



Anticorps monoclonaux et vaccination antiVRS : l'expérience pédiatrique et les enseignements pour l'adulte

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Déclaration d'intérêt de 2014 à 2025

- Intérêts financiers :
- Liens durables ou permanents : Financement de la recherche (Sanofi, Pfizer)
- Interventions ponctuelles : invitations en congrès (Sanofi, Pfizer, MSD)
- Intérêts indirects :

Depuis 2023



Depuis 2024



De nombreux succès : 1) Efficacité confirmée

Real-world effectiveness of nirsevimab against respiratory syncytial virus disease in infants: a systematic review and meta-analysis

[Dewan Md Sumsuzzman, PhD^a](#) · [Zhen Wang, PhD^{a,b}](#) · [Joanne M Langley, MD^c](#) · [Seyed M Moghadas, PhD^a](#)  

[Affiliations & Notes](#)  [Article Info](#)  [Linked Articles \(1\)](#) 

- Revue systématique et méta-analyses
- 32 cohortes inclues
- Effectiveness : odds ratio 0·17; 95% CI 0·12–0·23

De nombreux succès : 1) Efficacité confirmée

Effectiveness of the maternal RSVpreF vaccine against severe disease in infants in Scotland, UK: a national, population-based case-control study and cohort analysis



Isobel McLachlan, Chris Robertson, Kirsty E Morrison, Ross McQueenie, Sajraj Shahul Hameed, Cheryl Gibbons, Rachael Wood, Rachel Merrick, Louisa Pollock, Antonia Ho, Ting Shi, Thomas C Williams, Sir Aziz Sheikh, Jim McMenamin, Sam Ghebrehewet, Kimberly Marsh

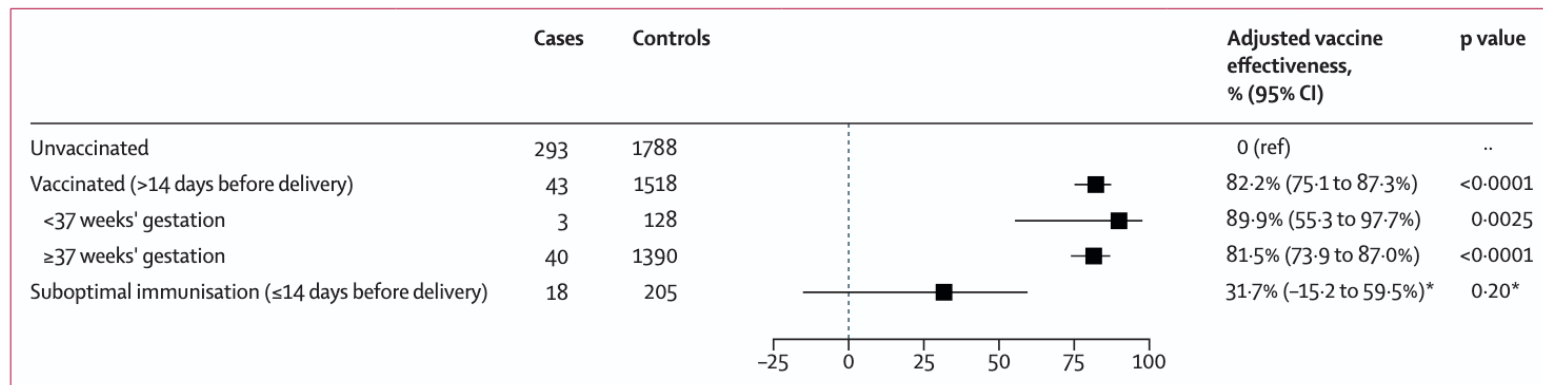


Figure 2: Forest plot of maternal RSVpreF vaccine effectiveness against RSV-related LRTI hospital admission among infants aged 90 days or younger
 All estimates are compared with the unvaccinated group as the reference group. LRTI=lower respiratory tract infection. RSV=respiratory syncytial virus.
 RSVpreF=respiratory syncytial virus prefusion F protein. *Post-hoc analysis.

De nombreux succès : 2) Acceptabilité inattendue !

