute respiratory illness outbreaks in residential aged care homes by pathogen, Tasmania 2024 (until 27 October)

Pertussis epidemiology

Figure 2. Pertussis notifications by week, Tasmania, 01-Jan-24 to 02-Feb-25



Source: Tasmanian Notifiable Diseases Surveillance System (TNDSS).

- Currently in an epidemic period
- Prevention of infection in infants a primary public health goal
- Vaccination in pregnancy key
- Pertussis vaccination in pregnancy in Tasmania, approximately 70%

Winter Immunisation – opportunities

- Opportunities
  - Tasmania has one of the highest vaccination rates in the country
  - Health care provider recommendation is key
  - Upcoming influenza vaccine campaign – an opportunity for a seasonal ‘reset’ through encouraging flu and COVID-19 co-administration
  - Opportunity to reduce morbidity and mortality

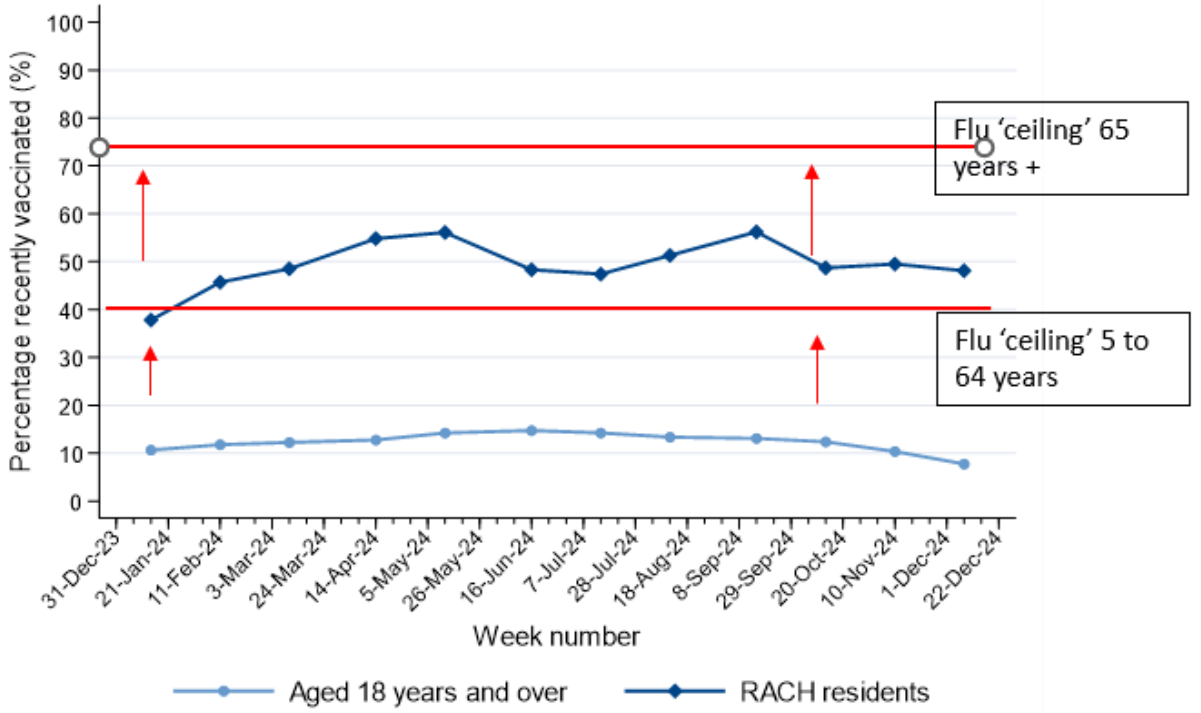


Figure. Percentage vaccinated* against COVID-19 in the last 6 months by population group and week, Tasmania, 2024

* Any dose in the last six months. Sources: Australian Government Department of Health and Aged Care: COVID-19 Vaccine Rollout; Australian Bureau of Statistics estimated resident population (Jun 2023).

Influenza vaccination guidance

Priority populations – Influenza

- **Annual vaccination** is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.

- Health care provider recommendation is the strongest predictor of a person's decision to vaccinate.

