

EFFECTIVE IMPLEMENTATION OF LONG-ACTING monoclonal antibodies for RSV

Respiratory syncytial virus (RSV) is a common virus that can cause severe illnesses, such as bronchiolitis and pneumonia, in young children.¹

There are now a few options available for RSV prevention in infants, including an immunisation given during pregnancy, a short-acting monoclonal antibody (mAb) administered monthly to infants at risk of severe disease, and a long-acting mAb for all infants entering their first RSV season.



RSV is the leading cause of hospitalisation for infants in their first year of life.²



More than 85% of hospitalisations due to RSV occur in infants born healthy and at term.^{2,3}



The long-acting mAb is more than 80% effective against RSV hospitalisations in Spain, France and the US.⁴⁻⁶



In Spain, the estimated uptake of the long-acting mAb is 92% among infants born during RSV season.⁷

TO PROTECT INFANTS from the most severe consequences of RSV, decision-makers should leverage the learnings from other countries to ensure their health systems are ready to implement a long-acting mAb immunisation programme for all infants.

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Key lessons and success factors

The long-acting mAb has been successfully implemented in countries including France, Spain and the US thanks to comprehensive planning and coordination across five domains:⁸



Governance and leadership

Ensuring access pathways reflect the long-acting mAb's role as a population-level prevention strategy

In the US, the Advisory Committee on Immunization Practices revised its charter to cover preventive antibody products, such as mAbs, and so the long-acting mAb was assessed for inclusion in the national immunisation programme.^{9,10}

Engaging multidisciplinary stakeholders to make consensus-based recommendations and drive implementation

In all countries, key organisations including medical societies, healthcare providers, public health authorities, and parent groups committed to recommending and implementing the long-acting mAb.¹¹⁻¹⁴



Reimbursement and funding

Ensuring cost is not a barrier to availability of the long-acting mAb, to encourage high uptake and equitable access

In the US, the long-acting mAb was included in the Vaccines for Children Program, which made it free of charge in participating settings for people who are uninsured, underinsured, eligible for Medicaid, or from an American Indian or Alaska Native background.¹⁵

During the 2023/24 season in France, the government used a non-standard procurement pathway (centralised purchase) to provide faster access to the long-acting mAb with no out-of-pocket costs for parents or advance payment for hospitals.^{16,17}



Awareness and demand

Conducting targeted communication campaigns, led by health authorities, that leverage parents' existing knowledge and perceptions of RSV

In France, the health authorities led a strong campaign to provide simple and practical information centred on bronchiolitis prevention, as parents knew more about bronchiolitis than RSV.¹⁸

Collaborating with and informing healthcare providers from the start

In some regions of Spain, healthcare providers were involved in decision-making processes and immunisation programme design, and were given in-person and online training.¹⁹



Service provision

Developing clear protocols and implementation models to support strong uptake and timely administration of the long-acting mAb for infants born before and during RSV season

In Spain, public health authorities and healthcare providers ensured systems were in place to allow infants to receive the long-acting mAb either before they were discharged from the maternity ward, or in an outpatient setting before the start of the RSV season.¹⁹

Implementing policies and strategies that support easy access to the long-acting mAb

In Spain, parents were individually invited by phone or text message to immunise their babies, and some clinics offered flexible appointment times.^{19,20}

In France, midwives were authorised to prescribe and administer the long-acting mAb to streamline implementation in hospitals and primary care.²¹



Monitoring and assessment

Ensuring that real-world evidence on the uptake, safety and impact of the long-acting mAb is collected and shared to support decision-making and reinforce confidence in immunisation

In Spain, real-time data collection and analysis enabled the production of robust evidence that showed a significant reduction in RSV-related hospitalisations due to the long-acting mAb.⁵