Government of Western Australia
Department of Health

WA RSV Infant Immunisation Program

Public Health Update
Immunisation Day

13 November 2024

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CDCD

Conflict of Interest Disclaimer

- No stock holdings
- No pharmaceutical affiliations
- No pharmaceutical payments

Outline

- RSV in infants
- What is nirsevimab
- How the WA program came to be
- Program development
- Uptake
- Safety
- Effectiveness/impact

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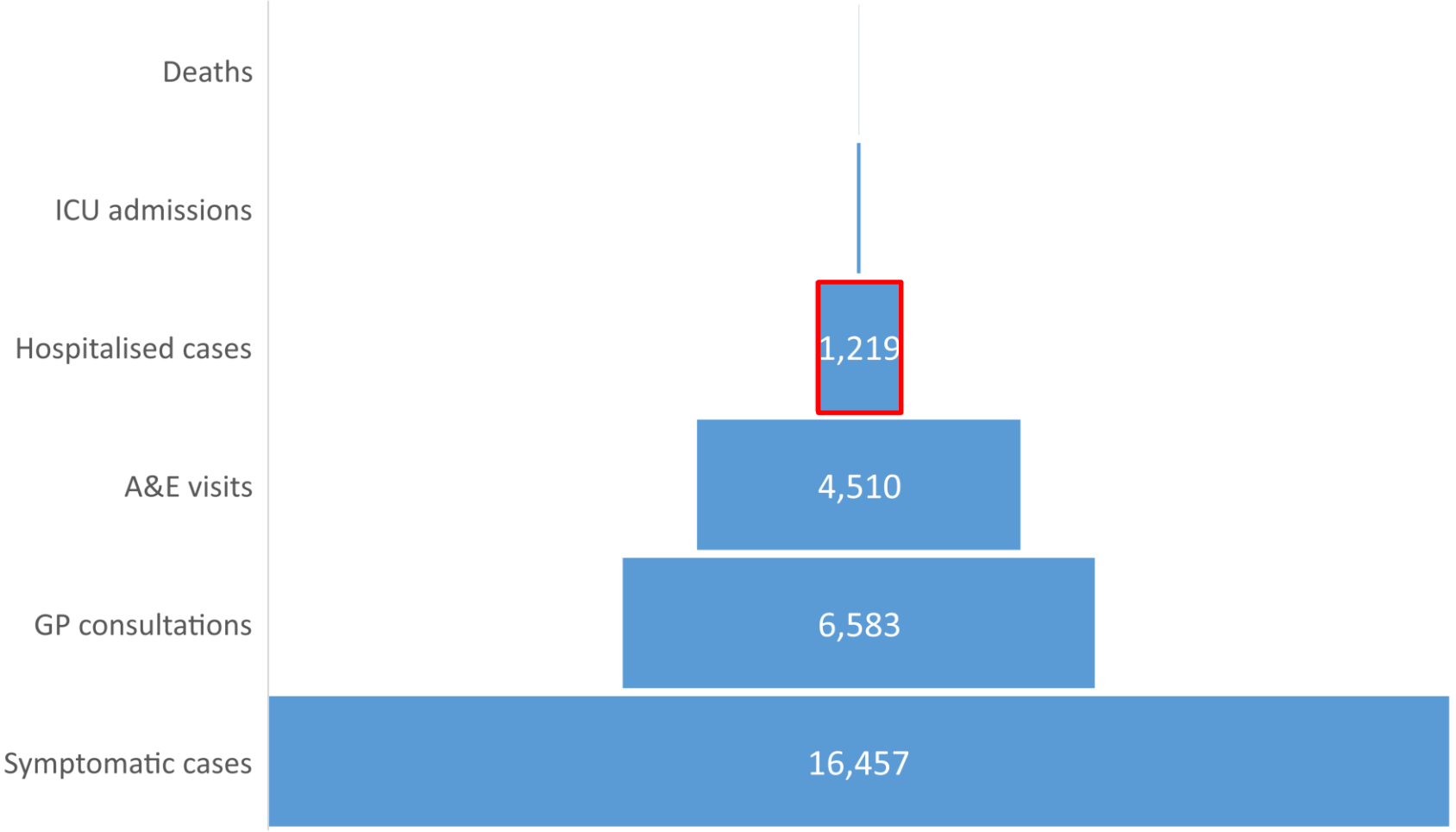
RSV Epidemiology

- RSV is the leading cause of infant hospitalisation in Australia.
- 55-65% of all infants are infected in the first year of life.
- In WA, approximately 1 in every 25 infants are hospitalised with RSV each year.

WA RSV infant burden of illness pyramid (benchmarked off UK data)



- RSV infection early in life is associated with developing childhood asthma.

› Lancet. 2023 May 20;401(10389):1669-1680. doi: 10.1016/S0140-6736(23)00811-5. Epub 2023 Apr 20.

Respiratory syncytial virus infection during infancy and asthma during childhood in the USA (INSPIRE): a population-based, prospective birth cohort study

"Not being infected with RSV during infancy was associated with a 26% lower risk of 5-year current asthma than being infected with RSV during infancy."

