An initiative by the Immunization Partners in Asia Pacific



# The roadmap to zero RSV burden:

Enhancing RSV protection for all infants in Asia Pacific

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## **Executive Summary**

### Respiratory syncytial virus (RSV) is **leading cause** of morbidity and mortality among infants.<sup>\*1</sup>

RSV infects the respiratory tract and is highly contagious. While RSV causes cold-like symptoms and infants usually recover by themselves, RSV can also cause serious complications and long-term consequences:<sup>2,3</sup>

- RSV infections can result in **lung infections** such as bronchiolitis and pneumonia and is a leading cause of hospitalisation in infants under 12 months<sup>2,3</sup>
- Infants who were hospitalised for RSV have greater healthcare needs over the following years compared with other children, developing conditions such as breathing difficulties and the more recent association with asthma<sup>4,5</sup>
- When infants are hospitalised for RSV, it can drain families emotionally and financially<sup>6,7,8</sup>

Adding to the significant burden of disease, there are no effective treatments and the risk factors underlying severe disease are unclear. In fact, among infants hospitalised for RSV, **72% were born at term and with no underlying conditions**.<sup>9</sup>

Despite these alarming statistics globally, there is a scarcity of data on the impact of RSV in APAC, with most parents and governments unaware of the risk of RSV. Existing prevention strategies primarily target high-risk populations, such as premature infants, leaving most other infants unprotected. Because there is no active treatment for RSV, with management being limited to symptomatic relief, it is even more important that newly available preventive strategies are implemented universally. Furthermore, in APAC, only selected hospitals in a handful of markets capture RSV surveillance data while lab tests for RSV are not typically carried out, making it challenging to plan for the allocation of healthcare resources. The Immunization Partners in Asia Pacific (IPAP) is committed to and has embarked on an initiative to engage multi-stakeholders **to understand the true burden of RSV in infants in APAC and develop an action plan to urgently call for the need to protect all infants**. The recommendations and action plan in this paper have been compiled from insights from the region from **over 20 healthcare professionals, public health experts as well as parents of infants who have been infected by RSV**. Key recommendations include:

### Raise awareness and educate communities:

Launch public health campaigns for parents and policy decision-makers to understand the true burden and severity of RSV and the need to protect all infants.



### Enhance surveillance and data collection:

Strengthen RSV diagnosis and surveillance to support evidence-based policymaking and timely outbreak responses.



### The inclusion of broad RSV protection for all infants in National Immunisation Programmes:

Implement the use of new options such as long-acting monoclonal antibodies that offer broad protection for all infants and have the potential for reducing hospitalisations, healthcare costs, and the societal impact of RSV.

By taking decisive actions, APAC can significantly reduce the burden of RSV amongst all infants, as well as the direct and indirect impact on their families and healthcare systems.

**Prof. Lulu Bravo,** President, Immunization Partners in Asia Pacific (IPAP)

<sup>\*</sup> Up to 11 months of age

### The impact of respiratory syncytial virus in all infants

Respiratory syncytial virus (RSV) can affect individuals of all ages. The virus usually causes mild, cold-like symptoms in healthy people. However, in vulnerable populations such as infants, toddlers and older adults, it can pose a more serious threat, resulting in hospitalisation and even death.<sup>10</sup>

Based on global data, infants are most vulnerable to severe RSV infections due to their immature immune systems:2

"There are a lot of infants getting RSV. The RSV season is currently beginning (after August), and the current patients I see are healthy babies (not premature/ have any risk factors). In Taiwan, almost 70% of RSV hospitalisation is under 1 year old and almost 90% is under 2 years old. Maybe 2% of the entire population who contracts RSV requires hospitalisation."



2 out of 3 infants will get RSV before 12 months of age<sup>11</sup>



Infants are **16x more likely** to be hospitalised with RSV lung infection than with the flu12



RSV can go from mild symptoms (e.g., congestion and runny nose) to hospitalisation

### in two to three days,

due to complications such as bronchiolitis and pneumonia<sup>11</sup>

While premature infants, or those with chronic lung or heart conditions or weakened immune systems are at greater risk for severe disease, RSV can affect all infants. Globally, data shows that 81% of infants admitted to the intensive care unit (ICU) for RSV had no underlying medical conditions and were born at term.<sup>12</sup>

This reality also applies in Asia Pacific, as reflected by the expert insights on the right.

