# Near Real-Time Surveillance of RSV to Support Clinical **Trial Enrollment Strategies in ConquerRSV**

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# BACKGROUND

- Respiratory syncytial virus (RSV) is a common seasonal virus<sup>1</sup> that can affect people of all ages and is an important cause of severe lower respiratory tract disease (LRTD) in older adults and those with certain underlying health conditions<sup>2</sup>
- No vaccines are currently approved to prevent RSV-associated acute respiratory disease or RSV-LRTD, although a novel mRNA-based RSV vaccine, mRNA-1345, is currently under investigation in an ongoing, case-driven phase 2/3 pivotal vaccine efficacy trial in adults aged  $\geq 60$  years (ConquerRSV; NCT05127434)
- Preventive measures enacted during the height of the COVID-19 pandemic led to a disruption in the normal seasonal patterns of RSV<sup>3</sup>
- The risk of initiating a pivotal RSV vaccine efficacy trial during these disruptions can be reduced by conducting geographically granular and near real-time surveillance of RSV
- By leveraging near real-time surveillance data, we developed a strategic enrollment plan for the

# OBJECTIVE

• To describe RSV seasonality in the United States from June 2016 to December 2022 using laboratory surveillance data

## METHODS

- This was a descriptive study that leveraged Amazon Web Services Data Exchange to collect weekly near real-time data in 2022 and historical data as available from various healthcare database vendors such as Quest, Ovation, and Health Catalyst using a cloud-based data warehouse (Redshift) that consolidates all data into a uniform format, following which, data are visualized using Tableau
- A common data model was developed to centrally combine data collected from independent populations throughout the United States, which included various levels of geographic indicators, including (as feasible) US Department of Health and Human Services (HHS)<sup>4</sup> region, state, metropolitan statistical area, and 3-digit ZIP code
- Eligible healthcare database vendors had populations meeting the following requirements: included individuals of all ages with RSV reverse-transcriptase polymerase chain reaction (RT-PCR) testing data; included data from 2022 with no more than a 1- to 2-week lag

ConquerRSV study in adults aged ≥60 years across 22 countries, including the United States

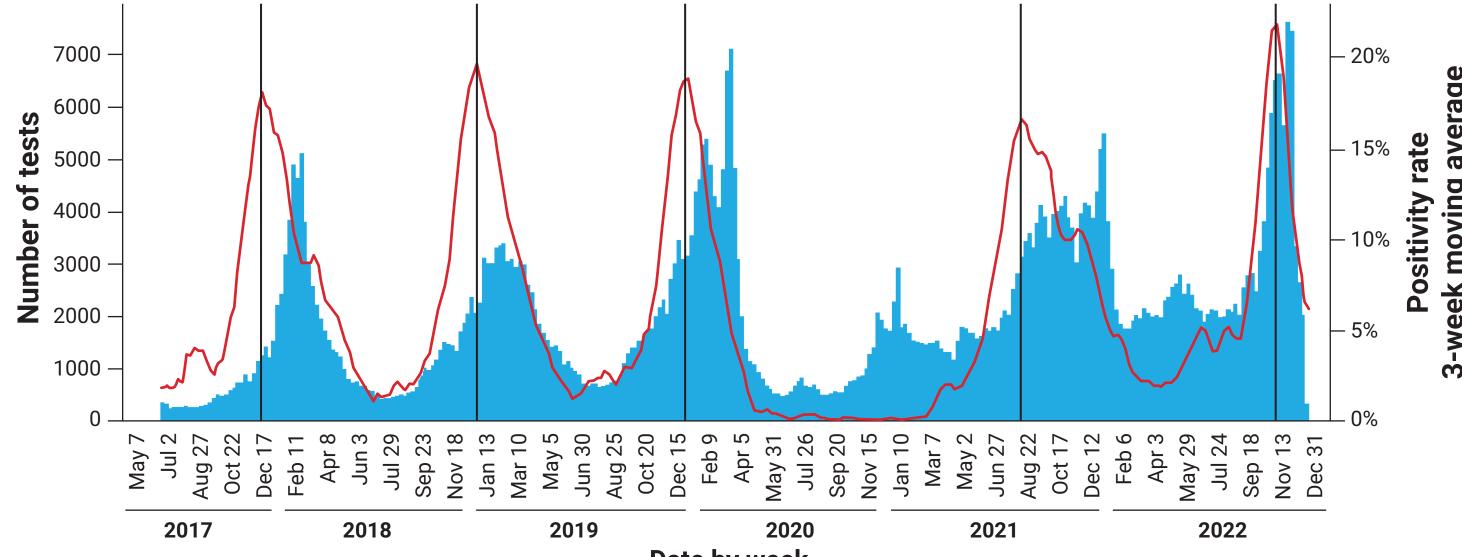
RSV positivity trends were plotted over time using a 3-week moving average \_

