

# Experience from early adopting countries on RSV immunization

Regional Meeting SARInet/REVELAC  
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# GLOBAL MEETING OF EARLY ADOPTERS: RSV PREVENTION PROGRAMS

## Santiago, Chile. Aug 2025



### ***Organizers***

TFGH, PAHO, WHO, CDC, GAVI, Gates Foundation, PATH

### ***Participants***

EPI managers and national experts from 15 countries

### ***Objectives***

- Understand early implementation experiences and emerging evidence on RSV prevention programs
- Share lessons learned, best practices, successes and challenges to support global implementation

### ***Outcome***

Published report of lessons from these early introducers

#### Sharing Lessons on Early Introduction of RSV Prevention Programs



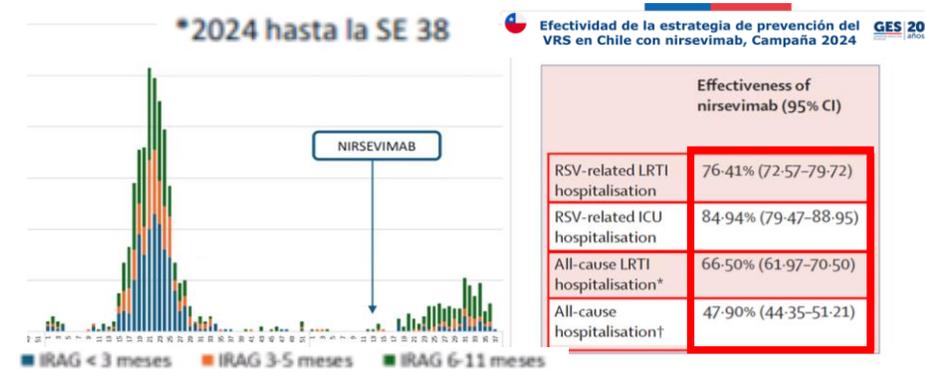
The Partnership for International Vaccine Initiatives  
Santiago, Chile  
August 26-28, 2025



# LESSON 1: *Early Evidence on Impact and Safety Justifies Continued Scale-Up*

- **Chile(nirsevimab)**

- Strong effectiveness against hospitalization
- Showed 80% reduction in hospitalization in first year
- After two seasons, pharmacovigilance in Chile detected only one adverse event consistent with mAb, a local-type reaction



- **Argentina and Scotland (maternal vaccine):**

- Strong effectiveness against hospitalization when given more than 14 days before birth

**Vaccine effectiveness against RSV-related LRTI hospitalisations – nested case-control results**

Public Health Scotland

Variable	Cases	Controls	Vaccine Effectiveness % (95% CI)	p-value
Unvaccinated	293	1788		
Vaccinated	43	1518	82.0 (74.7, 87.1)	<0.001
<37 weeks gestation	3	128	89.7 (54.6, 97.7)	0.0027
>=37 weeks gestation	40	1390	81.3 (73.5, 86.8)	<0.001
Sub-optimal immunisation	18	205	28.6 (-20.5, 57.7)	0.21

- **United States (maternal vaccine and mAb)**

- Both products reduced medically attended RSV and hospitalization (70-79% and 79-82%, respectively), but the dual strategy added complexity



## LESSON 2: *Delivery Platform Matters*

<b>Maternal Vaccine</b>	<b>Monoclonal Antibodies (Ab)</b>
ANC-dependent	Works well in facility births
Requires strong provider engagement and knowledge	Not tied to maternal care delivery
Limited gestational window	No gestational constraint
Lower cost* per dose	Higher cost* per dose

