A Multi-Season, Repeated Cross-Sectional Survey Study on Maternal Awareness, Immunization Preferences and Uptake Drivers for RSV protection in Infants in Germany (2022–2026)

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INTRODUCTION

- Respiratory syncytial virus (RSV) is a major cause of respiratory illness in infants, highlighting the need for effective preventive strategies during the first months of life.[1,2,3]
- Maternal RSVpreF vaccine and nirsevimab for infants are authorized in the EU for protection of infants against RSV.[4,5]
- In June 2024, Germany's Standing Committee on Vaccination (STIKO) published a recommendation for nirsevimab for all infants in their first season.[6]
- Understanding maternal awareness of RSV illness as well as acceptance and preference for available immunization options is increasingly important in this evolving RSV prevention landscape.
- However, little is known about preference for RSV infant prevention among pregnant women in Germany.

OBJECTIVE

Objective: To assess pregnant women's RSV awareness, immunization acceptance and preferences, as well as uptake drivers across multiple RSV seasons in Germany

METHODS

Study Design: Repeated online cross-sectional surveys, as part of IPSOS Syndicated RSV study, were conducted in Germany across four consecutive RSV seasons (October 2022-March 2026), at the start (September / October) and end of each season (February / March).

Study Population:

- Eligible participants for IPSOS Syndicated RSV study included women aged ≥18 years who were currently pregnant, trying to conceive, or had been pregnant during the past 12 months at the time of the survey.
- For the present analysis, the subset of data from currently pregnant women in Germany were included; N = 481 pregnant women across four time points, N = 60-61 per time point (N = 120-121 per RSV season).

Data Analysis:

- Overall analyses were conducted for the total study population of currently pregnant women in Germany. Some analyses were based on a subpopulation as some questions were asked to specific eligibility-based subpopulations only.
- Descriptive findings are reported.

RESULTS

Demographic characteristics (Table 1)

- A total of 481 currently pregnant women were surveyed in Germany across 4 RSV seasons. The mean ages across seasons were 31.6-32.7 years, with 50–58% aged 30-39 years.
- Across seasons, 48-67% of respondents had university degree, 38-47% reported having at least one at-risk comorbidity and 58-82% were already parents.
- Across seasons, 70-89% reported receipt of at least one vaccine in the previous 12 months and 43-59% reported receipt of either influenza, Tdap, or COVID-19 vaccination during their current pregnancy.

Table 1. Demographic Characteristics

RSV Season	Season 22/23 (N = 120)	Season 23/24 (N = 120)	Season 24/25 (N = 121)	Season 25/26 (N = 120)
Age (%)				
18-29 years	30%	35%	31%	33%
30-39 years	50%	57%	57%	58%
≥40 years	12%	8%	9%	10%
Prefer not to answer	8%	1%	2%	0%
Mean age* (SD), years	31.9 (6.6)	31.6 (6.1)	32.1 (5.4)	32.7 (6.6)
Education (%)				
University Degree or higher	67%	48%	64%	63%
Parental Status (%)				
Parent	82%	58%	62%	74%
Received at least 1 vaccine (%)				
In the last 12 months%	89%	70%	77%	79%
During pregnancy &	52%#	43%	59%	56%

*Mean age calculated for respondents who disclosed their age. Excludes "prefer not to answer".
%Vaccine received in the past 12 months: Flu (influenza); Shingles (herpes zoster); Pneumonia (pneumococcal pneumonia); Tetanus/Diphtheria/Pertussis (whooping cough) (Tdap); COVID-19; Hepatitis B
&Vaccines received during pregnancy: Flu (influenza); Tdap; COVID-19
#Data not available for start of RSV season '22

Familiarity with RSV and other respiratory illnesses

- Across the 4 RSV seasons, a cross-seasonal range of means of 40-56% of pregnant women were familiar with RSV; lower than that for COVID-19 (80-84%) and flu (77-80%).
- Recognition of RSV risk factors changed across the 4 RSV seasons (responses only available from parents across all time points), particularly for (Supplementary Table 1):
  - ø Weakened immune system (36% in RSV season 22/23 to 51% in RSV season 25/26)
  - ø Prematurity (21% in RSV season 22/23 to 41% in RSV season 25/26)
  - ø Infant ages 6 months or younger (18% in RSV season 22/23 to 40% in RSV season 25/26).