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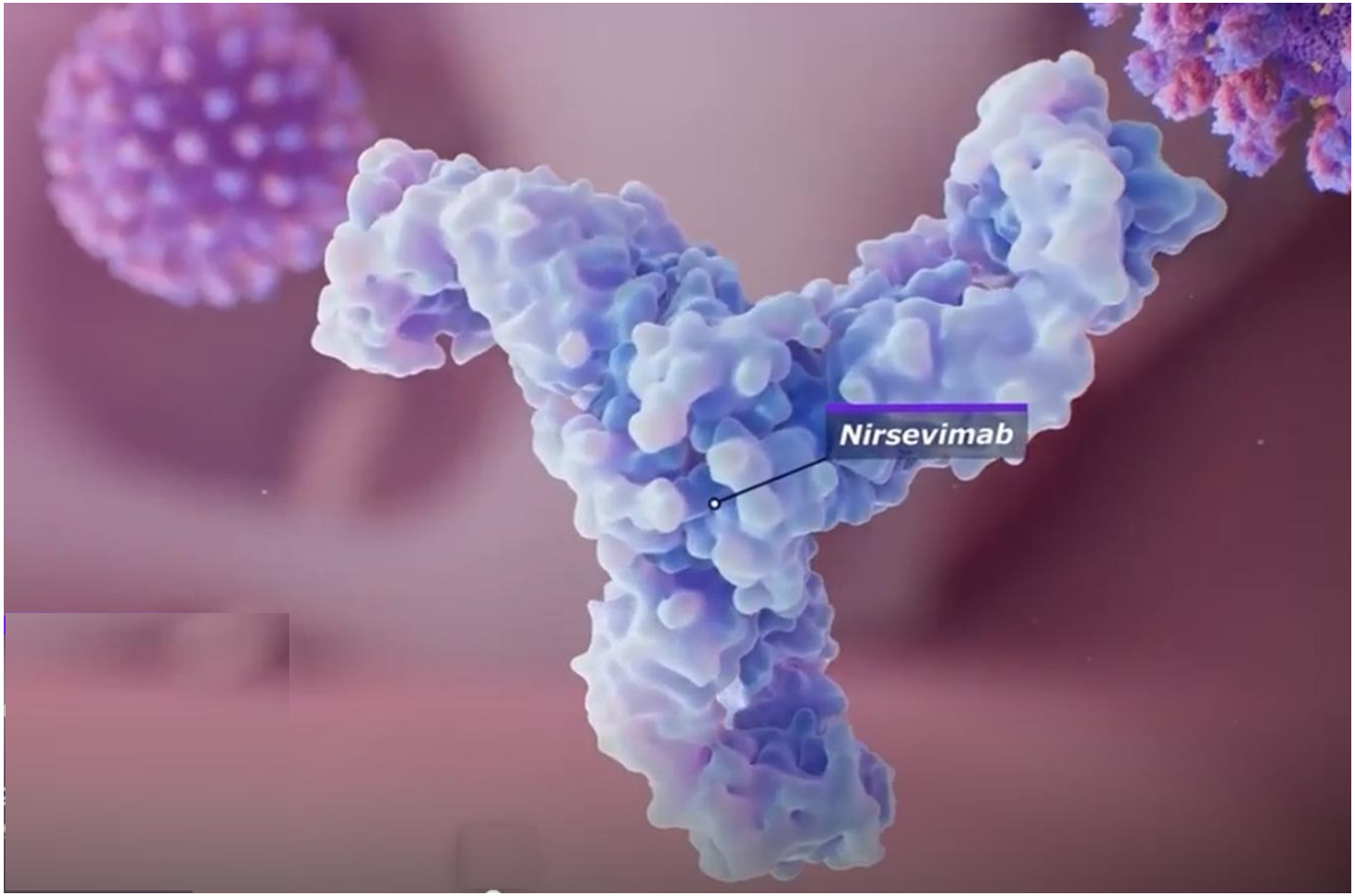
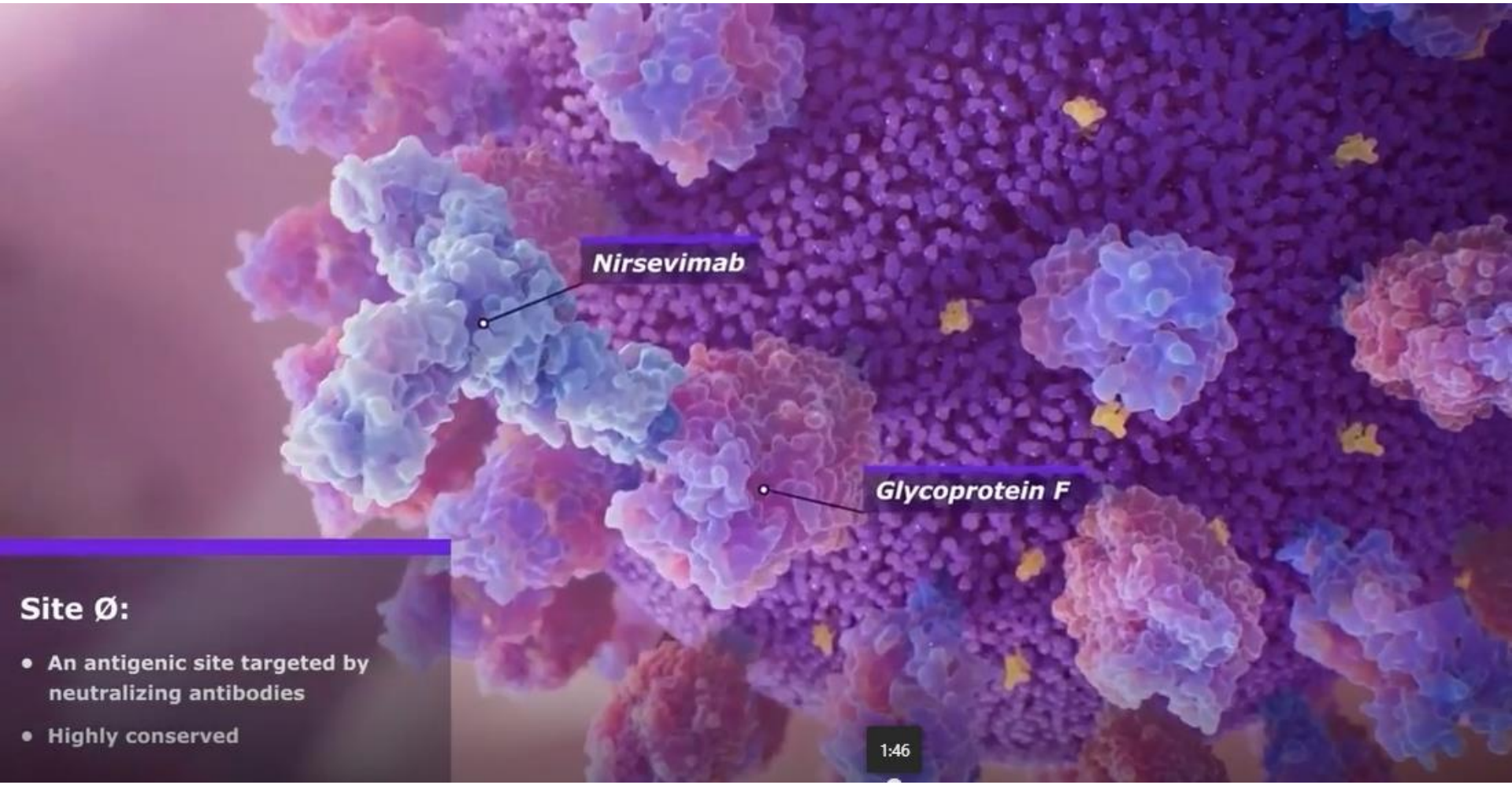
Nirsevimab (Beyfortus)

- Not a vaccination but an immunisation using a human recombinant monoclonal antibody
- Binds to the fusion protein on the surface of the RSV virus to prevent infection
- Protection lasts 5 months (~ one RSV season)

Nirsevimab (Beyfortus)




RSV
Glycoprotein F


Nirsevimab
Glycoprotein F
Site Ø:
• An antigenic site targeted by neutralizing antibodies
• Highly conserved
1:46

Nirsevimab (Beyfortus)

In clinical trials Nirsevimab was shown to be:

- 77% effective at preventing RSV-associated LRTI with hospitalisation
- 90% effective at preventing RSV-associated LRTI with ICU admission.

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- July 2023 – meeting with Sanofi
- August 2023 – MfH requests review of data
- Spring 2023 – ‘Nirsevimab is not a vaccine’… MP
- October 2023 – Consulted with WA paeds docs

Dr Peter Richmond

Dr Asha Bowen

Dr Chris Blyth

“Game changer for paediatrics”

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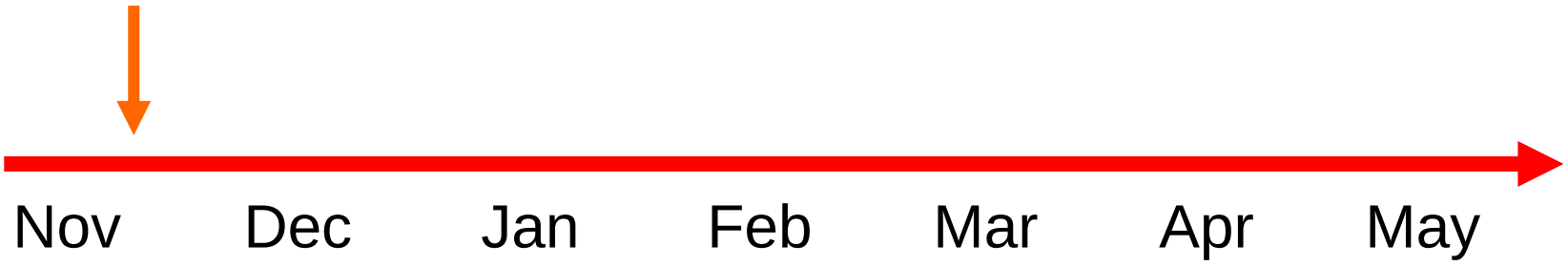
Nirsevimab registration

On 24 November TGA registered Nirsevimab.