Dr Hsin Chi

Director, Department of Pediatrics, MacKay Memorial Hospital, Taiwan

"The majority of RSV-related hospital admissions in Taiwan involve full-term infants, rather than premature infants or those with underlying health conditions."

**Dr Ming-Chih Lin** 

Secretary General of the Taiwan Society of Neonatology, Taiwan

"I typically see healthy infants below the age of 6 months who are admitted into acute care hospitalisation. Only some have co-morbidities and are premature infants."

### Dr Li Jiahui

Head & Senior consultant, Paediatric infectious disease service, KK Women's and Children's Hospital, Singapore The impact of RSV extends far beyond the initial infection and complications such as bronchiolitis and pneumonia. Infants previously hospitalised with RSV may require ongoing medical care throughout childhood.

- Infants who developed RSV-associated bronchiolitis in their first six months of life are 21% more likely to require antibiotics in their second six months of life compared to those who didn't<sup>13</sup>
- Otitis media, an ear infection, is a frequent complication of RSV, occurring in around 3 out of 4 infants with RSV infection<sup>13</sup>
- Over the long term, severe RSV infections can lead to chronic respiratory issues, including recurrent wheezing, asthma, and reduced lung function,<sup>4</sup> which come with their own health and economic burdens (including lost work and schooling)<sup>5</sup>
- Worryingly, infants who have been infected with RSV remain at risk of re-infection<sup>4</sup>

"Currently, 1 in 30 infants are hospitalised for RSV, and 7-10% of all infants' hospitalisation throughout the year is due to RSV.

RSV patterns have become unpredictable and is no longer a seasonal disease."

Professor Hiroyuki Moriuchi

President, Japanese Society for Paediatric Infectious Diseases, Japan

The fact that RSV is unpredictable, can affect all infants and poses a threat of re-infection, shows that urgent action needs to be taken to protect all infants.

**Table 1.** The impact of RSV complications across the region

Market	Key RSV insights		
Hong Kong	Responsible for 50% to 86% of bronchiolitis cases in infants under 1 year. <sup>14,15,16</sup>		
Japan	Responsible for 50% of pneumonia and 50-90% of bronchiolitis cases among infants. $^{17}$		
Malaysia	The most common cause of viral lower respiratory tract infection (LRTI), accounting for over 80% of cases in infants under 6 months. <sup>18</sup>		
The Philippines	Around 25.5% of RSV cases are severe or very severe LRTI cases, <sup>19</sup> and is the most prevalent respiratory virus in hospitalised children below two (2) years old. <sup>2</sup>		
Singapore	The leading cause of bronchiolitis and pneumonia admissions, accounting for nearly half (47%) of these cases in infants under 6 months. <sup><math>21,22</math></sup>		
South Korea	The most common cause of hospitalised acute LRTI and community acquired pneumonia in children under 2 years. <sup>23</sup>		
Thailand	The leading cause of LRTI and hospitalisations in all infants, with RSV responsible for over a third of pneumonia-related deaths in children under five. <sup>24</sup>		
Vietnam	The leading cause of acute respiratory infection (ARI) hospitalisation for all infants. <sup>25</sup> RSV-associated bronchiolitis accounts for close to half (49%) of all hospitalisations in children under 2 years. <sup>26</sup>		
Taiwan	RSV is a common cause of hospitalisations in young children with around 2,500 infants hospitalised annually and 32.4% of inpatients with RSV pneumonia is co-infected with bacteria. <sup>27,28</sup>		

