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## Protecting young infants through immunoprevention

Implementation research needs for monoclonal antibodies and maternal vaccines through the lens of respiratory syncytial virus (RSV)

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## Why is immunoprevention important for very young infants?

- Young infants vulnerable to infectious pathogens
- Infants rely on maternal antibody transfer for protection
- "Window of vulnerability"—waning maternal antibodies while infant unable to mount adequate immune response on their own against some pathogens
- Prevention particularly important for young infants in LMICs, where disease burdens are highest and health coverage is often limited



#### Current state of immunoprevention in early life







#### Maternal vaccine

| RATIONALE            | Directly immunizing neonates soon<br>after birth can elicit an immune<br>response sufficient to protect<br>against some pathogens | Directly immunizing neonates soon<br>after birth provides antibodies for<br>critical protection in early life.         | Vaccination in pregnancy can directly<br>enhance the pregnant vaccinee's immunity<br>and increase natural antibody transfer to<br>baby across the placenta for protection in<br>early life. |  |
|----------------------|---|--|---|--|
| HOW IT<br>WORKS      | Vaccine induces infant antibody response  | mAbs are manufactured antibodies<br>that have functional activity against<br>the pathogen. Protection is<br>transient. | Vaccine induces antibodies that pass<br>through the placenta to the infant and<br>neutralize the pathogen.<br>Protection is transient.  |  |
| TIMING               | Infant at birth or as soon as possible  | Infant at birth or as soon as possible;<br>at first EPI visit.   | Expectant mother in second or third<br>trimester of pregnancy to optimize transfer<br>of antibodies to infant.  |  |
| LICENSED<br>PRODUCTS | Hepatitis B, BCG, OPV   | RSV (short-acting)<br>RSV (long-acting)  | Tetanus<br>Tetanus-diphtheria-<br>pertussis<br>Influenza<br>Hepatitis A   |  |

New monoclonal antibody and maternal vaccine products in the pipeline targeting early life





## Let's avoid vaccines taking years to reach Gavi-eligible countries



Time from 1<sup>st</sup> Licensure to 1<sup>st</sup> Introduction (Years)

Implementation research can help shorten this timeline by generating evidence needed for global and country decision-making

Luthra K, Zimmermann Jin A, Vasudevan P, et al. Assessing vaccine introduction and uptake timelines in Gavi-supported countries: are introduction timelines accelerating across vaccine delivery platforms? BMJ Global Health 2021;6:e005032.

## To inform implementation, we have a lot to build upon

Vaccine introduction – Hep B birth dose by country (2021)<sup>1</sup>



47 countries have been validated as having achieved maternal, neonatal tetanus elimination (March 2022)<sup>2</sup>





<sup>1</sup> Immunizationdata.who.int; <sup>2</sup> www.who.int/initiatives/maternal-and-neonatal-tetanus-elimination-(mnte)/progress-towards-global-mnt-elimination

## Implementation research focus on RSV

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## Delivery will depend on coordination across two platforms



Cross-cutting engagement across antenatal care, obstetric, pediatric, and immunization programs and experts will be needed, regardless of product(s) chosen.

#### Implementation research: awareness and acceptance

#### Questions

- Awareness of the disease, its burden, and new interventions?
- Attitudes toward interventions?
- Health worker willingness & empowerment to recommend & provide interventions?
- Acceptability of concomitant injections in young infants/ pregnant women? Limits?
- Optimal strategies for information to be communicated and by whom?

#### **Potential approaches**

- Landscaping, literature reviews, stakeholder mapping
- Knowledge, Attitudes, Perceptions (KAP) research
- Surveillance database reviews and synthesizing information for various audiences
- Communications materials and message testing

#### Stakeholders

- Policy/decision-makers
- Healthcare managers and providers (ANC, EPI, obstetric, pediatric, midwifery, nursing)
- Others as contextually appropriate (e.g., professional societies, NGOs, media)
- Community outreach workers
- Families/communities
- Community leaders and other influencers



#### Implementation research: programmatic considerations

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| Questions  | Potential approaches  | Stakeholders  |  |
|--|---|---|--|
| How does current ANC attendance align  | <ul> <li>Landscaping, literature review</li> </ul>  | Healthcare  |  |
| with gestational age vaccination windows?<br>If not, how can coverage be improved?                     | <ul> <li>Demographic surveillance and health<br/>record reviews</li> </ul>  | providers (ANC,<br>EPI, obstetric,<br>pediatric                       |  |
| How will premature infants be protected?   | ANC visit exit interviews   | midwifery, nursing)   |  |
| How to reach pregnant women not<br>accessing ANC and infants born outside<br>formal healthcare system? | <ul> <li>Mixed methods study using semi-<br/>structured interviews or focus group<br/>discussions</li> <li>Design thinking workshops</li> </ul> | <ul> <li>Community<br/>outreach workers</li> <li>Academics</li> </ul> |  |
| How can job flows be adapted to include<br>new interventions without overburdening<br>health workers?  |   | <ul> <li>Surveillance data<br/>managers</li> <li>Families/</li> </ul> |  |
| health workers?  |   | <i>,</i>  |  |



communities

#### Importance of implementation research—for RSV and beyond

- RSV monoclonal antibodies and maternal vaccines are coming, need to do the work now that will support timely introduction in LMICs
- Implementation research can provide the evidence needed to
  - Inform global policy decisions and country vaccine adoption decisions
  - Empower implementers and communities
  - Ensure that the introduction gap between HICs and LMICs is as small as possible
  - Ensure that interventions are delivered effectively, efficiently, and equitably.
- The expertise in this room has a lot to contribute. Now is a good time to get engaged.



