EPH208

Respiratory Syncytial Virus (RSV) knowledge and perceived RSV risk groups amongst GP/PCPs and specialists in APAC: a cross-sectional Knowledge Attitude and Practices survey (RESVIKAP)

[1]Lawrence Vandervoort, [1]Amanda Woo, [1]Neeyor Bose, [2]Maria Choufany, [3]Yufan Ho, [3]Aruni Seneviratna

[1]Oracle Life Sciences, Singapore , [2]Oracle Life Sciences, France, [3] GSK, Singapore

Conclusions

Physicians understand their responsibility to prescribe and administer RSV vaccines, but familiarity with the disease is suboptimal.

Adults ≥65 years are recognized as high-risk, yet those 50–64 years are largely under-recognized.

Background

- Respiratory Syncytial Virus (RSV) is a leading cause of global respiratory morbidity among the adult population ≥50 years.
- Healthcare practitioners (HCPs) are trusted sources of vaccine recommendations.
- This study aims to understand the knowledge, attitudes, perceptions, and practices of RSV among older adults aged ≥50 years, as well as carers and HCPs managing respiratory illness in adults across seven countries in Asia.
- This poster presents a sub-analysis of HCPs' knowledge of RSV, identifying educational gaps to enhance older adult patient care.

Methods

- A descriptive, cross-sectional study was conducted using an online survey among healthcare professionals in Australia, Hong Kong, Japan, New Zealand, South Korea, Singapore, and Taiwan.
- The survey targeted knowledge, attitudes, and practices regarding respiratory infections including RSV in adults aged 50 years and older.
- Questionnaire items covered knowledge of RSV symptoms, risk factors, complications, perceptions of RSV infection, and topics of importance for older adult patients.

Demographics

- Respondents included 700 General Practitioners (GP) or Primary Care Physicians (PCP) and 825 specialists.
- General practitioners had an average of 17.57 years of clinical experience, while specialists had an average of 16.68 years.
- The GPs/PCPs had an average patient load of 355.34 per month of patients aged ≥50 years, compared to specialists' average patient load of 238.12 per month.
- A third of specialists (30%) and GPs/PCPs (29%) indicated that they were very familiar with RSV.
- A higher proportion of GPs/PCPs (87%) reported treating or managing RSV patients as part of their routine practice compared to specialists (76%).
- Overall, specialists were more likely to be practicing in a public hospital setting, while GPs/PCPs were more likely to be practicing in the private setting **(Figure 1, Appendix).**

Patients consulted by specialists

GP / PCP	700
Cardiologist	140
Endocrinologist	140
Gastroenterologist/ hepatologists	140
Geriatricians/ Physicians trained and certified in geriatrics	70
Infectious disease specialists	55
Nephrologists	140
Pulmonologist/ Respiratory Specialist	140

Patients by Country

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

Results

Figure 1: **RSV Awareness Among Physicians,** at least 80% of GPs and specialists were aware of RSV seasonality and increase in the risk of infection with age providing foundation for vaccination discussions.

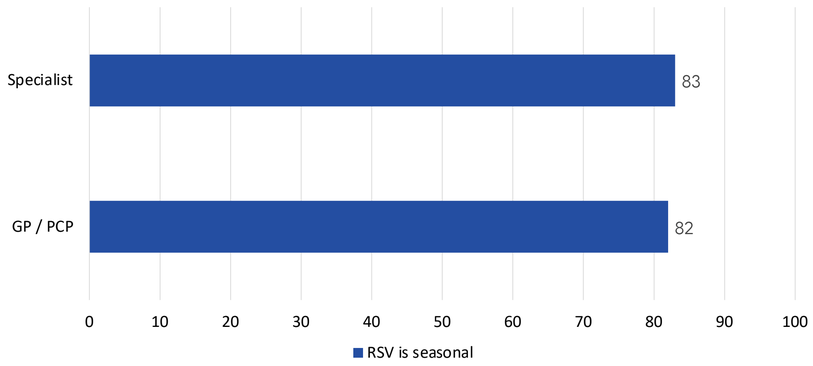


Figure 2: **RSV vs Influenza Hospital Admissions**, Across both GPs/PCPs and specialists, most agreed that RSV leads to fewer hospital admissions than influenza; however, consistent disagreement was also observed, indicating varied perceptions of RSV-associated disease burden among adults.