### The burden of RSV extends to healthcare systems, the economy and communities

Beyond the impact on infants, RSV is an issue that costs healthcare systems and economies millions of dollars each year. For example, in Singapore, the annual cost of RSV-associated hospitalisation is  $\notin$  5.16 million<sup>21</sup> while in Australia, RSV-associated hospitalisation amongst infants and children costs the healthcare system approximately %144 million a year.<sup>6</sup>

This impact is not just limited to hospitalised infants, but also those battling RSV at home who often seek the support of primary healthcare systems for issues such as asthma or phlegm that can occur following an RSV infection.<sup>6</sup> Furthermore, infants may continue to spread the virus for as long as four weeks even after their symptoms resolve.<sup>29</sup> Infants are often exposed to RSV in external settings, for example in daycare centres, and can bring the virus home, potentially infecting other family members, including the elderly.<sup>3</sup> One in 500 adults are hospitalised annually from RSV, placing a further burden on the individual, family and healthcare systems.<sup>30</sup>

For families where both parents are in employment, one parent typically needs to take time off when their infant is hospitalised, thus having an impact on wages and productivity.<sup>6</sup> Caring for a sick infant also takes a significant mental and emotional toll, posing an impact on the mental and physical wellbeing of the family.<sup>7,8</sup> "RSV infants admitted to hospitals are usually hospitalised for a longer duration. Hence, parents will need to take more days off from work to accompany their infants. These infants also require further home-based therapy after being discharged from the hospital, adding additional stress and burden to the family dynamics."

> Dr Eric Lee Kim Hor Consultant Paediatrician, Pantai Hospital Kuala Lumpur, Malaysia

"Most parents are really helpless when seeing their babies coughing, wheezing and having difficulty breathing. It's a very frightening and emotional experience. Some of them are not insured and this adds to the anxiety of the mostly young parents who'd like to see the best done for their unwell babies."

### Dato' Dr Musa Mohd Nordin

Consultant Paediatrician & Neonatologist, KPJ Damansara Specialist Hospital, Malaysia



### **Direct costs**



### Hospitalisation costs.

Hospitalisation, intensive care unit admissions, and necessary medical interventions such as oxygen therapy and mechanical ventilation, contributes to healthcare system costs as well as out of pocket expenditure for families (Table 2. Healthcare costs due to RSV)



### Primary healthcare costs.

Frequent visits to the doctor because of RSV complications, as well as the cost of medications, add up quickly, impacting family budgets.<sup>6</sup>



#### Healthcare resources.

During peak infections, healthcare systems face increased pressure due to a surge in admissions, requiring more staff and reducing bed availability



#### Long-term costs.

Infants who have been hospitalised with RSV have been known to have longterm complications such as asthma and other breathing difficulties.<sup>4</sup> This can contribute to future healthcare and hospitalisation costs, as well as have an impact on employability and/ or productivity.<sup>5</sup> "The impact of RSV on families with infants requiring ICU admission is significant, both emotionally and economically. While the mortality rate is relatively low, the overall disease burden is often overlooked. Plus, these admissions place a substantial strain on hospital resources, including workload and manpower."

#### Dr Chan Wai Hung

President, Hong Kong Society for Paediatric Immunology Allergy and Infectious Diseases (HKSPIAID)

"Acute respiratory tract infections is a common cause of hospital admission for infants and young children. It overburdens our healthcare resources. Our paediatric wards are often overcrowded with patients with acute respiratory tract infections."

#### Assoc. Prof. Dr Neoh Siew Hong

Consultant Paediatric Neonatologist, Taylor's University, Malaysia

Market	Costs (€)	Types of Costs	Average Monthly Income (€)
Japan	3,027	Hospitalisation	3,202
Malaysia	727	Hospitalisation	658
Singapore	2,072	Hospitalisation	5,070
South Korea	2,481	Median PICU care cost	2,730
Taiwan	2,857	Mean PICU care cost	1,787
Thailand	1,912	Hospitalisation	545
Vietnam	149	Hospitalisation	302

### **Table 2.** Healthcare costs due to RSV <sup>21,26,31,32,33,34,35,36</sup>

### **Indirect costs**

RSV poses a significant emotional and economic burden on families. On average, infants with RSV experience symptoms for 14 days, with the average length of hospitalisation in APAC ranging from five days<sup>37</sup> to 13 days.<sup>38</sup> During this time, parents or caregivers typically need to take time off work to care for their child at home or stay in the hospital with their infant.



