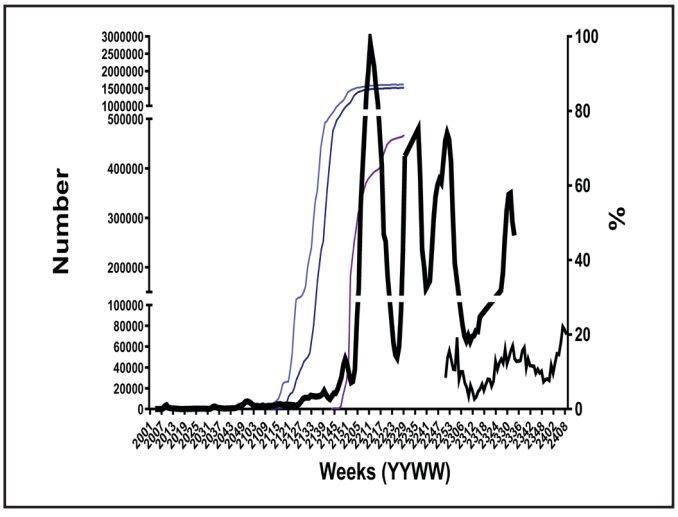
[Session 2. 향후 알레르기질환의 예방과 관리]

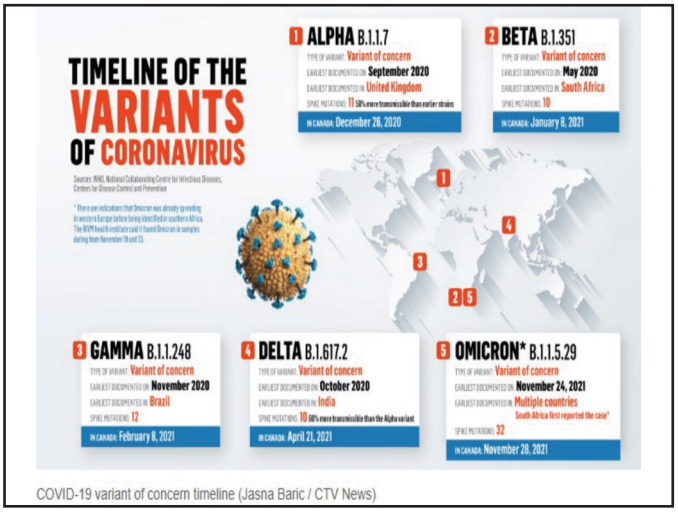
필수교육: 코로나 백신 계속 맞아야 하나요?

최성호
중앙의대 내과

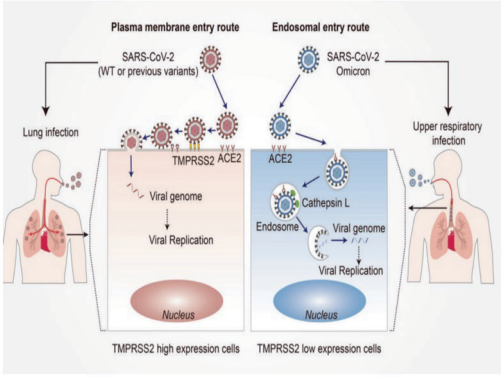
코로나 백신 계속 맞아야 하나요?

2024년 대한천식알레르기학회
제63차 알레르기 교육강좌
2024년 3월 17일(일)
13:50 ~ 14:50
중앙의대 감염내과 최성호





COVID-19 variant of concern timeline (Jasna Baric / CTV News)



Signal Transduction and Targeted Therapy 2022

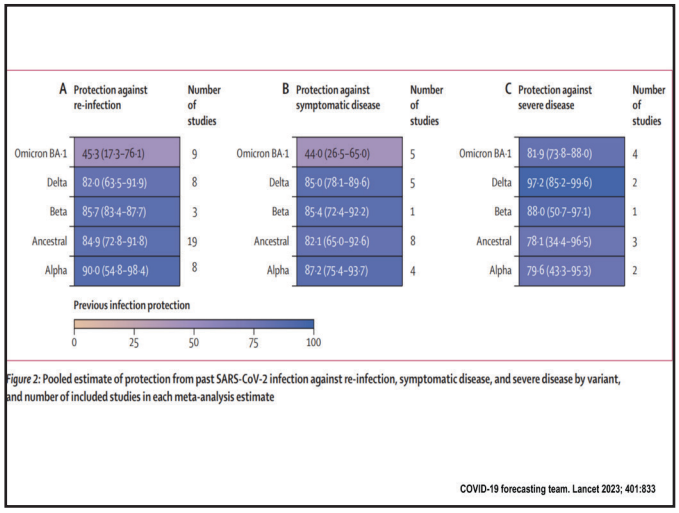
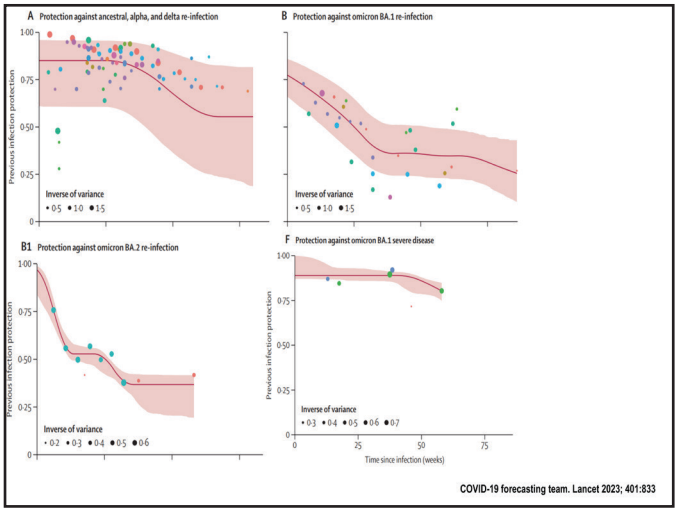
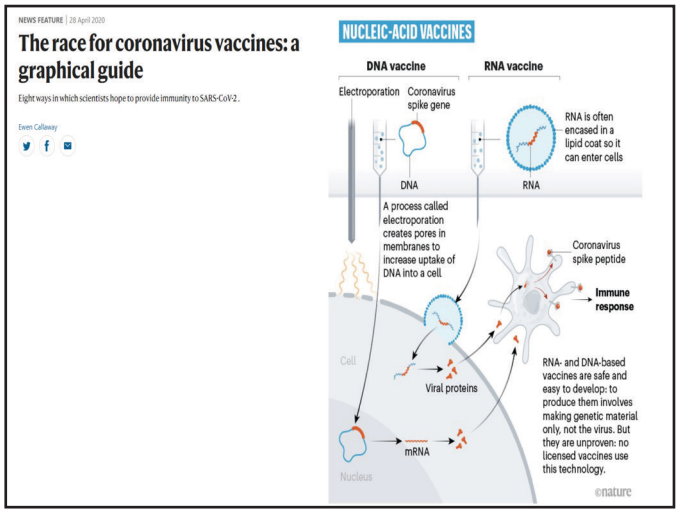


