



Thank you for joining

**The presentation will
begin shortly**



Rise to Immunize® Monthly Webinar

Collaborating to Overcome Barriers in Adult Immunizations

Manisha Patel, MD, MS, MBA, *Centers for Disease Control and Prevention (CDC)*

January 16, 2025

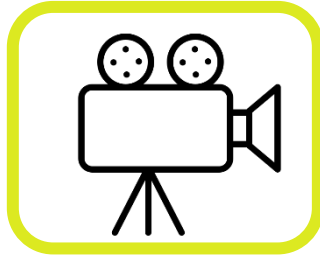
Today's Webinar



- **Campaign Updates**
 - AC25
 - RIZE Meet & Greet Breakfast
 - Pfizer Mini-Site
- **Collaborating to Overcome Barriers in Adult Immunizations**
 - Manisha Patel, MD, MS, MBA, *NCIRD, CDC*
- **Q&A Session**



Webinar Reminders



Today's webinar recording will be available the **week of 2/20**

- Will be sent via email
- Will be available on website



Ask questions during the webinar using the **Q&A feature**

- Questions will be answered at the end of the presentation

(RiseToImmunize.org → "Resources" → "Webinars")

AMGA 2025 Annual Conference Is Reimagined

What's New at AC25



Two Concurrent Learning Tracks

Health Systems or Independent Groups



Deep Dives

Focused Sessions on Critical Healthcare Topics



The Hub

A Bustling Exhibit Hall With Booths, Tech Demos,
and Networking Spaces

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AMGA 2025 ANNUAL CONFERENCE
MARCH 26–29 | GAYLORD TEXAN | GRAPEVINE, TX

Thank you to AMGA's 2025 Annual
Conference Platinum Sponsor

sanofi

RIZE Meet & Greet Breakfast

Saturday, March 29
7-8 am CT

Location TBA





2025 Adult Immunization Schedule

Recommended Adult Immunization Schedule for ages 19 years or older

UNITED STATES
2025

Vaccines In the Adult Immunization Schedule*

Vaccine	Abbreviation(s)	Trade name(s)
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
<i>Haemophilus influenzae</i> type b vaccine	Hib	ActHIB, Hiberix, PedvaxHIB
Hepatitis A vaccine	HepA	Havrix, Vaqta
Hepatitis A and hepatitis B vaccine	HepA-HepB	Twinrix
Hepatitis B vaccine	HepB	Engerix-B, HepHisav-B, PreHevrio, Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
	HPV3	Multiple
Influenza vaccine (inactivated, egg-based)	aIV3	Fluad
	HD-IV3	Fluzone High-Dose
Influenza vaccine (inactivated, cell-culture)	cdIV3	Flucevax
Influenza vaccine (recombinant)	RIV3	Flublok
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II, Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Jmpox	Jynneos
	PCV15	Vaxneuvance
Pneumococcal conjugate vaccine	PCV20	Pneumar 20
	PCV21	Capvaxive
	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo, Arexvy, mResvia
Tetanus and diphtheria vaccine	Td	Tenivac
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel, Boostrix
Varicella vaccine	VAR	Varivax
Zoster vaccine, recombinant	RZV	Shingrix

How to use the adult immunization schedule

- 1** Determine recommended vaccinations by age (Table 1)
- 2** Assess need for additional recommended vaccinations by medical condition or other indication (Table 2)
- 3** Review vaccine types, dosing frequencies and intervals, and considerations for special situations (Notes)
- 4** Review contraindications and precautions for vaccine types (Appendix)
- 5** Review new or updated ACP guidance (Addendum)

Recommended by the Advisory Committee on Immunization Practices (www.cdc.gov/acip) and approved by the Centers for Disease Control and Prevention (www.cdc.gov), American College of Physicians (www.acponline.org), American Academy of Family Physicians (www.aafp.org), American College of Obstetricians and Gynecologists (www.acog.org), American College of Nurse-Midwives (www.midwife.org), American Academy of Physician Assistants (www.aapa.org), American Pharmacists Association (www.pharmacst.com), and Society for Healthcare Epidemiology of America (www.shea-online.org).

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to the local or state health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.



Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html.

Helpful Information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html
- General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/surv-manual/php/index.html



U.S. CENTERS FOR DISEASE
CONTROL AND PREVENTION

Scan QR code
for access to
online schedule



CS31 0021-E

Upcoming campaign
webinar: **Thursday,
March 20** with Dr. L.J.
Tan (*Immunize.org*)

“Operationalizing the
CDC’s 2025 Adult
Immunization
Schedule”

*Administer recommended vaccines if vaccination history is incomplete or unknown.
Do not restart or add doses to vaccine series if there are extended intervals between doses.
The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.



- Campaign Planks
- Webinars
- Provider Resources
- Patient Resources
- RIZE Videos
- RIZE Community
- RIZE Monthly
- RIZE Mini-sites**

Join Us

Join your peers and enroll in the award-winning Rise to Immunize® (RIZE) campaign to improve adult vaccination rates. Together, we can administer 30 million vaccines by 2027 through comprehensive and equitable vaccine initiatives.

LEARN MORE

Access the Pfizer Mini-Site under the **“Resources”** tab on the **“RIZE Mini-Sites”** page!

Today's Speaker



Manisha Patel, MD, MS, MBA, Chief
Medical Officer, NCIRD, *Center for Disease
Control and Prevention (CDC)*



Respiratory Virus Season Updates & Recommendations

AMGA Rise to Immunize Webinar
Manisha (Mo) Patel, MD, MS, MBA
January 16, 2025

2025 Adult Immunization Schedule is Now Available!

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2025

Vaccine	19–26 years	27–49 years	50–64 years
COVID-19	1 or more doses of 2024–2025 vaccine (See Notes)		
Influenza inactivated (IIV3, ccIIV3) Influenza recombinant (RIV3)	1 dose annually		
Influenza inactivated (aIIV3; HD–IIV3) Influenza recombinant (RIV3)	Solid organ transplant (See Notes)		
Influenza live, attenuated (LAIV3)	1 dose annually		
Respiratory syncytial virus (RSV)	Seasonal administration during pregnancy (See Notes)		
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management		
	1 dose Tdap, then Td or Tdap booster every 10 years		
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)		
Varicella (VAR)	2 doses (if born in 1980 or later)		
Zoster recombinant (RZV)	2 doses for immunocompromising conditions (See Notes)		
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years	
Pneumococcal (PCV15, PCV20, PCV21, PPSV23)			
Hepatitis A (HepA)	2, 3, or 4 doses depending on vaccine		
Hepatitis B (HepB)	2, 3, or 4 doses depending on vaccine		

