

Enhancing Respiratory Syncytial Virus Immunoprophylaxis: Addressing Challenges Beyond Palivizumab in the Gulf Region

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Dear Editor,

I read with great interest the expert consensus titled “Palivizumab for the Prophylaxis of Respiratory Syncytial Virus (RSV) Disease in the Gulf Cooperation Council (GCC) Region” presented by Alharbi et al,¹ in the September 2024 issue of the *Oman Medical Journal*. This timely consensus underscores the significant burden of RSV and the need for unified regional guidelines. While the authors highlighted the efficacy of palivizumab, we believe the discourse would be further enriched by considering emerging RSV prophylactic strategies and real-world implementation challenges specific to the GCC.

A notable challenge emphasized in the article was the scarcity of regional RSV epidemiological data needed to optimize prophylaxis timing and dosing. While palivizumab remains the standard of care for high-risk infants, recent approvals of long-acting monoclonal antibodies, such as nirsevimab, offer potential advantages, including a single-dose regimen that may improve compliance and reduce healthcare burden.² Given that poor adherence to monthly palivizumab dosing remains a significant limitation, should the expert panel consider advocating a transition toward nirsevimab, especially for broader RSV prevention strategies in the region?

Additionally, the financial sustainability of palivizumab-based immunoprophylaxis deserves further scrutiny. While the authors dismissed cost as a limiting factor in the GCC, this assumption may not fully capture variations in public versus private healthcare sectors and access disparities across different socioeconomic groups. A cost-effectiveness analysis comparing palivizumab with

emerging alternatives could provide valuable insights for policy formulation.³

Lastly, the COVID-19 impact on RSV seasonality remains an underexplored dimension in the review. The post-pandemic shifts in RSV transmission call for continuous surveillance programs to refine prophylaxis timing, potentially adjusting recommendations for earlier initiation or extended dosing windows.⁴ Implementing nationwide RSV surveillance registries could strengthen evidence-based policymaking.

While the article successfully consolidated expert opinions, a stronger emphasis on integrating real-world data, cost-effectiveness, and emerging RSV prophylactic strategies would enhance its relevance for healthcare policymakers in the GCC. As the region navigates a shifting landscape of RSV prevention, a proactive and data-driven approach should guide future policy adaptations.

REFERENCES

1. Alharbi A, Alnemri A, Abushahin A, Alhammadi E, AlDhanhani HS, Obaid L, et al. palivizumab for the prophylaxis of respiratory syncytial virus disease: expert opinion and recommendations for the Gulf Cooperation Council region. *Oman Med J* 2024;39(5):e667.
2. Beyfortus (nirsevimab-alip) injection. FDA label. 2023 [cited 2023 November 7]. Available from: https://www.accessdata.fda.gov/drugsatfda_docs/label/2023/761328s000lbl.
3. Rodgers-Gray BS, Fullarton JR, Carbonell-Estrany X, Keary IP, Tarride JÉ, Paes BA. Impact of using the international risk scoring tool on the cost-utility of palivizumab for preventing severe respiratory syncytial virus infection in Canadian moderate-to-late preterm infants. *J Med Econ* 2023;26(1):630-643.
4. Pérez-López A, Al Mana H, Iqbal M, Suleiman M, Hasan MR, Tang P. Variations in respiratory syncytial virus activity following the relaxation of COVID-19 restrictions in Qatar. *J Travel Med* 2022 Sep;29(6):taac065.