Factors driving decision-making for an RSV immunization type

(asked only to pregnant women who responded 4-7pt in likelihood to receive RSV immunization)

- Safety-, efficacy-, and recommendation-related factors were the most commonly reported drivers influencing RSV immunization decisions among pregnant women (Supplementary Tables 2 and 3):

For maternal RSV vaccination:

- Safety-related considerations among the leading drivers, with a mean of 32-36% of pregnant women reporting that vaccine safety for either their baby (36%), themselves (32%), or their pregnancy (32%) would influence their likelihood of accepting maternal vaccination.
- Efficacy-related benefits were also important to a mean of 29-34% of pregnant women, particularly prevention of severe RSV complications/symptoms (34%), protection of baby from birth (33%), and prevention of RSV-related hospitalizations (29%).
- Recommendations from healthcare providers (29%) and governmental bodies (28%) were also key drivers.

For infant immunization:

- Efficacy-related benefits of protection against RSV (31%) and safety-related considerations of long-term safety (30%) were reported key drivers influencing infant immunisation uptake.
- Recommendations from healthcare providers (28%) were also reported key drivers.

Acceptance of maternal immunization and Preference of RSV immunization type

- Over 50% of pregnant women were highly likely (rating 6 and 7 on a 7pt-Likert scale) to accept maternal vaccination in 24/25 and 25/26.
- Likelihood of acceptance of maternal RSV vaccination among pregnant women (Likert rating 5–7) was 65% in RSV seasons 22/23 and 23/24 and 79% in RSV seasons 24/25 and 25/26 (Figure 1).
- When provided with an immunization choice, 38% of pregnant women in RSV season 22/23 and 48% in RSV season 25/26 preferred maternal vaccination (Figure 2).

Figure 1. Acceptance of maternal RSV vaccination among pregnant women across four RSV seasons (N = 120-121 per season)

Respondents who were currently pregnant rated their likelihood of receiving maternal RSV vaccination on a 7-point Likert scale (where7 = "Definitely will get an RSV vaccine" and 1 = "Definitely will not get an RSV vaccine") or had already received maternal RSV vaccination.

