

# RSV Prevention: It's Better With A Village

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# Outline

- What is RSV?
- How do we prevent It?
- What are barriers to prevention?
- What are helpful strategies to overcome barriers?
- Key Takeaways



# What Is RSV?

The Basics



# RSV (Respiratory Syncytial Virus) Is:

- A leading global cause of lower respiratory tract infections (LRTI's) in children under age 5 (33 million cases and ~26,000 in-hospital deaths annually)
- An equal-opportunity pathogen: The vast majority of children under age 2 who are hospitalized for RSV (~80%) have NO other medical risk factors.
- The cause of long-term disability and recurrent episodes of wheezing in many children.
- A virus that, until recently, did not have an effective treatment or prevention regimen.

How Do We Prevent RSV disease?

# Current Status:



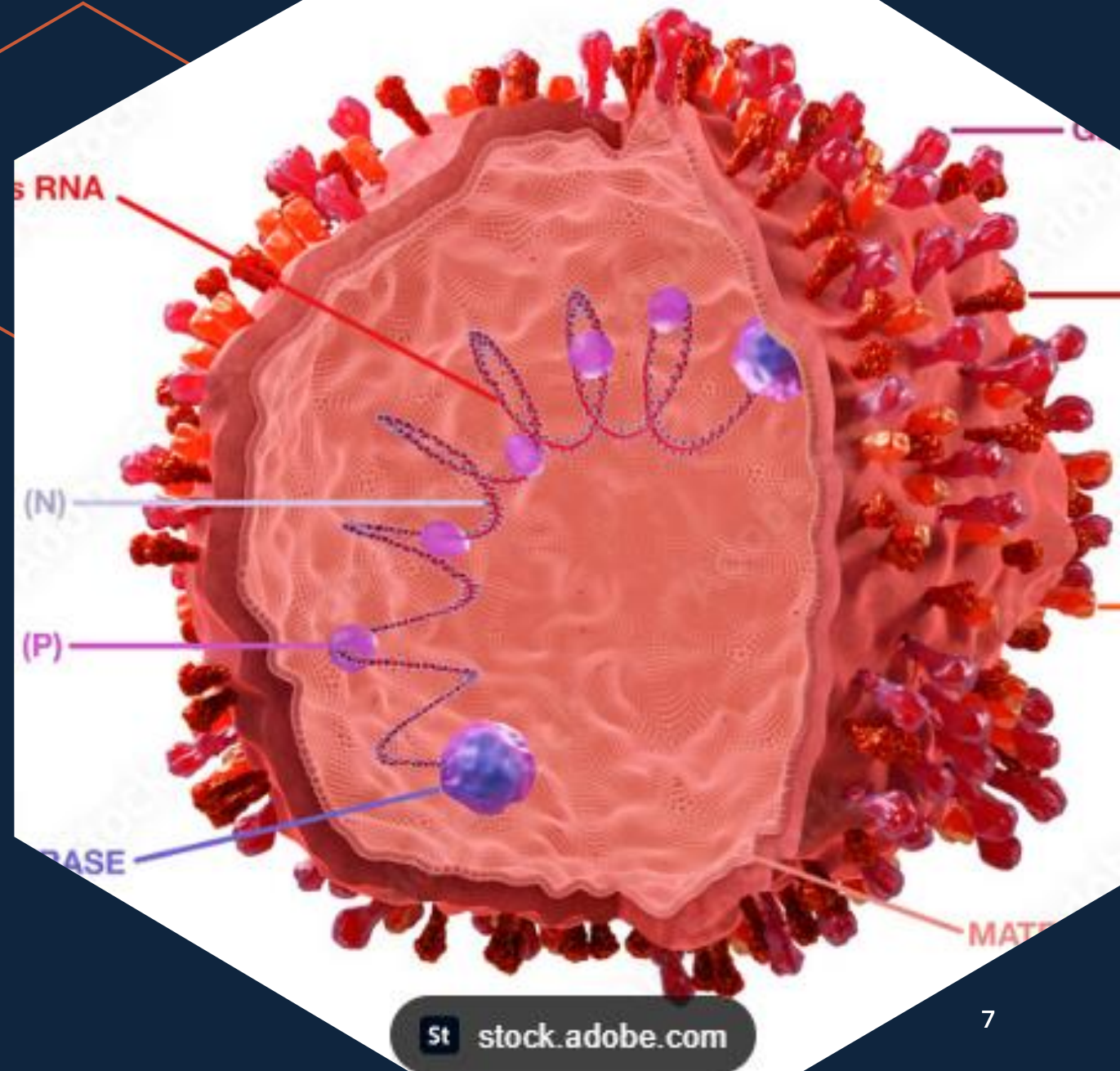


# Three Interventions for RSV Prevention

- RSVpreF Maternal Vaccine (Pfizer)
- Infant Monoclonal Antibodies
  - Nirsevimab (Beyfortus—Sanofi)
  - Clesrovimab (Enflonsia—Merck)

# Active vs. Passive Immunization

- ACTIVE (vaccines): an antigen is introduced to the body to allow the body to produce antibodies to the antigen and help fight an infection later
- PASSIVE (monoclonal antibodies): antibodies to a protein on the virus are given (usually injected) into the patient to provide immunologic help against a future infection