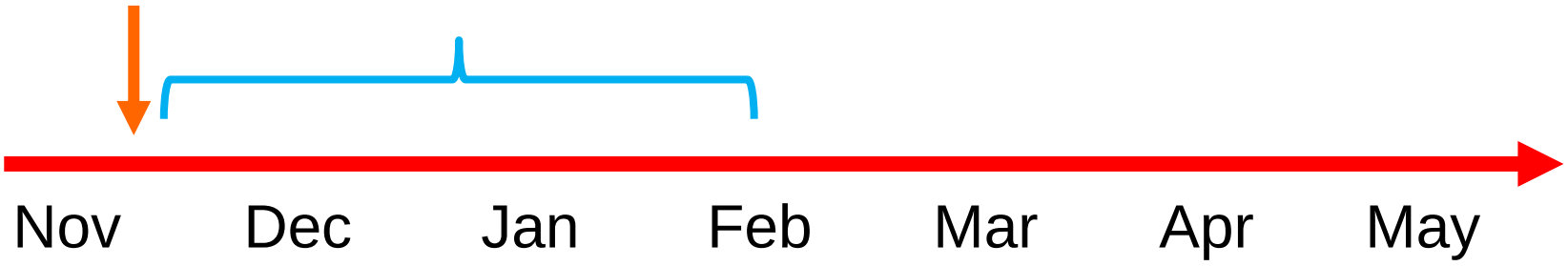
The indication is:

1. Infants entering 1st RSV season
2. High-risk children entering 2nd RSV season



Over the next 3 months DOH designed the state-wide rollout:

- prepared an urgent submission to the Expenditure Review Committee to request funding
- negotiated costs with the manufacturer
- consulted Paeds ID clinicians and others to determine eligibility criteria
- calculated doses needed and dosage splits
- engaged with GPs, midwives, AMSs and others on the implementation strategy



WA Nirsevimab Eligibility

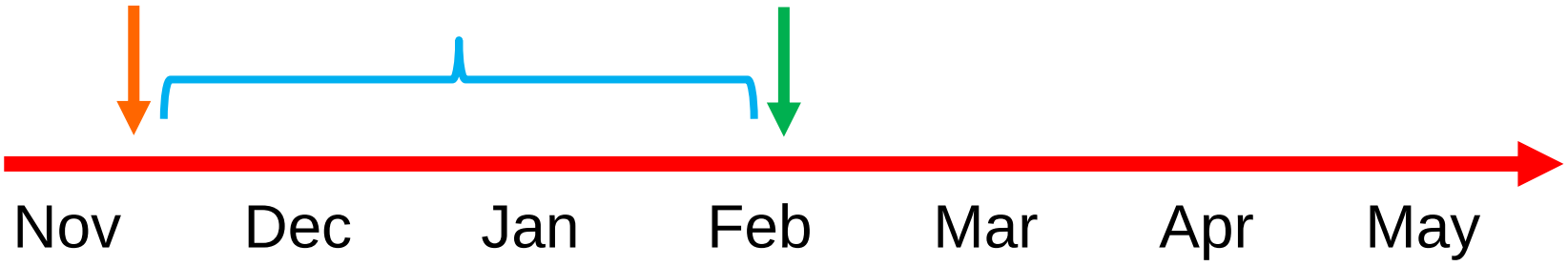
Four-target cohorts:

1. All infants born on or after 1 Oct 2023 (catch-up cohort entering first RSV season)
2. All infants born during RSV season (1 May- 30 Sep)
3. Children with specific medical risk conditions entering their second RSV season
4. All Aboriginal children entering their second RSV season

Hospital ICD discharge codes for RSV disease by year, year of age, and Aboriginality, WA

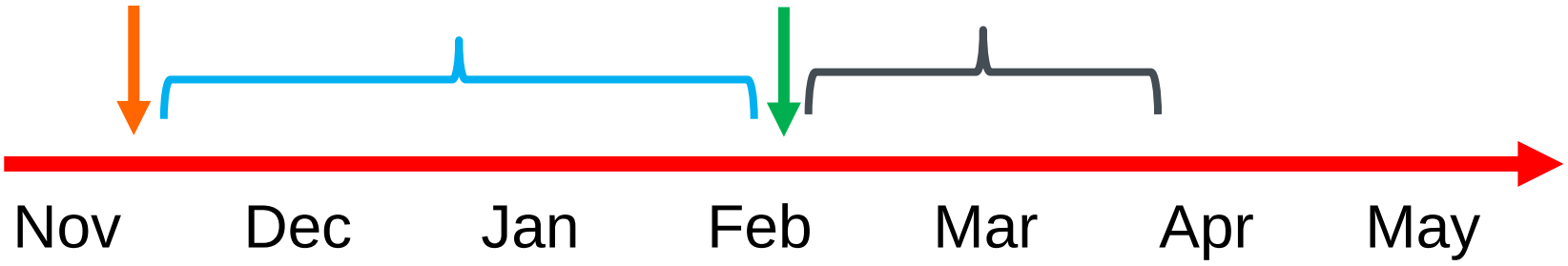
		Aboriginal			Non-Aboriginal		
		Pop.	RSV Hosp.	Rate per 10,000	Pop.	RSV Hosp.	Rate per 10,000
2022	Under 1 year	1,997	224	1122	31,027	1127	**363**
	1 to less than 2	2,032	65	**320**	30,763	333	108
2023	Under 1 year	1,997	286	1432	31,027	1093	**352**
	1 to less than 2	2,032	72	**354**	30,763	311	101

Funding for the Program ($11 million) was approved on 19 February 2024



Six-week scramble:

- procured and began distribution of 27,000-plus doses to 690 clinical sites
- lobbied for nirsevimab to be included on AIR
- developed written directions to permit community nurses to administer nirsevimab
- arranged for additional public immunisation clinics
- developed a training course for clinicians
- conducted multiple webinars/seminars for various stakeholders
- created numerous program support materials



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Department of **Health**

Respiratory Syncytial Virus (RSV) infant immunisation program

Fact sheet – for providers

What is RSV?

RSV, or Respiratory Syncytial Virus, causes illness in people of all ages, but infants aged less than 6 months are at a higher risk of severe disease.

RSV infections are often mild with symptoms similar to a common cold. RSV is one of the most frequent causes of coughs, colds and earaches. However, patients with RSV may also deteriorate rapidly, resulting in:

- bronchiolitis (chest infection)
- pneumonia (lung infection)
- croup (voice box and windpipe infection).

Globally, deaths due to RSV are 5-times higher than deaths from influenza among children under 1 year.

Why is an RSV infant immunisation program being introduced in WA?

infant immunisation program this year. This time-limited program will run from early April to 30 September 2024.

Please note that Beyfortus® is currently not on the Pharmaceutical Benefits Scheme or National Immunisation Program.

What is the difference between a monoclonal antibody and a vaccine?

