Example presentation and report developed by Seattle Children's Hospital and UW REACH residents rotating with the WA State Department of Health.

2023-2024 Seattle Children's REACH Residents

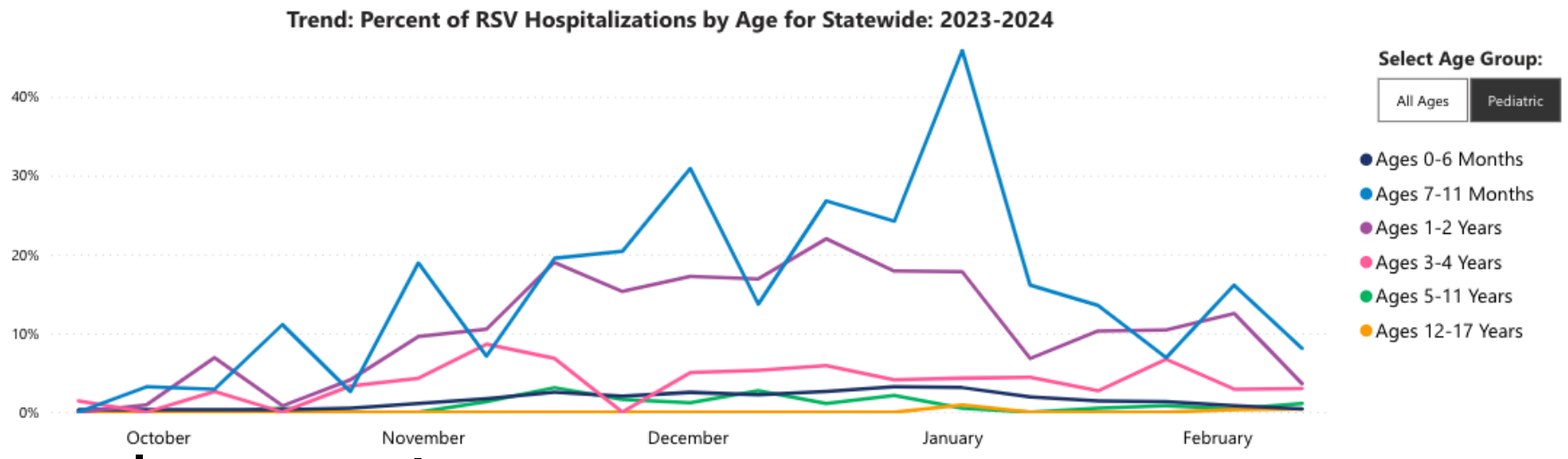
FALL 2023 NIRSEVIMAB IMPLEMENTATION LESSONS LEARNED

Nirsevimab Implementation ‘23-24 Season Report Out

Nirsevimab Implementation ‘23-24 Season Report Out

State/CDC data, birthing center surveys, Pediatric Disaster/Surge Planning Workgroup

Timeline



Initial doses given in WA. Recommended group was initially broad.

