Respiratory Syncytial Virus Infections Continue to be a Growing Problem in the Care of Immunocompromised Patients Receiving Transplants

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Abstract
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INTRODUCTION

- Respiratory syncytial virus (RSV) lower respiratory tract infection (LRTI) is associated with significant mortality among allogeneic hematopoietic cell transplantation (HCT) and lung transplant recipients
- Management of these patients remains challenging without an established standard of care

OBJECTIVES

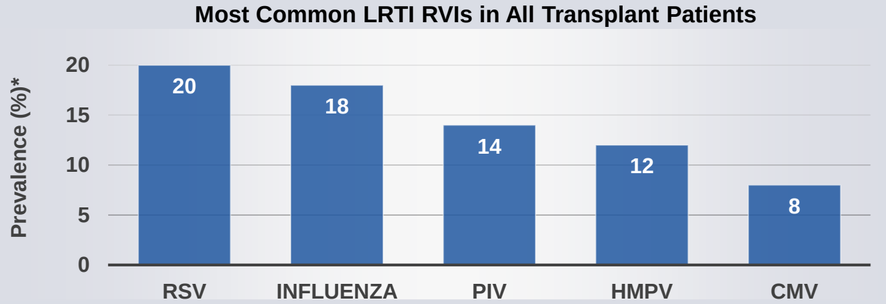
- Identify the most common respiratory viral infections (RVIs) in transplanted patients
- Evaluate the current management of LRTI caused by RSV
- Explore the nature of the unmet need for treating LRTIs and the potential for future therapies
- Determine the current clinical state of LRTIs caused by viral pathogens in the face of the COVID-19 pandemic

METHODS

- A prospective medical questionnaire was distributed between mid-September and mid-October 2020 to twenty-six key opinion leaders (KOLs) at major transplant centers in the United States, both pediatric and adult
- The questionnaire was administered by a third party with individual results being blinded
- The online platform captured:
  - Demographics
  - Practice site information
  - Pathogen identification and frequency
  - Management strategies for RSV
  - Provider satisfaction with currently available modalities
- Data was summarized with descriptive statistics

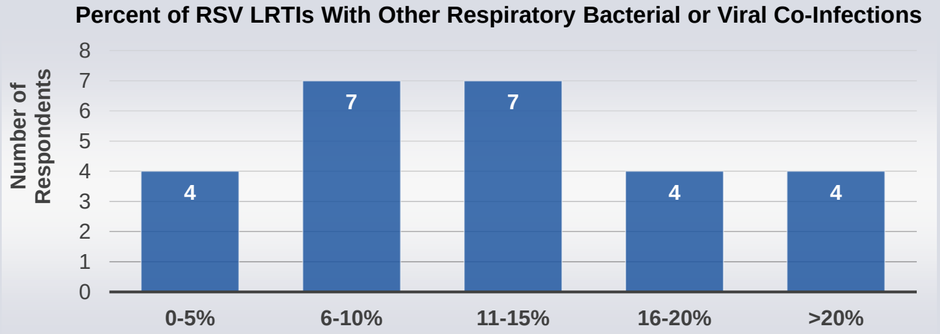
RESULTS

- Twenty-six KOLs from leading transplant centers completed the questionnaire
- Over 80% considered LRT viral infections to be a growing concern with no established standard of care
- The most common RVIs in all transplant patients by order of prevalence were: RSV, influenza, parainfluenza (PIV), human metapneumovirus (hMPV) and cytomegalovirus (CMV)



*Respondents indicated their top five respiratory viral pathogens

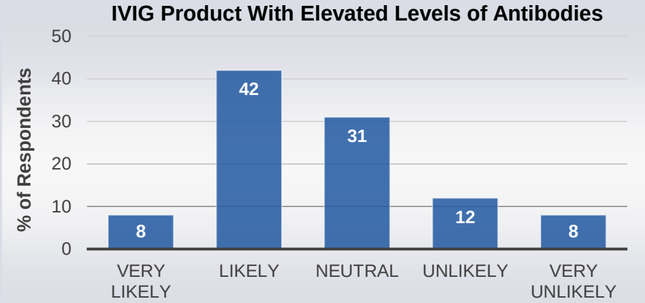
- One-third of respondents noted that more than 15% of RSV LRTIs were accompanied by other respiratory viral or bacterial co-infections



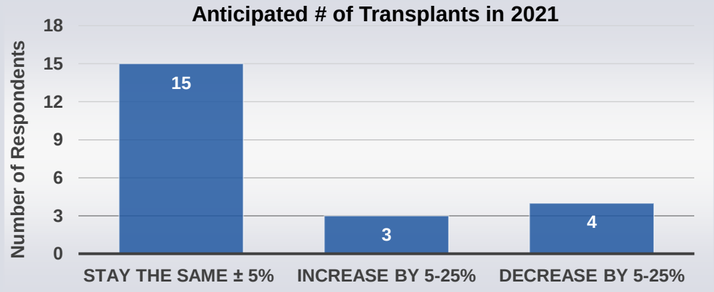
- There was a wide range of strategies with no consensus on the optimal management of infection caused by RSV
- The most commonly administered regimen consisted of oral ribavirin +/- intravenous immunoglobulin (IVIG)

RESULTS

- Fifty-percent of respondents would be likely or very likely to use an IVIG product that has elevated levels of antibody to RSV and other viral respiratory pathogens



- Two-thirds of respondents anticipate the number of transplants in 2021 to remain the same or increase in the face of the COVID pandemic



CONCLUSIONS

- RVIs are a growing concern facing transplanters in the care of immunocompromised transplant patients
- Management strategies vary substantially with no clear consensus and there is a need to develop more effective therapies
- Novel therapies are warranted to help combat RVIs in this highly susceptible population