### Lost wages and productivity.

When an infant is hospitalised with RSV, parents and caregivers often miss work to provide care, leading to lost wages and decreased productivity. This impact extends beyond immediate family members, affecting employers and the overall economy<sup>6</sup>



### Financial impact on families.

Families who do not stay near hospitals, they may need to incur additional travel expenses to and from the healthcare centres, or even rent accommodation nearby to reduce the travel time. There can also be additional costs involved when organising care for other dependents or children<sup>6</sup>

The financial burden of RSV on families in APAC is substantial. It can push some families, especially those in low-income countries into catastrophic healthcare expenditure. A study in Malaysia revealed that without government interventions, the number of households experiencing catastrophic health expenditure from an infant RSV episode would have increased from 1.5% to 11%.<sup>39</sup>



### Emotional and physical wellbeing.

Parents of hospitalised infants often report high levels of stress, anxiety, and guilt, particularly over fears of not recognising the illness sooner or witnessing their child undergo invasive procedures.<sup>40,41</sup> These emotional tolls can persist long after discharge, affecting family well-being and daily functioning<sup>42</sup>

While there is a paucity of data in APAC on the societal costs of RSV, where this is documented in the region, it shows a significant impact, and more studies need to be done to truly quantify and understand its impact. For example, the median societal cost (combining direct and indirect costs) of RSV in infants was €788, which is 1.8 times the

Malaysian health expenditure per capita in 2014.<sup>39</sup> Costs were higher with younger age, presence of comorbidity, prematurity, and detection of a respiratory virus. In Australia, the societal costs of RSV amount to approximately €174 million a year.<sup>6</sup>

"Having a hospitalised child puts a dramatic mental and emotional burden on parents, and might even result in lost wages for some who have to take time off work."

> Dr Nan-Chang Chiu Pediatric Specialist, MacKay Children's Hospital, Taiwan

"For parents, a child that is hospitalised impacts their mental health and financial state as they are constantly worried for their child and are unable to go to work. Furthermore, although patients under 6 years old don't usually have to pay for healthcare, this is not the case for RSV hospitalisation, which parents must pay for out of pocket, which results in additional financial stress for parents."

### Dr Phan Huu Nguyet Diem

Lecturer

Paediatric Department, Ho Chi Minh City Medicine & Pharmacy University, Vietnam

"I stayed with my son when he was hospitalised. We had to wake him up at night to take a nebuliser and during the day, they did chest suctions on him. There was a tube going into his little lungs to suck his phlegm out. That was painful."

> **Roger Ong** parent of infant who contract RSV at three months of age (Malaysia)

### The challenges of RSV in APAC

#### 1. Awareness and understanding

Despite the severity and complications of infant RSV across the region, general awareness and understanding of the virus remains low amongst parents, policymakers and some healthcare providers. RSV is often not recognised until a community outbreak occurs or an infant experiences a severe infection. While paediatricians and neonatologists are generally familiar with RSV, many general practitioners and healthcare providers lack knowledge about its distinct clinical presentation, which contributes to under-reporting of the disease.

Policymakers on the other hand, understand and are aware of the burden of RSV amongst high-risk infants but not many are aware that risk extends to all infants. As the data has shown, RSV can impact all infants and this understanding and recognition of the burden of the disease is essential to ensuring that solutions exist for all infants.

"There is a lack of RSV data in Singapore. Currently, the only available records are institutional based, which occurs when hospitals conduct sampling to find out what causes the infection. Having an active, national-based surveillance in Singapore would give a clearer view of the burden of RSV in Singapore."