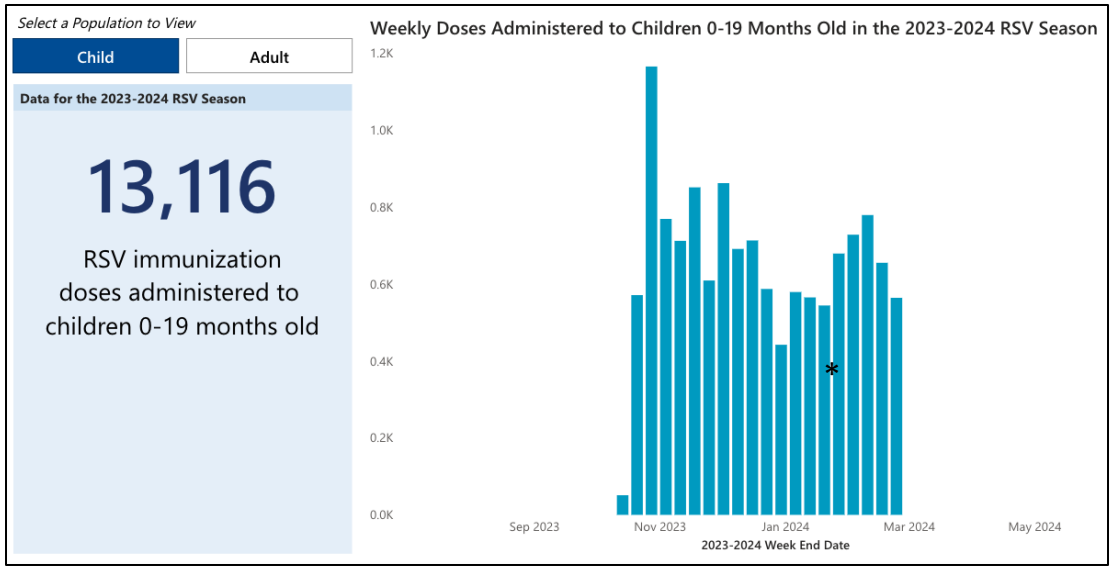
Ordering suspended less than one week after opening. Supply shortage.

CDC releases updated guidelines in the setting of supply shortages.

More supply made available in Jan. CDC recommends vaccinating as soon as possible.

Nirsemvimab Uptake

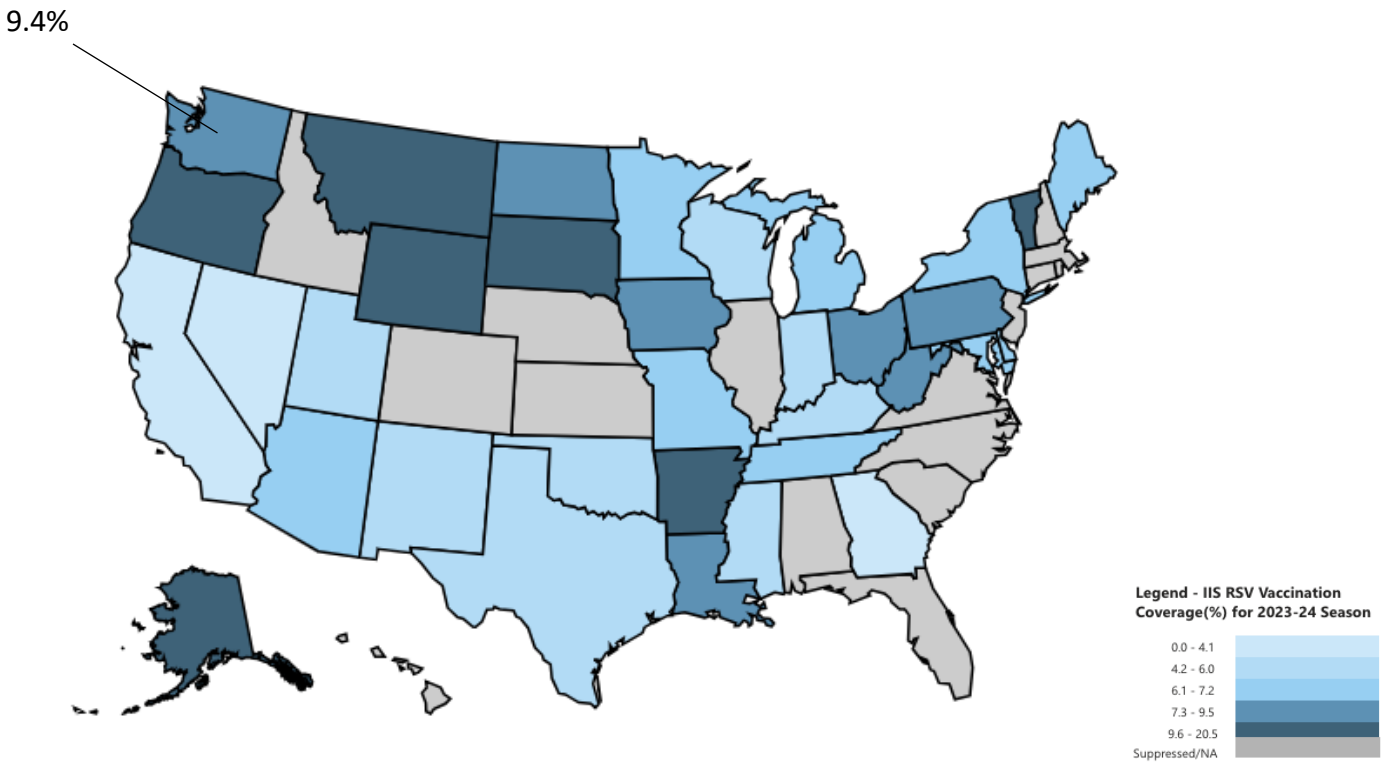
A total of **29,758 doses** of Nirsevimab were ordered from CDC and received by WA DOH.