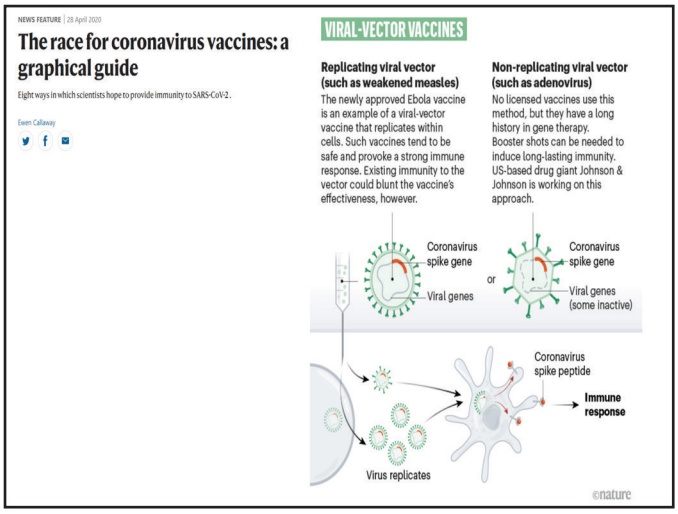
Figure 2: Pooled estimate of protection from past SARS-CoV-2 infection against re-infection, symptomatic disease, and severe disease by variant, and number of included studies in each meta-analysis estimate

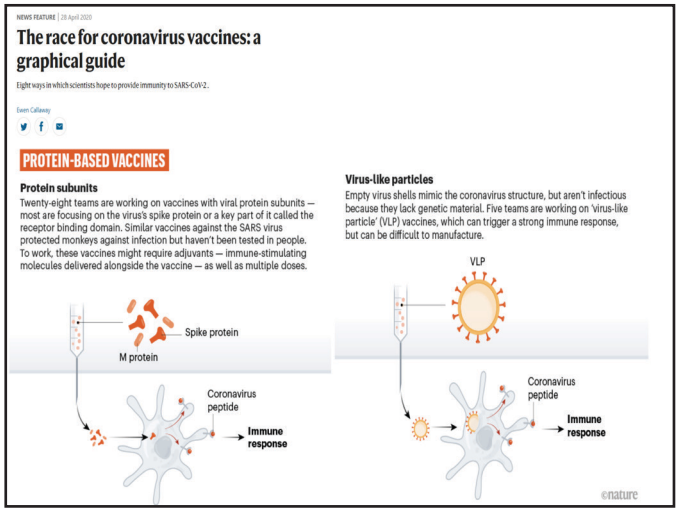
COVID-19 forecasting team. Lancet 2023; 401:833



COVID-19 forecasting team. Lancet 2023; 401:833





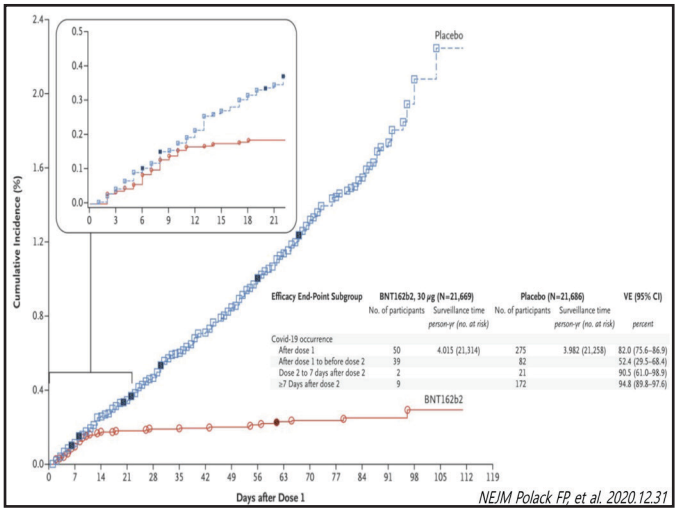


〈표 30-2〉 국내 코로나19 백신 허가사항

구분	실시기준명	제품명	제조사	백신 플랫폼	접종량 및 방법	국내허가연령
단가백신	화이자백신	코미나티주 (코미나티주0.1mg/㎖)	화이자 및 바이오엔텍	mRNA	2dose(30ug, 0.3㎖), 근육	12세 이상
	5-11세용 화이자백신	코미나티주0.1mg/㎖ (5-11세용)	화이자 및 바이오엔텍	mRNA	2dose(10ug, 0.2㎖), 근육	5-11세
	6개월-4세용 화이자백신	코미나티주0.1mg/㎖ (6개월-4세용)	화이자 및 바이오엔텍	mRNA	3dose(3ug, 0.2㎖), 근육	6개월-4세
	모더나백신	모더나스파이크박스주	모더나코리아(주)	mRNA	6-11세: 2dose(50ug, 0.25㎖), 근육 12세 이상: 2dose(100ug, 0.5㎖), 근육	6세 이상
	노바백스백신	뉴백소비드 프리필드시린지	노바백스	합성항원 (재조합) 백신	2dose(0.5㎖), 근육	12세 이상
	스카이코비원 백신	스카이코비원 멀티주	SK바이오 사이언스(주)	합성항원 (재조합) 백신	2dose(0.5㎖), 근육	18세 이상
	아스트라제네카 백신	한국아스트라제네카 코비드-19백신주	한국 아스트라제네카(주)	바이러스 벡터 백신	2dose(5 x 10^{10} viral particles, 0.5㎖), 근육	18세 이상
	얀센백신	코비드-19백신 얀센주	얀센	바이러스 벡터 백신	1dose(0.5㎖), 근육	18세 이상

