Local reactions reported within 7 days of vaccination and more often with *Abrysvo* than with placebo included injection-site pain (10.5% vs 6.0%), erythema (2.7% vs 0.7%) and swelling (2.4% vs 0.5%), fatigue (15.5% vs 14.4%), headache (12.8% vs 11.7%), and myalgia (10.1% vs 8.4%). Serious adverse events considered possibly related to the vaccine included one hypersensitivity reaction 8 hours after vaccination, and one case each of GBS and Miller Fisher syndrome (a variant of GBS) 10-14 days after vaccination. Within 30 days after vaccination, atrial fibrillation occurred more frequently with *Abrysvo* than with placebo (10 vs 4 cases).

For optimal protection, vaccination should occur before the onset of the RSV season. The vaccines are already available for the 2023-24 season; vaccination should be offered immediately to eligible adults and continue to be offered to those who remain unvaccinated because some off-season RSV circulation is possible.

Coadministration of RSV vaccines and other adult vaccines during the same visit is acceptable, but data are limited. Administering RSV vaccines with other vaccines might increase local or systemic reactogenicity.

A single dose of either vaccine appears to be effective in preventing RSV-associated lower respiratory tract disease for one, and possibly two, RSV seasons in adults ≥60 years old. Atrial fibrillation and inflammatory neurologic events such as Guillain-Barré syndrome have been reported following vaccination. Until more safety data become available, the CDC Advisory Committee on Immunization Practices (ACIP) recommends targeting vaccination to older adults at highest risk for severe RSV disease.

Vaccination of pregnant women with *Abrysvo* can prevent severe RSV disease in their infants <6 months old. The ACIP has not yet issued recommendations for use of the vaccine in this population.

The correct answer is true.

Reference: Two Vaccines (Arexvy and Abrysvo) for Prevention of RSV Disease. *Med Lett Drugs Ther*. 2023 Oct 2;65(1686):155-6.

Link: https://secure.medicalletter.org/TML-article-1686a

PMID: 37755690

Q8 Antibiotic Treatment Duration for Community-Acquired Pneumonia in Children

For nonsevere community acquired pneumonia in children aged 2-59 months, a 3 to 5 day duration of antibiotics is noninferior to a longer treatment course.

- ❍ True
- ❍ False

Educational Point: Community-acquired pneumonia (CAP) is a common pediatric illness. The incidence of CAP has declined in high-income countries but is still a substantial burden to patients and health systems in low- and middle-income countries, partly due to lower childhood immunization rates. In 2022 the World Health Organization reported that pneumonia accounts for 14% of all deaths in children younger than 5 years of age and 22% of all deaths in children aged 1 to 5 years. The most common viral cause of pediatric CAP is respiratory syncytial virus, followed by influenza viruses. Streptococcus pneumoniae is the predominant cause of pediatric bacterial CAP. Empirical antibiotic treatment of bacterial CAP should aim to provide adequate coverage for S pneumoniae; therefore, oral amoxicillin is the drug of choice in otherwise healthy, fully immunized children with mild to moderate uncomplicated CAP.