

# Knowledge and awareness of general practitioners (GPs)/primary care physicians (PCPs) towards respiratory syncytial virus (RSV) in Australia, Hong Kong, Japan, New Zealand, South Korea, Singapore, and Taiwan

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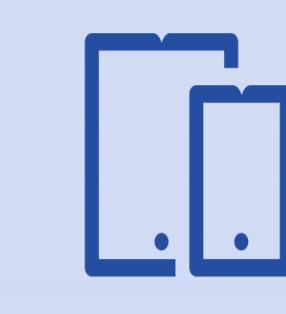
## Background and Aims

- Respiratory Syncytial Virus (RSV) significantly contributes to the global respiratory morbidity and healthcare burden.
- This study aims to understand the knowledge, attitudes, perceptions, and practices of RSV among older adults aged  $\geq 50$  years, as well as carers and HCPs managing respiratory illness in adults across seven countries in Asia.
- General practitioners (GPs)/Primary care physicians (PCPs) are often the first line of clinical care for patients with respiratory-related symptoms.
- This poster highlights findings related to GP/PCP's knowledge of RSV among older adults in Asia.

## Conclusions



The study revealed fragmented awareness across the disease continuum - from burden perception to symptom recognition, complication understanding, and risk factor identification.



Improving RSV education among GPs/PCPs is critical to ensuring timely differential diagnosis, appropriate disease management, and broader awareness of RSV disease in Asia.

## Methods

- This descriptive, cross-sectional study used an online-based survey among GPs/PCPs in Australia, Hong Kong, Japan, New Zealand, South Korea, Singapore, and Taiwan to assess their understanding of RSV symptoms, risk factors, complications and knowledge priorities among older adults ( $\geq 50$  years).
- A three-part questionnaire was used, consisting of sections assessing demographic characteristics, knowledge regarding respiratory infections, attitudes and practices toward RI vaccines and their use, likelihood of using RI vaccines, as well as drivers for future conversations and educational preferences.

## Demographics

- Among 700 participating GPs/PCPs, they reported an average of 18 years of clinical experience.
- On average, GPs/PCPs cared for 355 patients aged  $\geq 50$  years per month, including 29 patients with RSV.
- 55% considered themselves knowledgeable about RSV, with 29% being "very familiar" with the virus.
- 87% of GPs/PCPs reported treating and managing RSV as part of their routine practice.
- More than half of GPs/PCPs in Australia, Hong Kong, New Zealand, Singapore, Taiwan, and South Korea practiced in a clinic setting ( $>50\%$ ), compared to 22% of GPs/PCPs in Japan.

### GPs/PCPs by Country

Australia	100
Hong Kong	100
Japan	100
Korea	100
New Zealand	100
Singapore	100
Taiwan	100

## Results

Figure 1: **RSV Familiarity and hospitalizations (Results from 2 questions from the survey)**, despite most GPs/PCPs reporting routine management of RSV (87%), only 28.7% described themselves as very familiar with the virus. While recognition of RSV seasonality was high (68–97%), uncertainty remained on whether RSV causes fewer hospitalizations than influenza, suggesting inconsistent understanding of RSV's disease burden.

