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We, the undersigned vaccine scientists, pediatricians, infectious disease experts, maternal health specialists, economists, and public health leaders, are joining forces around a shared goal: to STOP RSV.

Respiratory syncytial virus (RSV) is one of the leading causes of pneumonia in infants worldwide. Every year, RSV causes an estimated 33 million lower respiratory tract infections, more than 3.6 million hospitalizations, and over 100,000 deaths among children under five years of age — with the greatest burden falling on babies in the first months of life. The overwhelming majority of these deaths occur in low- and middle-income countries (LMICs).

For decades, health systems had few tools to prevent RSV in newborns and young infants. That has now changed. The arrival of maternal RSV vaccination represents one of the most important breakthroughs in child survival and maternal immunization in a generation.

We are coming together because the evidence is now too strong to ignore.

Maternal RSV vaccination works. It saves lives. It prevents severe disease during the most vulnerable first months of infancy. And it substantially reduces the burden on hospitals and overstretched health systems, especially in LMICs where the systems are weak.

Trial data from 18 middle- and high-income countries demonstrated dramatic reductions in infant hospitalizations following the introduction of the RSV maternal vaccine. The risk of hospitalization was reduced by 68% within 3 months after birth and by 57% within 6 months after birth. Infant ICU admissions for RSV fell by 82% within 3 months and by 69% within 6 months after birth.

Real world evidence is confirming these results. Following the introduction of the RSV vaccine in the United States and the UK, infant hospitalization fell by 74% and 80% respectively. In Argentina, early results have been remarkable. One study found the RSV vaccine reduced hospitalizations in infants under six months by 78.7%. Vaccinated infants also experienced substantially milder illness, with oxygen therapy reduced from seven to four days and hospital stays shortened from eight to five days. A second analysis found that the vaccine reduced RSV-related hospitalizations in infants under six months by 33.6% in its first season, effectively preventing one out of every three expected RSV admissions.

These are not marginal gains. They represent hundreds of thousands of babies spared severe respiratory disease, oxygen therapy, intensive care admission, and lifelong complications.

Further, as severe RSV infection in infancy is associated with an increased risk of long-term respiratory problems, including reduced lung function and the development of asthma, the RSV vaccine can reduce the burden of chronic respiratory diseases.

The economic argument is equally compelling. RSV season places enormous pressure on pediatric wards, emergency departments, intensive care units, and oxygen systems. Preventing severe RSV disease means fewer admissions, shorter hospital stays, lower oxygen demand, reduced antibiotic use, and lower long-term healthcare expenditure. In many countries, a single severe RSV hospitalization can consume scarce hospital resources equivalent to the cost of protecting many infants through vaccination.

At a time when ministries of health face difficult budget decisions, RSV maternal vaccination stands out as an intervention capable of delivering both health gains and economic savings.

This is why we believe RSV prevention must become a priority for national immunization agendas, maternal and child health programs, and global financing institutions.

Critically, countries do not need to carry this burden alone. Gavi, the Vaccine Alliance has already recognized RSV as a major global child health priority and has approved the establishment of an RSV maternal vaccine programme for Gavi-eligible countries. WHO has now prequalified the first maternal RSV vaccine, opening the pathway for broader global access and country introduction.

This creates a historic opportunity.

For the first time, countries have access to a proven maternal vaccine that can dramatically reduce infant pneumonia, save newborn lives, decrease hospital overcrowding, and strengthen child survival efforts — with global financing support increasingly aligned behind implementation.

We therefore call on governments, immunization technical advisory groups, donors, pediatric societies, maternal health leaders, and global partners to act with urgency.

Every RSV season that passes without access to prevention means avoidable infant deaths, avoidable hospitalizations, avoidable costs, and avoidable suffering for families.

The science is here. The tools are here. The financing pathway is emerging.

Now is the time to STOP RSV.

Sincerely,

Stop RSV: A Global Coalition of Vaccine Scientists, Pediatric Experts, Maternal Health Leaders, and Public Health Specialists

Learn more: https://stoppneumonia.org/latest/stop-rsv