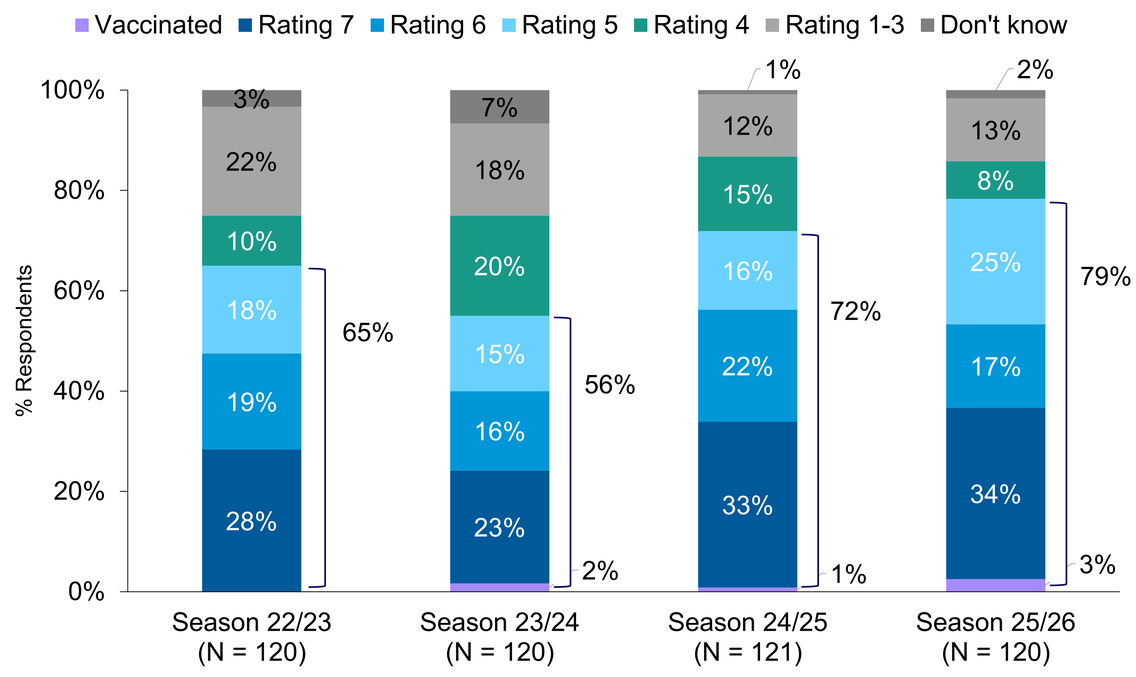
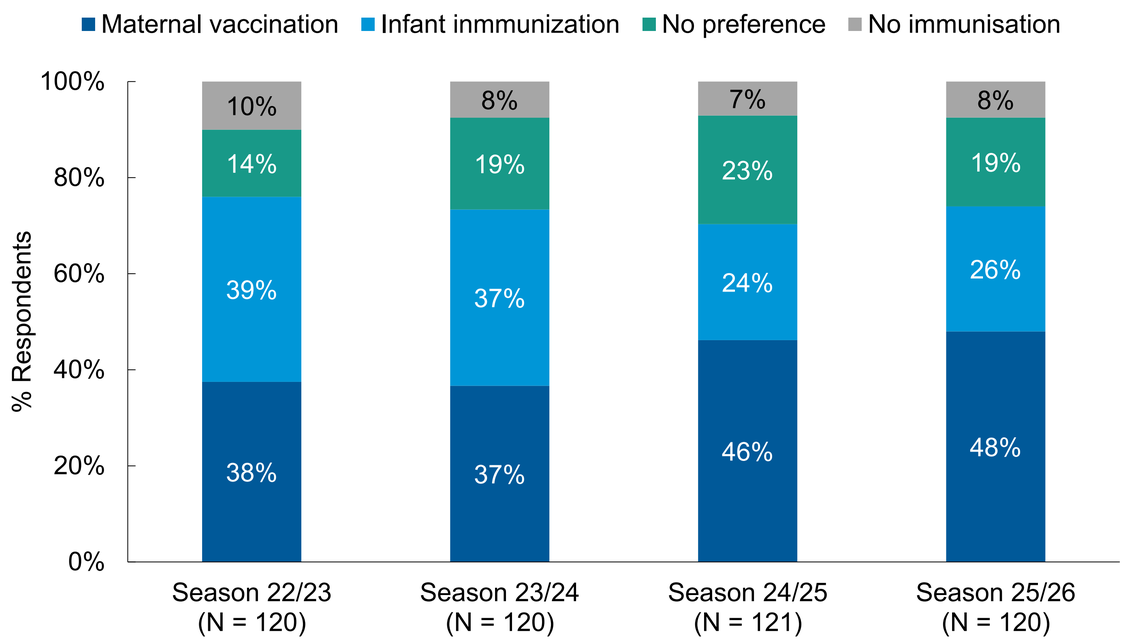


Figure 2. Pregnant women's preference of RSV prevention strategy across four RSV seasons (N = 120-121 per season)



STUDY LIMITATIONS

- The repeated cross-sectional survey design provides a snapshot of pregnant women's awareness, immunization acceptance & preferences, and uptake drivers for each time point across the 4 RSV seasons in Germany.
  - Consequently, variations in cohort demographics and population compositions limit the interpretability of long-term time trends.
- Findings were based on self-reported survey responses and may be subject to recall and reporting biases. The descriptive findings do not support causal inference.
- Sample sizes within individual survey waves were relatively small and certain questions were restricted to specific subgroups rather than full sample size, which may limit the generalizability of findings to the broader population in Germany.

DISCUSSION & CONCLUSION

- Overall awareness of RSV was consistent across 4 RSV seasons, while recognition of infants' risk factors for RSV changed across the seasons among pregnant women who were already parents.
- Acceptance and preference for maternal RSV vaccination remain high across RSV seasons with efficacy-, safety-, and recommendation-related factors as primary drivers for likelihood of acceptance.
- Our findings are consistent with a recent German study showing that healthcare professional recommendations, confidence in RSV prevention and safety, and perceived RSV risks are key determinants of RSV prevention uptake and willingness[7].
- The findings underscore the importance for further education initiatives to improve understanding of factors associated with increased RSV risk in infants and tailored communication about different RSV prevention strategies to support informed maternal decision-making and broader infant protection against RSV in Germany.

REFERENCES

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DISCLOSURES

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