- Influenza vaccine is funded by the National Immunisation Program (NIP) for those at greatest risk of severe outcomes from influenza:
  - All children aged 6 months to 5 years of age
  - All pregnant women – at any stage of pregnancy
  - All Aboriginal and Torres Strait Islanders
  - All adults aged > 65 years
  - Anyone aged > 6 months with selected medical conditions

Opportunistic co-administration!

Use influenza vaccination encounter to ensure your patient is up to date with vaccines they are due for!

- Young children
  - Seasonal: Flu, RSV (nirsevimab <8 months old or high-risk 2nd season <24 months)
  - Routine childhood immunisations
- Pregnant women
  - Flu, RSV (Abrysvo 28 to 36 weeks), pertussis (20 to 32 weeks)
- Older adults
  - Flu, COVID-19, RSV*, pneumococcal, shingles*
  - Depending on age and medical history
  - *For adjuvanted vaccines (RSV; Arexvy, FluadQuad and Shingrix) the benefits of co-administration should be weighed against the potential for increased local and systemic adverse events

Vaccine timing and composition

- The best time to receive an influenza vaccine is before the onset of the flu season. Greatest protection is in the first 3-4 months after vaccination.
- All funded influenza vaccines in 2025 are:
  - Quadrivalent vaccines
  - Contain two influenza A and two influenza B strains
  - Egg- and cell-based
  - What about B-Yamagata…?

Table 2. Influenza virus strains included in the 2025 Southern Hemisphere seasonal influenza vaccines*

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/4897/2022 (H1N1)pdm09-like virus	A/Wisconsin/67/2022 (H1N1)pdm09-like virus
A/Croatia/10136RV/2023 (H3N2)-like virus	A/District of Columbia/27/2023 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus	B/Phuket/3073/2013 (B/Yamagata lineage)-like virus

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production. *Vaccine strain composition post-2025 is yet to be determined.

2025 Influenza vaccine program

- Ordering
  - Ordering opens the **week commencing 31 March**
  - **Vaccine delivery** the week commencing **7 April**
  - Through the usual government ordering systems

- Resources
  - Tasmania-specific:
    - Immunisation schedule
    - Winter Immunisation toolkit
  - National:
    - ATAGI statement
    - Program advice for health professionals
    - Consumer

COVID-19 vaccination guidance

COVID-19 vaccination guidance

- Vaccination remains the most important measure to protect those at risk of severe disease from COVID-19.
- COVID-19 vaccines remain funded for eligible individuals.
- COVID-19 vaccines are recommended every 6 to 12 months for older adults and adults with severe immunocompromise due to their ongoing risk of severe COVID-19:
  - Adults 75 years and older: recommended every 6 months
  - Adults 65 to 74 years: recommended every 6 to 12 months*
  - Adults 18 to 74 years: recommended every 12 months*

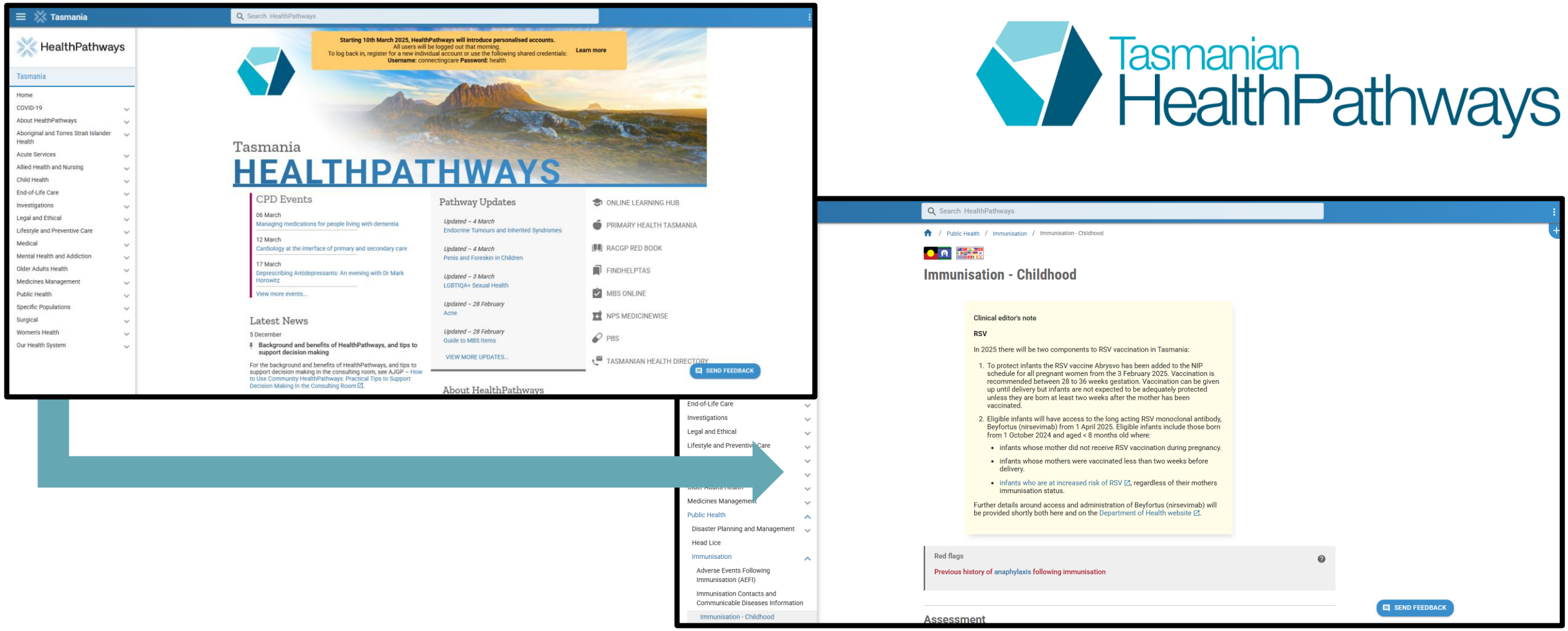
    * depending on risk-benefit assessment
- XBB.1.5 and JN.1 vaccines currently available (including pre-filled syringes)