 ALL adults in age group should get the vaccine.	 SOME adults in age group should get the vaccine.	 Adults should talk to their health care provider to decide if this vaccine is right for them.
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Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	At least 1 dose of the current COVID-19 vaccine			65+: At least 2 doses.
Influenza/Flu	Every Year			
RSV	If pregnant during RSV season		If aged 60 through 74 years or younger	
Tdap/Td	Tdap every pregnancy. Td/Tdap every 10 years for all adults.			
MMR	If aged 68 years or younger			
Chickenpox	If U.S. born and aged 45 years or younger			
Shingles				
HPV			Aged 27–45 years	
Pneumococcal				
Hepatitis A				
Hepatitis B	Through 59 years			
Meningococcal				
Hib				
Mexo				

October Advisory Committee on Immunization Practices: Pneumococcal Vaccines

- **All adults aged ≥ 50 years** not previously vaccinated should get a pneumococcal conjugate vaccine (PCV)
 - Previously PCV was recommended for adults 65 years and older
- A risk-based recommendation for pneumococcal vaccination is still in place for adults 19 through 49 years old



Fall and Winter Immunization Guide

	2024-2025 COVID-19 ¹	2024-2025 Influenza ²	RSV ³
Infants & Children	6 months - 17 years Some children 6 months through 4 years <u>may need</u> multiple doses	6 months - 17 years Some children 6 months through 8 years <u>may need</u> two doses ≥ 4 weeks apart	All infants <8 months* and children 8 through 19 months with risk factors <u>should</u> get nirsevimab Typically, October through March, *if birthing parent not vaccinated with maternal RSV vaccine
Pregnant People	All	All	32–36 weeks gestation should get RSV vaccine (Pfizer, Abrysvo only) Typically, September—January
Adults 18-59 yrs	All	All	See pregnant people
Adults ≥60+ yrs	 All Two doses recommended for adults ≥65 yrs, 6 months apart	All High-dose, recombinant, or adjuvanted preferred for ≥65 yrs, if available	All adults ≥75 and adults 60 through 74 years with risk factors should get <u>a single dose of RSV vaccine at this time.</u>

¹ People ages 6 months and older with moderate or severe immunocompromise should get 2 doses of 2024-2025 COVID-19 vaccine 6 months (minimum interval 2 months) apart and may also get additional doses of COVID-19 vaccine under shared clinical decision-making. If previously unvaccinated or receiving initial vaccination series, more doses may be needed.

² Solid organ transplant recipients ages 18 through 64 yrs on immunosuppressive medications may get high-dose or adjuvanted flu vaccine, if available, without a preference over other age-appropriate inactivated or recombinant influenza vaccines.

³ All infants should be protected by either maternal RSV vaccine or nirsevimab. Both are not needed for most infants. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

Why Immunize: Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Millions of people are hospitalized** for COVID-19, flu and RSV each year
- **RSV: #1 reason for infant hospitalization** in the US

Some people are at higher risk, but we cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID, flu and RSV than those under age 65
- Half of children under 18 years hospitalized with COVID-19 had **NO underlying conditions**

Immunizations are our best defense.

- COVID-19 & flu vaccines cut **risk of hospitalization in half** in all ages
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**
- Nirsevimab **>90% effective** in preventing **infant RSV hospitalizations** in 2023-24

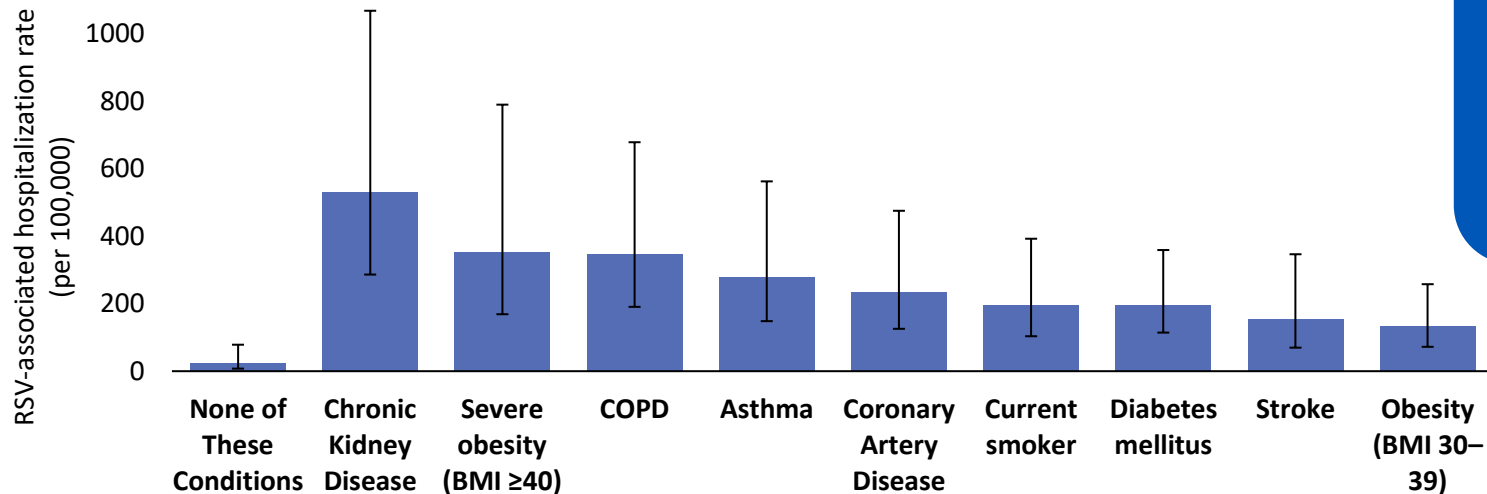


Evidence for Vaccinating Adults

Why vaccinate older adults against RSV?

