

RSV immunisation programme for adults and infants: Deployment Guide

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Introduction

Respiratory Syncytial Virus (RSV) is a common respiratory virus that usually causes mild, cold-like symptoms during the winter months. Babies under one year of age and older adults are at the greatest risk of hospitalisation with more severe respiratory disease. There is a significant burden of RSV illness in the UK population which has a considerable impact on NHS services during winter months.

The government has accepted the JCVI advice that a RSV immunisation programme, that is cost effective, should be developed for adults and children. The advice can be found [here](#). As per the bipartite letter published [here](#) on 24/06/2024 providers should plan for delivery of a new respiratory syncytial virus (RSV) vaccination programme from **1 September 2024**, offered to older adults and to pregnant women to protect infants. **The programme was formally announced on 17/07/2024 via a press release which can be accessed [here](#).**

This document provides further guidance on the rollout of both the infant and adult programmes. It will be updated in line with the publication of new resources or information. Revised publications will be published on NHS Futures. Commissioners should ensure they use the most recent version of the guidance to support them in their preparations for delivery of the RSV vaccination programme.

Impact of RSV and benefits of vaccination

- In the UK RSV accounts for approximately 450,000 GP appointments, 29,000 hospitalisations and 83 deaths per year in children and adolescents, the majority in infants. (<https://pubmed.ncbi.nlm.nih.gov/27256085/>).
- In England and Wales, it is estimated that in under 1s each year RSV causes 108,000 GP consultations, 74,000 visits to A+E, 20,000 hospitalisations, 900 ICU admissions and 22 deaths (JCVI statement).
- It also has a major impact on elderly adults. In over 65s it causes 175,000 GP appointments, 14,000 hospitalisations and 8,000 deaths per year in the UK (<https://pubmed.ncbi.nlm.nih.gov/26497750/>).
- For infants under six months old in England and Wales, a year-round MV programme with 60% coverage would avert 32% (95% CrI 22–41%) of RSV hospital admissions and a year-round Ia-mAB programme with 90% coverage would avert 57% (95% CrI 41–69%). The MV programme has additional health benefits for pregnant women, which account for 20% of the population-level health burden averted ([https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762\(23\)00248X/fulltext#:~:text=For%20infants%20under%20six%20months,%25%20CrI%2041%E2%80%9369%25](https://www.thelancet.com/journals/lanepi/article/PIIS2666-7762(23)00248X/fulltext#:~:text=For%20infants%20under%20six%20months,%25%20CrI%2041%E2%80%9369%25)).

Eligible cohorts- older adults programme

Programme	Cohort	Notes
Adult routine programme	Adults turning 75 years old on or after 1 st September 2024.	<p>From 1 September 2024 individuals should be offered a single dose of the RSV vaccine following their 75th birthday. Individuals will remain eligible for the vaccine until the day before their 80th birthday and will not be eligible thereafter.</p> <p>The RSV vaccine should be offered to eligible adults all year round.</p>
Adult catch up programme	Adults aged 75- 79 years old as of 31 st August 2024.	<p>From 1 September 2024 a catch-up campaign will commence for individuals aged 75-79 years old as of the 31st August 2024. Individuals will remain eligible for the vaccine until the day before their 80th birthday and will not be eligible thereafter, except for those turning 80 in the first year who have until 31 August 2025 to get vaccinated.</p> <p>The expectation is that catch-up activity will be undertaken at the earliest opportunity, with the aim for the majority to be completed by 31 August 2025. To offer the best protection, we are asking systems and providers to vaccinate as many people as possible during September and October 2024 prior to the expected RSV season.</p>

RSV: the green book, chapter 27a can be accessed [here](#).

Eligible cohorts- programme for pregnant women to protect infants

Programme	Cohort	Notes
Programme for pregnant women to protect infants	All women who are at least 28 weeks pregnant.	<p>Pregnant women will remain eligible for the RSV vaccine up to birth.</p> <p>Midwives and healthcare professionals should use antenatal contacts to proactively discuss their eligibility for the RSV vaccine and advocate uptake.</p> <p>The RSV vaccine should be offered to eligible women all year round from 28 weeks.</p>

RSV: the green book, chapter 27a can be accessed [here](#).