RSV vaccination in older adults

- RSV associated with morbidity and mortality in older adults
- RSV vaccine is not currently funded under the NIP
- A single dose of RSV vaccine (Arexvy and Abrysvo) is recommended for the following groups:
  - ***All adults aged 75 years and older***, who have the highest burden of RSV hospitalisation and are likely to have the greatest benefit from vaccination
  - ***Aboriginal and/or Torres Strait Islander peoples aged 60 to 74 years***, who have a rate of RSV associated hospitalisation that is similar to non-Indigenous Australians aged 75 years and older
  - ***Adults aged 60 to 74 years with medical conditions*** that increase their risk of severe disease due to RSV
- Other adults between 60 to 74 years of age can consider a RSV vaccination, although the benefits of vaccination may be less due to the lower burden of RSV disease in this group

Summary

- RSV Maternal and Infant Protection Program is exciting!
- Possibility to substantially reduce severe RSV disease in infants
- We need your help to promote awareness and uptake of the program to realise the potential benefits
- RSV maternal vaccination program – happening now!
- RSV infant immunisation program – coming soon
- Key to increase COVID-19 and influenza coverage in priority populations. Consider co-administration opportunities.



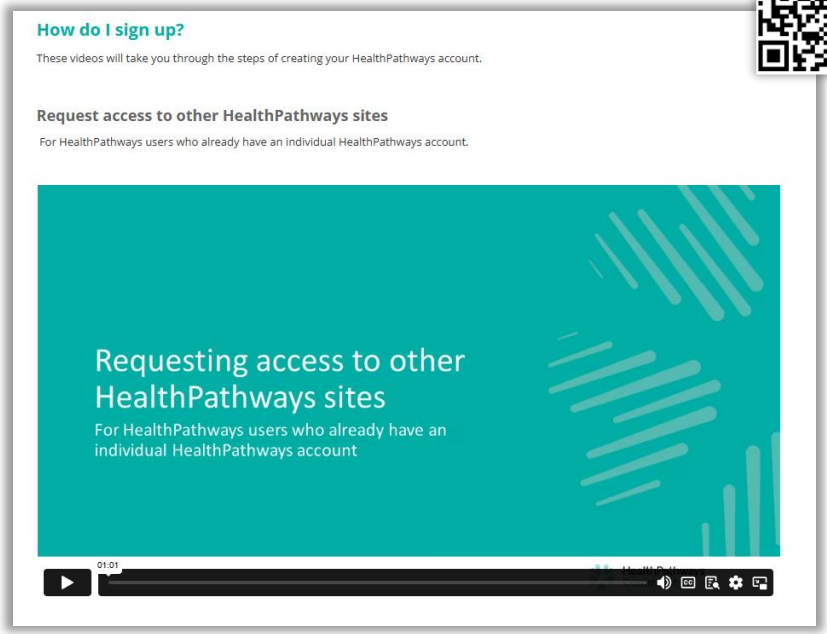
Tasmanian HealthPathways

tasmania.communityhealthpathways.org
Username: **connectingcare**
Password: **health**

Tasmanian HealthPathways

Update- New personalised accounts

Scan to learn more



Starting 10th March 2025, HealthPathways will introduce personalised accounts.