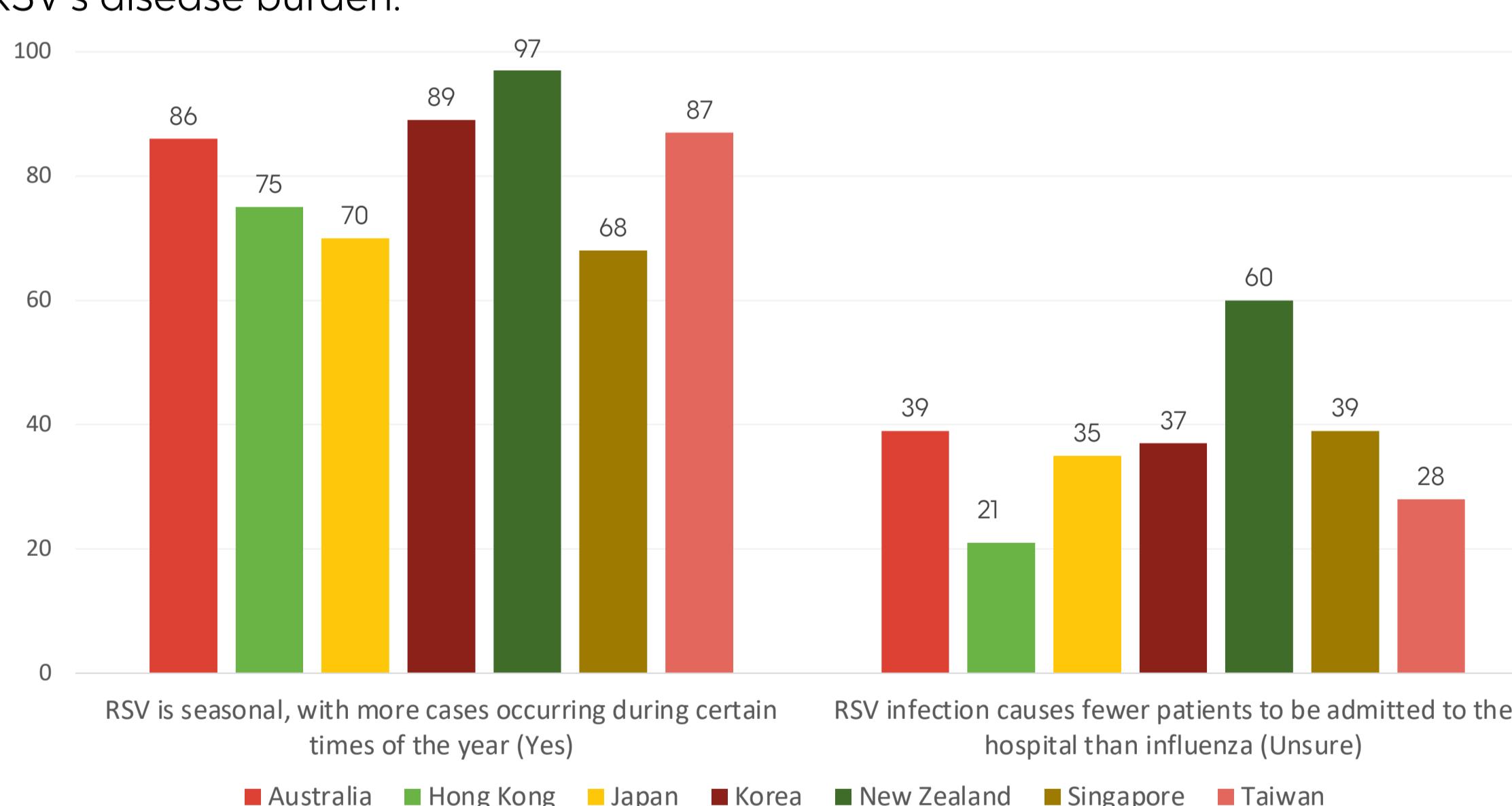


Figure 3: **Knowledge of RSV-related complications** among adults was limited and highly variable. While recurrent wheeze (16–85%) and cardiovascular worsening (50–84%) were cited, reinfection and long-term respiratory sequelae were less consistently recognized, revealing important knowledge gaps beyond acute presentation.

See the appendix for the full list of surveyed RSV complications.