Delivery model - older adults programme

Programme	Cohort	Delivery model	
Older adults programme	<p>Adults turning 75 years old on or after 1st September 2024 (routine).</p> <p>And</p> <p>Adults aged 75- 79 years old as of 31st August 2024 (catch-up)</p>		<ul style="list-style-type: none"> • General practice will be responsible for delivering the RSV older adult immunisation programmes. It will be commissioned as a component of Essential Services with practices required to offer and provide. vaccination to eligible patients, including their registered patients residing in care homes. • Practices will be responsible for proactively inviting individuals for their vaccine when they become eligible (i.e. from an individual's 75th birthday). • Practices will also be responsible for proactively inviting individuals aged 75-79 years on 31 August 2024 as soon as possible. The expectation is that the catch-up activity (for adults aged 75-79 years old as of 31st August 2024) is undertaken at the earliest opportunity with the majority completed in the first 12 months of the programme. To offer the best protection, we are asking systems and providers to vaccinate as many people as possible during September and October 2024 prior to the expected RSV season. • Invitation and booking processes are to be determined locally. • The Statement of Financial Entitlements (SFE) will be updated in due course to include RSV at the standard item of service fee. • Payments will be supported by GPES and CQRS for the adult programmes. Please note that for those turning 80 in the first year who remain eligible until 31 August 2025, payment claims post the individuals 80th birthday will need to be made manually. • Under the terms of the Network Contract DES, practices will be able to collaborate within their Primary Care Networks to provide vaccination during core and enhanced hours to their collective registered population, including their collective registered population residing in care homes. • Technical development is underway to support opportunistic vaccinations in Trusts settings (for older adults) and more information will be shared in due course, but this should not be commissioned until further notice. • For detained estates, regional Health and Justice commissioners should complete contract variations to include the RSV vaccination programme within Ph7a Section 29 arrangements. • The shared RSV allocations need to cover vaccinations within detained settings. Regions will need to work with local H&J teams to support delivery to these cohorts.

Delivery model- programme for pregnant women to protect infants

Programme	Cohort	Delivery model	
Programme for pregnant women to protect infants	All women who are at least 28 weeks pregnant.		<ul style="list-style-type: none"> • It is expected that most vaccinations will be delivered by commissioned Trust providers. However, systems have the option of commissioning other supporting immunisation services to offer in reach and outreach services. • General practice will be commissioned through the GP contract as a component of Essential Services, to offer and provide RSV vaccination in pregnancy on an opportunistic or on request basis from 28 weeks of pregnancy. Payments will be manually through CQRS. • Pregnant women will remain eligible for the RSV vaccine from 28 weeks until birth (off-label after 36 weeks). • Local services must ensure that all pregnant women are informed of their eligibility and proactively offered and recalled, as part of routine care. • Vaccinations clinics/services commissioned from providers with maternity and immunisation services should ideally be set up within or as close as possible to antenatal maternity settings, to maximise convenience and uptake alongside routine maternity care. RSV vaccination services should be delivered in a way that does not impact on safe staffing for core maternity care. • The commissioned delivery model should ensure that an offer is available to women booked with independent maternity services and for women booking late with maternity services or presenting to commissioned services later in the antenatal period. • The commissioned delivery model should ensure complete service coverage for the eligible population, this includes leadership and coordination of services. • For general practice, the Statement of Financial Entitlements (SFE) will be updated in due course to include RSV vaccination in pregnancy at the standard item of service fee. • For detained estates, regional Health and Justice commissioners should complete contract variations to include the RSV vaccination programme for pregnant women within antenatal services and/or Ph7a Section 29 arrangements. • The shared RSV allocations need to cover vaccinations within detained settings. Regions will need to work with local H&J teams to support delivery to these cohorts.

Vaccine details - Abrysvo®

KEY VACCINE CHARACTERISTICS

Formulation	Powder for injection
Preparation	Two vials; one solvent and one powder for injection to reconstitute. Add the solvent to the powder for immediate use (within 4 hours if between 15-30°C). Preparation ABRYOVO® Abrysvo® (Respiratory Syncytial Virus Vaccine) PfizerPro UK
Appearance	The powder is white, the solvent is a clear colourless liquid.
Dose	0.5mL IM
Storage Conditions	Store in a refrigerator (2 to 8°C). Do not freeze. Unopened vial is stable for 5 days when stored at temperatures from 8°C to 30°C.
Manufacturers Summary of Product Characteristics	Abrysvo powder and solvent for solution for injection - Summary of Product Characteristics (SmPC)

VACCINE SUPPLY

Abrysvo® will be supplied in single dose packs. Each pack will include a vial for reconstitution (containing drug product), a pre-filled syringe (containing sterile water diluent) and one unattached needle for administration.

Providers should order Abrysvo® online via the [ImmForm website](#). New providers can register for an account [here](#).

Abrysvo® will be available to order from 1st August 2024 and providers will be able to monitor their orders and deliveries through ImmForm.