A vaccine stimulates your immune system to mount a response, which includes making antibodies, a process referred to as 'active immunisation'. This process can take up to 2 weeks after you get vaccinated and may require more than one exposure to the antigen(s) in the vaccine.

In contrast, nirsevimab contains pre-formed antibodies against a protein on the surface of the RSV virus that can prevent the virus from entering cells. This 'passive immunisation' does not require an immune response

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Department of **Health**

Nirsevimab – What parents need to know

Consumer information sheet

What is Respiratory Syncytial Virus (RSV)?

RSV is a common respiratory virus that usually causes mild, cold-like symptoms but can also cause more serious illness.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever or wheezing.

RSV is easily spread, and most children will get an RSV infection by the time they are 2-years-old. While the majority will recover within a week or two, RSV infection can be dangerous for infants and young children, causing difficulty breathing, low oxygen levels and dehydration.

In Australia, RSV infection is the most common cause of infant hospitalisation because it can

Why should you immunise your baby with nirsevimab?

The antibody in nirsevimab can prevent severe lung disease caused by RSV. Medical studies show nirsevimab to be about 80 per cent effective at preventing RSV-associated hospitalisation among infants entering their first RSV season and 90 per cent effective at preventing an admission to an intensive care unit (ICU).

Who is eligible for nirsevimab?

The below 4 cohorts are eligible for nirsevimab immunisation under this program.

From 1 April 2024 to 30 September 2024, nirsevimab will be offered:

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Department of **Health**

Nirsevimab – What Aboriginal parents need to know

Consumer information sheet

What is RSV?

RSV is a highly contagious virus that can infect people of all ages. It can cause a range of respiratory illnesses from mild colds to severe conditions like bronchiolitis (inflammation of the small airways of the lungs), or pneumonia (lung infection). It mostly affects babies and young children but can also occur in older adults.

Symptoms of RSV can include:

- runny nose
- decrease in appetite
- coughing
- sneezing
- fever
- wheezing and difficulty breathing (including worsening of asthma).

Who is eligible for nirsevimab?

The below 4 cohorts are eligible for nirsevimab immunisation under this program.

From 1 April 2024 to 30 September 2024, nirsevimab will be offered:

- as a catch-up program for babies born from 1 October 2023 to 30 April 2024
- to all Aboriginal children born from 1 October 2022 to 30 September 2024
- to some medically at-risk children in their second RSV season born from 1 October 2022 to 30 September 2023 (Your child's doctor will advise you if your child should receive a dose before their second RSV season).

In addition:

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Department of **Health**

WA RSV Infant Immunisation Program:

What expecting and new parents need to know

The WA Government is funding immunisation against Respiratory Syncytial Virus (RSV) for all babies born in WA between 1 May and September 2024. This fact sheet provides important information about RSV illness in infants and the RSV immunisation medicine.

What is RSV?

RSV is a highly contagious virus that infects the upper airway and lungs. More than half of all infants will become infected in their first year of life. While most children will recover from their illness within several weeks, RSV infection can be life-threatening for some infants. It's impossible to predict which infants will become severely ill because most children hospitalised with RSV were previously healthy.

Is nirsevimab considered a vaccine?

No, it is an immunisation medicine. A vaccine is a substance that triggers a person's immune system to make protective antibodies against a specific germ. In contrast, nirsevimab provides pre-made protective antibodies directly to the recipient. Immunisation medicines containing protective antibodies against other serious diseases have been available for many years (e.g. tetanus, hepatitis and rabies).

How does nirsevimab work?

When a baby is exposed to the RSV virus, the antibody in nirsevimab attaches tightly to the virus's surface, preventing it from reproducing and greatly reducing its ability to cause illness.

What parents need to know – factsheets and translated information

Translated Version

- Nirsevimab - what parents need to know (Arabic) (PDF 1.14 MB)
- Nirsevimab - what parents need to know (Burmese) (PDF 1.21 MB)
- Nirsevimab - what parents need to know (DARI) (PDF 1.13 MB)
- Nirsevimab - what parents need to know (Hindi) (PDF 1.18MB)
- Nirsevimab - what parents need to know (Korean) (PDF 1.24 MB)
- Nirsevimab - what parents need to know (Karen) (PDF 1.20 MB)
- Nirsevimab - what parents need to know (Thai) (PDF 1.17 MB)
- Nirsevimab - what parents need to know (Vietnamese) (PDF 1.16 MB)
- Nirsevimab - what parents need to know (Simple Chinese) (PDF 1.34 MB)

Government of Western Australia
Department of Health

니르세비맙(Nirsevimab) – 부모님께서 알아두셔야 할 사항

소비자 정보 안내

호흡기세포융합바이러스란(RSV)란 무엇인가요?

RSV는 일반적으로 경미하고 감기와 같은 증상을 유발하지만 더 심각한 질병을 유발할 수도 있는 일반적인 호흡기 바이러스입니다.

RSV 감염의 증상에는 콧물, 식욕 감소, 기침, 재채기, 발열 또는 천명음이 있을 수 있습니다.

RSV는 쉽게 전파되며 대부분의 영유아가 2세가 될 때까지 RSV에 감염됩니다. 대다수는 1~2주 내에 회복되지만, RSV 감염은 영유아에게 위험할 수 있으며 호흡 곤란, 낮은 산소 수치 및 탈수를 유발할 수 있습니다.

호주에서는 RSV 감염이 영유아 입원의 가장 흔한 원인입니다. 왜냐하면 RSV 감염은 매우 어린 영유아에서 종종 폐렴(폐 감염) 또는 세기관지염(폐의 작은 기도 염증)으로 진행될 수 있기 때문입니다. 매년 서호주(WA)에서는 겨울철 질병 기간 동안 영유아 30명 중 1명이 RSV로 입원합니다.

니르세비맙(Nisevimab)이란 무엇입니까?

왜 아기에게 니르세비맙(nirsevimab)을 접종해야 합니까?

니르세비맙(nirsevimab)의 항체는 RSV로 인한 심각한 폐 질환을 예방할 수 있습니다. 의학 연구에 따르면 니르세비맙은 첫 번째 RSV 시즌에 들어가는 유아의 RSV 관련 입원을 예방하는 데 약 80% 효과적이며 중환자실(ICU) 입원을 예방하는 데 90% 효과적인 것으로 나타났습니다.

니르세비맙(Nirsevimab) 예방접종 자격이 있는 사람은 누구입니까?

아래 4개 군에 소속된 영유아는 이 프로그램에 따라 니르세비맙(nirsevimab) 예방접종을 받을 자격이 있습니다.

2024년 4월 1일부터 2024년 9월 30일까지 니르세비맙(nirsevimab)이 제공됩니다.

- 2023년 10월 1일부터 2024년 4월 30일 사이에 태어난 영유아는 캐치업 프로그램으로 예방접종 가능
- 2022년 10월 1일부터 2024년 9월 30일 사이에 태어난 모든 원주민 영유아

WA Nirsevimab Training Module

Government of Western Australia
Department of Health

Introduction

Welcome to the Western Australia (WA) RSV Infant Immunisation Program online training module. This module will provide you with the information necessary to competently administer nirsevimab, a monoclonal antibody medicine that can prevent severe RSV illness among young infants. Successfully completing this module will satisfy your obligation to undertake specific training regarding the RSV Infant Immunisation Program in order to be compliant with requirements of the Structured Administration and Supply Arrangements (SASA) authorising the administration of nirsevimab in WA.

https://www.health.wa.gov.au/Articles/A_E/Campaign-RSV

EMR320330

Government of **Western Australia**
Department of **Health**

Affix unique patient identification label in this box

Respiratory Syncytial Virus (RSV) Infant Immunisation Consent Form – for Community Health use

Please print clearly in capital letters using a blue or black ball point pen.