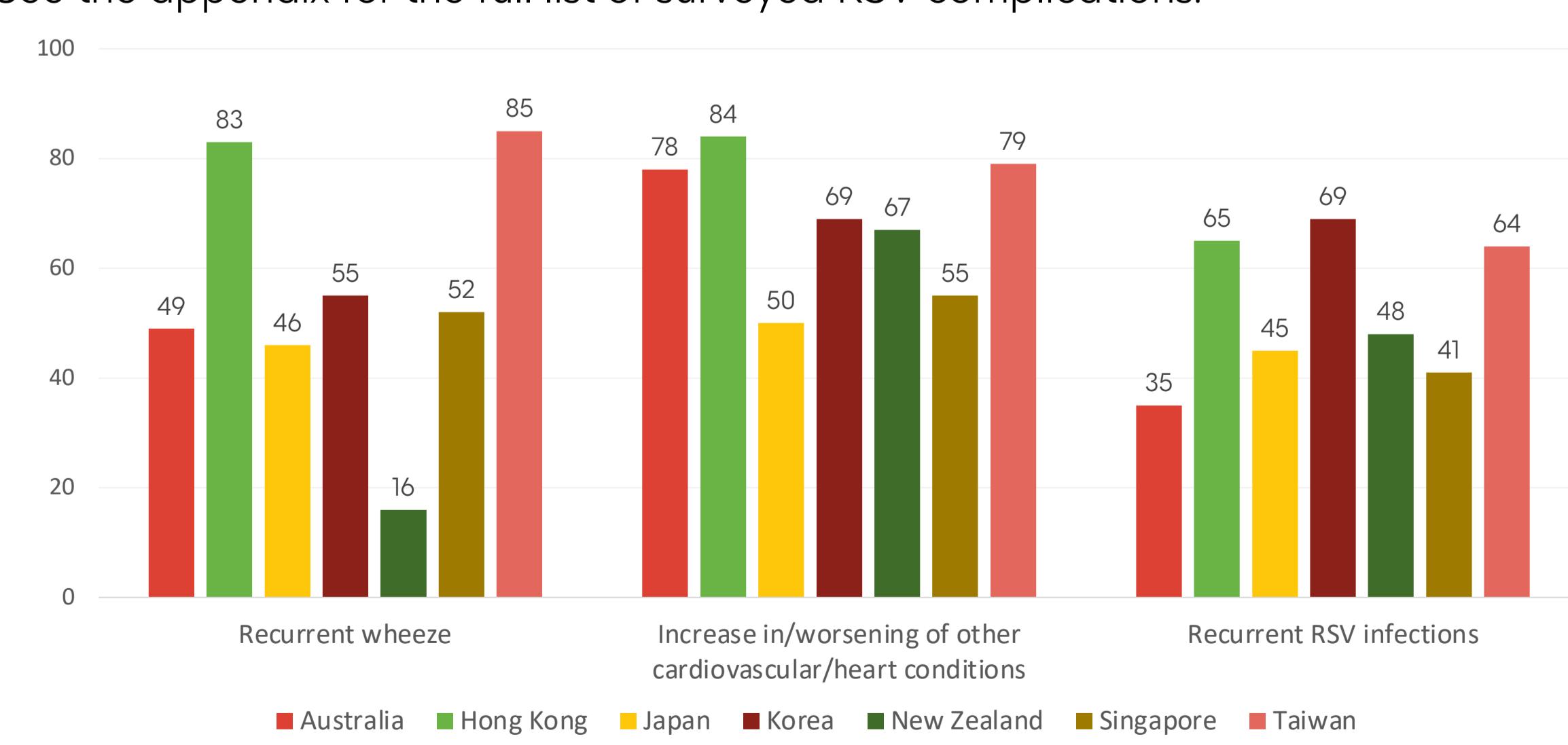


Figure 2: **Recognition of common RSV symptoms**, The recognition of fever (83–98%) and severe cough (73–97%) was high, however, there was variability in the reported rates of atypical symptoms like headache (34–73%), decreased appetite (30–70%), excess sputum production (54–92%) and wheezing (53–88%) was inconsistent.

See the appendix for the full list of surveyed symptoms.

