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Advancing High Performance Health

Maternal RSV Vaccine Preparedness

Quality and Innovation Collective (QuIC)

Phase 2 Meeting Summary | May 22, 2024

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Phase 2 Meeting Summary

In August 2023, the FDA approved the vaccine ABRYSVO™ for the prevention of respiratory syncytial virus (RSV), given to patients at weeks 32–36 of pregnancy to protect infants from birth through six months of age.[1]

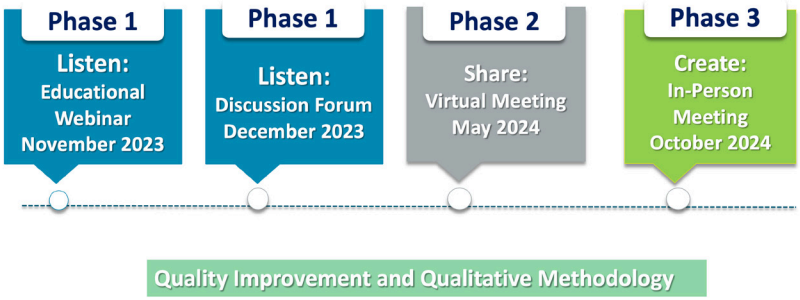
Since then, 10 healthcare organizations have been exploring ways to create and implement successful immunization strategies in AMGA's Maternal RSV Quality Improvement Collective (QuIC). This three-phase initiative uses interactive workshops, quality improvement tools, and qualitative methodology to engage participants in thoughtful discussions to collect insights and share best practices.

In Phase 1, participants gathered for two educational sessions that level-set knowledge of the maternal RSV vaccine and examined barriers to vaccine administration, such as vaccine hesitancy and patient awareness and education.

After the Phase 1 meetings, participants submitted their thoughts on what is required to implement a maternal RSV vaccine program in their organization. These submissions guided Phase 2 of the Maternal RSV QuIC: a May 22 virtual meeting and interactive discussion looking ahead to the 2024 RSV season.

"Our goal is to explore effective ways healthcare organizations can administer this vaccine, increase awareness among your providers and communities, and integrate the lessons we've learned from the first RSV vaccine season," said John W. Kennedy, MD, president of the AMGA Foundation and chief medical officer of AMGA, as he welcomed participants.

QuIC Framework



Maternal RSV QuIC Participants

- Advocate Aurora Medical Group
- The Everett Clinic, part of Optum
- Inova
- Lehigh Valley Physician Group
- Northwell Health
- Olmstead Medical Center
- Oregon Health & Science University, School of Medicine
- Shannon Health System
- Valley Health System
- Vanderbilt University Medical Center

Preparing for Maternal RSV Season: Community Pharmacies

As RSV season approaches for 2024, primary care physicians have a powerful ally on their vaccine administration team: the community pharmacists found in grocery stores, drug store chains, small independent practices, clinics, and hospital systems across the country.

Allison L. Hill, PharmD, RPh, is director of practice implementation and professional affairs for the American Pharmacists Association (APhA). She launched her presentation with statistics illustrating the profession's breadth and capacity for vaccine administration:

- More than 400,000 pharmacists, student pharmacists, and 100,000 pharmacy technicians are trained to administer vaccines.[2]
- 89% of Americans live within five miles of a pharmacy.[3]

Hill also noted that community pharmacies enhance vaccine access and equity through locations in low-income communities and with operating hours that supplement those of physician practices.[4]

Well-Positioned to Address Vaccine Hesitancy and Access

Many patients have already talked about the maternal RSV vaccine with their primary care or OB/GYN physicians by the time they're eligible for it, Hill said, "but some still have a little hesitancy."