The vaccine for the adult programme is listed as a separate product from the vaccine for the programme for pregnant women to protect infants on ImmForm and separate orders should be placed where both cohorts are being vaccinated.

It is recommended that providers order no more than 2 weeks' worth of stock. Ordering controls may be in place to enable UKHSA to balance incoming supply with demand.

Vaccine co-administration

Adults aged 75 to 79 years	<ul style="list-style-type: none">• Abrysvo® should not be routinely scheduled to be given to older adults at the same appointment or on the same day as an influenza or COVID-19 vaccine.• Abrysvo® can be given at the same time as pneumococcal, shingles vaccine and any live vaccines.• No specific interval is required between administering the vaccines.• If it is thought that the individual is unlikely to return for a second appointment or immediate protection is necessary, Abrysvo® could be administered at the same time as influenza and/or COVID-19 vaccine.
Pregnant women from 28 weeks gestation	<ul style="list-style-type: none">• Abrysvo® should not be routinely scheduled with other vaccinations in pregnancy.• Pregnant women can have Abrysvo® co-administered with inactivated influenza vaccine, COVID-19 vaccine and/or anti-D immunoglobulin, if necessary. When more than one vaccine is administered, it should be at different sites, preferably different limbs.• If a pertussis containing vaccine has not been given by the time of attendance for Abrysvo® RSV vaccine, both vaccines can and should be given at the same appointment to ensure prompt development of immune response.

Providers should check the RSV: the green book, chapter 27a for the latest advice on vaccine co-administration which can be accessed [here](#) They should also access the UKHSA publication: Guide for Health Care Professionals which can be accessed [here](#).

Workforce and Training

Legal Mechanism

RSV vaccinations should be administered by trained staff operating under an appropriate legal mechanism.

A template PGD will be available for local approval before 1st September 2024, which will allow specified registered health care professionals to vaccinate.

A link to the template PGD will be added to this document once it has been published. Expected publication date is the w/c 05/08/2024.

Other trained staff may offer vaccination where a prescriber has issued a Patient Specific Direction. Where a PSD is issued, the prescriber has a duty of care and is professionally and legally accountable for the care they provide including the delegation of any administration of medicines they prescribe. The prescriber must be satisfied that the person to whom the administration is delegated has the qualifications, experience, knowledge and skills to provide the care or treatment involved. Advice is available from the [GMC](#) and the [NMC](#).

Training:

Information for healthcare professionals and training materials for the RSV older adults programme and programme for pregnant women to protect information can be found at the following links:

- <https://www.gov.uk/government/publications/respiratory-syncytial-virus-rsv-programme-information-for-healthcare-professionals>
- [RSV older adults vaccination programme slide set](#)
- [RSV maternal vaccination programme slide set](#)

Digital enablers

Maternal programme providers (RAVS):

- Maternal programme providers delivering RSV will be onboarded to the new NHS Record a Vaccination Service (RAVS) system.
- All RSV vaccination events delivered by maternal programme providers must be recorded in RAVS.
- RAVS is owned by NHS England and will be provided free of charge.
- To onboard a provider to RAVS, Regions will be required to provide the organisation ODS code and the lead user emails (emails must be NHS accredited - accepted emails can be found here: [NHSmil Secure Email Standard](#)). Further information will follow.
- At a later point, the lead users will then log in and add users and sites to their instance of RAVS.
- Regions need to onboard providers to RAVS with sufficient time to enable users to access, train and familiarise themselves with RAVS. Regions should have providers identified, and site and lead user details confirmed by 16 August 2024.
- The RAVS system has the capability to also record COVID and Flu. At this time you could also choose to move to COVID and Flu data capture in the RAVS system for single system operation.
- Providers not delivering RSV will not be onboarded to RAVS, and will continue to record COVID and Flu in their current point of care system.
- Any region commissioning a non-acute trust to deliver the RSV maternal programme must notify us on england.vaccination@nhs.net

Maternity Providers and General Practice IT:

- Vaccinations events recorded in a GP setting should be recorded directly onto GPIT systems.
- Maternity providers are reminded to check that their clinical IT system can record RSV vaccination in addition to the adoption of RAVS; it is expected that maternity providers will want to record RSV vaccination to complete the maternity record and to ensure reporting as part of the discharge summary of care. Maternity providers should contact their IT supplier with any queries or requests for system development.