Clinical Professor Anne Goh Eng Neo

Senior Consultant, Paediatric Allergy Service and Respiratory Medicine Service, Department of Paediatrics, KK Women's and Children's Hospital, Singapore





### 2. Surveillance and monitoring

Quantifying the full extent of this burden in the region is difficult as RSV is significantly underreported, and true incidence data cannot be accurately obtained. While the burden of disease can be estimated or modelled based on existing data from other regions such as North America and Europe, APAC has a real opportunity to improve surveillance and testing of RSV to quantify the true burden that can be addressed by newly available evidence-driven prevention strategies. Surveillance data in APAC countries also allows for the design and implementation of immunisation programs taking into account RSV seasonality in each country, thus providing maximal protection for immunised infants. Currently, this data gap is compounded by the lack of awareness and diagnostic testing practises for RSV infections.

#### 3. Lack of protection for all infants

In many APAC countries, RSV prevention is often not a priority in national healthcare agendas, and existing policies do not adequately address the need for widespread protection among infants. The lack of comprehensive data on RSV incidence and disease burden makes it difficult to accurately assess the true scope of the problem and advocate for appropriate interventions. However, the provision of innovative prevention measures are also hindered by regulatory definitions. For example, National Immunisation Programmes have typically centred around active immunity in comparison to passive immunity, such as monoclonal antibodies.<sup>43</sup> "Despite national recognition of RSV's burden, concrete policy actions remain limited, such as including RSV vaccination in the National Immunisation Programme or ensuring access to monoclonal antibodies through government reimbursement."

### **Professor Thanyawee Puthanakit**

Chair of International Academic Affair, Paediatric Infectious Disease Society of Thailand, Thailand

"While we have succeeded in protecting high-risk infants, the burden on other healthy infants remains unchanged, emphasizing the critical need for universal prevention strategies."

#### Associate Professor Chun-Yi Lu

Head, Division of Pediatric Infectious Diseases, Department of Pediatrics, National Taiwan University Children's Hospital, Taiwan

"In Thailand, surveillance systems capture the seasonality and burden of RSV. We can do more to supplement this data with information on the direct costs as well as indirect costs that impact families. This includes quantifying elements such as the disruption of daily routines and loss income as parents may need to take leave to care for their sick infant."

#### Asst Prof. Piyarat Suntarattiwong

MD MPH (Global Health), Queen Sirikit National Institute of Child Health, Consultant, Department of Disease Control, Thailand

### Addressing the Challenges: A Framework for Enhanced RSV Protection

### The urgent need for comprehensive RSV protection for all infants

The lack of broadly accessible and effective prevention and treatment options for RSV infection in infants presents a critical unmet medical need. Currently, there are no curative treatments for RSV, leaving healthcare providers with only supportive care options for managing viral bronchiolitis.<sup>44</sup> While general hygiene practices, such as handwashing and social distancing, can help reduce transmission during outbreaks, they are not sufficient to fully protect infants.

The current primary preventive measures available are limited to high-risk infants, such as preterm babies or those with heart or lung conditions. However, as the data has shown, the majority of infants who are hospitalised with RSV had no underlying conditions at time of birth.

The development of a monoclonal antibody, nirsevimab, represents a significant advancement in RSV protection:

- Nirsevimab has demonstrated the ability to protect all infants against RSV, including infants with no underlying conditions as well as in infants with underlying conditions such as congenital heart disease or chronic lung disease.<sup>45</sup>
- Nirsevimab extends at least five months of protection and provides flexibility in administration, enabling administration that is timed to align with known peaks or RSV seasons.<sup>45</sup>
- Recently concluded trials showed nirsevimab to have about 80% efficacy against medically attended RSV-related LRTIs in infants born at term or pre-term during their first RSV season.<sup>45</sup>
- Nirsevimab has also been shown to reduce hospitalisation by 77% in comparison to placebo.<sup>45</sup>
- Based on real world evidence in Spain, 200,000 doses of nirsevimab have been safely administered,<sup>46</sup> with the most common reactions being a rash (0.7%) and injection site reaction (0.3%),<sup>47</sup> which are common reactions at injection sites.