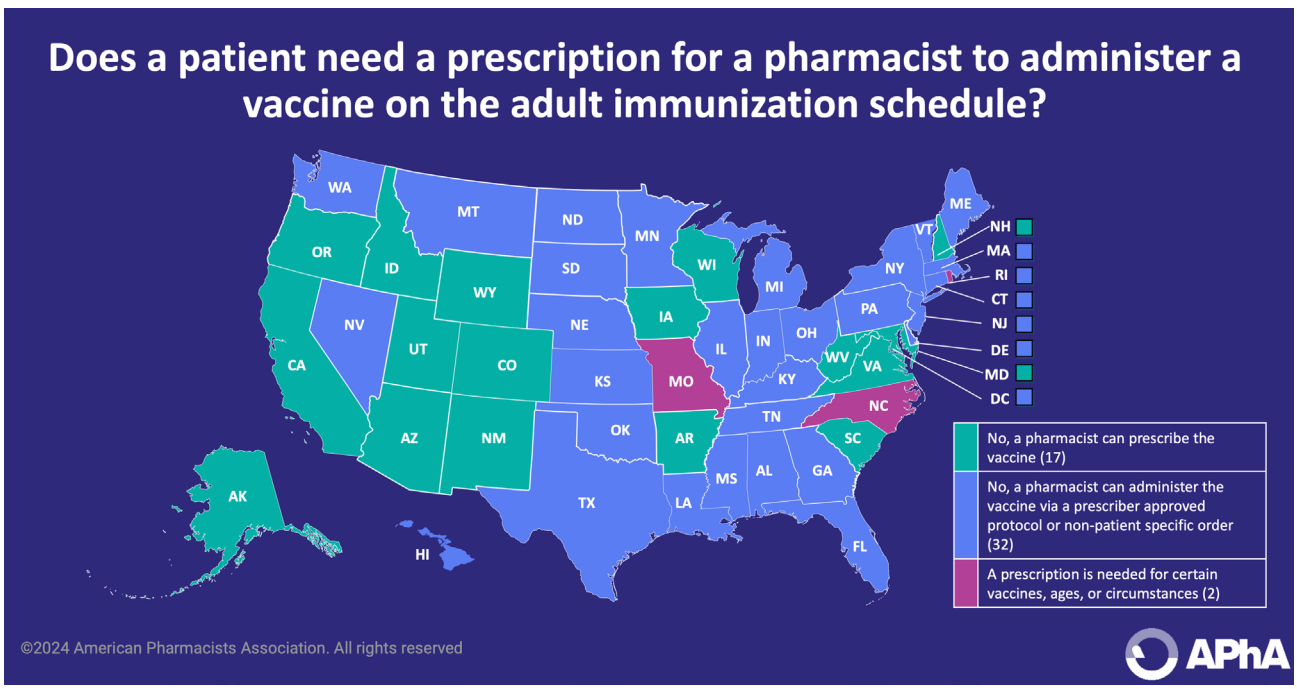
Pharmacists are well-positioned to address this hesitancy, especially in relation to the World Health Organization's vaccine hesitancy model, which covers the three resistance points of complacency, confidence, and convenience.[5] Locations nationwide are within just a few miles of most patients, making vaccinations convenient. Administration by highly trained professionals, including student pharmacists and pharmacy technicians, gives patients confidence. Finally, the rapport many pharmacists already have with patients who are regular customers tackles complacency.

Patients who are pregnant or planning to become pregnant may be eligible for multiple vaccines, including: influenza, Tdap/Td, hepatitis A and B, meningococcal, pneumococcal, and COVID. "They're not going to get all of these at one time," Hill noted, and this is an advantage in tackling vaccine hesitancy. Each time a patient comes in is an opportunity for a pharmacist, especially one trained in shared decision making, to reeducate them on opportunities such as the upcoming window for maternal RSV vaccination and guide them through the best options.

Such options include payment methods for the vaccination. Hill shared recent statistics concerning these options for the maternal RSV vaccine. More than half (52%) of pregnant people use private insurance. Roughly 4 out of 10 use Medicaid. Other individuals, many of whom are uninsured, pay for the vaccine themselves or use resources such as the Vaccines for Children Program.[6]

And if a patient isn't able to pay for the vaccine? "They won't get it," Hill declared, pointing out that community pharmacists play an important role in health equity through their ability to guide these patients to different programs and discounts.

Another stumbling block in vaccine uptake: Having to get a prescription from a healthcare provider first. Requirements vary across the United States, Hill said. In some states, pharmacists may be able to eliminate this extra step by tapping into statewide protocols or standing orders with a local provider.



Hill concluded the presentation portion of the session with resources from APhA and the Centers for Disease Control and Prevention (CDC) on vaccine confidence, RSV in general, and RSV vaccination for pregnant people, along with a call for collaboration, communication, and coordination in the RSV season ahead.

