ResQ Family Study

Impact of **Res**piratory Syncytial Virus (RSV) Hospitalisation on **Q**uality of Life of **Families** – A Multi-Country Study

THOUGHT LEADERSHIP ARTICLE

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ReSViNET RESPIRATORY SYNCYTIAL VIRUS FOUNDATION

UENPS Union of European Neonatal & Perinatal Societies

ADDRESSING THE FULL RSV BURDEN ON FAMILIES: NEW INFANT IMMUNISATION STRATEGIES SHAPING PUBLIC HEALTH IN EUROPE

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Respiratory Syncytial Virus (RSV) is the leading cause of bronchiolitis and one of the primary drivers of infant hospitalisations. While pre-existing conditions and preterm birth are known to exacerbate the severity of the disease, recent data highlights that the majority of RSV-related hospitalisations occur in previously healthy infants. This finding is supported by the ResQ Family study, a multi-country project conducted by the European Foundation for the Care of Newborn Infants (EFCNI), which examined the impact of RSV hospitalisations on families in France, Germany, Italy, and Sweden. The study found that 61% of children hospitalised for RSV were full-term infants without underlying health conditions.

In the Northern hemisphere, RSV season typically begins in mid-October, peaks from December to February, and subsides by March. Year after year, the autumn-winter period sees RSV impose a significant public health burden, with a substantial increase in outpatient visits, emergency department visits, and hospitalisations. The far-reaching impact of RSV affects not only the child but the entire family, as demonstrated in the ResQ Family study. Nearly half (49%) of parents were unaware of the broader consequences of their child's RSV infection and hospitalisation. Many parents reported feelings of guilt for not preventing the infection (28%) and emotional distress due to separation from other family members during the hospital stay (48%). Beyond these emotional challenges, the illness also caused professional disruptions: On average, employed parents missed around 29 hours of work due to their child's hospitalisation. Despite these significant emotional and professional burdens, 71% did not receive any offer or did not feel adequately informed about psychological support that could have alleviated the strain.

Perspectives for the upcoming season 2024/2025 in Europe

In Europe, RSV prevention has advanced significantly with the introduction of new preventive options for newborns and infants. These include passive immunisation either through a long-acting monoclonal antibody, approved in Europe in October 2022, or a maternal vaccine, licensed in July 2023. The primary goal is to prevent RSV-related hospitalisations in all infants, whether healthy or at risk, during their first RSV season. Early data from the 2023/2024 autumn/winter season have demonstrated the safety and effectiveness of the long-acting monoclonal antibody, significantly reducing hospitalisation rates in the young infants in countries such as Spain, France, and Luxembourg. We need now the concomitant implementation of the RSV maternal vaccine, already proven efficacious and safe in clinical studies. Looking ahead, it is now essential to ensure that all infants receive timely and uninterrupted access to RSV immunisation through well-crafted policy recommendations, education for healthcare professionals, and increased awareness among parents.

To learn more about the ResQ Family project on our website,
click here

For the project report with a general overview of the key study and country-specific results,
click here

Paper available at: **https://pubmed.ncbi.nlm.nih.gov/38767780/**

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