2가 백신	화이자(BA.1)백신	코미나티2주 0.1mg/㎖ (토지나메란, 펠토지나메란)	화이자 및 바이오엔텍	mRNA	0.3㎖(30㎍), 근육	12세 이상
	화이자(BA.4/5)백신	코미나티2주 0.1mg/㎖ (토지나메란, 펠토지나메란)	화이자 및 바이오엔텍	mRNA	0.3㎖(30㎍), 근육	12세 이상
	모더나(BA.1)백신	모더나스파이크박스2주 (엘리스메란, 이엘리스메란)	모더나코리아(주)	mRNA	0.5㎖(50㎍), 근육	12세 이상
	모더나(BA.4/5)백신	스파이크박스2주 (엘리스메란, 디메스메란)	모더나코리아(주)	mRNA	0.5㎖(50㎍), 근육	12세 이상

* 2023.5.15.일 기준

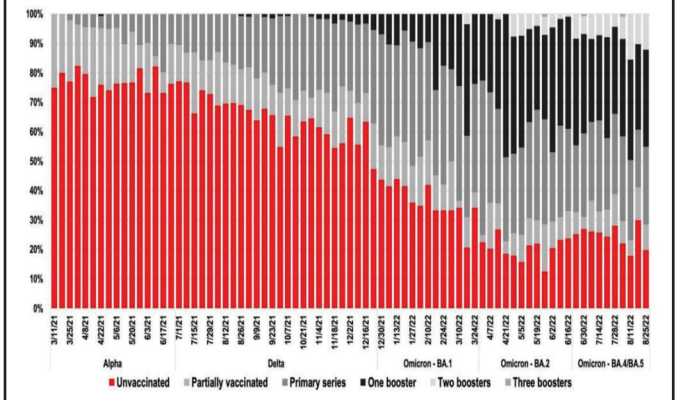


NEJM Polack FP, et al. 2020.12.31

Table 1. Demographics and Clinical Characteristics of Patients by Predominant SARS-CoV-2 Variant Period—IVY Network, United States, 11 March 2021 to 31 August 2022

	Total N = 9825	Alpha N = 1312	Delta N = 4466	Omicron – BA.1 N = 1649	Omicron – BA.2 N = 1091	Omicron – BA.4/BA.5 N = 1307	*P* value
Median (IQR) or n (%)							
Age in y	60 (47–72)	57 (44–66)	57 (44–69)	63 (51–73)	66 (54–78)	66 (53–78)	<.001[a]
Age category							<.001[a]
18–49	2847 (29%)	462 (35%)	1527 (34%)	361 (22%)	209 (19%)	288 (22%)	
50–64	3033 (31%)	487 (37%)	1415 (32%)	530 (32%)	282 (26%)	319 (24%)	
65–74	2025 (21%)	223 (17%)	864 (19%)	419 (25%)	244 (22%)	275 (21%)	
≥75	1920 (20%)	140 (11%)	660 (15%)	339 (21%)	356 (33%)	425 (33%)	
Death within 28 d of admission							<.001[c]
No	8948 (91%)	1211 (92%)	3934 (88%)	1502 (91%)	1045 (96%)	1256 (96%)	
Yes	877 (9%)	101 (8%)	532 (12%)	147 (9%)	46 (4%)	51 (4%)	
Admitted to ICU							<.001[c]
No	6670 (68%)	824 (63%)	2711 (61%)	1147 (70%)	908 (83%)	1080 (83%)	
Yes	3155 (32%)	488 (37%)	1755 (39%)	502 (30%)	183 (17%)	227 (17%)	
Oxygen support							
Any oxygen support							<.001[c]
No	2417 (25%)	240 (18%)	778 (17%)	408 (25%)	437 (40%)	554 (42%)	
Yes	7408 (75%)	1072 (82%)	3688 (83%)	1241 (75%)	654 (60%)	753 (58%)	
Highest O_2 support							<.001[d]
None	2417 (25%)	240 (18%)	778 (17%)	408 (25%)	437 (40%)	554 (42%)	
Low flow oxygen	3890 (40%)	529 (40%)	1673 (37%)	662 (40%)	488 (45%)	538 (41%)	
HFNC or NIPPV	1831 (19%)	273 (21%)	1034 (23%)	314 (19%)	90 (8%)	120 (9%)	
IMV	1513 (15%)	227 (17%)	873 (20%)	243 (15%)	76 (7%)	94 (7%)	
ECMO	174 (2%)	43 (3%)	108 (2%)	22 (1%)	0 (0%)	1 (0%)	