 A meta-analysis of nirsevimab data showed that among infants who were both at term and preterm, nirsevimab before the RSV season significantly reduced the rates of infection and hospitalisation related to RSV.<sup>48</sup>

Recognising the potential of nirsevimab to provide universal infant protection against RSV, global health organisations have issued a wave of regulatory approvals and recommendations. Most notably:

- US and European Union: Both the US Centers for Disease Control and Prevention (CDC) and the European Medicines Agency (EMA) recommend nirsevimab as a first-line preventative option for RSV in all infants up to 24 months of age.<sup>44,49</sup>
- Latin America and the Caribbean (LAC): The Regional Expert Group of the Latin American Pediatric Infectious Diseases Society (SLIPE) has prioritised the implementation of RSV prevention strategies for all infants in LAC countries, with a particular emphasis on long-acting monoclonal antibodies like nirsevimab.<sup>50</sup>
- Asia: Recent approvals in Japan and China have also paved the way for enhanced protection against RSV, reflecting a growing recognition of the need for effective prevention strategies.<sup>51,52</sup>

"To truly combat the burden of RSV, we must advocate for widespread accessibility to preventative measures. This includes securing inclusion of protection for all infants in the National Immunization Program, collaborating with health authorities, and engaging policymakers to prioritize RSV prevention for all infants."

### Associate Professor Ji-Man Kang

Division of Pediatric Infectious Diseases, Department of Paediatrics, Yonsei University, College of Medicine, Seoul, South Korea

### Roadmap to zero infant RSV burden in Asia Pacific

Eliminating the burden of RSV in infants across the Asia Pacific region requires a comprehensive and collaborative strategy. This whitepaper outlines a clear roadmap with three key pillars to achieve this ambitious, yet attainable, goal:

### **1.** Raising awareness and education on RSV severity and prevention.

Awareness and education across various groups, including parents and some healthcare professional groups will be crucial in understanding the burden of disease amongst all infants, by encouraging accurate diagnosis and reporting of the disease. Policymakers must recognise both the human and economic costs of RSV, with the healthcare industry and public health institutions working together to analyse the cost-effectiveness of RSV protection for all infants and to document the disease burden across various settings, including outpatient care, different age groups, and the lifelong consequences of RSV.



### 2. Strengthening surveillance and data collection:

To fully understand the burden of any disease, the incidence must be determined. Implementation of data collection that is also available publicly, should not only capture data on the burden of RSV (incidence, prevalence) and the direct costs (hospitalisation, financial impact) but also the indirect costs (mental and physical impact on families; productivity) to be truly valuable. The evidence-base should identify origin of testing (primary or tertiary setting) so that the true burden on the primary and community care sector can be articulated. Data integration across the various healthcare touchpoints will further enhance our ability to accurately determine population level incidence. This will ensure that APAC is best placed to develop, implement and invest in targeted, evidence-based preventative strategies that will improve the outcomes for infants and inform funding and implementation of future treatments or preventative measures (such as vaccines and other technologies).



"Raising public awareness through diverse channels, including health talks and targeted campaigns, is crucial. Furthermore, robust local data on clinical presentation, management strategies, and vaccine development efforts are essential tools in this fight."

> Professor Ivan Hung Fan Ngai

Chair Professor of Infectious Diseases, Department of Medicine, The University of Hong Kong (HKU), Hong Kong

"There is currently not enough data in the Asia Pacific region to understand the burden of RSV and the impact of protection. Hence, more studies of RSV burden and impact of preventive measures are needed as it is important to raise awareness among decision makers and policymakers."

### Professor Kulkanya Chokephaibulkit

President, Paediatric Infectious Disease Society of Thailand, Thailand

"From a policy perspective, ensuring access to vaccines not only protects children but also cuts down on healthcare costs in the long run."

#### Adj A/Prof Michael Lim

Senior Consultant, Division of Paediatric Pulmonary Medicine and Sleep, Department of Paediatrics, Khoo Teck Puat – National University Children's Medical Institute, National University Hospital, Singapore



### 3. Innovative regulatory pathways

It is essential to accelerate the implementation of available novel prevention methods through different regulatory pathways and policies.