Adults with common conditions like heart and lung disease are at higher risk of being hospitalized than adults without those conditions

RSV-associated hospitalization rates among community-dwelling adults aged 60–74 years, 2017–2018 season



Clinical Tip

RSV vaccines are >70% effective in preventing hospitalizations. **You have ____, that puts you at higher risk of getting very sick with RSV. I strongly recommend you get your RSV vaccine today.**

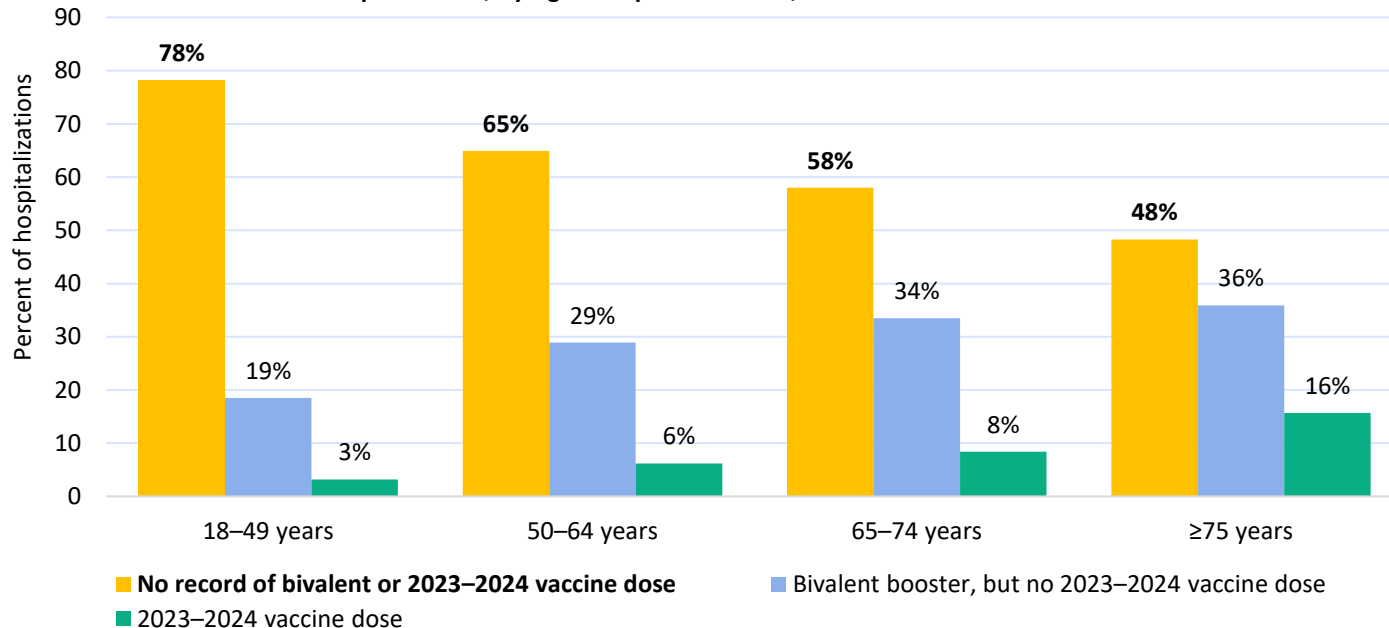
Why vaccinate against COVID-19?

More than half of adults hospitalized with COVID-19 did not receive a COVID-19 vaccine within the year before they were hospitalized



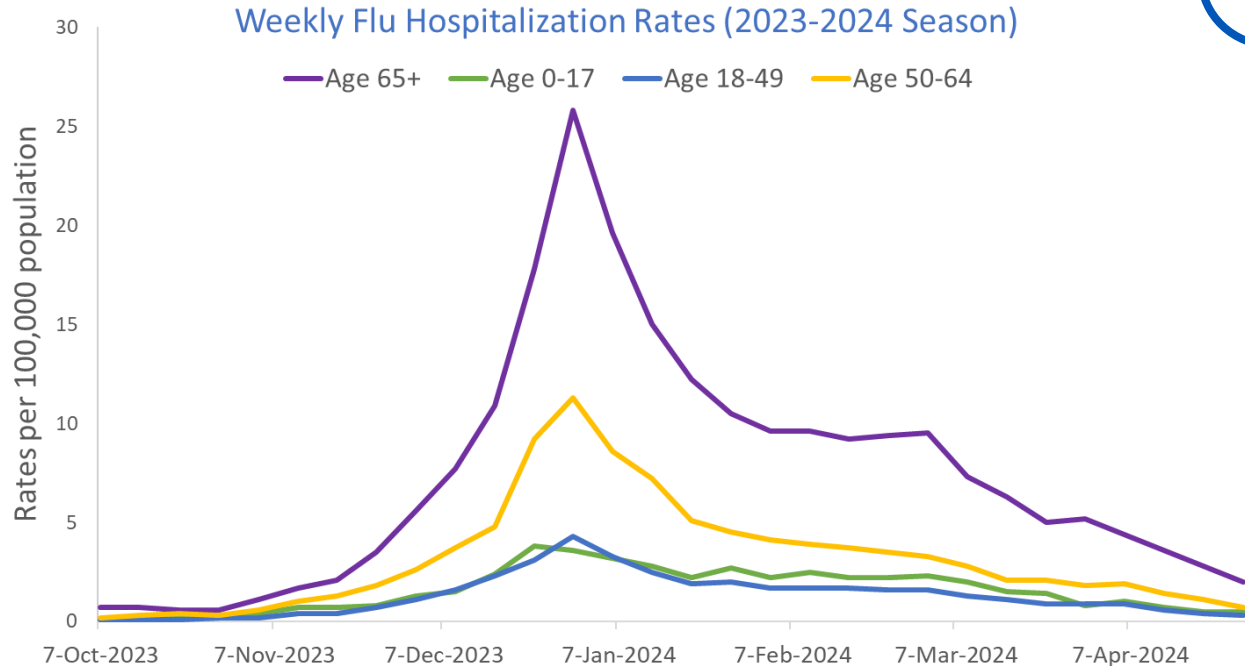
Your age makes you more likely to get really sick from COVID-19. **The COVID-19 vaccine cuts your risk of being hospitalized in half.**

Vaccination Status among Adults Ages ≥ 18 Years with COVID-19 associated Hospitalization, by Age Group— COVID-NET, October 2023–March 2024



Why vaccinate against influenza?

Influenza hospitalization rates highest in adults 65 years and older



Your age makes it more likely that you could get very sick from the flu, I strongly recommend the flu vaccine for you.



Evidence: Pregnant People

Why vaccinated against RSV?

RSV is the leading cause of hospitalization in U.S. infants

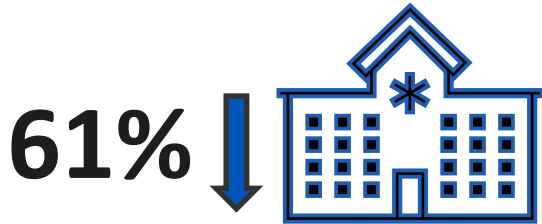
- **RSV is common:** Most (68%) infants are infected in the first year of life & nearly all (97%) by 2 years old²
- In the absence of immunization, 2-3% of young infants will be hospitalized for RSV^{3,4,5}
- **Younger are most vulnerable:** Highest RSV hospitalization rates occur in the first months of life and risk declines with increasing age in early childhood^{3,5}
- **Can't predict who will get sick:** 79% of children hospitalized with RSV aged <2 years had no underlying medical conditions³



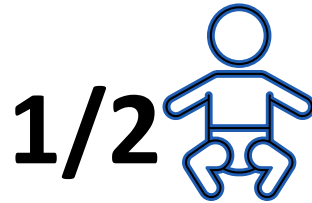
Image: Goncalves et al. Critical Care Research and Practice 2012

Why vaccinate against COVID-19?