Infant's details

First name (if known) .....

Note: Where the baby has not been named, use the term '**Baby of**' as the first name. For a multiple birth, use '**Baby 1 of**', '**Baby 2 of**'.

Last name (use mother's surname) .....

Date of birth (DD/MM/YYYY) ...../...../.....

Sex: Male ◯ Female ◯ Indeterminate ◯ Medicare number (if known) .....

Parent or guardian's details

Person providing consent (select one): Mother ◯ Father ◯ Other (specify) .....

First name ..... Last name .....

Telephone number (mobile preferred) .....

Mother's address: same address as the mother's Medicare records.

.....

..... Postcode .....

Mother's address is required to record infant's immunisation in the Australian Immunisation Register.

Consent to administer nirsevimab (Beyfortus®)

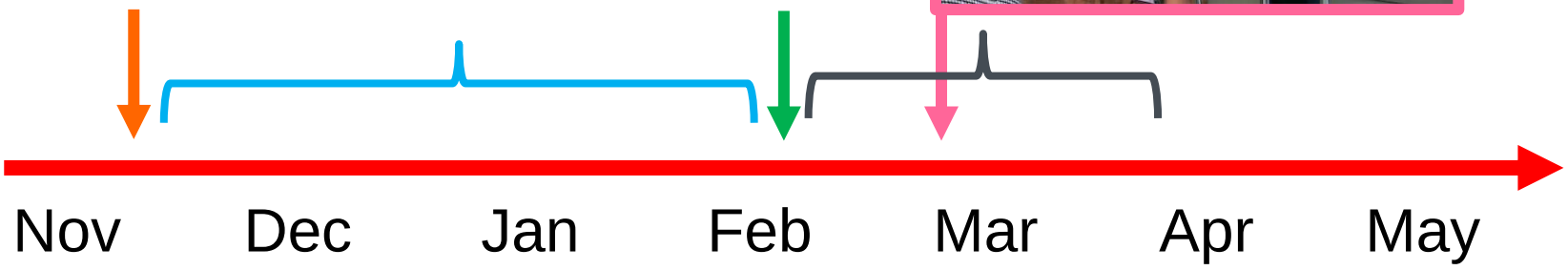
- I have read and understood the information contained in the *Nirsevimab – What parents need to know* information sheet regarding the potential benefits and risks of nirsevimab. Yes ◯ No ◯

The Program announced by the Premier and the Minister for Health on 5 March.

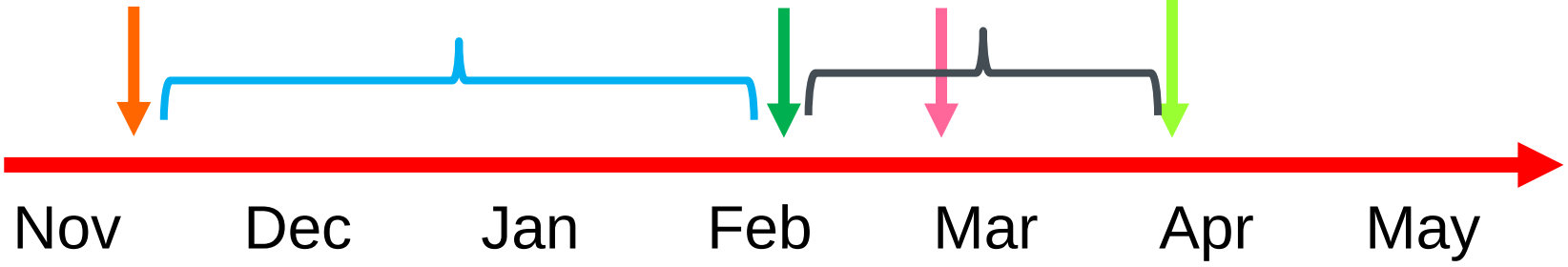
The West Australian

EXCLUSIVE

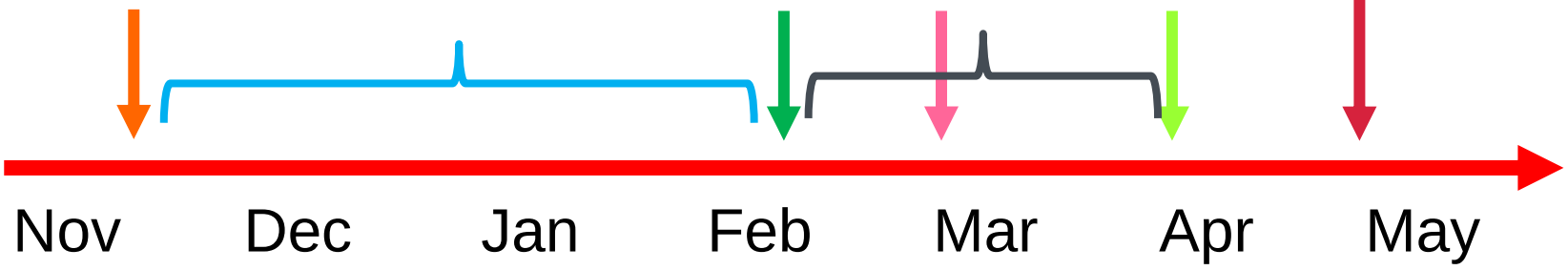
WA to offer infants free RSV immunisations in an Australian-first $11 million program set to launch in April



Catch-up program began 2 April



Birth hospital program began 1 May



Letter sent by the CHO to all mothers of babies born in WA from 1 Oct 2023.

Government of **Western Australia**
Department of **Health**

<first name and surname>
<First line address>
<Suburb>
<Postcode>

Dear Ms. <Last name>

RE: PROTECTING YOUR NEW BABY FROM SERIOUS ILLNESS CAUSED BY RSV

I am pleased to inform you that your newborn may be eligible to be immunised against serious illness caused by Respiratory Syncytial Virus (RSV) through the Western Australia (WA) RSV Infant Immunisation Program.

RSV is easily spread, and most babies will get infected by the virus during their first year of life. While many babies will recover from their illness within a week or two, RSV infection can be serious. In fact, RSV the most common cause of infant hospitalisation in Australia and each winter more than 1,000 infants in WA are hospitalised due to RSV. RSV infection early in life can also lead to longer term health issues, such as childhood asthma.

Fortunately, a new medicine, called Beyfortus®/nirsevimab, has proven to be highly effective at protecting infants from severe RSV illness. Medical studies and real-world experience show Beyfortus® is about 80 per cent effective at preventing RSV-associated infant hospitalisations and 90 per cent effective at preventing an admission to an intensive care unit (ICU).

Beyfortus® is not a vaccine, but rather a medicine that contains antibodies which prevent the RSV virus from spreading within the body. Like a vaccine, Beyfortus® is administered by injection and can be given at the same visit with other childhood immunisations.

The WA Government is funding this preventive immunisation for all children born between 1 October 2023 and 30 September 2024.

If your newborn was given Beyfortus® before being discharged from the hospital, they're all set and don't need any more doses. If you are unsure about whether your newborn was given Beyfortus® before leaving the hospital, check to see if it was recorded in your child's "Purple Book". If you are still unsure if your new baby has been immunised against RSV you should discuss with your child's health care provider.