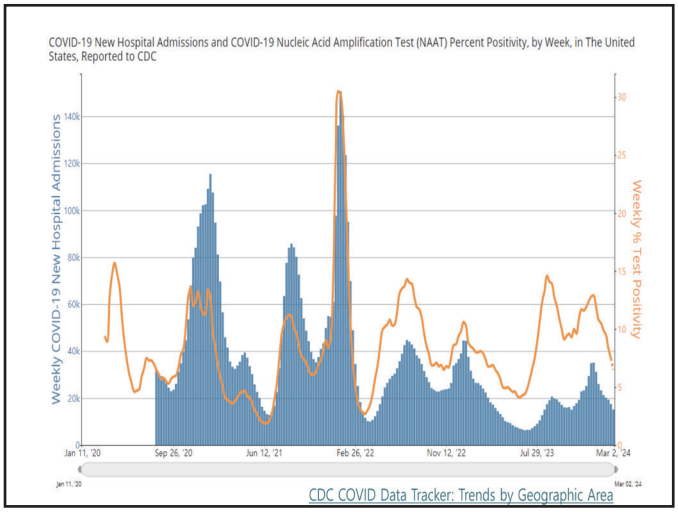
Clin Infect Dis 2023; 77: 547



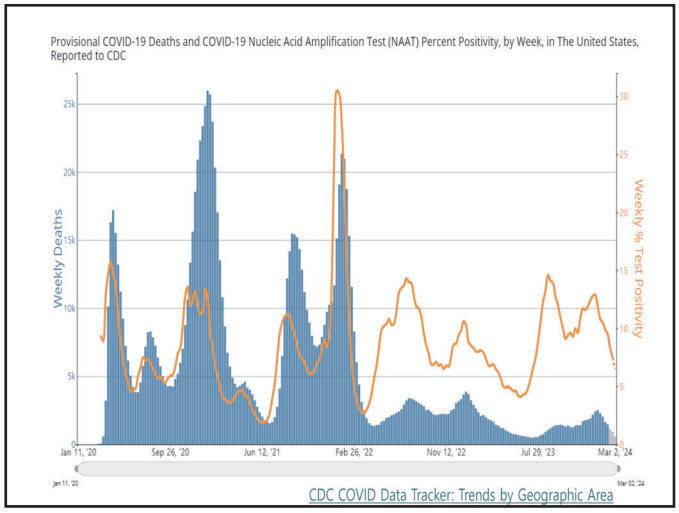
Clin Infect Dis 2023; 77: 547

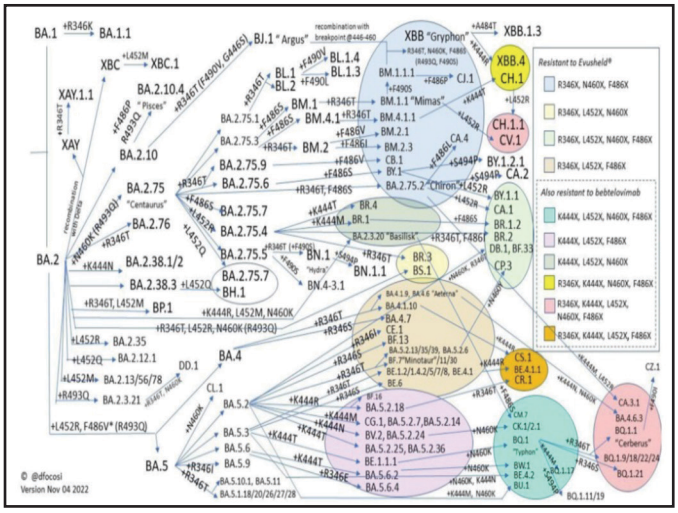
	Number of studies	Number of estimates	Month 1*	Month 2†	Month 3	Month 4	Month 6	Month 9	Month 12	Month 15	Percentage point change in protection, 3–6 months (95% CI)‡	Percentage point change in protection, 3–12 months (95% CI)‡
Previous infection												
Hospital admission or severe disease	6	16	NA	83·2% (72·1 to 90·5)	82·5% (71·8 to 89·7)	81·7% (71·4 to 88·9)	80·1% (70·3 to 87·2)	77·5% (67·5 to 85·1)	74·6% (63·1 to 83·5)	71·6% (57·1 to 82·6)	-2·4 (-5·1 to 4·7)	-7·8 (-20·9 to 12·1)
Any infection§	10	64	NA	69·5% (57·6 to 79·2)	65·2% (52·9 to 75·9)	60·7% (48 to 72·1)	51·2% (38·6 to 63·7)	37·0% (26 to 49·6)	24·7% (16·4 to 35·5)	15·5% (9·9 to 23·6)	-14·0 (-12·0 to -18·2)	-40·5 (-33·9 to -51·9)
Hybrid immunity (primary series vaccination)												
Hospital admission or severe disease	5	23	95·7% (88·0 to 98·5)	95·9% (88·5 to 98·6)	96·0% (89·0 to 98·6)	96·2% (89·4 to 98·7)	96·5% (90·2 to 98·8)	97·0% (90·9 to 99)	97·4% (91·4 to 99·2)¶	NA	0·50 (-2·2 to 2·1)	1·3 (-4·3 to 7·4)
Any infection	7	55	74·1% (64·8 to 81·6)	71·6% (61·9 to 79·6)	69·0% (58·9 to 77·5)	66·2% (55·8 to 75·3)	60·4% (49·6 to 70·3)	51·1% (40·2 to 61·9)	41·8% (31·5 to 52·8)¶	NA	-8·6 (-1·7 to -17·2)	-27·2 (-6·4 to -53·2)
Hybrid immunity (first booster vaccination)												
Hospital admission or severe disease	4	17	98·0% (92·9 to 99·5)	97·6% (91·6 to 99·4)	97·2% (90·0 to 99·3)	96·7% (87·9 to 99·1)	95·3% (81·9 to 98·9)¶	NA	NA	NA	-1·8 (-10·3 to 0·77)	NA
Any infection	6	24	80·1% (72·5 to 86)	74·8 (66·0 to 81·9)	68·6% (58·8 to 76·9)	61·6% (51·2 to 71·1)	46·5% (36·0 to 57·3)¶	NA	NA	NA	-22·0 (-4·3 to -38·8)	NA

Bobrovits N, et al. Lancet Infect Dis 2023



CDC COVID Data Tracker: Trends by Geographic Area


Provisional COVID-19 Deaths and COVID-19 Nucleic Acid Amplification Test (NAAT) Percent Positivity, by Week, in The United States, Reported to CDC
Weekly Deaths
Weekly % Test Positivity
Jan 11, '20
Sep 26, '20
Jun 12, '21
Feb 26, '22
Nov 12, '22
Jul 29, '23
Mar 2, '24
CDC COVID Data Tracker: Trends by Geographic Area


