The Potential Public Health and Economic Benefit of an mRNA-Based Respiratory Syncytial Virus Vaccine Among Adults ≥60 **Years in the United States (US)**

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SUPPLEMENTARY MATERIAL

Supplemental Tab	le 1. Model	Parameters			
Model Parameter		Value (DSA Ran	ge)	Data Source	
US population size by a	ge group (years)), year 1 (2022 v	alues)ª		
60-64 years	21,118,423			US Census Bureau PD. Annual Estimates of the Resident	
65-69 years	18,631,422				
70-74 years		15,157,017		Population for Selected Age	
75-79 years	10,861,000			Groups by Sex for the United States: April 1, 2020, to July 1, 2022 (NC-EST2022-AGESEX); Released June 2023 ¹	
80-84 years	6,659,545				
85+ years	6,485,868				
Total		78,913,275		Julie 2023	
% of RSV-ARD patients	with RSV-LRTD	by age group (ye	ears), unvaccinate	d ^b	
60-64 years		12.4 (10.6, 14.2	2)		
65-69 years	17.7 (15.1, 20.2)			Derived via calibration using McLaughlin et al. (2022) ² as target endpoint	
70-74 years	22.4 (19.2, 25.7)				
75+ years	57.0 (48.7, 65.4)				
% of RSV-LRTD patients	requiring treati	ment by age gro	up (years), unvacc	cinated	
	Care setting				
	Inpatient	Outpatient	No treatment		
60-64 years	3.3	96.7			
65-74 years	8.7	91.3	0	Tong et al. (2020) ³	
70-84 years	14.6	85.5	U		
85+ years	17.7	82.3			
% of RSV No-LRTD patie	ents requiring tr	eatment by age	group (years)		
		Care setting			
	Inpatient	Outpatient°	No treatment		
60-64 years	0	22.9 (17.7, 28.2)	77.1	Derived via calibration using	

ARD, acute respiratory disease; CI, confidence interval; DSA, deterministic sensitivity analysis; LRTD, lower respiratory tract disease; RSV, respiratory syncytial virus; US, United States. ^aValues were not varied in sensitivity analyses.

80.5

19.5

(4.2, 39.9)

McLaughlin et al. (2022)²

as target endpoint

RSV-LRTD Inpatien

% Change

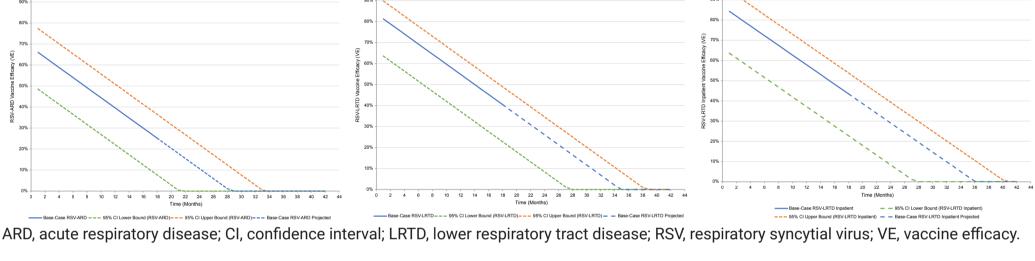
65+ years

^bThe proportions with RSV-LRTD and RSV No-LRTD sum to 100% in the model; accordingly, the proportions with RSV No-LRTD were calculated by subtracting the proportions with RSV-LRTD from 100%. Ranges established using the 95% CIs around the calibration endpoint.

°The upper and lower 95% CI from McLaughlin et al. [10] for both calibration targets were used to create the sensitivity analysis ranges (ie, percentages with RSV-LRTD and with RSV-No LRTD requiring outpatient care were recalibrated simultaneously); as the percentage seeking outpatient care varies, the corresponding percentages of patients with no treatment were calculated by subtracting the percentage of patients seeking outpatient care from 100%.

Supplemental Figure 1. Vaccine Efficacy Sensitivity Analysis

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Supplemental Table 2. Base-Case Analysis (3-Year Time Frame) Clinical Results

mRNA-1345

Difference^a

No Vaccine

RSV-ARD				
Cases	13,150,645	9,647,735	-3,502,911	-27%
Medically attended cases	5,710,971	4,258,614	-1,452,357	-25%
RSV-LRTD				
Cases	3,773,351	2,612,899	-1,160,451	-31%
Outpatient visits	3,322,695	2,314,158	-1,008,537	-30%
Hospitalizations	450,656	298,741	-151,914	-34%
Deaths	34,141	22,632	-11,509	-34%
RSV-No LRTD				
Cases	9,377,295	7,959,448	-1,417,847	-15%
Outpatient visits	1,937,621	1,645,715	-291,906	-15%

Supplemental Table 3. Scenario Analysis (2-Year Time Frame) Clinical Results **No Vaccine** mRNA-1345

Difference^a % Change

RSV-ARD				
Cases	8,900,298	6,372,797	-2,427,501	-28%
Medically attended cases	3,880,164	2,540,753	-1,339,411	-35%
RSV-LRTD				
Cases	2,573,295	1,540,914	-1,032,382	-40%
Outpatient visits	2,264,266	1,365,398	-898,868	-40%
Hospitalizations	309,029	175,515	-133,513	-43%
Deaths	23,411	13,297	-10,115	-43%
RSV-No LRTD				
Cases	6,327,003	4,831,883	-1,495,120	-24%
Outpatient visits	1,306,868	999,839	-307,029	-24%
RD, acute respiratory disease; LRTD, lower respiratory tract d	isease; RSV, respiratory synd	cytial virus.		

Results (in millions) **No Vaccine** mRNA-1345

Total costs \$13,161 \$8470 -\$4691 -36% \$11,618 Healthcare \$7337 -\$4281 -40% \$1543 \$1133 -\$410 Lost productivity ^amRNA-1345 minus no vaccine.



mRNA-1345 Efficacy

Difference^a

% Change

Percentage with RSV-LRTD Percentage with RSV-No LRTD requiring outpatient care **RSV-Related Mortality** 0 5,000 10,000 15,000 RSV-Related Costs Prevented (in millions) ARD, acute respiratory disease; LRTD, lower respiratory tract disease; RSV, respiratory syncytial virus.

References US Census Bureau Population Division. Annual Estimates of the Resident Population for Selected Age Groups by Sex

Tong S, et al. J Glob Health. 2020;10(2):020422.

for the United States: April 1, 2020 to July 1, 2022 (NC-EST2022-AGESEX). Released June 2023. Available from: https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-detail.html. 2. McLaughlin JM, et al. 2022;9(7):1-10.

RSV-ARD Incidence

Research (ISPOR) Europe; 17-20 November 2024; Barcelona, Spain