Publications/ resources

The following publications are now available for the RSV older adult's programme:

- [RSV vaccination for older adults on .GOV.UK](#)
- [Older Adults Leaflet](#) - Order via HealthPublications product code: C24RSV01EN
- [Older Adults Poster](#) - Order via HealthPublications product code: RSVOAEN

The following publications are now available for the RSV programme for pregnant women to protect infants.

- [Respiratory syncytial virus \(RSV\): maternal vaccination - GOV.UK](#)
- [RSV for Pregnant Women Leaflet](#) – Order via HealthPublications product code: C24RSV03EN
- [RSV Poster for Pregnant Women](#) – Order via HealthPublications product code: RSVPGEN

Link to the slides and recording from the UKHSA webinar for healthcare professionals (for the programme for pregnant women to protect infants):

- [UKHSA webinar slides](#)
- [Recording link for maternal RSV webinar](#)

Link to the slides and recording from the UKHSA webinar for healthcare professionals (for the older adult programme):

- [Recording link for older person RSV vaccine programme webinar](#)
- [Slides for older person RSV vaccine programme webinar](#)

The manufacturer (Pfizer) video of how to prepare the ABRYSV0 RSV Vaccine is below:

[Pfizer preparation video](#)

This page will be updated as and when new publications/ resources are published:

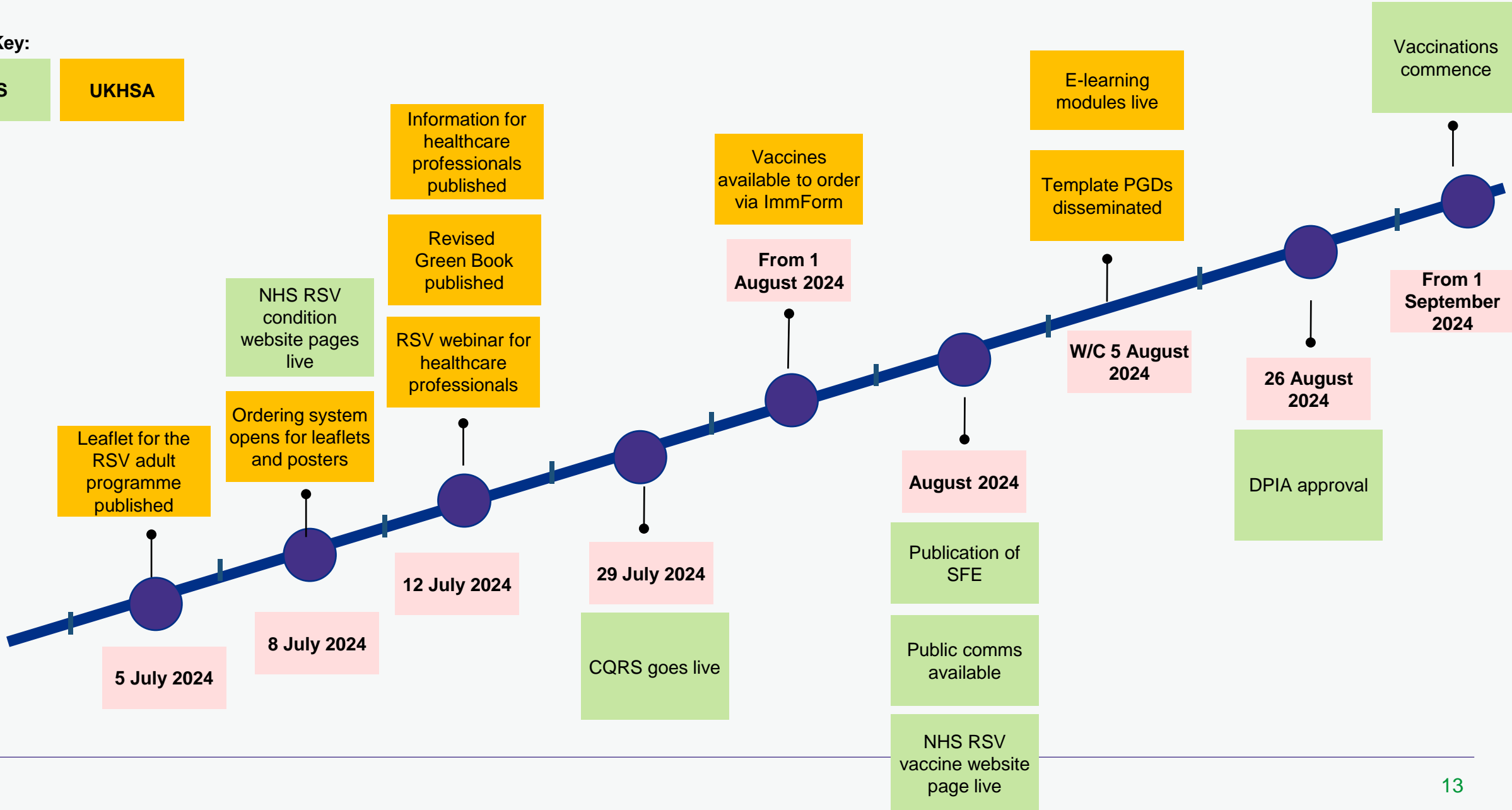
Key Milestones – older adult programme



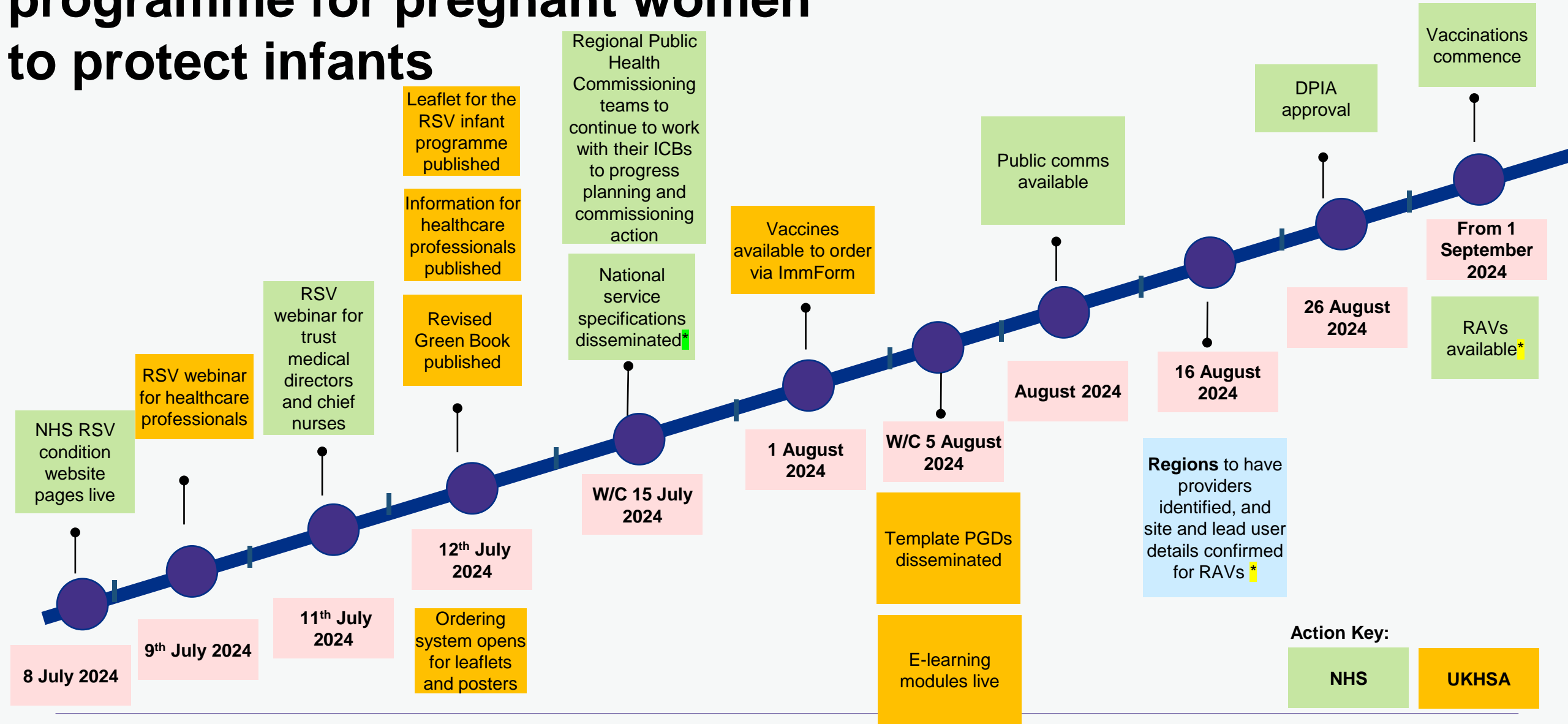
Action Key:

NHS

UKHSA



Key Milestones – programme for pregnant women to protect infants



* Milestones not applicable for GP delivered services

Glossary

PGD	Patient Group Directions
CQRS	Calculating Quality Reporting Service
SFE	Statement of Financial Entitlement
DPIA	Data Protection Impact Assessment