

RAPID SURVEILLANCE STUDY TO EVALUATE THE SAFETY OF RESPIRATORY SYNCYTIAL VIRUS (RSV) VACCINE (ABRYSVO™) EXPOSURE DURING PREGNANCY IN THE UNITED STATES



#539

Presented at the
43rd Annual
Meeting of ESPID
(May 26-30, 2025)

SC MacDonald,¹ S Gandhi,¹ S Adimadhyam,^{2,3} S Albert,² O Anastasiou,¹ SE Andrade,^{2,3} S Back,^{2,3} A Cosgrove,² DA Djibo,⁴ N Koram,¹ JL Kuntz,⁵ M Lino,^{*1} SA Love,⁶ NP McElroy,^{2,3} CN McMahill-Walraven,⁷ AI Michnick,^{2,3} K Palmsten,⁸ A Petrone,^{2,3} R Platt,^{2,3} KE Round,^{2,3} H Rubino,¹ AE Wentz,⁶ F Zhang,^{2,3} JC Maro^{2,3}

¹ Pfizer, Inc; ² Harvard Pilgrim Health Care Institute; ³ Harvard Medical School; ⁴ CVS Health; ⁵ Kaiser Permanente Center for Health Research; ⁶ Carelon Research; ⁷ Formerly at CVS Health; ⁸ HealthPartners Institute *Presenting author: MariaMaddalena.Lino@pfizer.com

BACKGROUND

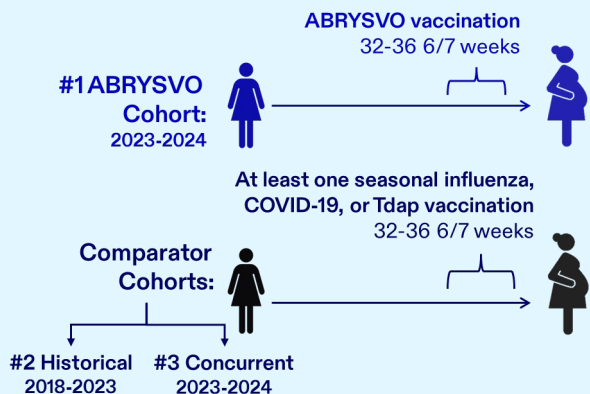
- ABRYSVO™ (RSVpreF) is a vaccine administered during pregnancy to prevent RSV-associated lower respiratory tract disease in infants.
- Rapid cycle analyses (RCA) are ongoing for **early detection of potential safety risks**: Cumulative data through 4 of 5 planned tests are presented.
- The RCA is a US FDA post-marketing requirement

OBJECTIVE

To rapidly monitor incidence proportions of 10 prespecified safety outcomes following ABRYSVO and comparator maternal vaccination

METHODS

- **Data Source**: Health insurance claims data held by Research Partners (RPs; N=5) participating in the US FDA's Sentinel System
- **3 cohorts of pregnant individuals 15-54 years**:

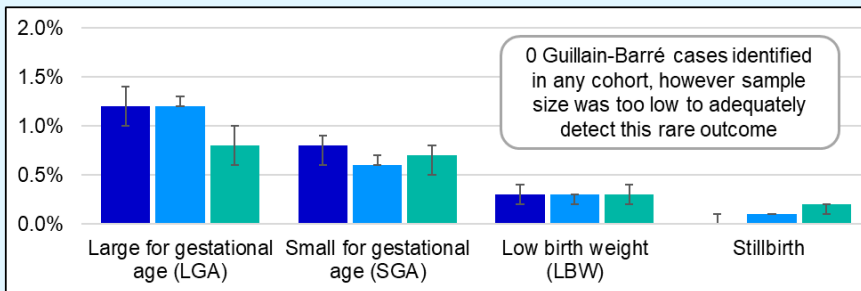
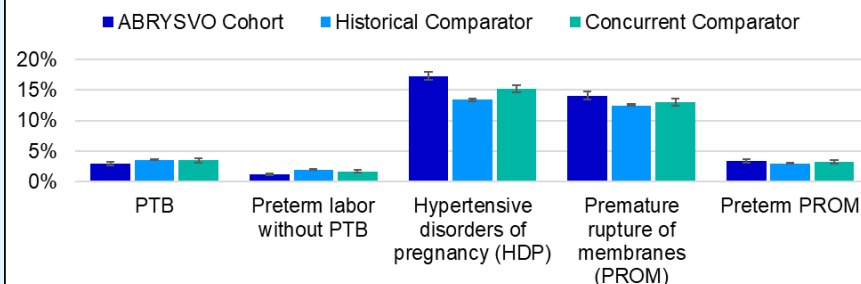


- Outcome incidence assessed using maximized Sequential Probability Ratio Tests
- **Confounding variables (included as feasible given prevalence of each outcome)**: RP, maternal age, season, gestational age at vaccination, and evidence of high-risk for preterm birth (PTB)

Results

- ABRYSVO Cohort (n=13,467); Concurrent Comparator (n= 13,839); Historical Comparator (n=143,459)
- ABRYSVO cohort tended to be **older**, receive their index vaccine **later** in pregnancy, have ≥2 encounters coded for a high-risk pregnancy, and have greater health-seeking behavior

Crude Incidence Proportions (95% Confidence Intervals)



Outcome	Statistical Signal Identified (Estimated Risk Ratio [RR])*	
	Historical Comparison	Concurrent Comparison
PTB	No (RR <1.20)	Testing ongoing
Preterm labor w/o PTB	No (RR <1.30)	Testing ongoing
HDP	Yes (RR ≥1.10)	Yes (RR ≥1.10)
PROM	Yes (RR ≥1.10)	Yes (RR ≥1.10)
PPROM	Yes (RR ≥1.20)	Testing ongoing
LGA	No (RR <1.35)	Testing ongoing
SGA	No (RR <1.50)	No (RR <1.75)
LBW	No (RR <2.00)	No (RR <2.50)
Stillbirth	Testing ongoing	Testing ongoing

*Assuming no residual bias (strong assumption)

CONCLUSIONS

- **No increased risk of PTB observed after ABRYSVO administration (32-36 6/7 wks)** in the historical comparison; testing is ongoing in concurrent comparison
- **In this RCA, a potential increased risk of HDP, PROM, and PPROM after ABRYSVO administration (32-36 6/7 wks) cannot be ruled out**
 - Residual confounding may explain the findings
- Upcoming cohort study to include additional confounders and improve potential misclassification in PPROM algorithm (Interim Report: Aug 2025; Final Report: 2029)

DISCLOSURES

This study was funded by Pfizer, Inc. Some co-authors are employed at organizations which conduct work for government and private organizations, including Pfizer, Inc. and other pharmaceutical companies.