IDSA: Maternal RSVpreF vaccine would cut clinical, economic burden

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Maternal vaccination with a bivalent stabilized prefusion F subunit

respiratory syncytial virus (RSV) vaccine (RSVpreF) is projected to reduce the clinical and economic burden of RSV lower respiratory tract illness (LRTI) in infants, according to a study presented at the annual meeting of the Infectious Diseases Society of America (IDWeek), held from Oct. 11 to 15 in Boston.

Amy W. Law, Pharm.D., from Pfizer Inc. in New York City, and colleagues examined the potential public health impact of maternal vaccination with RSVpreF for the prevention of RSV-LRTI among U.S. infants. Clinical outcomes were projected based on infant age, gestational age at birth, RSV disease and fatality rates, and maternal vaccination status and included medically attended RSV-LRTI and RSV-LRTI deaths.

The researchers projected 48,246 hospitalizations, 144,495 emergency department encounters, and 399,313 outpatient clinic (OC) visits annually among the U.S. birth cohort of 3.7 million infants aged younger than 12 months without use of the maternal RSVpreF vaccine. A reduction of 24,520 hospitalizationsm, 45,957 emergency department encounters, and 128,745 OC visits would result from maternal vaccination, corresponding with a decrease in direct medical costs and indirect (nonmedical) costs equal to $691.8 million and $110.0 million, respectively.

"The potential benefits of this vaccine underscore how important immunization is for helping prevent serious disease in infants and offering savings to our health system," Law said in a statement. "These findings provide evidence for expecting families, facing an exciting and changing time in their lives, with an option to offer protection for their child against severe respiratory illness."

Law is an employee of Pfizer, which manufactures the RSVpreF vaccine.

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