"Communication among all healthcare providers is how we will increase vaccine uptake," she said.

Q&A

Danielle Casanova, MBA, vice president of population health initiatives and health equity for AMGA, led a question-and-answer session with Hill that further explored the role of pharmacists in maternal RSV vaccination.

Did community pharmacists experience similar challenges last year related to vaccine supply and administration?

Pharmacies similarly grappled with access and supply issues last year, Hill said. Another shared challenge: Navigating the details of two prevention options released at the same time, one for pregnant patients and one for their babies.

Has the need to confirm a patient's gestational age made pharmacists hesitant to administer the maternal RSV vaccine?

Hill said that she hasn't heard much discussion related to the 32- to 36-week gestational window and barriers to vaccine administration. "We go on what the patient says and prior knowledge," she said. "If there's a discrepancy, we contact the provider."

How do pharmacies prepare for a new vaccine?

The first step involves waiting for approval by the CDC's Advisory Committee on Immunization Practices (ACIP). During this time, pharmacists receive education on expectations, indications, and more. This information is re-shared once ACIP approves the vaccine and shipments start coming in. "Then, when patients start asking questions, pharmacists are able to answer and provide the best care," Hill said.

Is APhA planning any special marketing for the maternal RSV vaccine, similar to education and awareness campaigns during flu season?

APhA provides education throughout the year on all vaccines, enabling pharmacists to answer questions and stay up to date. "If we waited right up to RSV season, we'd be behind the eight ball," Hill said.

How do pharmacies link maternal RSV vaccine data to primary care electronic health records (EHRs)?

Starting last year, all pharmacists have been required to submit maternal RSV data to an Immunization Information System (IIS), a confidential database that records all immunization doses to persons residing within a given area.[7] Many states require submission of these data to the patient's primary care physician or OB/GYN as well.

"The biggest obstacle is EHR compatibility," according to Hill. "APhA is advocating for a national system. That way, all providers have access to that information, wherever the patient is."

"One thing that we'd all love is everyone having access to the same records and seeing the same information," she said.

Breakout Sessions: Operationalizing the MRSV Vaccine in Clinical Workflows

Part 1: Preparation and Education

Elisabeth Stambaugh, MD, MMM, who serves as chief medical officer at Wake Forest Health Network, and Chris Russo, MD, MBA, FAAP, who directs pediatrics, women and children services, and quality and innovation at WellSpan Health, moderated the first of two participant breakout sessions.

"The purpose of this breakout session is to figure out how we're going to operationalize the maternal RSV vaccine this year," said Russo.

Divisions of Labor

Russo and Stambaugh started their discussions by asking about the people aspect of vaccine administration. Who's on the team, especially for the all-important task of provider and patient education? Do organizations assign specific people to leadership roles, or do such vaccine champions emerge organically?

At one healthcare organization, the teams used for last year's COVID and RSV vaccines will continue into this RSV season. Clinical office staff will serve as key contacts, while the medical director will collaborate with practice and nurse managers to provide broader oversight.

Another organization puts women's health at the hub of maternal RSV vaccination. A leader from this department connects directly with clinics to make sure they have real-time information and that they understand the "why" behind the changes.

"It's definitely been a great partnership," a participant from the organization declared, noting that practice leaders have actively advocated for best practices and the tools and resources they need as well.

Roles and activities also varied in the area of patient education.

One participant shared how a doctor from maternal fetal medicine created short videos about the vaccine, which their organization shared over social media. "She just spearheaded that kind of education, which helped reinforce vaccine uptake."

Another organization worked with pediatricians to create a dual-purpose information sheet. One half of the content speaks to the parents of newborns, and the other covers maternal vaccination.

Patient portals have been a popular tool for sending out messages to pregnant patients, particularly in tandem with outreach about the flu, RSV, and COVID. For one time- and resource-strapped organization, this involved "a blanket statement but targeted toward certain gestational ages."

Another time-saving tactic: leveraging existing materials by the CDC and the American College of Obstetricians and Gynecologists (ACOG)—an alternative to "reinventing the wheel," in one participant's words.

Vaccine Hesitancy: Observations and Strategies

What about vaccine hesitancy—what have participants seen among patients and staff?