# RESULTS

### **RSV Test Count and RSV Positivity Rate**

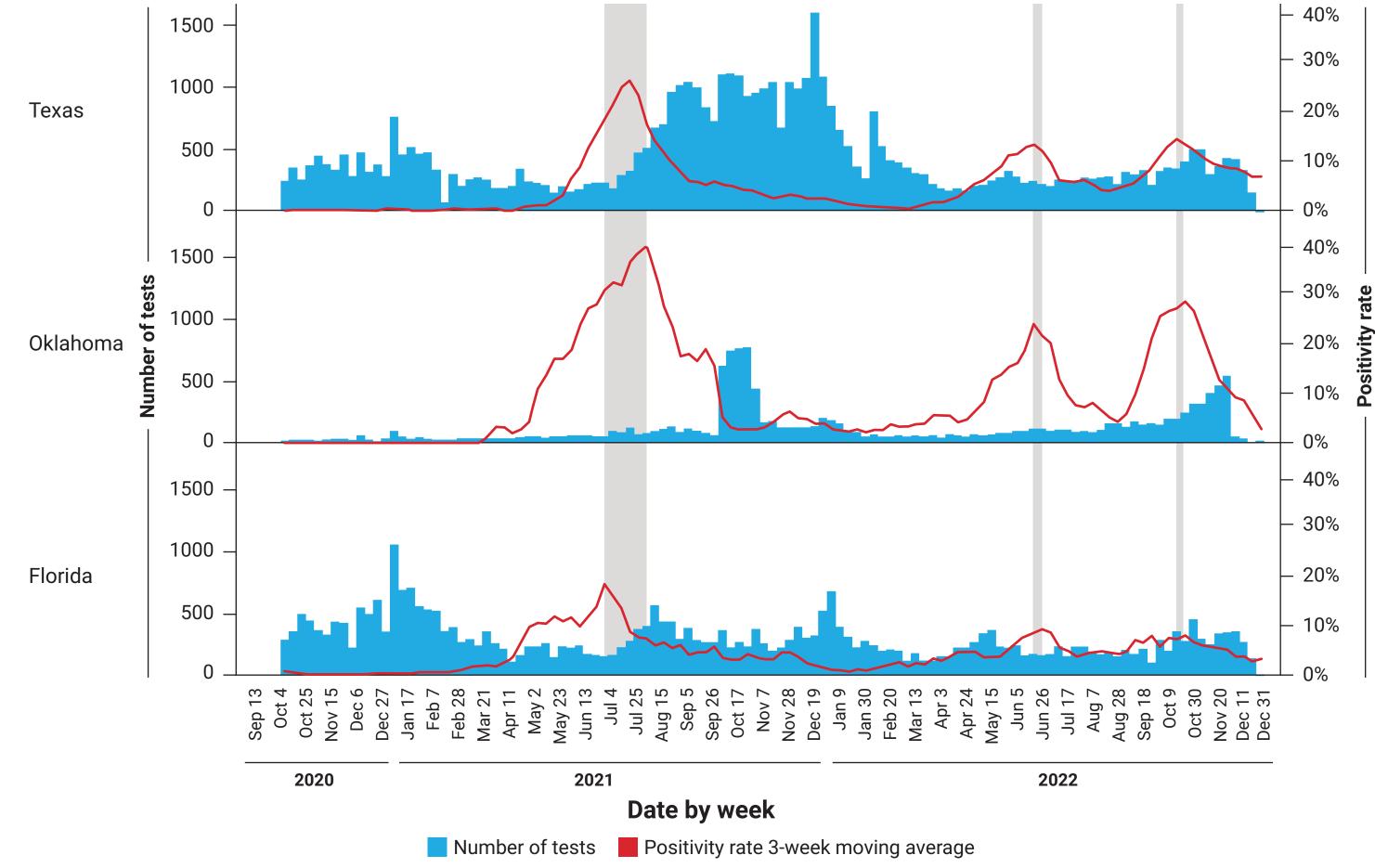
- From June 17, 2016, through December 24, 2022, there were 995,414 RT-PCR tests performed and 56,925 positive results for RSV in the United States
- Before the start of the COVID-19 pandemic (January 2020<sup>5</sup>), nationally, consistent, seasonal RSV winter peaks were observed in December or January (**Figure 1**)
- However, during the pandemic, there was no RSV season in 2020; in 2021 and 2022, RSV peaks occurred in August and November, respectively