Approximately **13% coverage** given an estimated 100,000 eligible patients.

Nirsevimab Coverage (CDC)

Figure 7B. Monthly Cumulative Number and Percent of Children <20 Months Who Received Nirsevimab*,† by Age Group and Jurisdiction, United States
Data Source: U.S. Jurisdiction Immunization Information Systems (IIS)
Data are current through December 31, 2023



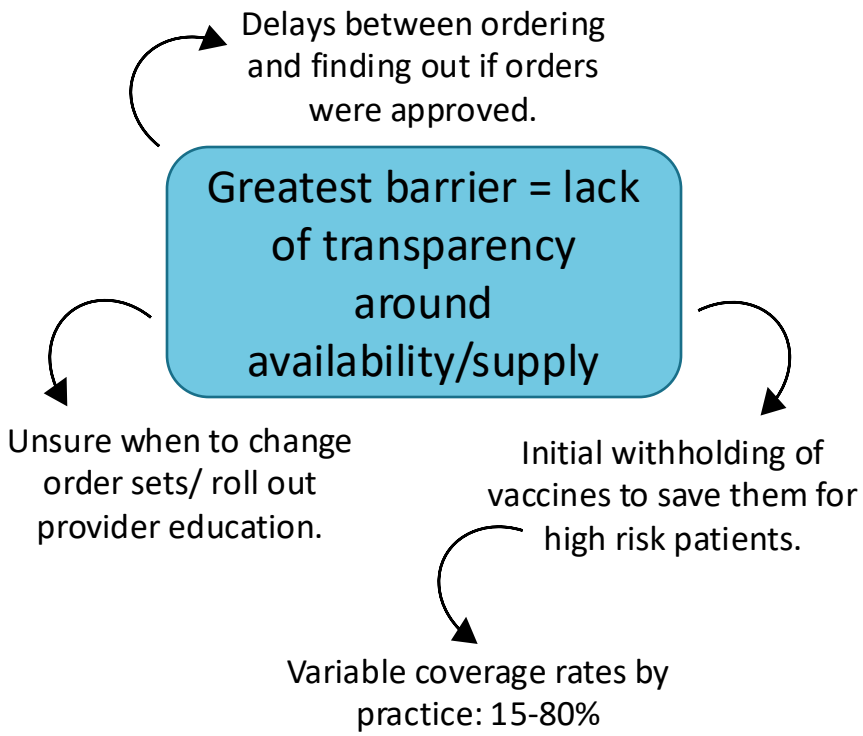
Administration Rates by Practice Setting