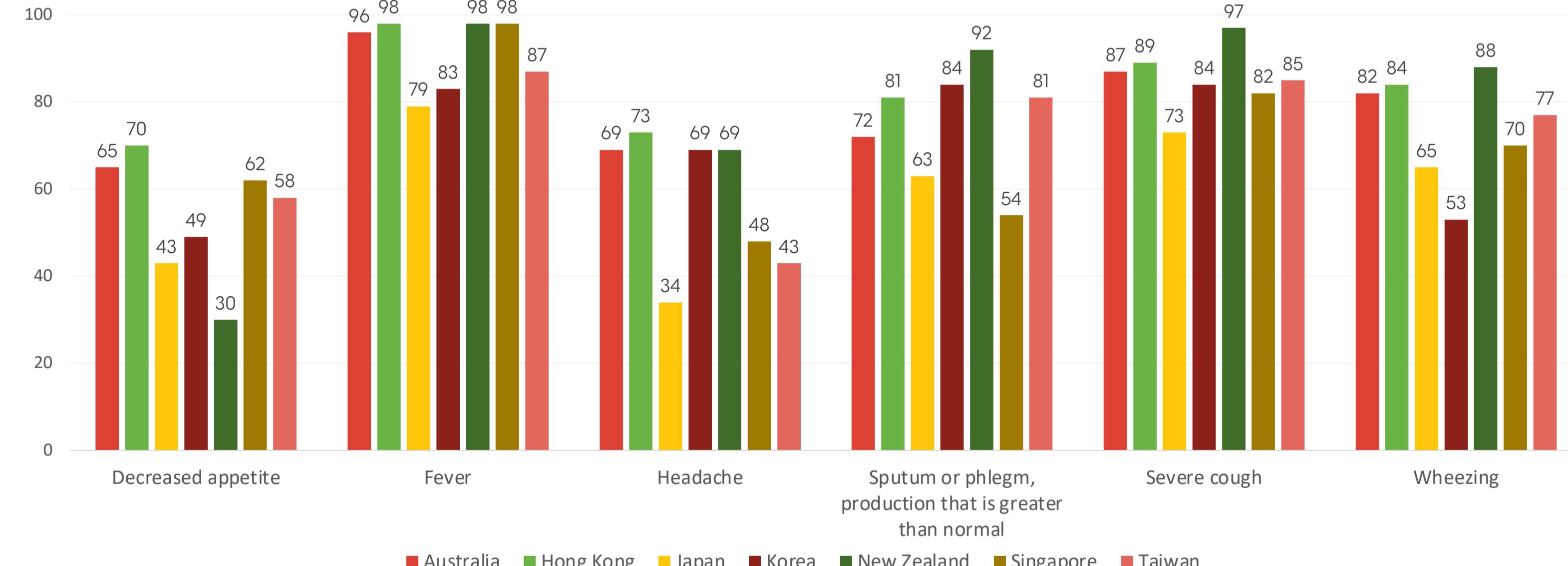
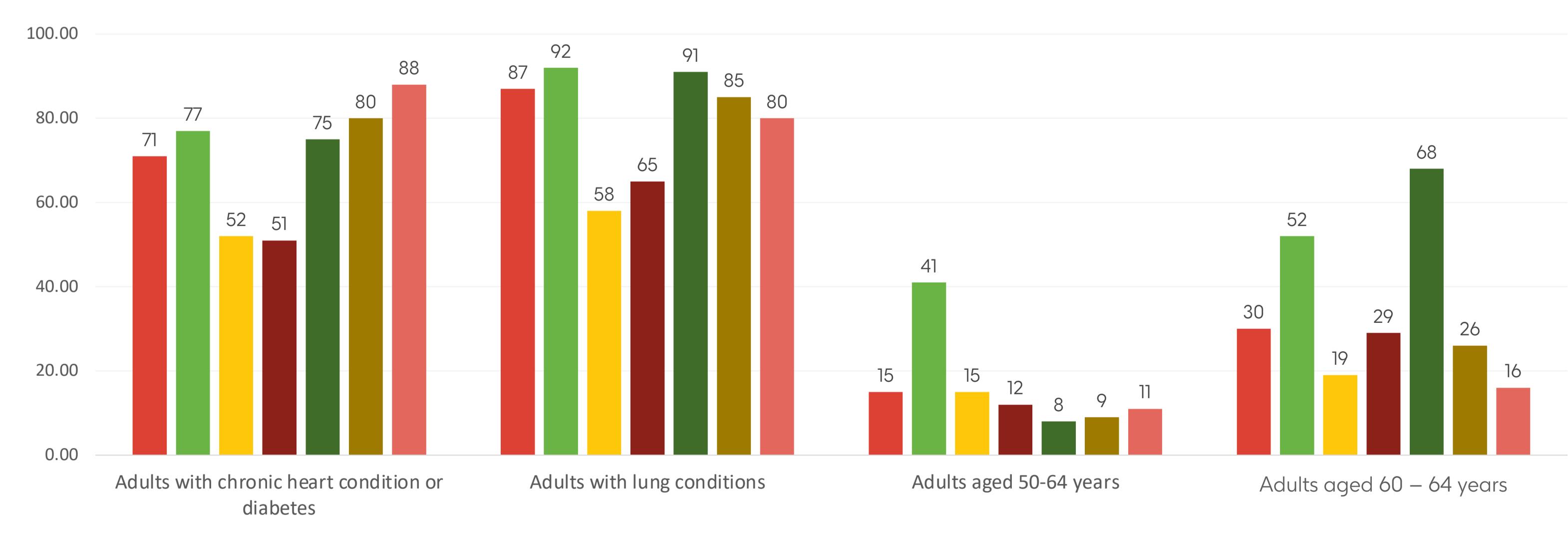


Figure 4: **Adult risk factors**, although most respondents identified chronic heart and lung conditions as RSV risk factors ( $\geq 50\%$ ), age-related vulnerability was underestimated, particularly for adults aged 50–64 years, recognized by only 8–41% of GPs/PCPs.