BA.1
BA.1.1
XBC
XBC.1
BA.2.10.4
XAY.1.1
XAY
BA.2.10
BA.2.75
BA.2.76
BA.2
BA.2.38.1/2
BA.2.38.3
BA.1
BP.1
BA.2.35
BA.2.12.1
BA.2.13/56/78
BA.2.3.21
DD.1
BA.4
CL.1
BA.5.2
BA.5.3
BA.5.6
BA.5.9
BA.5
BA.5.10.1, BA.5.11
BA.5.1.18/20/26/27/28
BJ.1 "Argus"
BL.1
BL.2
BL.1.4
BL.1.3
BM.1
BM.1.1
BM.1.1 "Mimas"
BM.4.1
BM.2
BM.4.1.1
BM.2.1
BM.2.3
CB.1
BY.1
BA.2.75.1
BA.2.75.3
BA.2.75.9
BA.2.75.6
BA.2.75.7
BA.2.75.4
BA.2.75.5
BA.2.75.2 "Chiron"
BR.4
BR.1
BA.2.3.20 "Basilisk"
BN.1
BN.1.1
BN.4-3.1
BR.3
BS.1
BA.4.1.9, BA.4.6 "Aeterna"
BA.4.1.10
BA.4.7
CE.1
BF.13
BA.5.2.13/35/39, BA.5.2.6
BF.7"Minotaur"/11/30
BE.1.2/1.4.2/5/7/8, BE.4.1
BE.6
BA.5.2.18
CG.1, BA.5.2.7,BA.5.2.14
BV.2, BA.5.2.24
BA.5.2.25, BA.5.2.36
BE.1.1.1
BA.5.6.2
BA.5.6.4
XBB "Gryphon"
XBB.1.3
XBB.4
CH.1
CH.1.1
CV.1
BY.1.2.1
CA.2
BY.1
CA.1
BR.1.2
BR.2
DB.1, BF.33
CP.3
CS.1
BE.4.1.1
CR.1
CM.7
CX.1/2.1
BQ.1
"Python"
BW.1
BE.4.2
BU.1
BQ.1.11/19
CA.3.1
BA.4.6.3
BQ.1.1
"Cerberus"
BQ.1.9/18/22/24
BQ.1.21
Resistant to Evusheld*
R346X, N460X, F486X
R346X, L452X, N460X
R346X, L452X, N460X, F486X
R346X, L452X, F486X
Also resistant to bebtelovimab
K444X, L452X, N460X, F486X
K444X, L452X, F486X
K444X, L452X, N460X
R346X, K444X, N460X, F486X
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R346X, K444X, L452X, F486X
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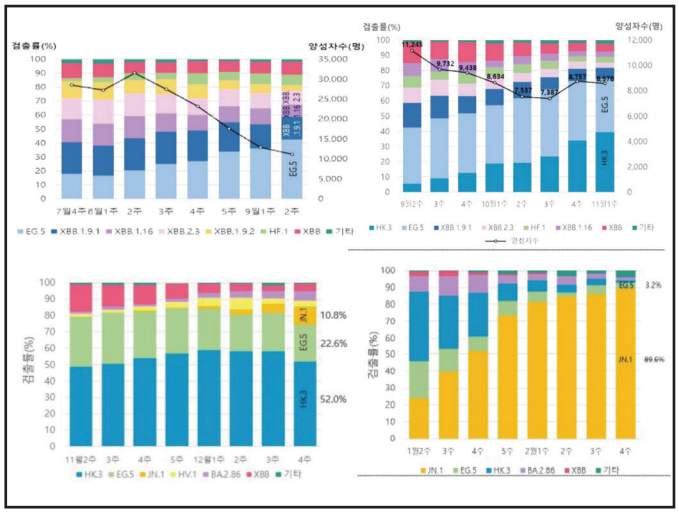
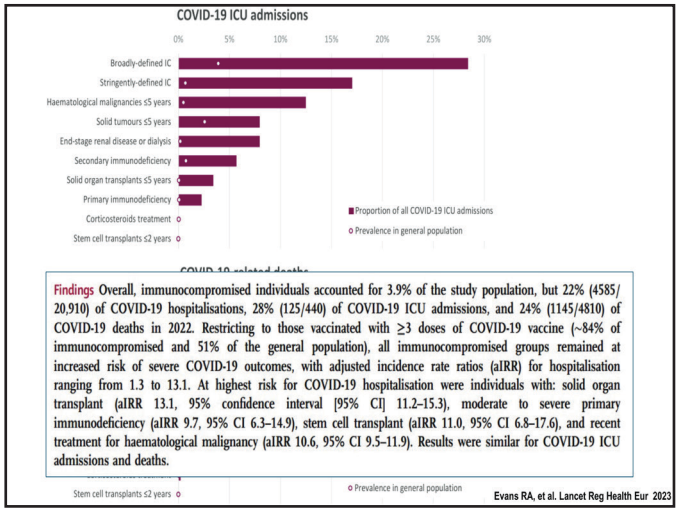
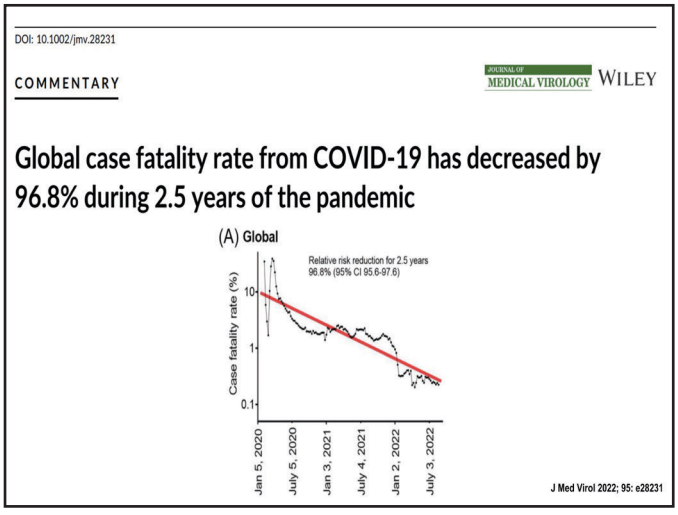
Version Nov 04 2022

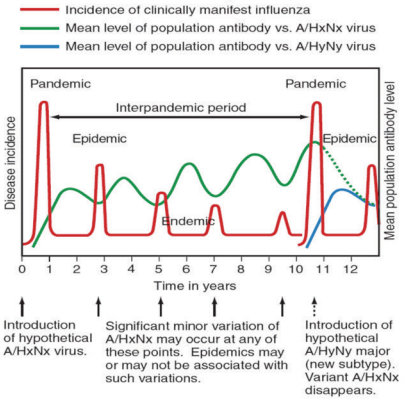

검출률(%)
양성자수(명)
EG.5
XBB.1.9.1
XBB.1.16
XBB.2.3
XBB.1.9.2
HF.1
XBB
기타
양성자수
HK.3
BA.2.86
JN.1
EG.5
10.8%
22.6%
52.0%
3.2%
89.6%


'It's not gone. It's changing. It's killing': The COVID variants the WHO is watching closely
COVID-19
By Lauren Chadwick
Published on 24/11/2023 - 16:44 • Updated 27/11/2023 - 00:37


