

2025 Area of Interest for Respiratory Syncytial Virus (RSV)

Respiratory syncytial virus Areas of Interest

Effective December 2024, the Respiratory Syncytial Virus (RSV) Investigator-Initiated Studies Program (MISP) Committee will accept protocols within our current Areas of Interest (Aols) up to Mar 21, 2025. 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.

This is notification of approval of the Areas of Interest (Aols) for RSV effective January 2025. The use of clesrovimab will be contingent on its regulatory approval.

1. Maternal and child health:

- RSV in LMICs including (i) burden of disease in LMICs and (ii) cost effectiveness or economic models for RSV prevention
- RSV infection/disease and sequelae in the outpatient/community setting

2. The use of digital algorithms, machine learning, and artificial intelligence in clinical trials, for example, in defining and assessing endpoints

3. Towards pan-respiratory viral prevention:

- Viral variation of RSV and host response with or without the influence of mAbs
- Molecular epidemiology of RSV including F-protein sequencing
- Viral bacterial interactions including the incidence of secondary bacterial infections, viral/bacterial interactions in pneumonia, and indirect reductions in antimicrobial resistance
- Surveillance of RSV

- Burden of hMPV, SARS-CoV-2 and influenza in relation to RSV
- Will hMPV and parainfluenza infection/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?

4. RSV in the older adult including correlates, those in nursing homes/long-term care facilities and those with immunodeficiency

5. Studies to explore difference in-hospital vs clinic visits, perceptions around mAbs and acceptability