See the appendix for the full list of surveyed adults risk factors.



## Abbreviations

GPs: General practitioners  
PCP: Primary Care Physicians  
RSV: Respiratory Syncytial Virus

## Fundings

This study was funded by GSK (Study ID: 219817)

## References

- Jain H, Schweitzer JW, Justice NA. Respiratory syncytial virus infection [Internet]. StatPearls [Internet]. StatPearls Publishing; 2022.
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## Acknowledgements

The authors would like to acknowledge the following steering committee members who were consulted for this study at the protocol development and study reporting stages:  
Dr Lutz Beckert (Department of Medicine, University of Otago, Christchurch, New Zealand), Dr Chien-Hsien Huang (Kaohsiung Medical University, Kaohsiung, Taiwan), Dr Daisuke Kurai (Department of General Medicine, Infectious diseases, Kyorin University, Tokyo, Japan), Dr Hoe Nam Leong (Rophi Clinic, Mount Elizabeth Novena Hospital, Singapore), Dr Ji-Yun Noh (Department of Infectious Diseases, Guro Hospital, Seoul, South Korea), Dr John Siu Lun Tam (Department of Applied Biology & Chemical Technology, The Hong Kong Polytechnic University, Hong Kong), Dr Julian Waterer (Respiratory Medicine, Australia Royal Perth Hospital Unit and Internal Medicine, UWA Medical School, The University of Western Australia, Perth, Western Australia, Australia), Dr Sumitra Shantakumar (GSK, Real-World Evidence and Health Outcomes, Singapore), and Dr Nisa de Souza (formerly with GSK, Real-World Evidence and Health Outcomes, Singapore, at the time of study conduct).

## Disclosures

The study was sponsored by GSK. Yufan Ho, Aruni Seneviratna: Employed by and hold financial equities in GSK. Lawrence Vandervoort, Amanda Woo, Neeyor Bose, Maria Choufany, Leila Alaoui Sosse: Nothing to disclose.



Digital poster  
Supplemental data



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## Appendix

Figure 1: Work Settings of Physicians Across Countries: Across the countries, GP/PCPs mostly worked in clinic setting



Abbreviations: General Practitioner (GP); Primary Care Physician (PCP)