On the patient side, "we did not see a lot of reluctance at all once we started getting the vaccine," one participant noted. "The patients were very proactive."

"I think coming out of this pandemic era, we're more aware of respiratory infections," another observed. This awareness has been helpful for education about RSV: what it is and why preventative measures like vaccines are so important, especially for infants.

At one organization, vaccine hesitancy "was more of the other end, patients who were frustrated by the fact that they don't fall within the range of approval," one participant said. "It's an odd thing to be told that you're kind of eligible, but not eligible for a vaccine due to being outside of the seasonal RSV vaccine window."

For patients and staff grappling with "the somewhat confusing overlap of time frame and gestational age," dedicated education and bidirectional communication between pediatrics and OBGYN departments paid off.

Supply shortages provided another opportunity for education. If a pregnant patient who was eligible for the vaccination wanted to wait for the infant immunization, care teams would have to explain that it might not be available, and that the maternal vaccination might be their best option.

Vaccine hesitancy among staff seems to be the exception rather than the rule. "I've only heard of one physician who was resistant, and it came from not being sure what the long-term outcomes from the vaccine would be," a participant noted.

This spurred a conversation specifically focused on this area of concern, with one participant noting, "We focused on what is currently known about the vaccine and what the current benefits are, as well as ensuring that patients have that choice to make, that we are not making the choice for the patient."

One participant reported "some fairly strong" vaccine hesitancy at rural sites. Their advice to others in a similar situation: Reach out to these team members early with education and conversations, as these care team members can be powerful vaccine advocates with their peers and patients. "They'll create confidence in the community because they are part of the community."

Another barrier to vaccine acceptance may naturally fade with time. "I think our nursing staff had a little bit of hesitancy as well, just because of the vaccine being so new."

Russo inquired: Will patients and staff perceive the maternal RSV vaccine as new this year?

Patients who didn't encounter it in previous pregnancies might, participants replied. "I think new vaccines are considered new for a decade," one observed.

Leveraging Teamwork and Technology for Estimates and Alerts

Stambaugh and Russo asked how organizations identified eligible patients last year and planned to do so in the season ahead, in order to estimate vaccine supply and close gaps in care.

"For the first season, it was just kind of flying by the seat of our pants," one participant recalled. Since then, the organization has added the RSV vaccine to its quality metrics and incorporated dashboard-enabled tracking at both an individual clinic and individual clinician level.

Concurrently, the vaccine team has been working closely with the organization's pediatric department to share data, so they can allocate the appropriate vaccine doses to clinics and send out patient portal alerts to patients who qualify based on their gestational age.

At another organization, a pre-visit planning checkmark in the electronic medical record (EMR) will alert physicians, medical assistants, and nursing staff to eligible patients. Another participant described similar alerts in their EHR that appear when staff teams admit pregnant patients at a gestational age of 32–36 weeks. For outpatient care, the organization has implemented a health maintenance topic designed to educate clinical staff in the ambulatory space.

In an ideal world, organizations would be able to query their EHR for patients in that upcoming gestational age and send out a blast message about RSV season as early as August. But tactics like these all depend on the availability of an organization's IT team, the capacity of their systems, and what's possible in the months ahead.

"Getting that built took a very long time," the participant in the example above noted. "It wasn't ready until the RSV season was pretty much over."

Integrating the Vaccine into Prenatal Care

One advantage to working with pregnant patients is that visits with a healthcare provider are a routine part of prenatal care, so education about RSV and vaccination options can start as early as the initial intake visit.

One organization mentions the vaccine to patients throughout their pregnancy. If it is RSV season, they're made aware that the vaccine is available.

Other natural touchpoints include the 24-week visit—"there's a ton of third-trimester information in that—and the 28-week visit, when the Tdap vaccine is introduced. If this visit falls within RSV season, the care team can get the patient scheduled for vaccination when they're back for their 32-week visit.

For families with multiple children, educational opportunities can happen after delivery as well, one participant pointed out. If a child tests positive for RSV after delivery, care teams can provide education for future pregnancies and present maternal RSV vaccination as an option for the next pregnancy.

Keeping track of who's been vaccinated and who still needs to be is a critical aspect of prenatal care. There's still work to do on the technology side of things, participants reported.