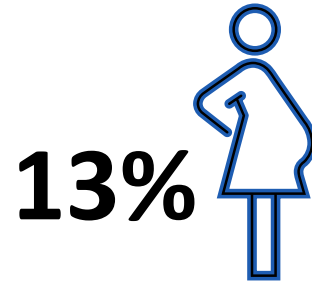
COVID-19 vaccination reduces risk of hospitalization of pregnant people and their young babies



Pregnant people who were vaccinated had 61% fewer emergency department and urgent care visits for COVID-19 than people who were not vaccinated



Vaccination during pregnancy cuts risk of hospitalization in infants <3 months by half

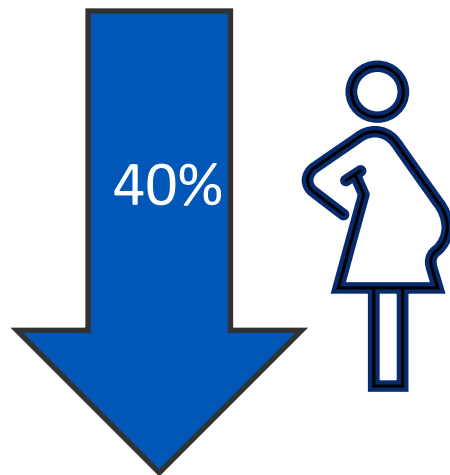
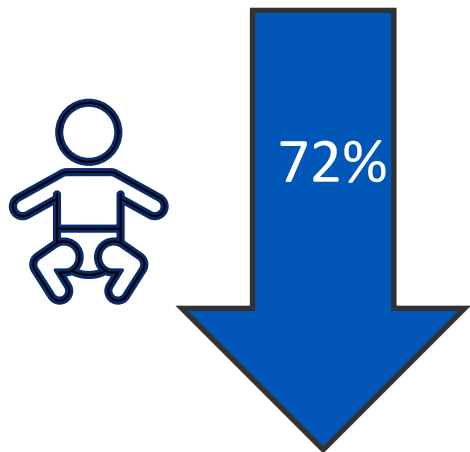


Only 13.3% of pregnant people received the 2023-2024 COVID-19 vaccine

Why vaccinate against influenza?

Women with influenza are **more than twice as likely** to be hospitalized if they are pregnant

In previous studies, influenza vaccination during pregnancy lowered the risk of influenza hospitalization:

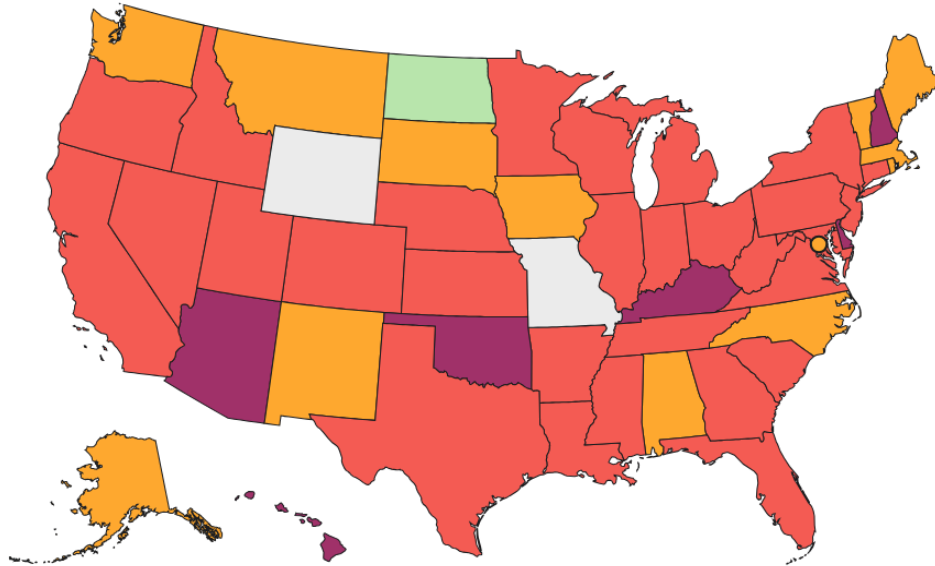
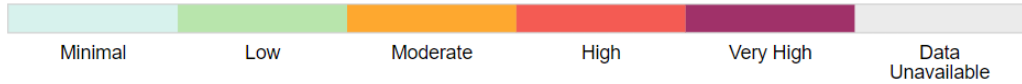


Pregnant people are at risk for hospitalization with influenza. I strongly recommend the influenza vaccine to protect you and your baby this season.

