An evaluation of the emerging interventions against Respiratory Syncytial Virus (RSV)-associated acute lower respiratory infections in children

pharmaceutical companies). The policy makers and indu
condition of anonymity, due to the sensitive nature of t
questions from the CHNRI framework and their "collective
scale from 0 to 100%.

Re l : In the case of candidate vaccines for active immu
very low levels of optimism for low product cost, affordab
optimism regarding the criteria of answerability, likelihood
end users for the interventions; and high levels of optimis
workers. While considering the candidate vaccines targetin
optimism for low product cost, affordability, answerability
for likelihood of efficacy, deliverability, sustainability and im
acceptance to end users and health workers. The group al

Conclusions: Although monoclonal antibodies have proven to be effective in providing protection to high-risk infants, their introduction in resource poor settings might be limited by high cost associated with them. Candidate vaccines for active immunization of infants against RSV hold greatest promise. Introduction of a low cost vaccine against RSV would reduce the inequitable distribution of burden due to childhood ALRI and will most likely have a high impact on morbidity and mortality due to severe ALRI.

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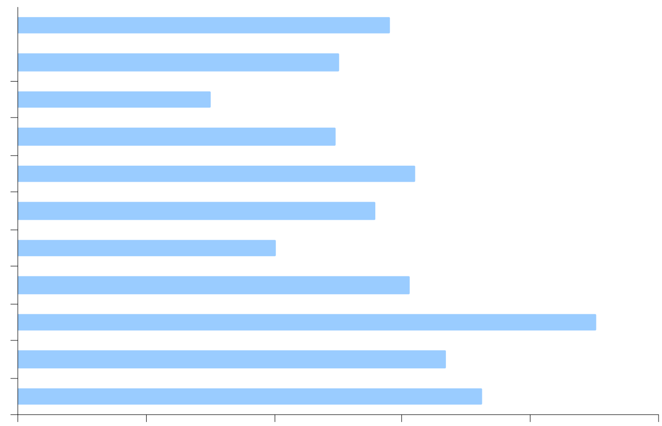

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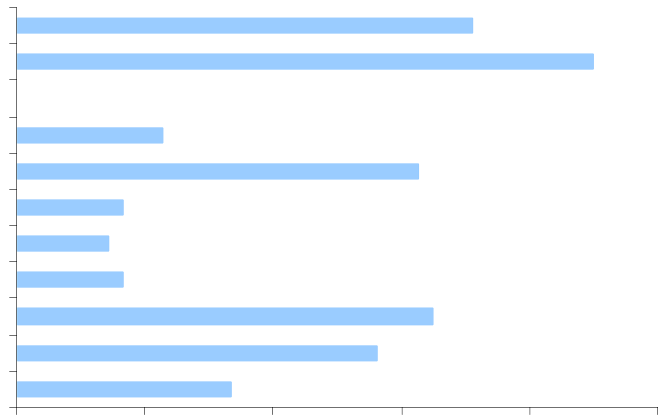

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Li e a e a ed [74]	rA2cp248/404ΔNS2 rA2cp530/1009 Δ NS2	I	- Not infectious in adults - Well tolerated, no symptomatic illness - Infected 50% and 20% sero-negative infants respectively at a dose of 10^5 pfu
Li e a e a ed [24]	rA2*cpts*248/404/1030/ Δ SH	I	- only candidate with a demonstrated safety profile - 44% vaccinated infants had detectable antibodies after 2 doses of $5.3 \log_{10}$ pfu
b/hPIV3/ RSVF2[44]	Recombinant attenuated para-influenza virus type-3 expressing RSV-F protein	I	- tested in 120 1-9 year old sero-positive children. - acceptable safety profile - minimally immunogenic
S b i [32,75,76]	Purified F Protein - PFP 1 and PFP 2	Discontinued after phase I/ II	- Pilot study shows significant antibody titres in children with CF - Safe and immunogenic in 12-48 month old sero-positive children
S b i [75,76]	PFP 3	Discontinued after phase II	- Double blinded controlled multi-centre study in CF children - Safe and immunogenic but no reduction in LRTI
S b i [75,76]	BBG2Na	Animal models	- Safe and immunogenic in adult mice. - Phase III trials in adult volunteers stopped due to unexpected adverse effects[24]

Maternal immunization

Passive immunization

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Maternal immunization

Passive immunization

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