They cited the power of being able to pull reports or send messages to a specific group or based on certain criteria, such as "immunizations for infant patients under age two" or "patients at 33 weeks' gestation who still haven't received their maternal RSV vaccine." Some systems offer these capabilities, yet others need to have this functionality built in.

Throughout, participants are working to share data with pediatricians and working to improve the process. Take data about whether a patient has received the maternal vaccine during pregnancy, for example.

"We are trying to get it pulled into the delivery summary for the baby," one participant reported. "Right now, we use this pink sticky note in Epic on every OB patient's chart, and we are documenting it to be seen by pediatricians."

Sharing Knowledge Throughout RSV Season

When RSV season arrives in September, how will organizations ensure that staff are ready to answer questions and spring into action?

One organization plans to kick off the upcoming RSV season with a PowerPoint slide deck, bringing presentations to staff meetings. "We're explaining to them that it is time once again to start asking patients about the vaccine. And then we have education about the actual vaccination and RSV so they feel comfortable talking about it with patients."

Throughout the season, emails will remind staff about the vaccine and whether rates of RSV are increasing in their area, to further inform and guide patient communications.

Other organizations are building education into their workflows. One example involves talking about the maternal vaccine frequently in daily huddles, covering critical information such as the time frame for vaccination, gestational age windows, and the importance of documentation.

Still other organizations will be leveraging internal systems such as Epic to inform staff and guide patient discussions, which has its pros and cons. "It's great, but it's language-specific, so if the person's preferred language is something other than English or Spanish, it can be challenging."

Activating the Vaccine Ecosystem

Finally, breakout participants talked about the workflow and capacity issues they tackled in administering the vaccine itself.

For one organization, training was a big win. Previously, nurses administered all vaccines. Over the past year, medical assistants received training to supplement these efforts. Yet all of these vaccines require a provider placing an order, as the organization has standing orders for some vaccines, such as influenza, but not others, such as Tdap or RSV.

Community pharmacies and retail pharmacies have been important resources for vaccine administration, especially when access or supply issues arise. Organizations have been educating clinics and staff about their availability and resources. But participants don't generally consider referrals to these sites a first line of action for maternal RSV.

"We certainly do a lot of referring for things like the shingles vaccine, which isn't even covered in our ambulatory sites for Medicare patients, so they have to get it from a community pharmacy," one participant replied. "But that's not usually part of what we do. If there's a vaccine that's indicated, we're used to giving it ourselves."

"Last season, when we didn't have the vaccine until November, we did refer patients to community pharmacies," another shared, noting that this likely will not be necessary should vaccine supplies be normal this RSV season.

Part 2: Day-to-Day Logistics

"Health systems did a really amazing job implementing RSV vaccinations in the maternal population last year," noted Sarah Pugh, PhD, who works in U.S. medical affairs with Pfizer and moderated one of the two breakout sessions focused on day-to-day logistics. "What lessons do you have for this year, or for healthcare organizations with less experience or resources?"

"Is there anything you've had to do differently for this vaccine compared with others?" Stambaugh, who moderated the other session, asked. "How are you going to make sure the process goes smoothly this year?"

Participants discussed the challenge of navigating multiple vaccines for one condition. For example, one of the RSV vaccines (Arexvy, GSK) is approved for older adults but is not approved for pregnant patients. How do you enforce that separation in your operations to eliminate mistakes and confusion? Organizations have been using separate refrigerators, labels specifically indicating approved and unapproved use, and specific workflows in ordering and distribution systems.

One participant shared an example in which all of the medications and vaccines a clinic administers go through the organization's EMR. Each clinic is given an account to order what they need through the system, with a template controlling the vaccines allowed for specific departments. Then a centralized pharmacy distribution center controls supply and delivery across the organization's coverage area.

Forecasting supply and demand is a critical part of planning for an upcoming vaccination season. How have organizations been predicting the number of eligible pregnant individuals in their coverage area? Have they been referencing historic figures or using specific tools?

At some organizations, past metrics for Tdap and flu vaccines provided guidance. Others looked at the number of patients predicted to reach the 32- to 36-week gestational age during the upcoming RSV season.

One participant said their team is ordering similar amounts to last year. They feel confident about this decision because one- to two-day turnarounds on delivery will make it easy to get another round if needed.