Given that health system resources are finite, recent recommendations advocate for measuring an immunisation's net value to society by reflecting its impact on not just health and welfare but also on resource utilisation within the health sector, government, and society in general Thus, we should ultimately assess immunisation products with respect to their impacts on three quantities: health, welfare, and resources.

Adopting novel pathways for fast-tracking approval and distribution will ensure that novel solutions get to infants as quickly as possible, preventing unnecessary illness and hospitalisation.

APAC can look to successful examples from other regions that have integrated the RSV long-acting monoclonal antibody into national immunisation programmes (NIPs). For example:

 Spain was one of the first to incorporate nirsevimab into its NIP. Initially launched at a regional level, the programme has since expanded nationwide, backed by real-world evidence demonstrating the effectiveness of widespread immunisation in improving RSVrelated outcomes in infants (Figure 2).<sup>53,54</sup> A regional study is currently underway to evaluate the impact and effectiveness of RSV immunisation over the next three years, which will provide valuable insights into nirsevimab's protective capabilities in real-world settings, offering critical data for countries considering universal RSV prophylaxis for infants.<sup>55</sup>

- Similarly, Chile has successfully included the RSV monoclonal antibody in its NIP, driven by evidence of its efficacy, safety, and cost-effectiveness, along with international recommendations.<sup>56</sup>
- In Queensland, Australia, the rollout of a free RSV immunisation programme using nirsevimab has marked a groundbreaking advancement in public health. Since its launch in April 2024, over half of newborns have received this long-acting monoclonal antibody, resulting in a nearly 90% reduction in RSV cases. This initiative is viewed as one of the most significant improvements in the state's healthcare system in 30 years, helping keep babies out of hospitals.<sup>57</sup>





### **Conclusion: The path forward for RSV protection for all infants in APAC**

We know that infants are disproportionally affected by RSV in APAC, bearing the burden of severe disease and RSV-related hospitalisation. Yet, despite the significant impact, RSV is drastically underreported in the region and true incidence is impossible to determine in the current setting. APAC now has a real opportunity to improve surveillance of RSV, quantify the true burden, and invest in evidencedriven prevention strategies that are going to directly improve the health outcomes of our children and save the system money. We need to leverage the profile and momentum afforded to public health as a result of the COVID-19 pandemic, and act now to protect the health of infants across APAC. RSV prevention for all infants should not only be a public health priority but also a strategy that promises long-term benefits in improving healthcare resilience and enhancing quality of life across the region. The lessons learned from countries that have successfully adopted RSV immunisation programmes, combined with expert insights from APAC healthcare professionals, provide a roadmap for building RSV-resilient healthcare systems. By taking decisive yet thoughtful actions, policymakers can pave the way for a future where all infants are shielded from the severe consequences of RSV, ensuring healthier generations to come.



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**3. Professor Hiroyuki Moriuchi,** President, Japanese Society for Paediatric Infectious Diseases, Japan

**4. Dr Eric Lee Kim Hor,** Consultant Paediatrician, Pantai Hospital Kuala Lumpur, Malaysia

**5. Dato' Dr Musa Mohd Nordin,** Consultant Paediaatrician & Neonatologist, KPJ Damansara Specialist Hospital, Malaysia

6. Assoc. Prof. Dr Neoh Siew Hong, Consultant Paediatric Neonatologist, Taylor's University, Malaysia

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**9. Dr Li Jiahui,** Head & Senior consultant, Paediatric infectious disease service, KK Women's and Children's Hospital, Singapore

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**22. Asst. Prof. Piyarat Suntarattiwong,** MD MPH (Global Health), Queen Sirikit National Institute of Child Health, Consultant, Department of Disease Control, Thailand

**23. Dr Phan Huu Nguyet Diem**, Lecturer, Paediatric Department, Ho Chi Minh City Medicine & Pharmacy University, Vietnam

**24. Dr Phan Huu Phuc,** Vice General Director of National Children Hospital and General Secretary of Vietnam Paediatric Association, Vietnam

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