

## ***2024 Area of Interest for Respiratory syncytial virus***

### **Respiratory syncytial virus Areas of Interest**

Effective December 2023, the Respiratory Syncytial Virus (RSV) Investigator-Initiated Studies Program (MISP) Committee will accept protocols within our current Areas of Interest (Aols) up to May 10, 2024. This is a competitive process that will be conducted by the RSV MISP Review Committee. Decisions will be made on the basis of scientific merit and strategic fit within the Aols. Please review the critical activities and abide by the timelines as outlined below. The program requests that investigators specify how they will support diversity in enrollment to include traditionally underrepresented minorities/ethnic groups.

1. Burden of disease studies in individuals at very high-risk for morbidity and mortality due to RSV:
  - Older adults especially those who are 80 years of age and older
  - Other individuals with high-risk conditions
  - Potential benefits of small molecule treatments versus vaccination
2. Studies to support the impact of MK-1654 (Clesrovimab) after its launch:
  - Additional benefits of prevention of transmission
  - Elucidation of the full spectrum of immunity
  - Contributions of saliva testing
  - Prevention of bacterial respiratory infection
  - Cost and incidence of outpatient and emergency visits associated with RSV (or bronchiolitis)
  - Impact in the community including antibiotic usage
  - Sequencing of isolates with emphasis on LMICs
3. Maternal and child health:
  - What is the additional burden of infant RSV that is preventable following the introduction of maternal RSV vaccination?

- Is breast milk anti-RSV IgA able to protect against RSV in the respiratory compartment? Is this a more direct effect than the indirect benefits of breast feeding?
  - RSV immunization confidence among obstetricians/gynaecologists and pregnant women
4. Towards pan-respiratory viral prevention:
- Burden of hMPV, SARS-CoV-2 and influenza in relation to RSV
  - Will hMPV's disease burden increase following control of RSV with vaccines and mAbs?
  - Could the epidemiology change, for example, hMPV occupying the RSV “niche” in infants < 1 year of age vs older babies?