Supply scenarios were similar across organizations. "Supply really wasn't an issue for us, and we don't anticipate that being a problem this year," one participant reported, noting that several of their organization's clinics still had vaccines left over from last year's RSV season.

Breakout groups also discussed the challenge of storing the vaccine once it's acquired. Especially for organizations serving multiple clinics from a single dorm-style refrigerator, this is easier said than done.

"We don't have that much space to actually store everything, so we can't order in bulk," one participant remarked. "We actually had to order a larger fridge because the RSV vaccine is in individual boxes," another shared.

Making the Most of Data, Staffing, and Resources

Identifying eligible patients and getting them scheduled for their shots lies at the heart of vaccine administration. To get the process started for the season ahead, organizations are adding RSV and the maternal vaccine to their dashboards, health maintenance tabs, quality metrics, and more.

"We have about seven quality metrics that we track in ambulatory care, and we have added RSV to that as well," one participant reported.

Others are making the maternal RSV vaccine, and patients who were due for one, a health maintenance topic for medical assistants to view during rooming.

"I have it ingrained in our clinicians to look at the dashboard before they close the chart," the participant continued. "Our medical assistants are supposed to be doing the same thing when they room patients, but ultimately, it's the provider's responsibility to see if there's anything else that needs to be addressed during that visit."

Data are key to these efforts—and an area with room for improvement.

Unlike mammograms, colonoscopies, and pap smears, immunizations are not always included in EHR-generated care gap reports, one participant pointed out. It can be difficult to identify the eligible patients who aren't getting vaccines or leverage back-end tools such as health maintenance topics and EMR alerts for additional patient outreach.

One participant talked about using a patient's gestational age for identifying eligible patients and addressing care gaps, saying "We don't have any really good data from last year, but we're hoping that this season we can start collecting it."

Data play a vital role after the vaccination as well. Given that there are two options for infant RSV protection, immunizing an infant with a monoclonal antibody and vaccinating a pregnant adult, healthcare organizations need to be able to access and track vaccination status for both of these patients. How are they obtaining and sharing this information?

Crosslinking and cross-population of data across both patient charts would be ideal, participants responded. But current solutions involve a fair amount of digging through charts and/or calling around.

If both parties are patients in the same healthcare organization, this immunization history is readily available, one participant replied. If not, a pediatrician would have to ask for proof. "You can link to the mom's chart, but I don't think the mom's information gets pulled into the baby's chart," another replied.

Participants also shared how they're dealing with capacity limitations.

If a patient who is not due for a visit still wants to come in for a maternal RSV vaccine, is an organization willing and able to accommodate such a standalone visit? Not at the moment, one participant replied. "We just incorporate the vaccination into prenatal care, similar to Tdap and influenza."

In terms of monitoring adverse events, healthcare organizations are using the same processes in place for other vaccines: internal safety event reporting, educating clinical teams about reporting protocols, and follow-up as needed.

Organizations are also leveraging existing materials and tactics for patient education. One participant talked about adding educational materials from ACOG into the bags obstetricians give to patients at their first-week and 28-week visits. Another participant mentioned post-pregnancy social gatherings and Mommy-and-Me classes as a way to raise awareness for future pregnancies.

Coverage and Reimbursement

Echoing a theme brought up in Hill's community pharmacy presentation, participants cited insurance coverage and reimbursement as being among their top challenges.

"We're really hoping this season that we will not have so many insurance denials, because it was really a stumbling block," one participant remarked.

"COVID, I think, kind of spoiled us," another observed. "COVID vaccines were first provided by the state, and even when they were commercialized, there was a special regulation that made insurance companies cover it almost immediately."

The maternal RSV vaccine, by contrast, has involved several questions and steps: See if it's covered, figure out other options if it's not, and educate the patient throughout.

> *"The first four-to-six weeks of the launch of the vaccine were challenging in terms of insurance coverage. There were a lot of questions. I think things should be better this season."*

"I'm really hoping that that won't be an issue this year," one participant remarked.

Many participants saw insurance coverage improving by the end of the first season, as it takes time for insurers to get their systems in place.