189 Royal Street East Perth Western Australia 6004
Telephone (08) 9222 4222 TTY 133 677
PO Box 8172 Perth Business Centre Western Australia 6849
ABN 28 684 750 332
www.health.wa.gov.au

If your newborn was not immunised against RSV before leaving the hospital or was home birthed, it's not too late to get them protected. Beyfortus® is available through General Practice, Community Health Clinics and Aboriginal Medical Services throughout WA. Since WA's RSV season is already underway, I urge you to contact your preferred immunisation provider to discuss with them.

Your child's immunisation provider can tell you more about RSV illness and Beyfortus®. Information about the WA RSV Infant Immunisation Program, including a fact sheet called "What parents need to know", is also available on the WA Department of Health website at https://www.health.wa.gov.au/Articles/N_R/Respiratory-syncytial-virus-RSV-immunisation

Yours sincerely

Dr Paul Armstrong
A/CHIEF HEALTH OFFICER
A/ASSISTANT DIRECTOR GENERAL
PUBLIC AND ABORIGINAL HEALTH DIVISION

23 May 2024

GOVERNMENT OF WESTERN AUSTRALIA

Outline

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WA Nirsevimab Administration Dashboard

2024 RSV infant immunisation program - overview *** includes AIR and consent form (REDCap) data ***

- includes all Nirsevimab and Generic RSV, P - pending episode status (these are doses not yet accepted by the AIR)
- includes data from all sources (matched AIR and birth cohort consent form data, consent form only and AIR only)

Last refresh 28/10/2024
Latest data available in source 27/10/2024
Data source: Australian Immunisation Register (AIR EDW Master)

cohort definitions
- birth - born from 1/5/2024 * data not available by Aboriginal status
- catch-up - 1st season - born between 1/10/2023 - 30/4/2024
- Aboriginal - 2nd season - Aboriginal and born between 1/10/2022 - 30/9/2023
- other - 2nd season - not Aboriginal and born between 1/10/2022 - 30/9/2023

recorded in	persons	% of total
matched (AIR & consent)	7,283	29.7%
AIR only	16,189	65.9%
consent only	1,083	4.4%

imm data source filter: All

Aboriginal_status*: All

*not available for new born cohort

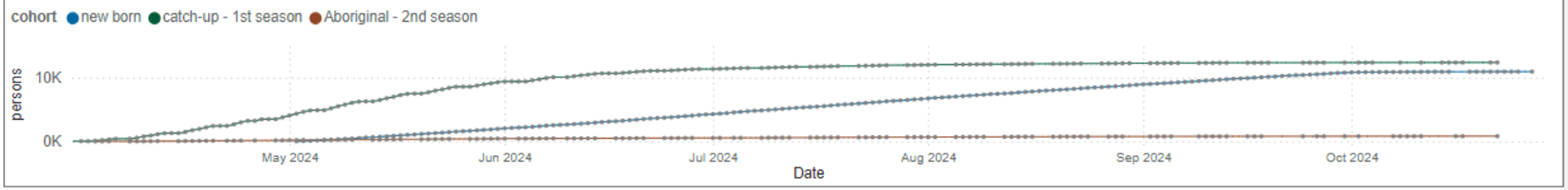
persons immunised	providers (AIR)
24,555	1,153

nirsevimab_eligibility	persons
catch-up - 1st season	12,363
new born	10,930
Aboriginal - 2nd season	823
other - 2nd season	405
not eligible	34
Total	**24,555**

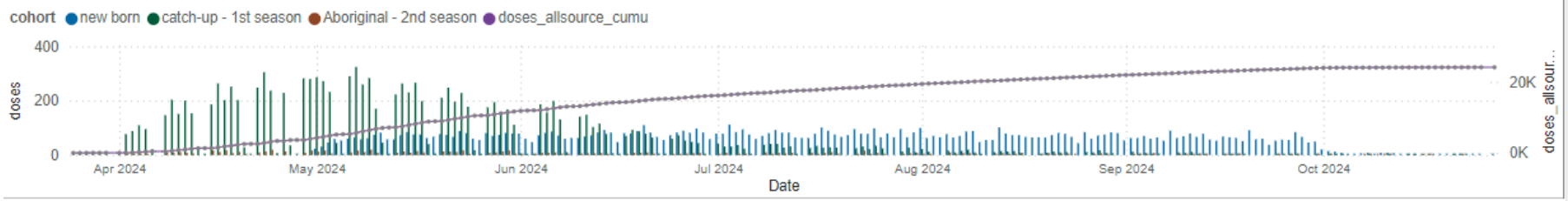
Persons immunised by provider group and cohort

nirsevimab_eligibility / provider_type_group	new born persons	new born % of total	catch-up - 1st season persons	catch-up - 1st season % of total	Aboriginal - 2nd season persons	Aboriginal - 2nd season % of total	other - 2nd season persons	other - 2nd season % of total	not eligible persons	not eligible % of total	Total persons	Total % of total
Aboriginal Health Service/Worker	13	0.1%	138	1.1%	90	10.9%	2	0.5%	1	2.9%	**244**	**1.0%**
Community or Public Health	1,510	13.8%	3,218	26.0%	488	59.3%	42	10.4%	8	23.5%	**5,266**	**21.4%**
GP	461	4.2%	8,360	67.6%	212	25.8%	252	62.2%	16	47.1%	**9,301**	**37.9%**
Hospital	8,675	79.4%	431	3.5%	31	3.8%	106	26.2%	9	26.5%	**9,252**	**37.7%**
Other	271	2.5%	216	1.7%	2	0.2%	3	0.7%			**492**	**2.0%**
Total	**10,930**	**100.0%**	**12,363**	**100.0%**	**823**	**100.0%**	**405**	**100.0%**	**34**	**100.0%**	**24,555**	**100.0%**

Cumulative doses by vaccination date and cohort



Doses in AIR administered by date



High level outcomes

persons immunised	providers (AIR)
24,555	1,153

nirsevimab_eligibility	persons
catch-up - 1st season	12,363
new born	10,930
Aboriginal - 2nd season	823
other - 2nd season	405

Persons immunised with Nirsevimab by provider type WA 2024

General practitioners	9,319	(37.8%)
Hospital (midwives/nurses)	9,316	(37.8%)
Community Health Nurses	5,254	(21.3%)
Aboriginal Health Service	245	(1.0%)
Other	492	(2.0%)

Catch up - first season

Eligibility: Birth 1/10/2023 - 31/4/2024

Source:
Immunisations: AIR (updated daily)
Population: AIR (updated daily)

includes DOB to 30/04/2024

1,081
Aboriginal children

12,363
persons immunised (AIR)

1,636
Aboriginal children

18,662
population (from AIR)

66.1%
Aboriginal children

66.2%
catch-up - 1st season coverage

New born cohort

Eligibility: Birth between 1 May 2024 - 30 September 2024

Source: Stork
Clinical perinatal database used by WA public health services.
Data entry is performed by midwives at time of contact with women during pregnancy, labour and postnatal care.
RSV immunisation status is not a mandatory field in STORK

STORK data as at 29/09/2024

Coverage in new born cohorts as reported by WA Health maternity services (STORK)

This does not include data for births in private hospitals.

This figure is a estimate for use in public reporting. For coverage estimates using MNS, AIR and consent form data refer to the New birth - immunisation source page of this report.