Respiratory Illness Activity

Level of Respiratory Illness Activity

Acute Respiratory Illness



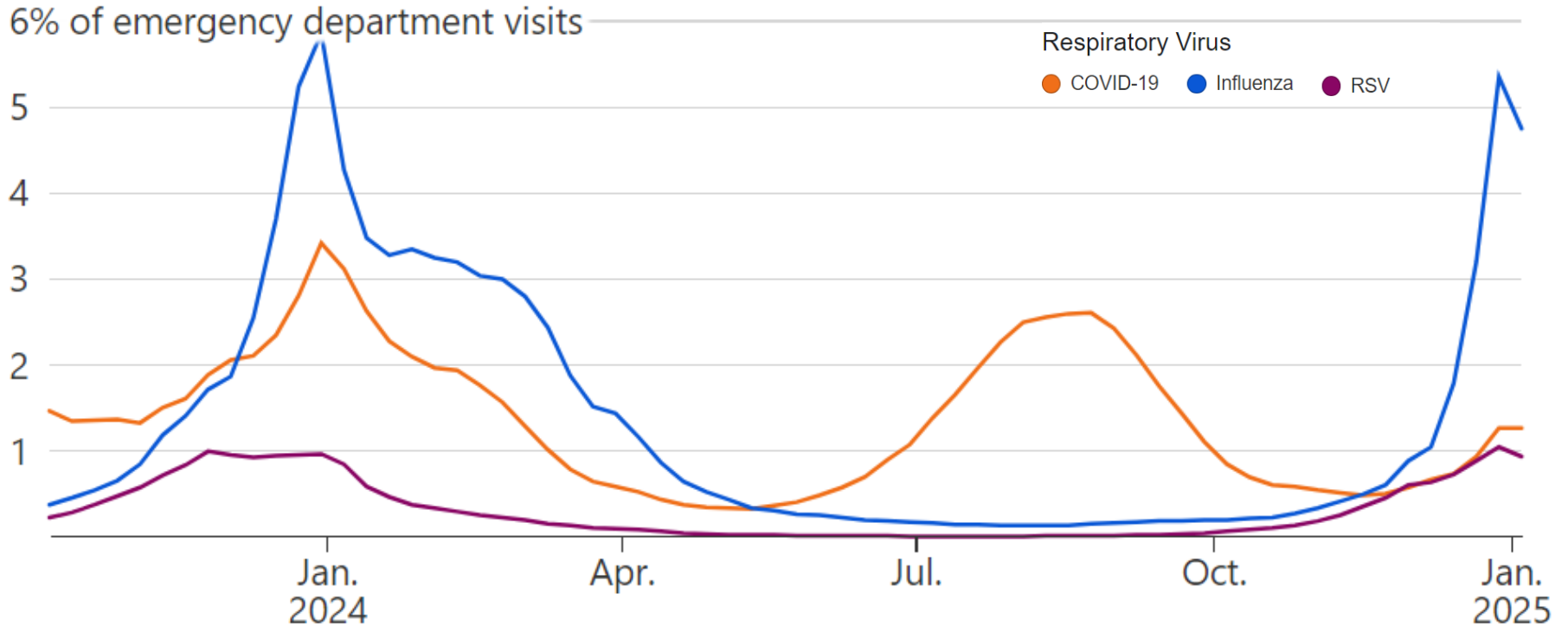
Territories

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Nationally,
**Respiratory
Illness**
causing people to
seek healthcare is

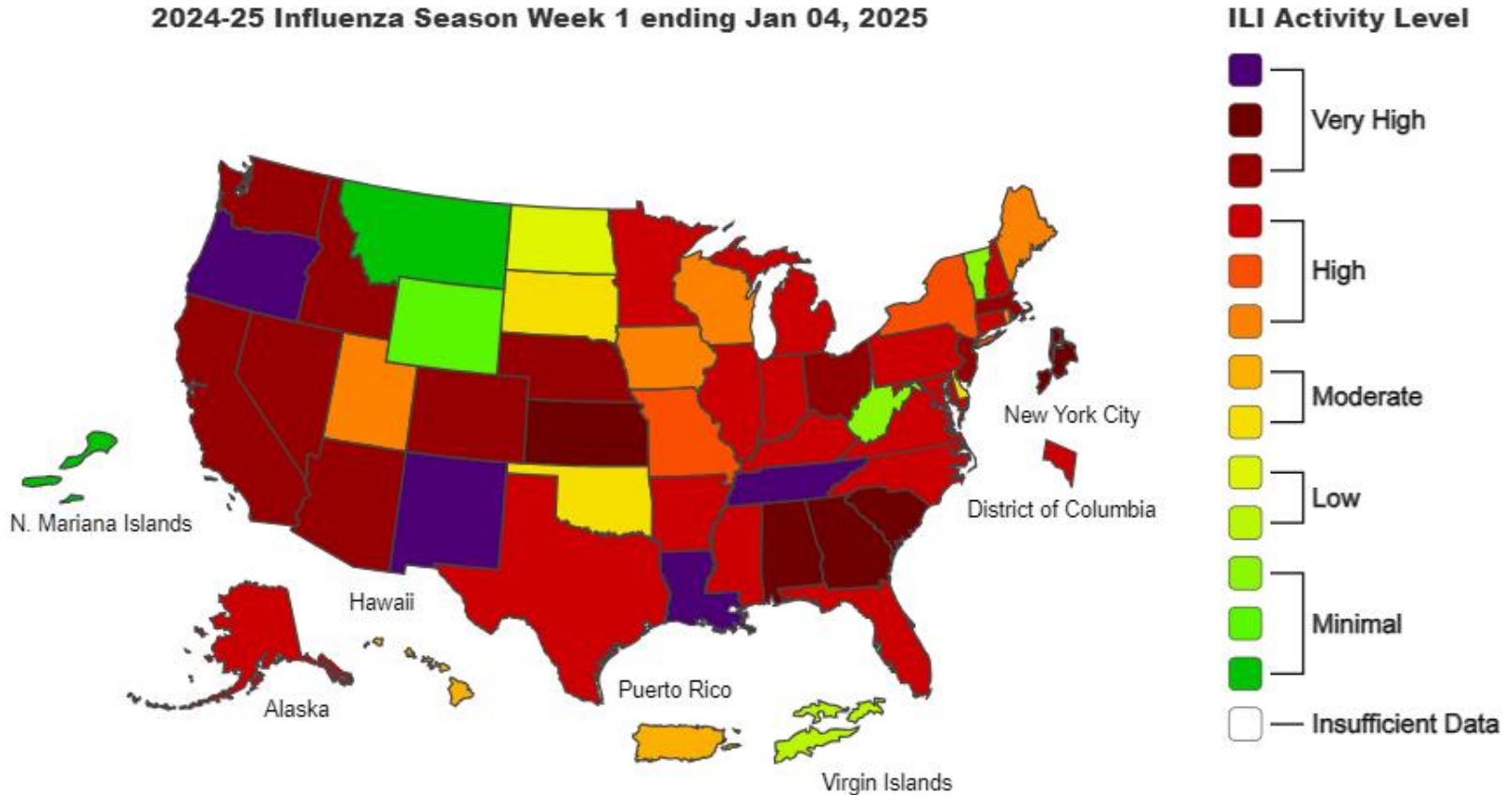


Emergency department visits for viral respiratory illness



Weekly Influenza Surveillance Report

2024-25 Influenza Season Week 1 ending Jan 04, 2025




Respiratory Virus Dashboards: What's Happening in Your Community?

Respiratory Illnesses Data Channel

This site is updated on Fridays. New data and features added throughout the fall.

WHAT TO KNOW

- As of September 6, 2024, the amount of respiratory illness (fever plus cough or sore throat) causing people to seek healthcare is low nationally.
- COVID-19 activity remains elevated nationally, but there are continued signs of decline in many areas.



Nationally, Respiratory illness causing people to seek healthcare is **LOW**.

Your community snapshot

Select your state / territory and your county to receive information on COVID-19, Flu, and RSV in your community.