Preparing for the Maternal RSV Vaccine Season: Lessons Learned in a QuIC Interim Report

After the QuIC's Phase 1 meetings and the 2023 RSV season, AMGA reached out to its members, including many participants in the Maternal RSV QuIC, for thoughts on how to prepare for the upcoming RSV season. Casanova walked through an interim report that captured the highlights, which participants received as a pre-read prior to the Phase II meeting.

For this interim report, healthcare organizations identified the five focus areas they consider critical to successful implementation of a maternal RSV program—"a lot of what you discussed today and highlighted in your breakout sessions," Casanova noted.

1. Enlist Vaccination Champions

"Vaccination champions were important for driving program implementation within our organization," one interviewee noted in the report, citing a medical director champion, a maternal health champion, and a pediatric champion who collaborated to raise awareness with staff about the importance of the program and availability of the vaccine.

Interviewees also encouraged organizations to bring in champions from women's health, medication safety, and pharmacies.

"Champions can spearhead the development of order sets and protocols, and their socialization," Casanova pointed out. "This helps ensure a consistent approach to vaccination across providers—especially given that different provider groups may use different EMR systems."

2. Educate Healthcare Providers and Reinforce the Importance of Vaccination

Interviewees emphasized the importance of defining clear roles, standardizing protocols, and enhancing provider confidence, Casanova said. She walked through recommended tactics from last year's RSV season, such as:

- Creating protocols and order sets
- Educating healthcare providers on these protocols and order sets as early as possible
- Educating teams on approved RSV vaccines—emphasizing that only one is approved for pregnant individuals
- Hosting pop-up clinics in OB/GYN offices specifically focused on the maternal RSV vaccine

Interviewees stressed the power of working across departments in areas from vaccine availability and formularies to program implementation.

"Our systemwide vaccination committee enabled us to make very efficient decisions that would impact a number of departments within the system," one interviewee shared in the report.

3. Leverage the EMR

"EMR systems can help to streamline workflows, enhance communication, facilitate data-driven decision making, and ultimately help to improve maternal and infant health outcomes," Casanova highlighted from the report.

Incorporating maternal RSV within an EMR system supports several activities throughout the vaccination lifecycle: Patient tracking, risk assessment, coordination of care, vaccination management, data analysis and surveillance, and patient education/engagement. Organizations can also use their EMRs for a variety of broader purposes, from health maintenance reports to share with providers and patients to forecasts that guide stocking, prescriptions, and performance-tracking.

Interviewees recommended:

- Getting started as early as possible
- Using modules that work across EMR platforms, for more straightforward software updates
- Cross-linking and data-sharing across OB/GYN and pediatrics—identifying adults who have received the RSV vaccine and coordinating infant vaccination efforts accordingly

4. Prioritize Patient Outreach and Education

"Patient education and outreach are essential for promoting maternal immunization uptake, addressing vaccine hesitancy, empowering pregnant women to make informed decisions, and fostering community support for immunization as a vital component of prenatal care," Casanova reported.

She walked through best practices from last year's RSV season, including:

- Modeling patient outreach plans on those used for flu season
- Using fact sheets and other resources to spur patient conversations and education about the vaccine
- Launching pop-up clinics focused exclusively on maternal RSV vaccination

QuIC participants offered more suggestions during the session, including reaching out through social media and leveraging the EMR for equity-focused outreach and education, particularly across languages and to hard-to-reach populations.

5. Monitor and Measure Your Efforts

In this final focus area, interviewees recommended using a dashboard analysis for setting goals, tracking program effectiveness and identifying areas for improvement.

"Collaborate with representatives in population health to establish a baseline goal for volume and start date for the vaccination program and patient outreach," Casanova summarized. "Assess the opportunity to establish an organizational maternal RSV vaccination goal and the ability to align this with goals for other vaccinations such as HPV, flu, or Tdap."

Next Steps

"Thank you for your participation and engagement," Casanova said in closing. "I hope you were able to enjoy thoughtful discussions, learn from one another, and most importantly take ideas and strategies back to your teams and organizations that will help you as you prepare for this upcoming RSV season."

She highlighted next steps, including a participant survey, the release of the interim guide, and the third and final gathering of the QuIC, an in-person meeting in the Washington, DC, area to talk about work to date and share best practices, lessons learned, and next steps for maternal RSV immunization strategies.

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