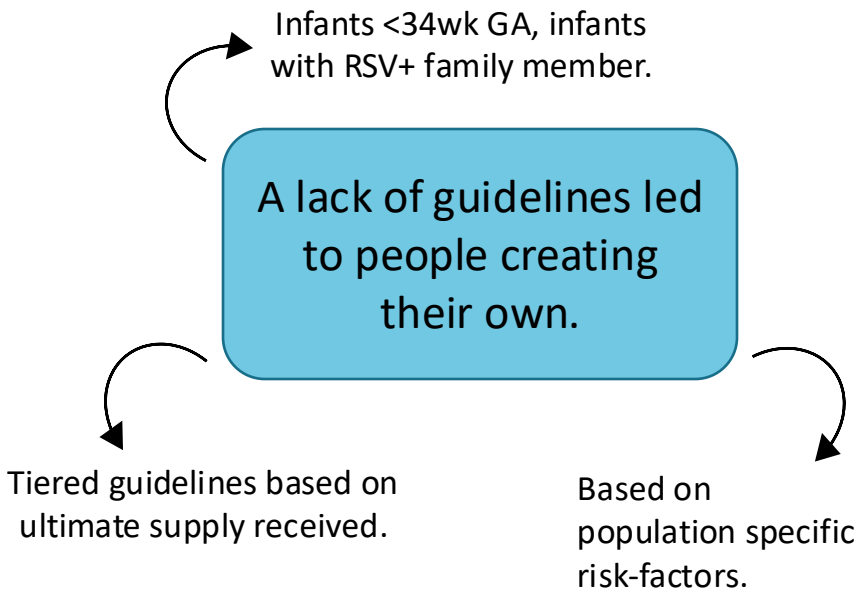
- Approximately 13K doses of Nirsevimab went unused this RSV season.
- There was *resistance* from practice settings to publish clinic location that the public could use to find available doses.
- Healthcare settings had varied administration rates, why?

Birthing Center Survey Takeaways

- N=7
- Respondents: pharmacy directors, medical director, registered nurses, medical providers.
- Location: Urban, suburban, and rural birth centers.
- Practice types: Academic centers, community centers, tribal clinic.
- Size: 250-3600 births/year.

Birthing Center Survey Central Themes





Birthing Center Survey Central Themes

Some OB providers charting Abrysvo status while others not.

Lack of ready access to maternal vaccination status.

Very difficult to find out maternal Abrysvo status/ timing.

Some practices made their own Nirsevimab materials to educate families.

Some practice settings noted hesitance – others widespread acceptance.

There was a lack of patient/family facing information.

CDC IIS handouts were standard.

Pediatric Disaster/Surge Planning Workgroup Takeaways

- N=14
- Members: medical providers (NICU, PICU, general pediatrics, pediatric infectious disease, pediatric pulmonology, pediatric emergency medicine), hospital leadership.
- Location: Urban and suburban
- Practice types: Academic centers and community centers.

NORTHWEST HEALTHCARE Response Network

Pediatric Disaster/Surge Planning Workgroup Takeaways

Interplay with parental/ caregiver distrust.

Lack of transparency around supply -> lack of standardization.

Initial stockpiling ultimately led to waste or vaccines and suboptimal vaccination timing.

Initial poor communication with OB counterparts regarding maternal vaccination status.

NORTHWEST HEALTHCARE Response Network

Kaiser Permanente Washington Takeaways

- **ALL** Kaiser organizations around the country agreed to procure Nirsevimab from the **commercial market**/ chose not to participate in VFC.
  - Clear communication with supplier around expected need based on guidelines from CDC.
  - More *visibility* around supply -> *proactivity* with changing of internal guidelines with supply shortages.
  - Perceived greatest strength: Nirsevimab was given in the clinic setting where an implementation system already exists.
  - Greatest weakness: Unable to vaccine high risk population eligible for 100mg dose due to lack of supply. 50mg doses went unused because CDC recommended against double dose for 100mg patients.