United States | All counties

The CDC may not have data for all states, counties, or territories. [Read more.](#)

Overall respiratory virus activity in the United States

Low

Based on healthcare visits for fever and cough or sore throat. [Read more.](#)

Wastewater viral activity level in the United States

COVID-19	Flu [†]	RSV
High	Minimal	Minimal

Wastewater (sewage) monitoring may provide an early warning that levels of infections are increasing or decreasing in your community, even when people don't have symptoms. [Read more.](#)

[†] Flu levels are for influenza A only.

Emergency department visits in the United States

COVID-19	Flu	RSV

[VIEW ALL](#)

ON THIS PAGE

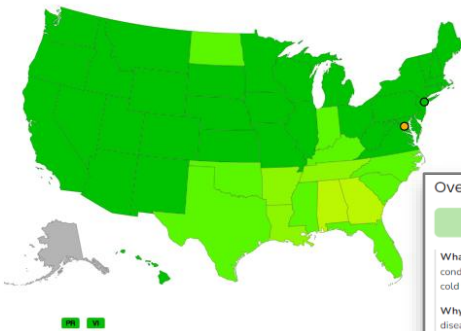
- Your community snapshot
- Weekly national summary
- Protect yourself and your community
- Continue exploring these data
- Explore related data
- Stay up to date with the CDC bulletin

RELATED PAGES

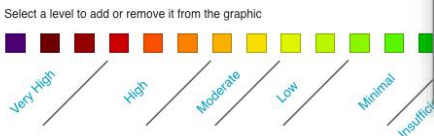
- Activity Levels
- Illness Severity
- Emergency Department Visits
- Hospitalizations
- Release Notes & FAQs

Level of Respiratory Illness Activity

Activity levels determined weekly based on the percentage of visits to enrolled outpatient healthcare providers or emergency departments for fever and cough or sore throat reported to ILINet. Visits can be attributed to a variety of respiratory pathogens that cause these symptoms. Activity levels reflect how the percentage in the most recent week compares to what that jurisdiction typically experiences during low circulation periods. Trend information for the percentages used to calculate activity levels can be found at: [National, Regional, and State Level Outpatient Illness and Viral Surveillance \(cdc.gov\)](#). Refer to [data notes](#) for more details.



Select a level to add or remove it from the graphic




SCAN QR CODE
to access
dashboards

Overall respiratory illness activity in Georgia

Low

What it is: A measure of how frequently a wide variety of respiratory symptoms and conditions are diagnosed by emergency department doctors, ranging from the common cold to COVID-19, flu, and RSV.

Why it matters: Summarizes the total impact of respiratory illnesses, regardless of which diseases are causing people to get sick.

[See more data.](#)
[Learn about this measurement.](#)

Wastewater viral activity level in Georgia

COVID-19	Flu [†]	RSV
Low	Minimal	Minimal

Vaccination Update

2024-25 Vaccination Rates

Vaccination coverage rates are lower in nearly all age groups compared to last year

COVID-19

- **Children:** 11.0% (10.0-12.0)
- **Adults 18+:** 22.8% (21.7-24.0)
- **Adults 65+:** 46.4% (42.2-50.7)

Influenza

- **Children:** 42.9% (41.2-44.6)
- **Adults 18+:** 43.4% (42.0-44.7)
- **Adults 65+:** 67.9% (63.6-72.1)

RSV

- **Adults 75+:** (42.6-46.4)
- **Eligible Infants:** about 30% are estimated to have received nirsevimab
- **Pregnant Women:** 34% of pregnant people reported receiving the RSV vaccine

Health Care Provider Recommendation

A recommendation from a health care provider helps to increase COVID-19 vaccination

12/17/2021

Recommendations were associated with more vaccination among adults, including...

- younger adults
- some racial and ethnic minorities
- those living in rural areas
- those who did not have school or work requirements



