



## LETTER TO THE EDITOR

## Paediatric pulmonologists' views on the first nirsevimab immunisation campaign in Spain<sup>☆</sup>



### Punto de vista de los neumólogos pediátricos sobre la primera campaña de inmunización con nirsevimab en España

Dear editor:

The Asociación Española de Pediatría (Spanish Association of Pediatrics) was the first scientific society in the world to recommend nirsevimab for routine immunisation of newborns, infants aged less than 6 months and children aged less than 2 years with risk factors for severe infection by respiratory syncytial virus (RSV).<sup>1</sup> In July 2023, the Interterritorial Council of the National Health System of Spain published a technical statement with recommendations for immunisation with nirsevimab in Spain in the 2023–2024 season.<sup>2</sup> On account of devolved powers regarding health care administration, each autonomous community (AC) implemented immunisation differently. To learn how paediatric pulmonologists in Spain handled this novel immunisation, we developed a questionnaire that comprised 50 items distributed in several sections: demographic characteristics; knowledge, practices and attitudes regarding nirsevimab; knowledge on the implementation of immunisation in the respondent's AC and identified problems. The questionnaire was distributed in December 2023 via email to the members of the Sociedad Española de Neumología Pediátrica (SENP, Spanish Society of Paediatric Pulmonology) and of the Section of Paediatric Pulmonology of the Sociedad Española de Neumología y Cirugía Torácica (SEPAR, Spanish Society of Pulmonology and Thoracic Surgery). We collected responses through January 31, 2024, submitted anonymously, through

the Google Forms platform (Googleplex, Mountain View, California, USA). A total of 65 paediatric pulmonologists out of the 292 invited to participate completed the questionnaire (22.3%). We received responses from every AC except Asturias, La Rioja, Castilla La Mancha, Ceuta and Melilla. All respondents knew nirsevimab. Of this total, 86.2% believed there was sufficient evidence in support of the use of nirsevimab in healthy infants aged less than 6 months, 90.7% thought that it was safe and 93.8% recommended its use in this group. In addition, 93.8% recommended immunisation with nirsevimab in children aged less than 24 months with risk factors and 80% believed there was sufficient evidence supporting this recommendation. Only 7.6% used palivizumab, in children aged more than 24 months with risk factors or while awaiting nirsevimab. Of all respondents, 95.5% were acquainted with the immunisation protocol of their AC. Problems were reported by 23.1% (Table 1). Also, 32.3% considered that health care providers and/or the population had not been adequately informed (Fig. 1). Among the limitations of our study, we ought to highlight the low response rate and the lack of representation of some ACs. Providers with a greater interest in immunisation or who perceived problems during the campaign may have been more willing to participate in the survey. Despite being a new monoclonal antibody, the nirsevimab coverage in Spain was excellent, although it was better in newborns (mean, 91.9%; range, 85.7% to 96.7%) compared to infants aged less than 6 months (mean, 87.3%; range, 44.7%–97%),<sup>3</sup> probably because immunisation in the latter required recapture. On September 9, 2024, the Ministry of Health updated the indications for the 2024–2025 campaign, establishing priority groups according to the probability of severe RSV infection.<sup>4</sup> In writing this letter, we would like to highlight the positive attitude towards the use of nirsevimab of the surveyed paediatric pulmonologists and the need for equity and improvement of organisational and information aspects of the immunisation campaign in some ACs to optimise the use of this effective and successful resource in Spain.

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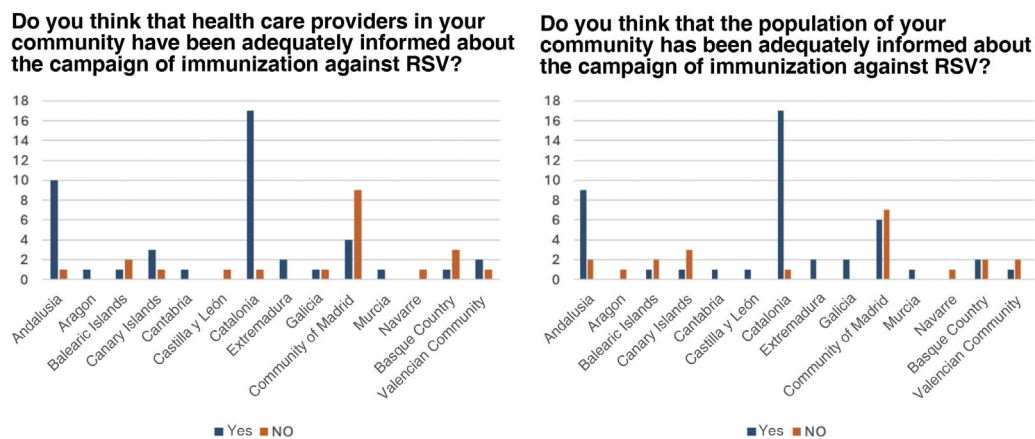
<sup>☆</sup> **Previous meeting:** this study was presented as a poster communication with the title "Resultados de la encuesta SENP/SEPAR a neumopediatras sobre la inmunización frente a VRS con nirsevimab en la temporada 2023–2024" at the XLV Meeting of the Sociedad Española de Neumología Pediátrica (SENP); May 25, 2024; Cartagena, Spain.

### Declaration of Generative AI and AI-assisted technologies in the writing process

No form of artificial intelligence was used in the writing of this article.

**Table 1** Problems identified by respondents in the implementation of immunisation by nirsevimab during the 2023–2024 campaign by autonomous community.

Autonomous community	Reported problems
Balearic Islands	<ul style="list-style-type: none"> <li>• Late stocking</li> <li>• Long delay in campaign initiation, when the season had already started</li> </ul>
Catalonia	<ul style="list-style-type: none"> <li>• Hesitancy in some families about immunisation with nirsevimab</li> <li>• Insufficient distribution in the general population, in the early months it was not possible to administer nirsevimab in neonatal units in the private health care system due to the lack of the neonatal identification number</li> </ul>
Andalusia	<ul style="list-style-type: none"> <li>• When a patient was born in a private hospital and referred to the public primary care (PC) system for administration of nirsevimab, there were no doses available (after the end of the PC immunisation campaign of patients born between 1/4/23 and 30/9/23).</li> </ul>
Canary Islands	<ul style="list-style-type: none"> <li>• Shortage of nirsevimab</li> </ul>
Basque Country	<ul style="list-style-type: none"> <li>• Delayed initiation of campaign and shortage of the 50 mg dose at the start of the campaign</li> <li>• Excessive delay in immunisation, which did not start until mid-to-late November, so there were many cases of bronchiolitis requiring hospital admission</li> </ul>
Navarre	<ul style="list-style-type: none"> <li>• Initially, some parents refused nirsevimab at birth due to fear or lack of information (nirsevimab was subsequently widely accepted)</li> </ul>
Community of Madrid	<ul style="list-style-type: none"> <li>• Immunisation of infants born in private clinics: delayed immunisation and appointment scheduling problems</li> <li>• Issues in children aged more than 6 months with risk factors, at first it was not clear where these patients had to go for immunisation</li> </ul>

**Figure 1** Opinions of respondents regarding the information provided about the nirsevimab immunisation campaign to health care providers and to the general population in the 2023-2024 season.

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All other authors have no conflicts of interest that could directly or indirectly affect the published findings of the study.

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