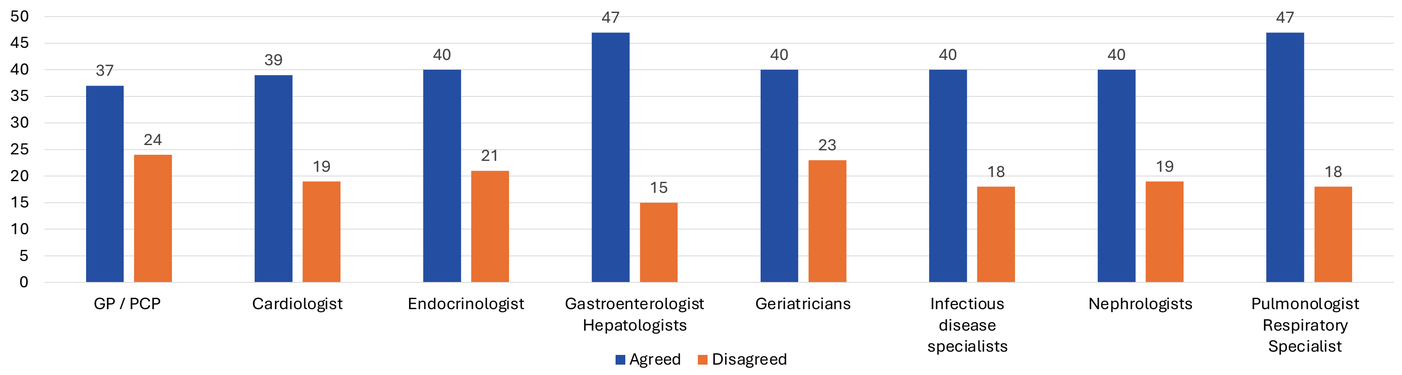
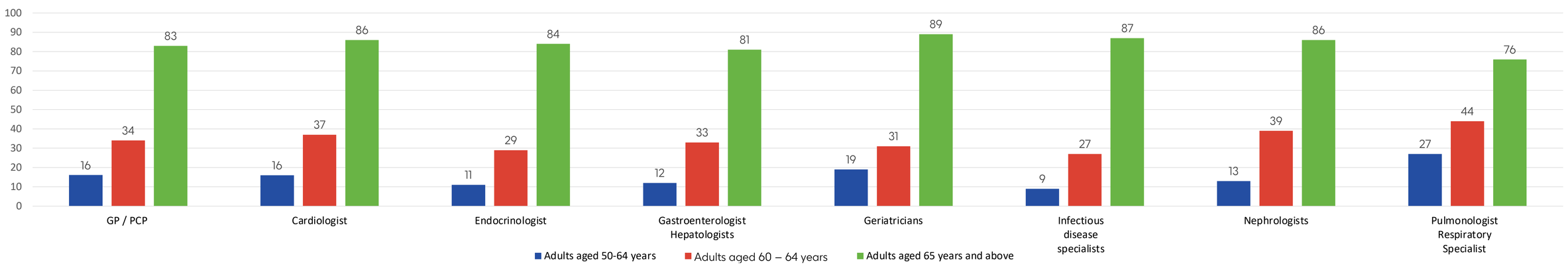


Figure 3: **Physician Perceptions of RSV Severity and Age-Related Risk,** Physicians most often identified adults aged 65 and older as being at higher risk for RSV infection, while relatively few recognized adults aged 50 to 64 as an at-risk group. This under-recognition of younger at-risk adults highlights a gap in risk perception despite general awareness.



Abbreviations

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

Fundings

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

References

1. Jain H, Schweitzer JW, Justice NA. Respiratory syncytial virus infection [Internet]. StatPearls [Internet]. StatPearls Publishing; 2022
2. Falsey AR, Hennessey PA, Formica MA, et al. Respiratory syncytial virus infection in elderly and high-risk adults. N Engl J Med. 2005;352(17):1749–59.

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 Grant 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

Yufan Ho, Aruni Seneviratna: Employed by and hold financial equities in GSK.
Lawrence Vandervoort, Amana Woo, Neeyor Bose, Maria Choufany: Nothing to disclose.

Digital poster
Supplemental data

ISPOR Europe 2025 | 9–12 November 2025 | Glasgow, United Kingdom

Presenting author: Maria Choufany, maria.choufany@oracle.com

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Appendix

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

Abbreviations: General Practitioner (GP); Primary Care Physician (PCP)
Statistical testing was not performed on demographics data

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Presenting author: Maria Choufany, maria.choufany@oracle.com