Talk to your patients about getting vaccinated

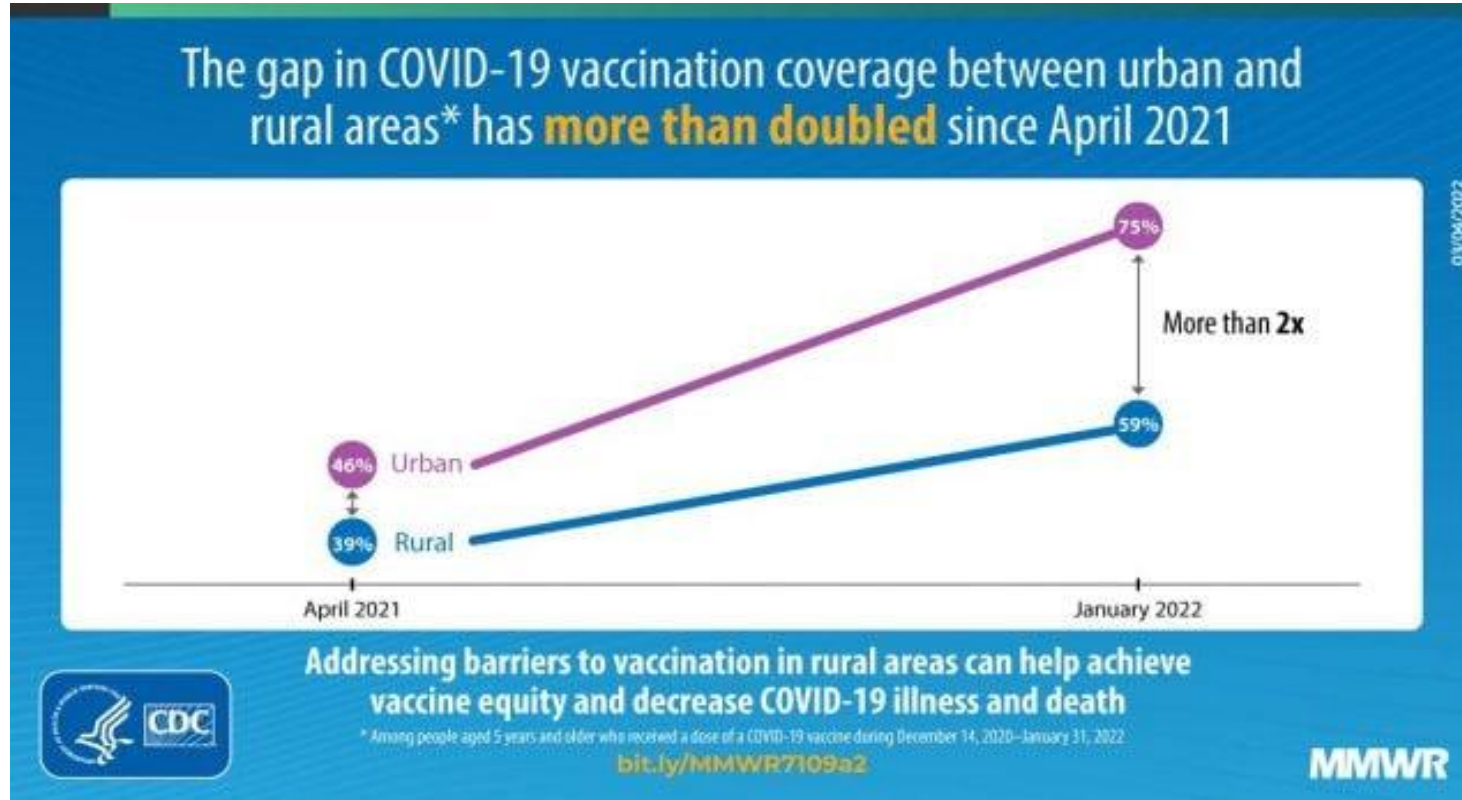


bit.ly/mm7050a1

MMWR

Vaccine Coverage Inequities

Vaccination Coverage Gaps



Partnering for Vaccine Equity (P4VE)

Launched by CDC in 2021 with supplemental COVID-19 funding

- Original Purpose: Address disparities in COVID-19 and influenza vaccine uptake among adults in racial and ethnic populations
- Partner Activities: Community outreach events, trusted messenger training, vaccine clinics, culturally tailored education and communications
- 2024 and Beyond: P4VE program will include all partners funded to address vaccine equity in children and adults across multiple focus populations (e.g., racial and ethnic minorities, rural communities, pregnant people, etc.)



Impact Snapshot:



2.4 million

vaccinations from clinics
held in partnership with vaccine
providers



410,000

trusted messengers
trained to conduct vaccine
outreach in their communities



572,000

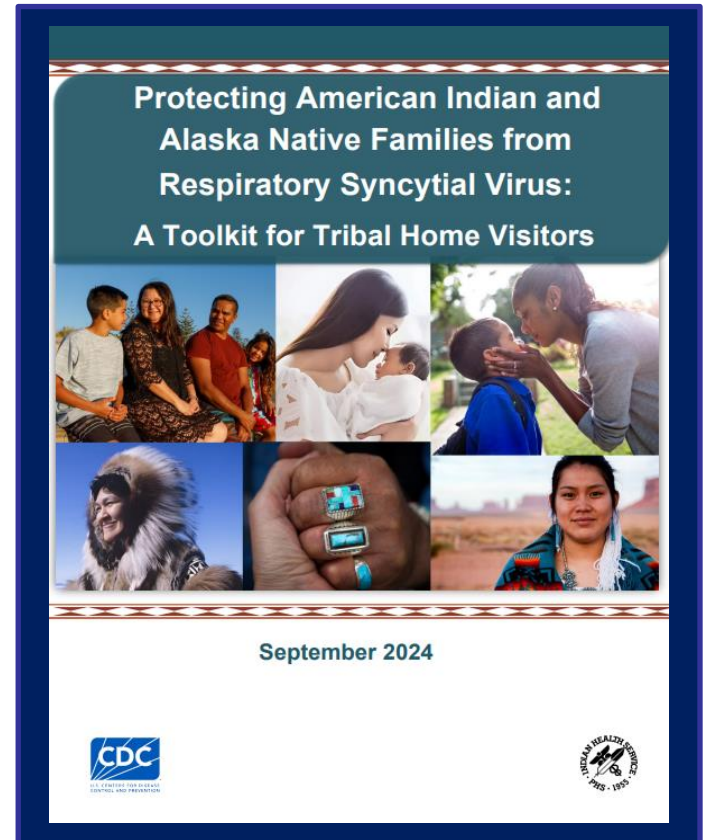
clinicians and healthcare personnel engaged
through training and communication efforts

Protecting American Indian and Alaska Native Families from RSV: A New Toolkit for Tribal Home Visitors

- Collaborative initiative between CDC, ACF, HIS
- Launched in September 2024
- Includes:
 - FAQs
 - Factsheets
 - Infographics

Access the tool kit here:

[RSV Toolkit for AI/AN families](#)



Vaccines for Children (VFC) Program

Vaccines for Children Protecting America's children every day

CDC estimates that vaccination of children



prevent **508 million** illnesses
(32 million hospitalizations)

help avoid **1,129,000** deaths

save nearly **\$2.7 trillion** in
total societal costs.
(that includes \$540 billion in direct costs)

Updated 2023 analysis using methods from "Benefits from Immunization during the Vaccines for Children Program Era—United States, 1994–2023."



www.cdc.gov/vaccines-for-children/about/index.html



CDC Campaigns & Resources

HHS Risk Less. Do More. Campaign

**Vaccines
keep serious
illness from
cutting in.**

[Learn more](#)



**RISK LESS.
DO MORE.**
Get this season's vaccines



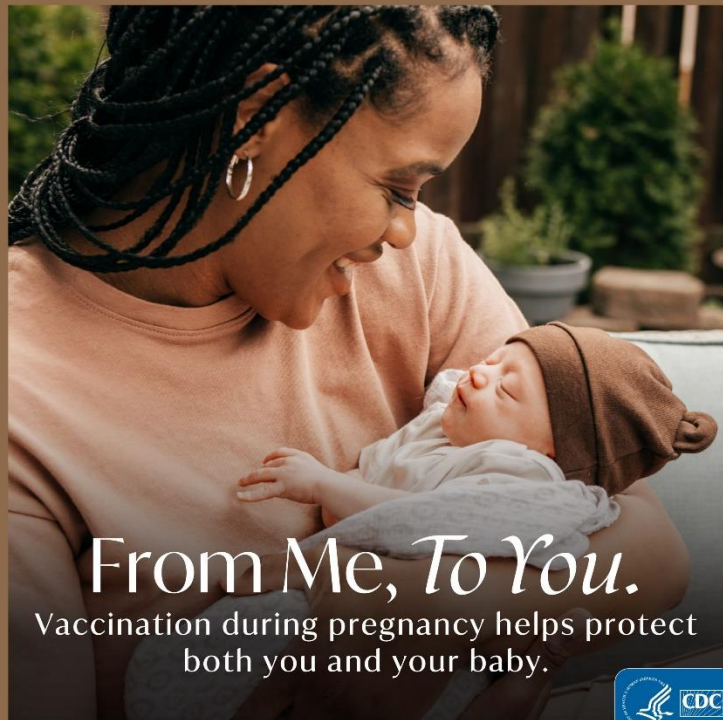
From Me, To You



4

Vaccines to help
protect you and
your baby during
pregnancy.