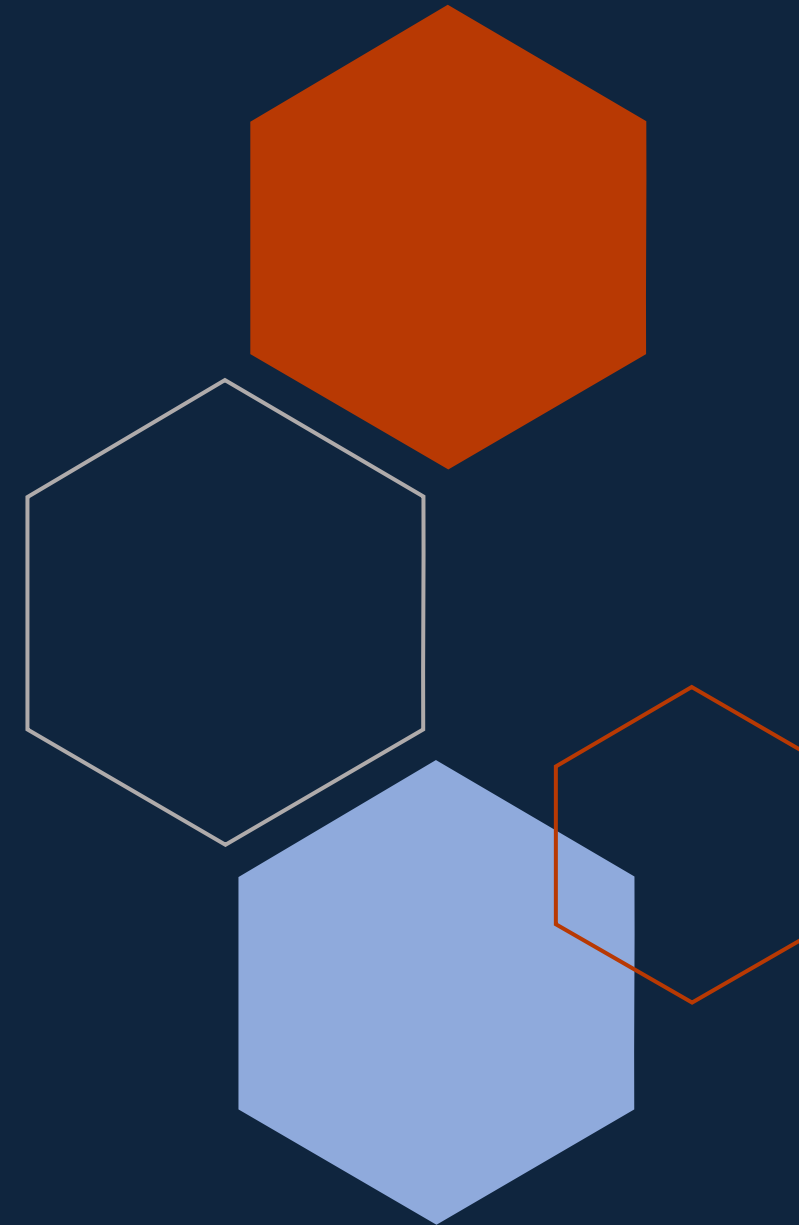
# How Effective Are These Different Prevention Strategies?


## MATERNAL RSVpreF VACCINE

- 91% reduction in severe LRTI's in infants 3 months old
- 77% reduction in infants 6 months old
- 60-70% reduction in infant hospitalizations due to RSV LRTI

## MONOCLONAL ANTIBODIES

- ~80% reduction in infant severe LRTI's
- ~60% reduction in medically-attended visits due to an LRTI
- Protection seems to last 6 months



A decorative graphic on the left side of the slide consists of several hexagons. There is a large orange hexagon in the center, a smaller light blue hexagon above it, a white outline hexagon to the left, and a small orange hexagon below it.

# What About The Recent Study from France Comparing Maternal RSVpreF to Nirsevimab?

- Head to Head, slight advantage to Nirsevimab
- 21,000 patients in each group
- 212 hospitalizations in Nirsevimab group vs. 269 hospitalizations in RSVpreF group
- Conclusion: DON'T GIVE UP ON RSVpreF!



# But, there's **NEW** data from Europe now too!

UK Study on Maternal Immunization (ESCMID 2026)

- Over 380,000 infants (less than 3 months old)
- Maternal immunization was year-round and included mothers from 28 to 36 weeks gestation.
- 81% reduction in hospitalization in infants if moms were vaccinated at least 2 weeks prior to birth
- 69% reduction in hospitalizations in preemies
- 50% reduction in hospitalizations if vaccine given 10-13 days prior to birth.
- Nearly 85% reduction in hospitalizations for infants whose mothers received the vaccine > 4 weeks prior to birth



# What Are The Barriers To Effective RSV Prevention?

- **KNOWLEDGE:** Parents need to know about their choices **WELL BEFORE** the child is born, and often they don't.
- **VACCINE HESITANCY:** There is a general distrust of all vaccines, but **particularly NEW** vaccines or treatments.
- **COMMUNICATION:** Knowing if the mother of a newborn had an RSVpreF vaccine or not.
- **MARKET SHARE:** We have 3 different products with 3 different manufacturers.



# Overcoming Barriers to Effective RSV Prevention



# Strategies and Resources

- Empower the family (especially moms)—my vitamin D analogy
- Spread the word EARLY
- Share the KNOWLEDGE
- LISTEN to what the fears and objections are
- [RSV Resources | Nationwide Children's Hospital](#)



## Observations of this Pediatrician:

- Acceptance has increased year to year since the options first came out.
- MORE parents know about their options and have made a decision by the time they come to the first outpatient appointment at the pediatrician's office.
- MUCH higher numbers of moms who have received the RSVpreF vaccine than in years past.
- But hesitancy still exists.



## Key Takeaways...

- **ENGAGE ONE ANOTHER:** We need to work together (OB visits, newborn nurseries, primary care and pediatricians).
- **RECOGNIZE** moms-to-be and “preach the gospel” of RSV prevention **EARLY**.
- **PUSH** for consistent documentation of maternal immunization **TO** the infant chart and to the **AVS**.



**Thank you**