84.5%
estimated coverage at reported in STORK

Source change on 6/8/2024 from MNS/AIR/Consent form to STORK

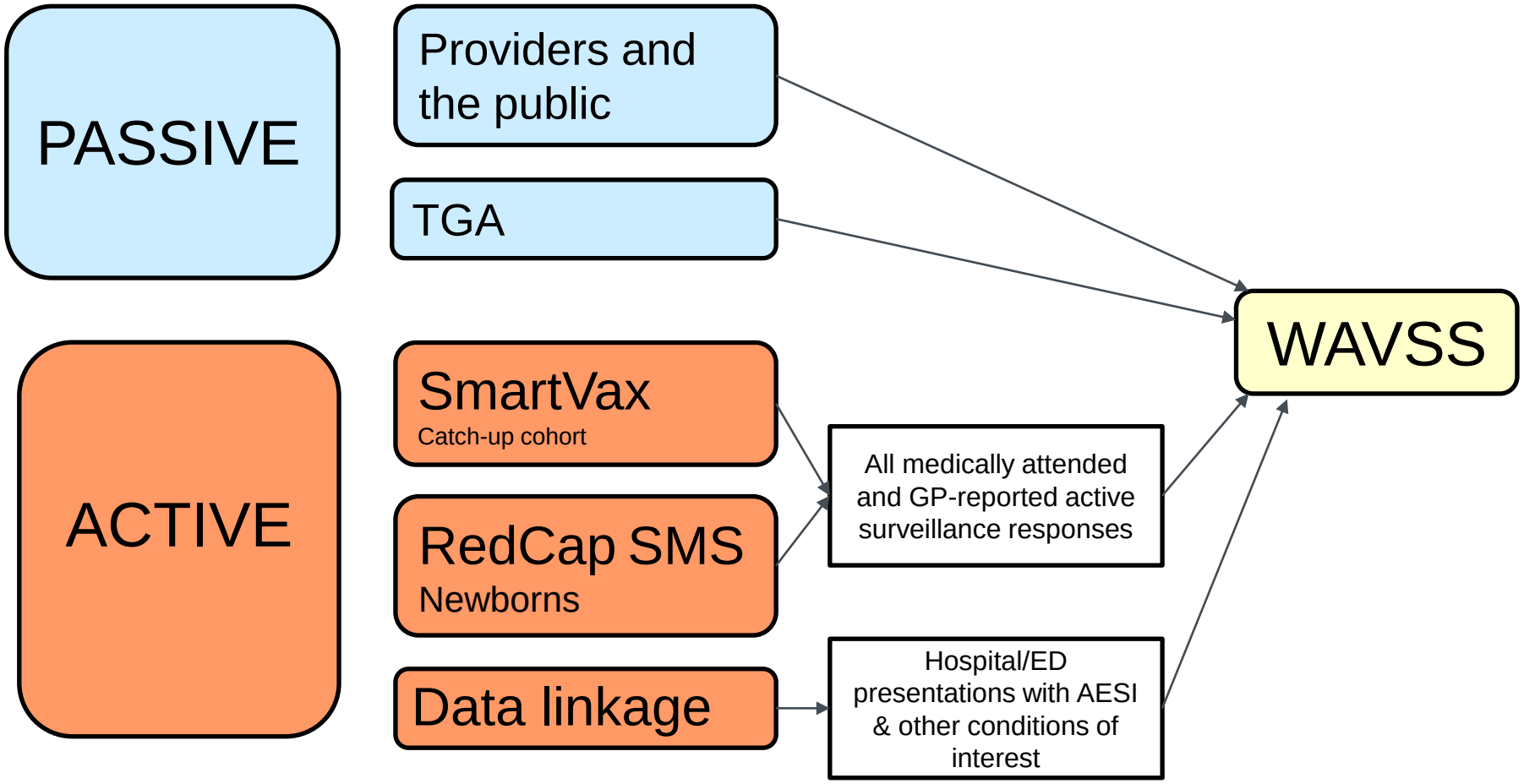
Catch-up 66%

Newborns ~ 80-85%

Outline

- RSV in infants
- What is nirsevimab
- How the WA program came to be
- Program development
- Uptake
- Safety
- Effectiveness/impact

WA nirsevimab safety surveillance



WAVSS = WA Vaccine Safety Surveillance

WAVSS

23
nirsevimab AEFI

Coadministered

17
nirsevimab AEFI

Nirsevimab only

6
nirsevimab AEFI

Most commonly reported reactions (nirsevimab)

Reaction	Number of reports
Rash	6
Irritability	5
Lethargy	5
Vomiting	5
Fever (>=38 <40°C)	4
Fever (unspecified)	4
Injection site reaction - minor/common/expected	4

Outline

- RSV in infants
- What is nirsevimab
- How the WA program came to be
- Program development
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- Safety
- Effectiveness/Impact