COVID-19 ICU admissions
Broadly-defined IC
Stringently-defined IC
Haematological malignancies ≤5 years
Solid tumours ≤5 years
End-stage renal disease or dialysis
Secondary immunodeficiency
Solid organ transplants ≤5 years
Primary immunodeficiency
Corticosteroids treatment
Stem cell transplants ≤2 years
Proportion of all COVID-19 ICU admissions
Prevalence in general population
Findings Overall, immunocompromised individuals accounted for 3.9% of the study population, but 22% (4585/20,910) of COVID-19 hospitalisations, 28% (125/440) of COVID-19 ICU admissions, and 24% (1145/4810) of COVID-19 deaths in 2022. Restricting to those vaccinated with ≥3 doses of COVID-19 vaccine (~84% of immunocompromised and 51% of the general population), all immunocompromised groups remained at increased risk of severe COVID-19 outcomes, with adjusted incidence rate ratios (aIRR) for hospitalisation ranging from 1.3 to 13.1. At highest risk for COVID-19 hospitalisation were individuals with: solid organ transplant (aIRR 13.1, 95% confidence interval [95% CI] 11.2–15.3), moderate to severe primary immunodeficiency (aIRR 9.7, 95% CI 6.3–14.9), stem cell transplant (aIRR 11.0, 95% CI 6.8–17.6), and recent treatment for haematological malignancy (aIRR 10.6, 95% CI 9.5–11.9). Results were similar for COVID-19 ICU admissions and deaths.
Evans RA, et al. Lancet Reg Health Eur 2023


DOI: 10.1002/jmv.28231
COMMENTARY
JOURNAL OF MEDICAL VIROLOGY WILEY
Global case fatality rate from COVID-19 has decreased by 96.8% during 2.5 years of the pandemic
(A) Global
Relative risk reduction for 2.5 years
96.8% (95% CI 95.6-97.6)
Case fatality rate (%)
Jan 5, 2020
July 5, 2020
Jan 3, 2021
July 4, 2021
Jan 2, 2022
July 3, 2022
J Med Virol 2022; 95: e28231

Continuous marching of influenza



2023. 12. 22 질병관리청

'23-'24절기 코로나19백신 접종 실시기준 요약

12세 이상

미접종자 또는 1회 이상 코로나19 백신 접종자 ⟷ 접종간격 90일 이상 → XBB.1.5 (모더나·화이자·노바백스 백신) 1회 접종

- 권고대상: 고위험군 (65세 이상, 12-64세 면역저하자, 감염취약시설 구성원)
- 접종횟수: 과거 접종력과 상관 없이 1회 접종

접종백신	접종연령	용량(mL/μg) 및 방법	접종간격
화이자(XBB.1.5)백신	12세 이상	0.3ml/30μg/근육주사	이전 접종 후 최소 3개월(90일) 이후
모더나(XBB.1.5)백신	12세 이상	0.5ml/50μg/근육주사	
노바백스(XBB.1.5)백신	12세 이상	0.5ml/5μg/근육주사	

2023. 12. 22 질병관리청

'23-'24절기 코로나19백신 접종 실시기준 요약

5-11세

미접종자 또는 1회 이상 코로나19 백신 접종자 ⟷ 접종간격 90일 이상 → (모더나XBB.1.5 백신※) 1회 접종

※ (모더나) 백신) 12세 이상 대비 절반 용량(0.25ml) 접종 → 1회 접종 완료 후 남은 잔량 반드시 모두 폐기, 타인 접종 불가

- 권고대상: 고위험군 (만성폐질환, 만성심장질환, 만성간질환, 만성신질환, 신경-근육질환, 당뇨, 비만, 면역억제제 복용자, 집단시설에서 요양 중인 소아...)
- 접종횟수: 과거 접종력과 상관 없이 1회 접종

접종백신	접종연령	용량(mL/μg) 및 방법	접종간격
모더나(XBB.1.5)백신	5-11세 이상	0.25ml/25μg/근육주사	이전 접종 후 최소 3개월(90일) 이후

6개월-4세

① 미접종자

(모더나XBB.1.5 백신) 1차 접종 ⟷ 접종간격 8주 이상 (최소 4주 이상) → 2차 접종

※ (모더나) 백신) 12세 이상 대비 절반 용량(0.25ml) 접종 → 1회 접종 완료 후 남은 잔량 반드시 모두 폐기, 타인 접종 불가

(영유아용 화이자XBB.1.5백신) 1차 접종 ⟷ 접종간격 8주 이상 (최소 3주 이상) → 2차 접종 ⟷ 접종간격 8주 이상 → 3차 접종

② 이전 화이자 단가백신 1회 접종자

(영유아용 화이자XBB.1.5 백신) 이전 단가백신 접종 ⟷ 접종간격 8주 이상 (최소 3주 이상) → (영유아용 화이자XBB.1.5 백신) 1차 접종 ⟷ 접종간격 8주 이상 → 2차 접종

③ 이전 화이자 단가백신 2회 이상 접종자

(영유아용 화이자XBB.1.5 백신) 이전 단가백신 접종 ⟷ 접종간격 8주 이상 → (영유아용 화이자XBB.1.5 백신) 1차 접종

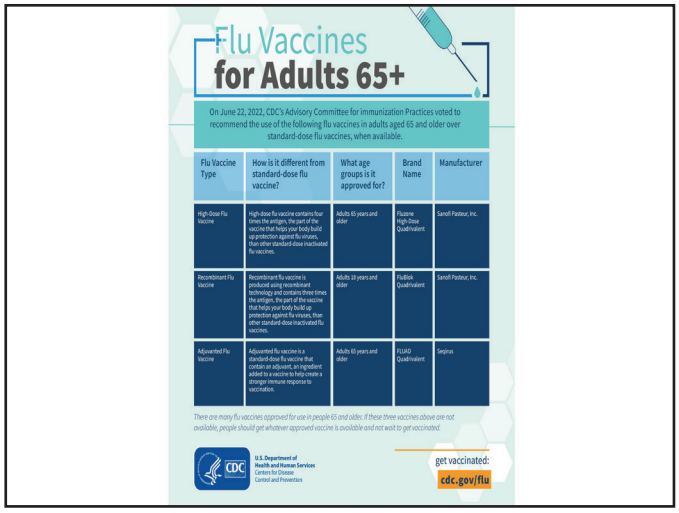
접종백신	이번 절기 이전 접종횟수	접종 횟수	용량(mL/μg) 및 방법	접종간격 2차	접종간격 3차
모더나(XBB.1.5) 백신*	미접종자	2	0.25ml/25μg /근육주사	1차접종 후 4-8주 * 최소접종간격: 24일	-
6개월-4세 화이자(XBB.1.5) 백신	미접종자	3	0.2ml/3μg/ 근육주사	1차접종 후 3-8주 * 최소접종간격: 17일	2차접종 후 8주 * 최소접종간격: 52일
	이전 화이자단가백신 1회 접종자	2		이전 접종 후 3-8주 * 최소접종간격: 17일	2차접종 후 8주 * 최소접종간격: 52일
	이전 화이자단가백신 2회 이상 접종자	1		-	이전 접종 후 8주 * 최소접종간격: 52일

Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices (ACIP)—United States, 2023-24

Summary of Recommendations

For additional information: *MMWR Recomm Rep 2023;72(No. RR-2)*, at https://www.cdc.gov/vaccines/hcp/acip-recs/vacc-specific/flu.html. This document is available in HTML format at https://www.cdc.gov/flu/professionals/acip/summary/summary-recommendations.htm.

Quadrivalent IIVs (IIV4s)—Standard-dose—Egg-based (15 μg HA per virus component in 0.5 mL; 7.5 μg HA per virus component in 0.25 mL)			
Quadrivalent IIV (ccIIV4)—Standard-dose—Cell culture-based (15 μg HA per virus component in 0.5 mL)			
Quadrivalent IIV (HD-IIV4)—High-dose—Egg-based (60 μg HA per virus component in 0.7 mL)			
Fluzone High-Dose Quadrivalent *Sanofi Pasteur*	0.7 mL prefilled syringe	≥65 yrs	≥65 yrs—0.7 mL
Adjuvanted quadrivalent IIV4 (aIIV4)—Standard-dose with MF59 adjuvant—Egg-based (15 μg HA per virus component in 0.5 mL)			
Fluad Quadrivalent *Seqirus*	0.5 mL prefilled syringe	≥65 yrs	≥65 yrs—0.5 mL
Quadrivalent RIV (RIV4)—Recombinant HA (45 μg HA per virus component in 0.5 mL)			
Flublok Quadrivalent *Sanofi Pasteur*	0.5 mL prefilled syringe	≥18 yrs	≥18 yrs—0.5 mL



Flu Vaccines for Adults 65+

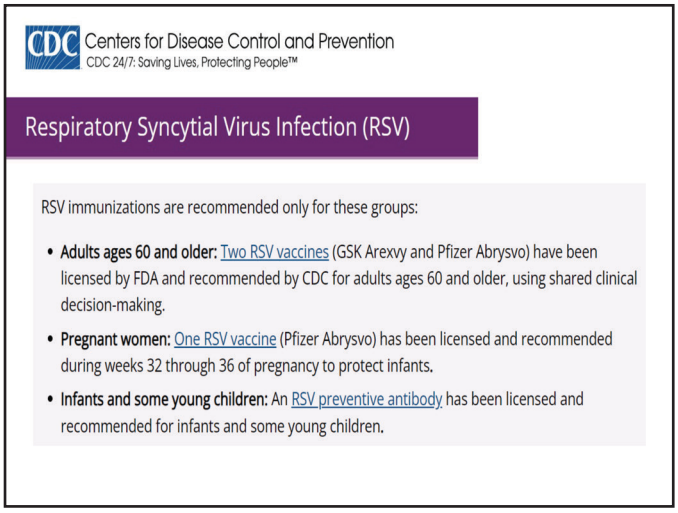
On June 22, 2022, CDC's Advisory Committee for immunization Practices voted to recommend the use of the following flu vaccines in adults aged 65 and older over standard-dose flu vaccines, when available.

Flu Vaccine Type	How is it different from standard-dose flu vaccine?	What age groups is it approved for?	Brand Name	Manufacturer
High-Dose Flu Vaccine	High-dose flu vaccine contains four times the antigen, the part of the vaccine that helps your body build up protection against flu viruses, than other standard-dose inactivated flu vaccines.	Adults 65 years and older	Fluzone High-Dose Quadrivalent	Sanofi Pasteur, Inc.
Recombinant Flu Vaccine	Recombinant flu vaccine is produced using recombinant technology and contains three times the antigen, the part of the vaccine that helps your body build up protection against flu viruses, than other standard-dose inactivated flu vaccines.	Adults 18 years and older	FluBlok Quadrivalent	Sanofi Pasteur, Inc.
Adjuvanted Flu Vaccine	Adjuvanted flu vaccine is a standard-dose flu vaccine that contain an adjuvant, an ingredient added to a vaccine to help create a stronger immune response to vaccination.	Adults 65 years and older	FLUAD Quadrivalent	Seqirus

There are many flu vaccines approved for use in people 65 and older. If these three vaccines above are not available, people should get whatever approved vaccine is available and not wait to get vaccinated.

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

get vaccinated:
cdc.gov/flu

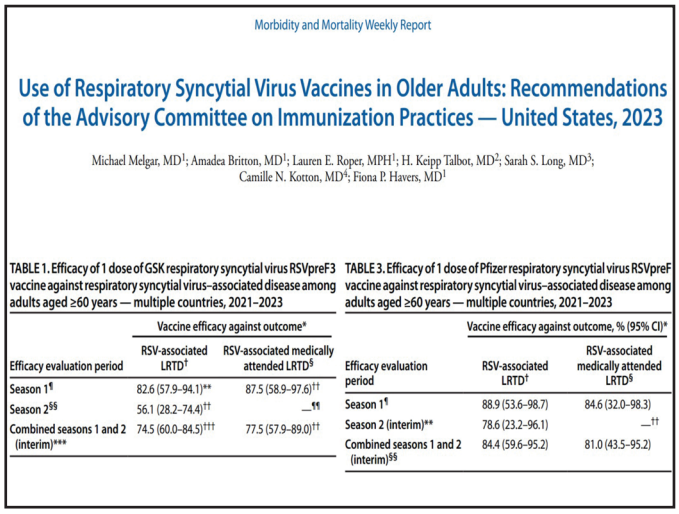


CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Respiratory Syncytial Virus Infection (RSV)

RSV immunizations are recommended only for these groups:

- **Adults ages 60 and older:** Two RSV vaccines (GSK Arexvy and Pfizer Abrysvo) have been licensed by FDA and recommended by CDC for adults ages 60 and older, using shared clinical decision-making.
- **Pregnant women:** One RSV vaccine (Pfizer Abrysvo) has been licensed and recommended during weeks 32 through 36 of pregnancy to protect infants.
- **Infants and some young children:** An RSV preventive antibody has been licensed and recommended for infants and some young children.