### Figure 1. Total Test Count and RSV Positivity Rate From May 2017 to December 2022



- In 2022, variation was observed within nested geographies
  - Texas, Oklahoma, and Florida had summer peaks, followed by winter peaks, which were not always evident in analyses of larger geographic units (**Figure 3**)

### Figure 3. Variation of RSV Positivity Rate Within Nested Geographies From September 2020 to December 2022



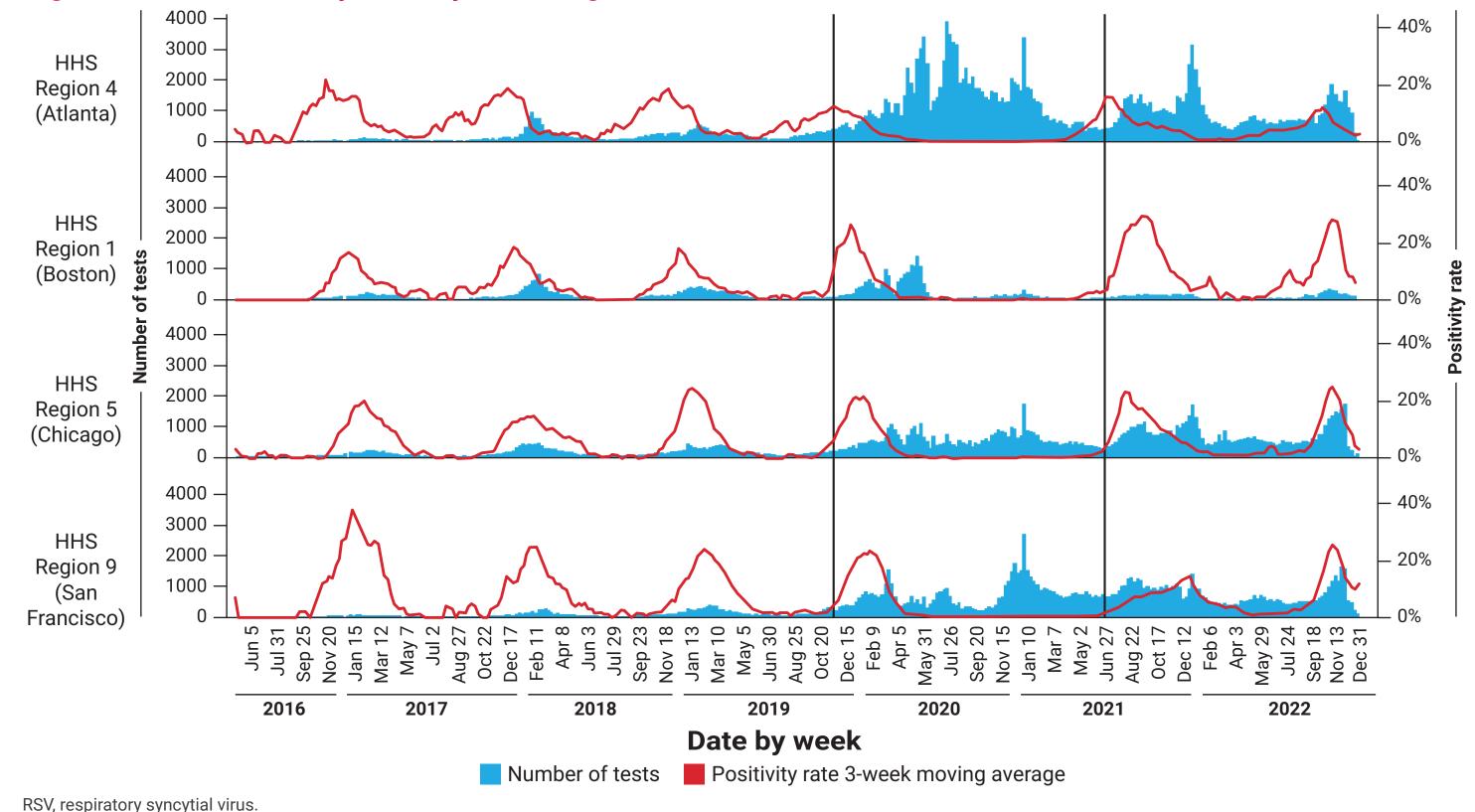
#### Date by week Positivity rate 3-week moving average Number of tests

RSV, respiratory syncytial virus.

### **Regional Variation of RSV Activity**

During both pre-pandemic and pandemic periods, regional variation was observed, with the RSV season peaking first in the south east of the United States (HHS region 4) both in November 2019 and June 2021; this was followed by peaks in states in the north and west of the United States (**Figure 2**)

Figure 2. RSV Positivity Rate by HHS Region<sup>a</sup> From June 2016 to December 2022