→
Swipe to
learn more



From Me, To You.

Vaccination during pregnancy helps protect
both you and your baby.



CDC's Wild to Mild Campaign



Additional Resources

- New website highlighting key information on how to prepare for the fall and winter virus season: [What to Know for this Fall and Winter Virus Season](#)
- [Respiratory Illnesses Data Channel | Respiratory Illnesses | CDC](#)
- New bulletin: [Reduce Your Risk from Respiratory Viruses This Holiday Season | NCIRD | CDC](#)

The graphic is titled "Fall and Winter Immunization Guide" and is divided into three main sections. The first section, "COVID-19 and Flu Updated 2024-25 Vaccines", states "Everyone 6 months and older". The second section, "RSV Immunization to Protect Babies", offers two options: "Vaccine" for pregnant parents during weeks 32-36 of pregnancy (September-January) and "Monoclonal Antibodies" for babies younger than 8 months entering or born during the RSV season. The third section, "RSV Vaccine for Older Adults", notes that older adults only need one shot and lists two groups: "People ages 60 and over at high risk of severe RSV" and "Everyone ages 75 and older". The graphic includes illustrations of diverse people, a pregnant woman, and a woman with a child. A URL "cdc.gov/respiratory-viruses/prevention/immunizations.html" is at the bottom left, and the CDC logo is at the bottom right.

Fall and Winter Immunization Guide

COVID-19 and Flu Updated 2024-25 Vaccines

Everyone 6 months and older

RSV Immunization to Protect Babies

Vaccine
Pregnant parents during weeks 32-36 of pregnancy September-January

OR

Monoclonal Antibodies
Babies younger than 8 months entering or born during the RSV season

RSV Vaccine for Older Adults
(currently, older adults only need to get the RSV vaccine once; not annually)

People ages 60 and over at high risk of severe RSV

AND

Everyone ages 75 and older

cdc.gov/respiratory-viruses/prevention/immunizations.html

CDC

Thank you

RISK LESS.

DO MORE.

Get this season's vaccines

[www.cdc.gov/risklessdomore.](http://www.cdc.gov/risklessdomore)

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Upcoming Webinar



Topic: Adapting to Shifting Immunization Recommendations



Date/ Time: Thursday, February 20 at 2pm ET



Presenters: Alix Schnibben, PharmD, BCACP, CTTS,
Northeast Georgia Physicians Group

Questions?



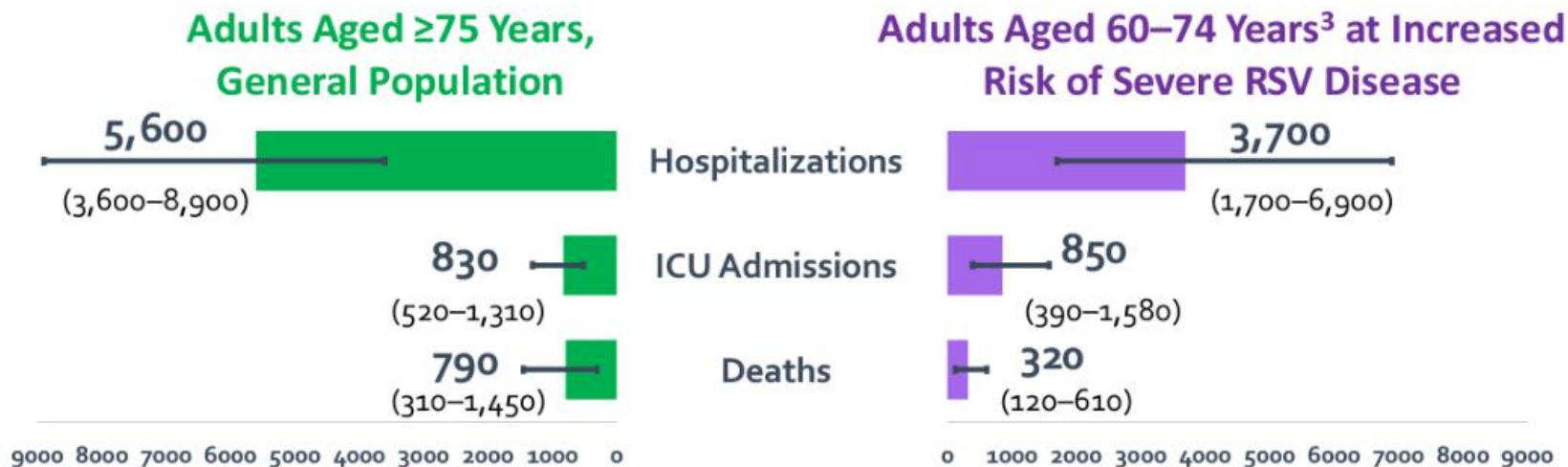
Submit your questions using the **Q&A feature** at the bottom of the screen



Backup

Estimated RSV-Associated Outcomes¹ Preventable over 3 RSV Seasons vs. attributable risk of GBS estimated from self-controlled case series analysis through FDA-CMS partnership, 42-day risk interval²

Per 1 Million Persons Vaccinated with Protein Subunit RSV Vaccine:



0–18⁴ attributable cases of GBS

1. Range of outcomes avertable was calculated using published 95% confidence intervals (outpatient only) and adjusted 95% confidence interval of RSV-associated incidence of the outcome observed in RSV-NET
2. FDA self-controlled case series analysis, among CMS Medicare beneficiaries ≥65 years with Parts A, B, and D coverage who did not have a GBS claim in the 365 days before vaccination. Analysis based on diagnoses of GBS in inpatient claims data in risk interval (1–42 days after RSV vaccination) compared to control interval (43–90 days after RSV vaccination), GBS cases identified using ICD-10 diagnosis of GBS in primary position of inpatient claims coding with chart verification requiring Brighton Collaboration Level 1–3 certainty. Estimates adjusted for outcome-dependent observation time, seasonality, and (when chart review could not be performed) the positive predictive value of diagnostic codes in identifying chart-confirmed GBS cases. Analysis includes patients with RSV vaccinations only through January 28, 2024 to allow for 90-day post-vaccination observation and 90% or greater claims data completeness. Claims data through July 13, 2024.
3. Although CMS data were limited to Medicare beneficiaries aged ≥65 years, results are extrapolated here to include adults aged 60–64 years.
4. Credible range spans the lowest lower bound and highest upper bound of attributable risk estimates for the GSK and Pfizer RSV vaccines.