RSV Nirsevimab Allocation Plan

Background

- Ordering for nirsevimab was opened to Childhood Vaccine Program providers by October 4, 2023
- Special Edition Vaccine Blurbs went to all providers on October 6, 2023, informing providers that ordering was open and available.
- On October 13, 2023, the Centers for Disease Control and Prevention (CDC) temporarily paused publicly funded ordering of Nirsevimab, an RSV antibody product. The pause in ordering comes from low supply and high demand for Nirsevimab.
- On October 19, 2023, the CDC re-opened ordering for the 50 mg nirsevimab product. Ordering controls, called allocation, were initiated and states that had not yet ordered or had ordered small amounts were prioritized. Washington was not one of these prioritized states.
- On October 23, 2023, CDC issued a notice via the Health Alert Network recommending prioritization of limited doses of Nirsevimab in healthcare settings.
- On November 3, 2023, CDC announced that states will soon receive nirsevimab allocations expected for the remainder of the season.
- The Office of Immunization has collaborated with the Office of Public Affairs & Equity to develop a communications plan.

Distribution and Allocation Proposal

Washington State received notice from CDC on November 6, 2023, about nirsevimab allocations expected for the remainder of the season based on current supply projections.

Awardee Washington

Product	Target Quantity	Doses Ordered Prior to Ordering Pause	% of Target Quantity Ordered Prior to Ordering Pause	Maximum Doses Allocated in VTrckS (Note: you may have already received allocations containing some of these doses)
50 mg	14,145	6,440	45.5%	7,705
100 mg	8,385	7,780	92.8%	605

- Ordering will only be made available upon notification from CDC of an allocation.
    - Notification will be sent to providers via email announcing that ordering is available.
    - Providers will be allowed to place orders in the Immunization Information System (IIS) for 5 business days.
    - At the end of 5 business days, all submitted orders will be exported from the IIS for review and order quantities will be approved using pro rata methodology.
    - Providers will be notified if any adjustments were made to their order.
- Pro rata distribution using weighted calculations to ensure equitable distribution throughout the state. Metrics used include:
    - Population by county of young children and infants
    - Social Vulnerability Index (SVI) score

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- Pro rata methodology:
    - For each metric, a population-based allocation was increased if the county scores worse on the metric (e.g., SVI score).
    - During each round of allocations, at least 5% of available doses will be prioritized for tribal clinics.
    - Counties who have not yet received product or have received a smaller amount relative to population will be prioritized.
    - Providers previous ordering history and utilization data will be reviewed.
- Due to the small number of remaining doses expected, doses will be prioritized to the following provider groups:
    - 100 mg:
        - Tribal clinics
    - 50 mg product:
        - Tribal clinics
        - Birthing hospitals

Redistribution of existing supply

To ensure equitable distribution of limited nirsevimab product across the state, the Office of Immunization will review existing supplies of nirsevimab shipped to communities before the pause in ordering. Large orders will be reviewed to ensure utilization and supply in excess of county pro rata allocation data will be identified. Providers in these counties who are not using their supply will be contacted for redistribution of product to communities in need or who did not have the opportunity to receive the product.

CDC Health Advisory

On October 23, 2023, CDC released a HAN Health Advisory describing interim recommendations to provide options for providers to protect infants from RSV in the context of a limited supply of nirsevimab. Providers should use these recommendations to determine who and when to administer nirsevimab to patients.

50 mg doses for infants weighing <5 kg

- Recommendations for the 50mg doses remain unchanged at this time
- Providers should encourage pregnant people to receive Pfizer's maternal RSV vaccine (Abrysvo) during 32–36 weeks' gestation to prevent RSV-associated lower respiratory tract infection
- Potential for limited nirsevimab availability should be considered when deciding on maternal RSV vaccination or nirsevimab
- 50mg doses should be reserved only for infants weighing <5 kilograms
- Follow AAP recommendations for palivizumab-eligible infants aged <8 months when the appropriate dose of nirsevimab is not available

100 mg doses for infants weighing ≥5 kg

- Prioritize infants at highest risk of severe RSV disease for receipt of 100mg nirsevimab doses
    - Young infants aged <6 months
    - American Indian or Alaska Native infants aged <8 months
    - Infants aged 6 to <8 months with conditions that place them at high risk of severe RSV disease:
        - Premature birth at <29 weeks' gestation
        - Chronic lung disease of prematurity
        - Hemodynamically significant congenital heart disease
        - Severe immunocompromise, severe cystic fibrosis (either manifestations of severe lung disease or weight-for-length less than 10th percentile)
        - Neuromuscular disease or congenital pulmonary abnormalities that impairs the ability to clear secretions.

200 mg doses for children aged 8-19 months

- For palivizumab-eligible children aged 8-19 months, providers should suspend the use of nirsevimab for the 2023–2024 season. These children should receive palivizumab per AAP recommendations.
- Continue offering nirsevimab to American Indian and Alaska Native children aged 8-19 months who
    - are not palivizumab-eligible

      and
    - who live in remote regions, where transportation of children with severe RSV for escalation of medical care is more challenging, or in communities with known high rates of RSV among older infants and toddlers