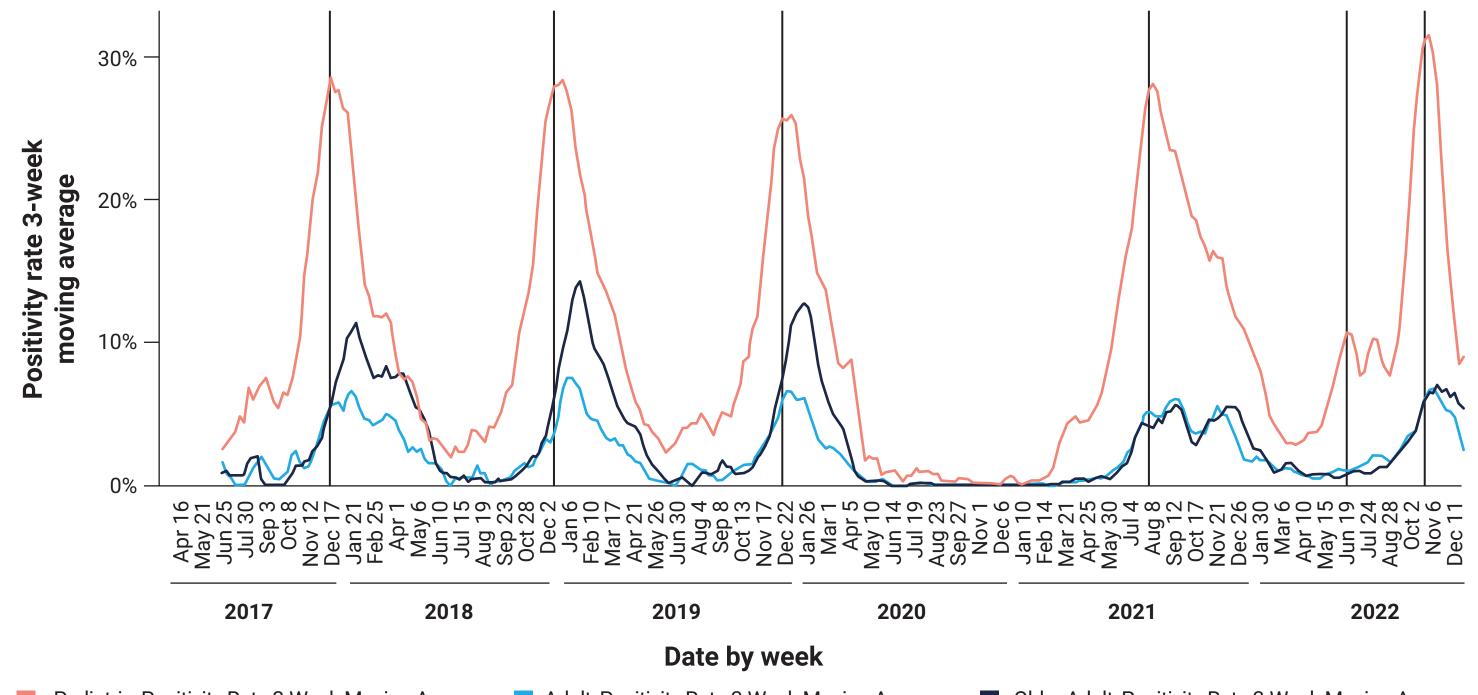


RSV, respiratory syncytial virus.

### **RSV Activity by Age Group**

 RSV activity in the pediatric population (aged 0 to <18 years) consistently started and peaked earlier than in</li> the adult (aged 18 to <60 years) or older adult (aged  $\geq$ 60 years) populations across both the pre-pandemic and pandemic periods (Figure 4)

### Figure 4. Variation of RSV Positivity Rate by Age Group



Older Adult, Positivity Rate 3-Week Moving Average Pediatric, Positivity Rate 3-Week Moving Average Adult, Positivity Rate 3-Week Moving Average RSV, respiratory syncytial virus.

<sup>a</sup>US Department of Health & Human Services (HHS) regional offices: region 1 (Boston) includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; region 4 (Atlanta) includes Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee; region 5 (Chicago) includes Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin; region 9 (San

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- Developing internal surveillance systems for vaccines targeting pathogens with uncertain or seasonal variations can guide enrollment strategies in large pivotal efficacy trials and ensure that a timely source of data is available throughout the enrollment period
- Implementation of optimal enrollment strategies may ensure maximum potential benefit for participants and accelerate trial timelines in case-driven studies, which may be especially important when there is an unmet medical need for a disease with a substantial health burden (i.e., RSV)

# ABSTRACT PLAIN LANGUAGE SUMMARY

Please scan the QR code for a PDF of the poster and infographic plain language summary of the submitted abstract. Copies of the PDF and summary obtained through the QR code are for personal use only and may not be reproduced without written permission of the authors.

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### Acknowledgments

Medical writing and editorial assistance were provided by Jared Mackenzie, PhD, of MEDiSTRAVA in accordance with Good Publication Practice (GPP3) guidelines, and under the direction of the authors. This study was funded by Moderna, Inc.

#### Disclosures

CAP, HC, CP, and AE are employees of Moderna, Inc., and hold stock/stock options in the company.

Presented at the World Vaccine Congress; April 4-6, 2023; Washington, DC, USA