Morbidity and Mortality Weekly Report

Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

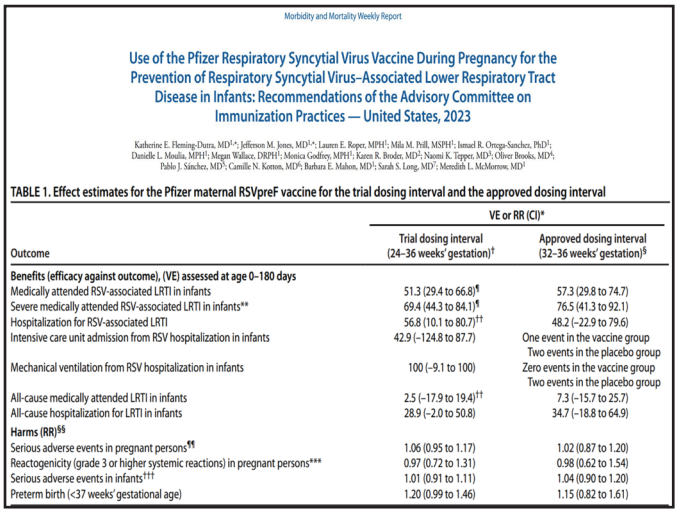
Michael Melgar, MD[1]; Amadea Britton, MD[1]; Lauren E. Roper, MPH[1]; H. Keipp Talbot, MD[2]; Sarah S. Long, MD[3]; Camille N. Kotton, MD[4]; Fiona P. Havers, MD[1]

TABLE 1. Efficacy of 1 dose of GSK respiratory syncytial virus RSVpreF3 vaccine against respiratory syncytial virus–associated disease among adults aged ≥60 years — multiple countries, 2021–2023

Efficacy evaluation period	Vaccine efficacy against outcome*	
	RSV-associated LRTD†	RSV-associated medically attended LRTD§
Season 1¶	82.6 (57.9–94.1)**	87.5 (58.9–97.6)††
Season 2§§	56.1 (28.2–74.4)††	—¶¶
Combined seasons 1 and 2 (interim)***	74.5 (60.0–84.5)†††	77.5 (57.9–89.0)††

TABLE 3. Efficacy of 1 dose of Pfizer respiratory syncytial virus RSVpreF vaccine against respiratory syncytial virus–associated disease among adults aged ≥60 years — multiple countries, 2021–2023

Efficacy evaluation period	Vaccine efficacy against outcome, % (95% CI)*	
	RSV-associated LRTD†	RSV-associated medically attended LRTD§
Season 1¶	88.9 (53.6–98.7)	84.6 (32.0–98.3)
Season 2 (interim)**	78.6 (23.2–96.1)	—††
Combined seasons 1 and 2 (interim)§§	84.4 (59.6–95.2)	81.0 (43.5–95.2)



Morbidity and Mortality Weekly Report

Use of the Pfizer Respiratory Syncytial Virus Vaccine During Pregnancy for the Prevention of Respiratory Syncytial Virus–Associated Lower Respiratory Tract Disease in Infants: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023

Katherine E. Fleming-Dutra, MD[1,*]; Jefferson M. Jones, MD[1,*]; Lauren E. Roper, MPH[1]; Mila M. Prill, MSPH[1]; Ismael R. Ortega-Sanchez, PhD[1]; Danielle L. Moulia, MPH[1]; Megan Wallace, DRPH[1]; Monica Godfrey, MPH[1]; Karen R. Broder, MD[1]; Naomi K. Tepper, MD[1]; Oliver Brooks, MD[1]; Pablo J. Sánchez, MD[3]; Camille N. Kotton, MD[4]; Barbara E. Mahon, MD[1]; Sarah S. Long, MD[5]; Meredith L. McMorrow, MD[1]

TABLE 1. Effect estimates for the Pfizer maternal RSVpreF vaccine for the trial dosing interval and the approved dosing interval

Outcome	VE or RR (CI)*	
	Trial dosing interval (24–36 weeks' gestation)†	Approved dosing interval (32–36 weeks' gestation)§
Benefits (efficacy against outcome), (VE) assessed at age 0–180 days		
Medically attended RSV-associated LRTI in infants	51.3 (29.4 to 66.8)¶	57.3 (29.8 to 74.7)
Severe medically attended RSV-associated LRTI in infants**	69.4 (44.3 to 84.1)¶	76.5 (41.3 to 92.1)
Hospitalization for RSV-associated LRTI	56.8 (10.1 to 80.7)††	48.2 (−22.9 to 79.6)
Intensive care unit admission from RSV hospitalization in infants	42.9 (−124.8 to 87.7)	One event in the vaccine group Two events in the placebo group
Mechanical ventilation from RSV hospitalization in infants	100 (−9.1 to 100)	Zero events in the vaccine group Two events in the placebo group
All-cause medically attended LRTI in infants	2.5 (−17.9 to 19.4)††	7.3 (−15.7 to 25.7)
All-cause hospitalization for LRTI in infants	28.9 (−2.0 to 50.8)	34.7 (−18.8 to 64.9)
Harms (RR)§§		
Serious adverse events in pregnant persons¶¶	1.06 (0.95 to 1.17)	1.02 (0.87 to 1.20)
Reactogenicity (grade 3 or higher systemic reactions) in pregnant persons***	0.97 (0.72 to 1.31)	0.98 (0.62 to 1.54)
Serious adverse events in infants†††	1.01 (0.91 to 1.11)	1.04 (0.90 to 1.20)
Preterm birth (<37 weeks' gestational age)	1.20 (0.99 to 1.46)	1.15 (0.82 to 1.61)