REVIVE program

Test Negative Control Case Control study

Nirsevimab Effectiveness = ?%

Dr Ushma Wadia

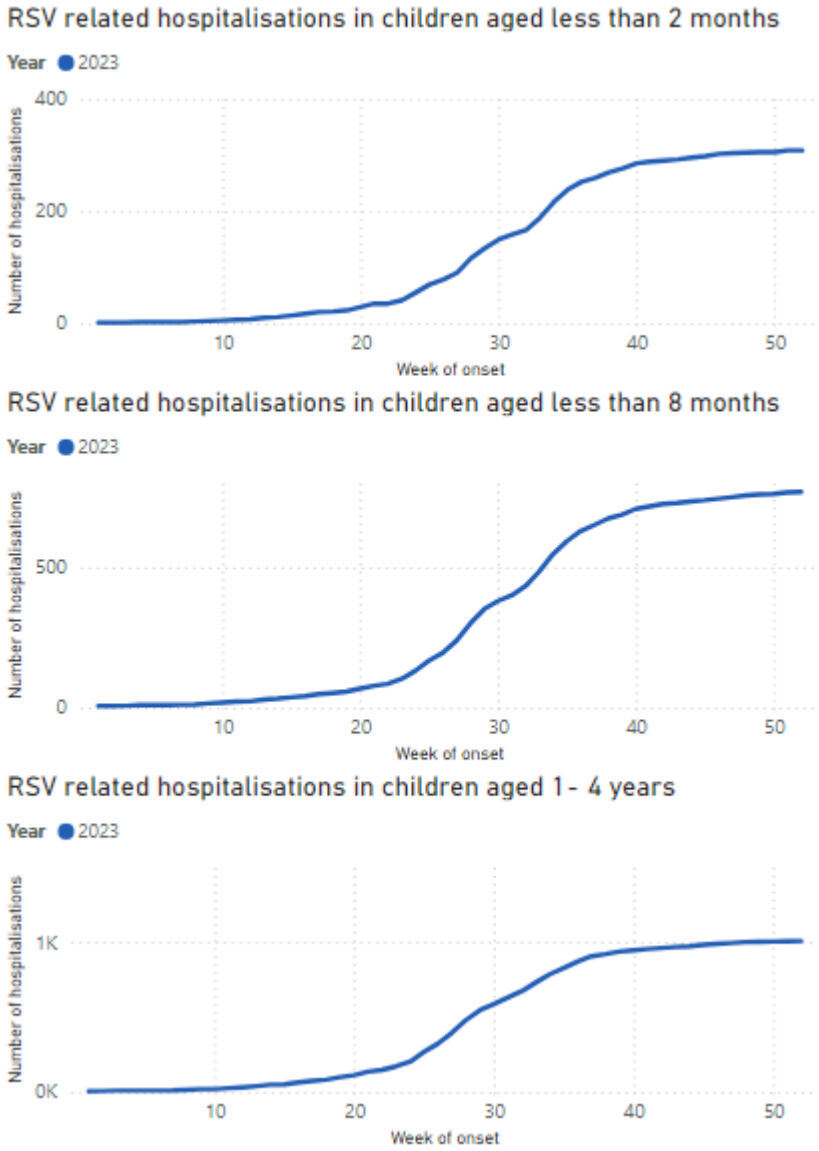
2023

2024

< 2 months

< 8 months

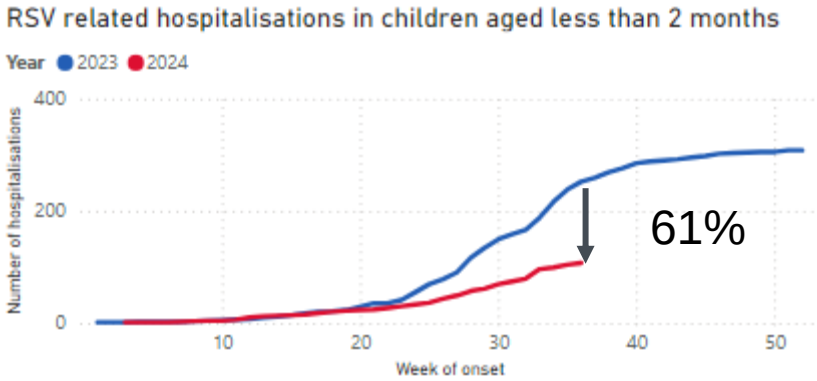
1-4 years



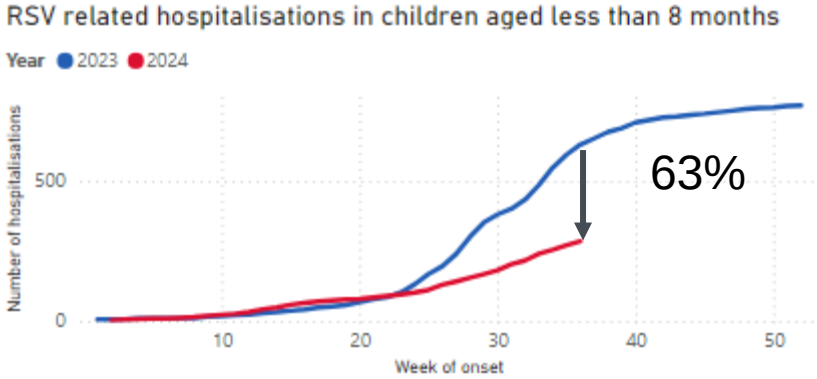
2023

2024

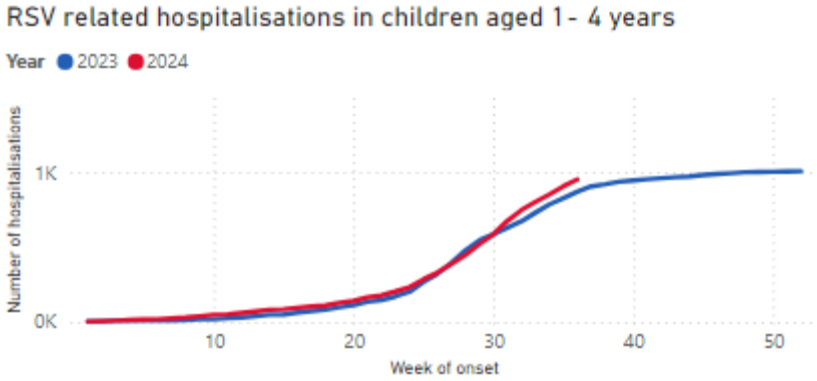
< 2 months



< 8 months



1-4 years



Lab test positive RSV hospitalisations by year and age group, WA

WA RSV associated hospitalisations			
Year of age	2022	2023	2022-2023 mean
0-<1	938	993	965.5
1-<2	501	580	540.5
2-<3	221	218	219.5
3-<4	116	104	110
4-<5	56	81	68.5

At $13,695 per infant hospitalisation that's $ 7.2 million in savings

The cost for nirsveimab doses for < 1 year olds was $ 7.6 million

RSV Infant Immunisation Impact in Primary Care?

Dr Ramya Raman
RACGP Western Australia Faculty Chair

"We all got to have lunch this winter."

WA RSV Infant Immunisation Program Summary

- It was a lot of work
- Many partners came through for us
- Uptake was very good
- Acceptable safety profile
- Nirsevimab effectiveness was just like the RCTs
- The impact was impressive
- The effort was worth it

Shenay Jones with her four-month-old daughter Lilah.
Picture: Jackson Flindell

Virus killer baby joy

Free RSV vaccinations hailed huge success by doctors

REBECCA PARISH

Fewer babies were admitted to hospital with RSV this year due to the success of free vaccinations in WA.

Hospital admissions were almost 84 per cent down on anticipated numbers as a result.

More than 23,000 children were vaccinated between April and September, with free jabs offered to newborns, infants up to eight months and vulnerable toddlers.

"In previous years, we would see young child after young child with RSV admitted to hospital in the middle of the winter season," Perth Children's Hospital clinician Chris Blyth said.

"It would significantly impact on our emergency department with baby after baby coming in with this significant illness.

"We saw significantly less of that this year . . . Our RSV and our flu season coincided this year, so if we hadn't got this program it would have meant managing the hospital would have been incredibly hard."

Professor Blyth, who was also key investigator for a study of the program's effectiveness, said about 1000 RSV-related hospital admissions were recorded in children aged under two in WA each year.

Infants under six months were most at risk from the potentially deadly virus.

Mundaring mum Shenay Jones said discussions about vaccinating her baby started when she was 36 weeks pregnant. It was a "no-brainier" for her after seeing other children become very unwell from the condition.

Her third child, four-month-old daughter Lilah, was vaccinated a few hours after birth and Ms Jones said she was a "very healthy" baby.

"It was definitely important to me to protect her as much as I could," Ms Jones said.

"I think it's amazing we live in a country (with) these options to immunise our babies and protect them, especially from something nasty like RSV where they can end up in hospital, quite unwell."

Perth-based Immunisation Foundation of Australia founder and director Catherine Hughes said the results would hopefully ensure the program was repeated in future years and that "all babies, in all postcodes" were protected.

"These results show the remarkable difference RSV protection has made, not only to the lives of families but also to the immense burden faced by our health services every winter," she said.

"By slashing the annual number of RSV hospitalisations by 60 per cent, this program has alleviated the pressure on hospitals during peak respiratory season, freeing up beds and easing workload pressures."

WA's free RSV vaccines program was the first in the southern hemisphere.

Acknowledgement of Partners

- Aboriginal Health Council of Western Australia
- Australian College of Midwives (ACM)
- Child and Adolescent Health Service (CAHS)
- DOH Immunisation Program
- DOH Information & Performance Governance Unit
- DOH Surveillance and Disease Control Program
- Immunisation Foundation Australia (IFA)
- RACGP(WA)
- RANZCOG(WA)
- WA Country Health Service (WACHS)
- WA Health Chief Nursing and Midwifery Office
- WA Health Communications and Engagement
- WA Primary Health Alliance (WAPHA)

Dr Rosanna Capolingua

Thank you!