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## Appendix

Figure 2: Recognition of common RSV symptoms

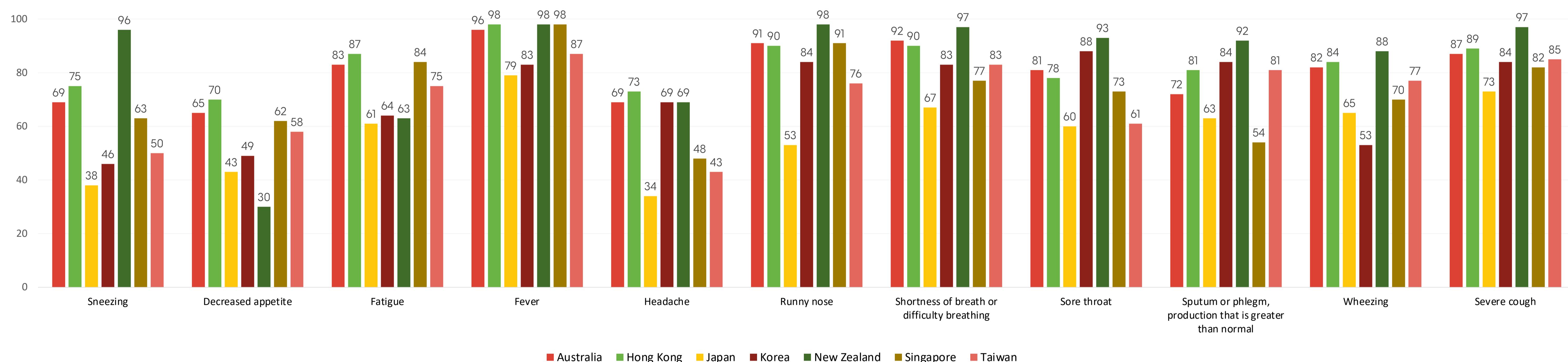


Figure 3: Complications/outcomes from RSV infection

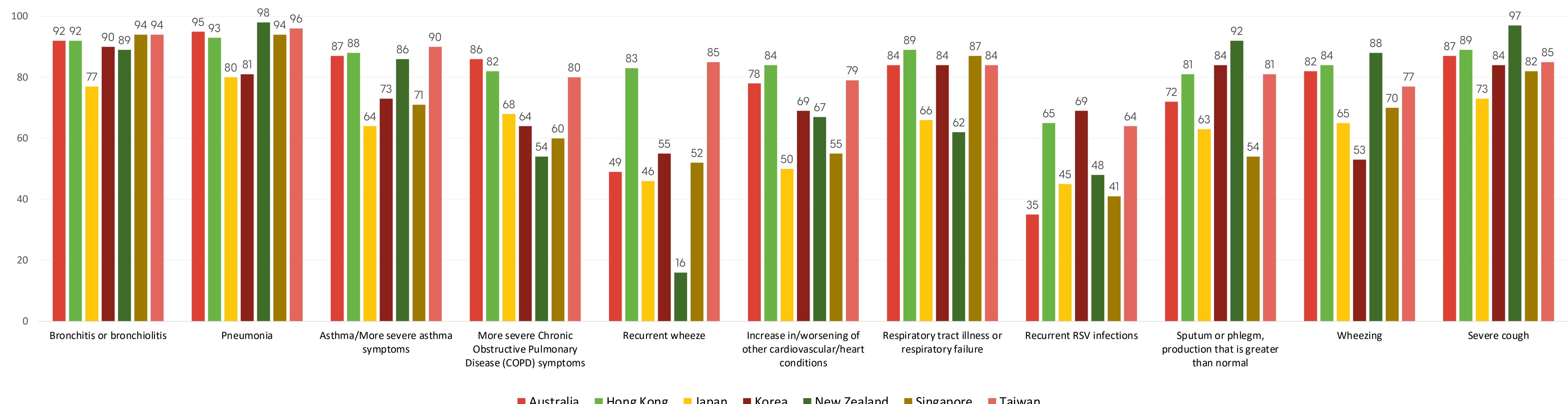
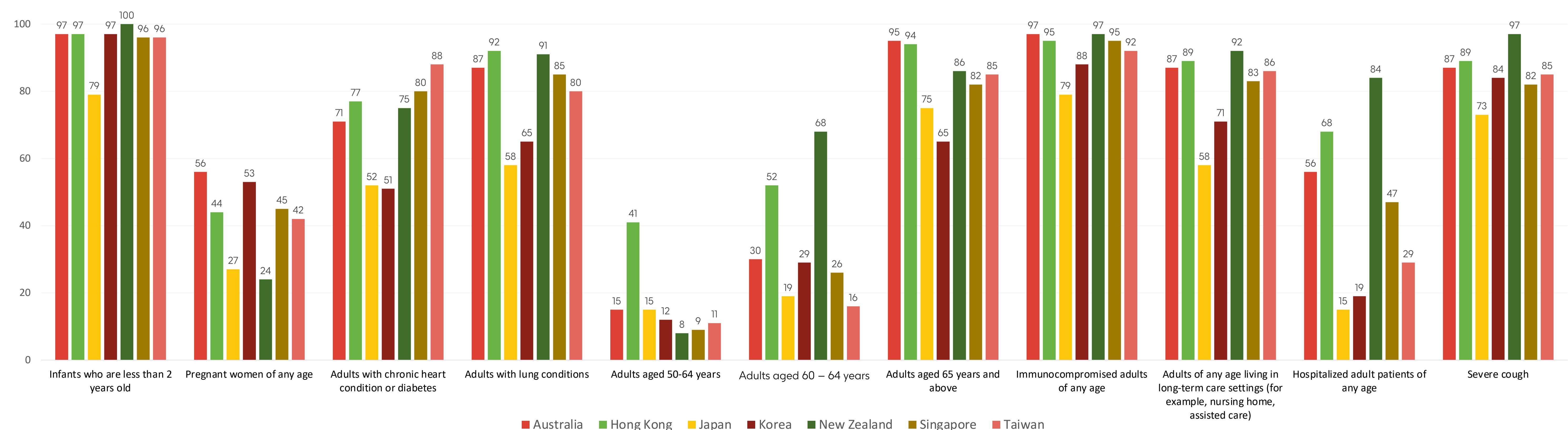


Figure 4: Knowledge of RSV complications and adult risk factors



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