Users will be logged out and prompted to register for a new personalised account.

Have a question? Contact the Tasmanian HealthPathways team HealthPathways@primaryhealthtas.com.au

For more information, click here

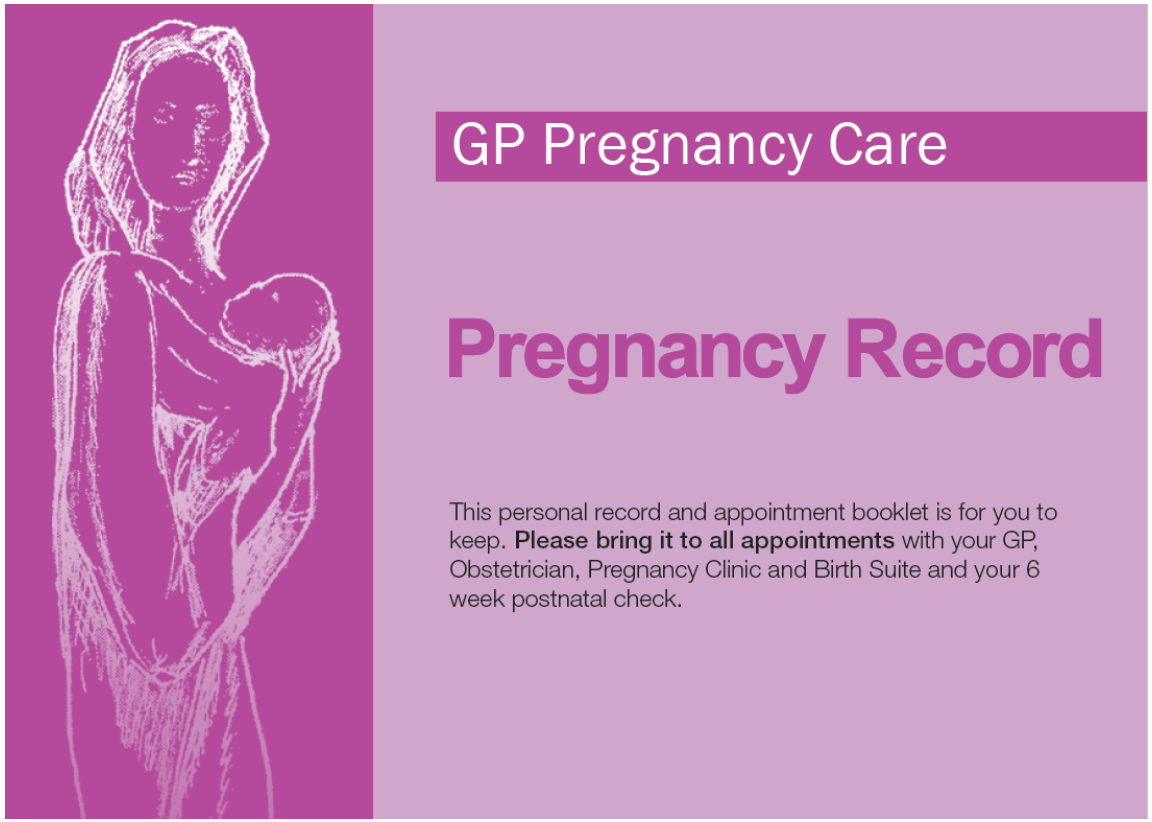
GP Pregnancy record supporting Antenatal Shared Care in Tasmania

Revised January 2025 – Now available

Special thanks to Dr Anne Wilson who authored the book, and all Subject Matter Experts involved in supporting the review

To order copies

providersupport@primaryhealthtas.com.au



Some final words

- After this webinar end, your browser will open a link to an evaluation survey.
- Statements of attendance will be emailed to participants.
- For event queries, please contact events@primaryhealthtas.com.au

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