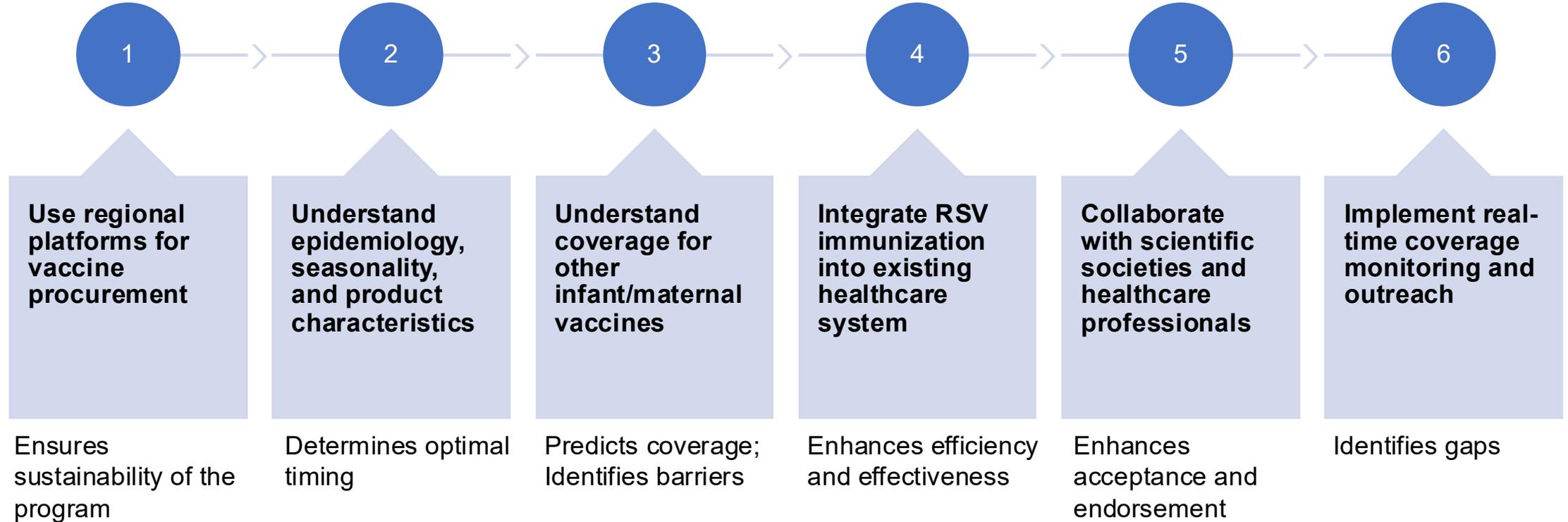
\*Cost-impact analyses should consider more than just purchase cost

Consider how care is actually delivered in the country

Consider health system, cost-impact, and cultural acceptability

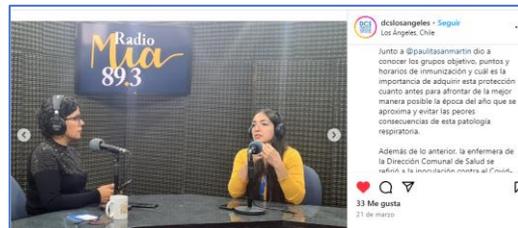


# LESSON 3: *Start Planning Early*



# LESSON 4: Communication Drives Uptake

- Provider recommendation is key driver
- Low awareness of “RSV” as a term; focus messaging on infant breathing illness
- Need aligned messaging across providers
- Education campaigns increase uptake



Chile launched a comprehensive public and provider awareness and education campaign



# LESSON 5: *Data Systems Are Critical*

- **Planning, implementation, and evaluation depend on data**
- **Data systems should:**
  - Identify eligible populations
  - Monitor coverage
  - Monitor safety
  - Capture private sector administration
  - Support post-implementation monitoring and evaluation activities:
    - Rapid review for course corrections
    - Post-immunization evaluation
    - Impact assessments
    - Cost-evaluations



# LESSON 6: Available Resources Support Implementation

## TFGH Meeting Report compiles some resources and tools

### Planning

- Behavioral and Social Drivers (BeSD)
- NITAG tools (NMAT, HORIZON, UNIVAC, and VISTA)
- KAP studies

### Communications

- RSV Roadshow toolkit

### Post-Introduction

- RSV Post-Immunization Evaluation (rPIE)

- Other tools (e.g., advocacy, trainings) also available
- Peers have additional resources!



<https://pivipartners.org/early-rsv-prevention-lessons-maternal-vaccination-monoclonal-antibodies/>



# LESSON 7: *Learn from Others' Challenges*

- **New vaccines with limited real-world data:** Still learning about safety, effectiveness, duration, etc.
- **Shorter timelines limited pre-implementation planning and training:** Lower HCW and public awareness and uptake
- **ANC visits provide narrow maternal vaccination window:** Missed opportunities, decreased VE
- **Differences in risk perception among gynecologists affected recommendations:** Prevention in infants not a priority for providers of pregnant women
- **Financing and affordability:** High costs, competing priorities; vaccine purchase vs true value
- **Interoperability of information systems:** Limit coverage, VE estimates, catch-up, and AEFI



## LESSON 8: *Remaining Questions Present Opportunities for Collaboration*

- **Effectiveness in special populations** (e.g., preterm infants and those with comorbidities, mothers vaccinated <14 before delivery, etc)
- **Duration of protection**
- **Co-administration with other vaccines during pregnancy**
- **Safety and effectiveness of revaccination in subsequent pregnancies**
- **Safety and effectiveness of extended window for maternal vaccine**
- **Post-introduction RSV epidemiology and resistance**
- **Effectiveness of new products**



# PRACTICAL CHECKLIST

- 1. Choose strategy** based on:
  - Delivery platform
  - Seasonality
  - Financing
- 2. Invest in early provider communication**
- 3. Strengthen data systems and linkage**
- 4. Plan for rapid monitoring and adjustment**
- 5. Share your challenges and success**



# THANK YOU!

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