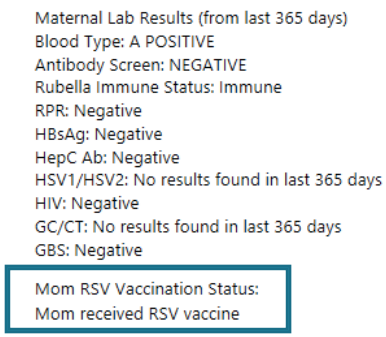
Recommendations for 2024-2025 RSV Season

For WA DOH:

- Follow up with healthcare settings that had low uptake.
- Forecast of availability of product(s).
- Define location of use.
- Clear recommendations and guidance around which patients to prioritize in the setting of supply shortages.
- Targeted patient/family facing information regarding Nirsevimab.
- Birth parent Abrysvo status in pediatric patient WAIIS profile OR linked profiles.

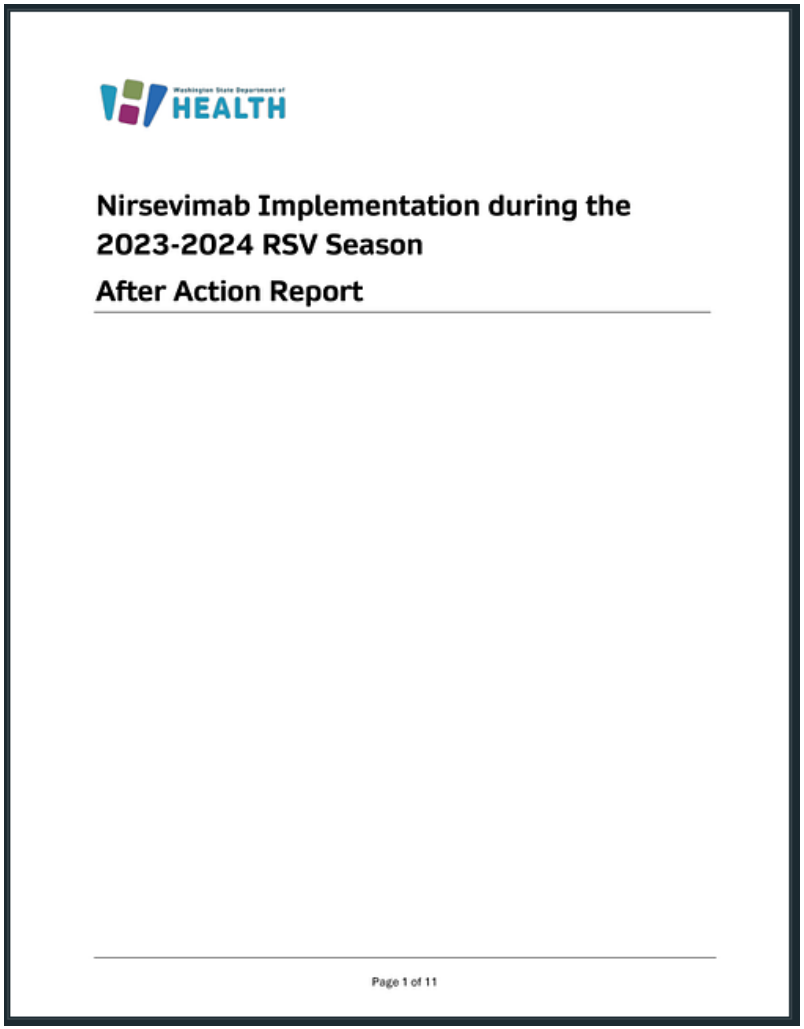
For Practices/Providers:

- Participation in state database of available doses.
- Standardized documentation of maternal vaccination status.
  - Dot phrases for OB H&Ps and birthing center Discharge Summaries.



After Action Report

Nirsevimab Implementation during the 2023-2024 RSV Season After Action Report.pdf



Nirsevimab Implementation during the 2023-2024 RSV Season

After Action Report

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