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RAPID COMMUNICATION

Early lessons from the implementation of universal respiratory syncytial virus prophylaxis in infants with long-acting monoclonal antibodies, Galicia, Spain, September and October 2023

Federico Martín-Torres^{1,2,3,4}, Susana Mirás-Carballal⁵, Carmen Durán-Parrondo⁶

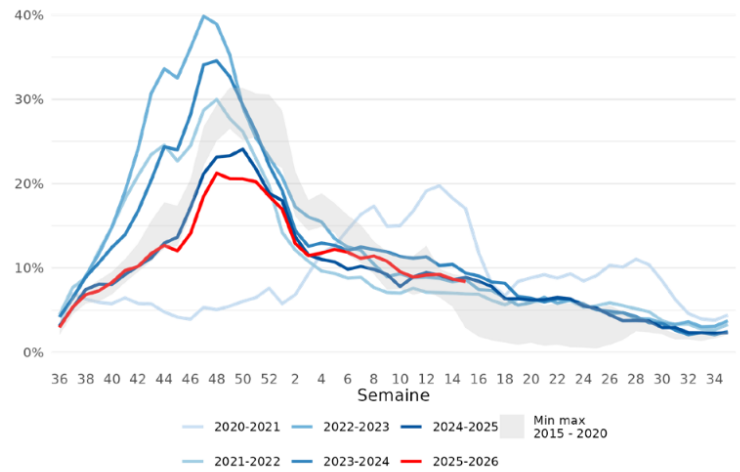
- Gallice : 93% d'immunisation parmi les nouveau-nés à partir du 25 septembre 2023
- France : acceptation autour de 90% !

De nombreux succès : 3) Couverture élevée chez le petit nourrisson

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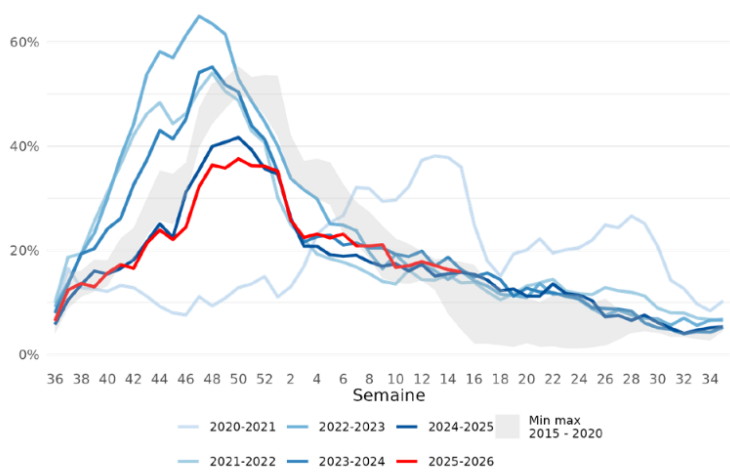
Part de la bronchiolite chez les enfants de moins de 1 an

Passages aux urgences



Source : réseau OSCOUR®

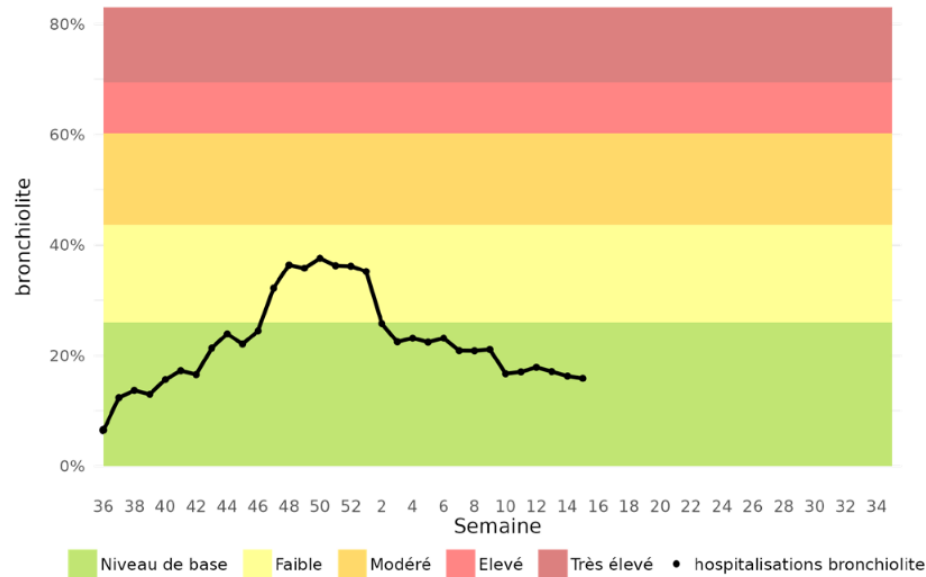
Hospitalisations après passage



Source : réseau OSCOUR®

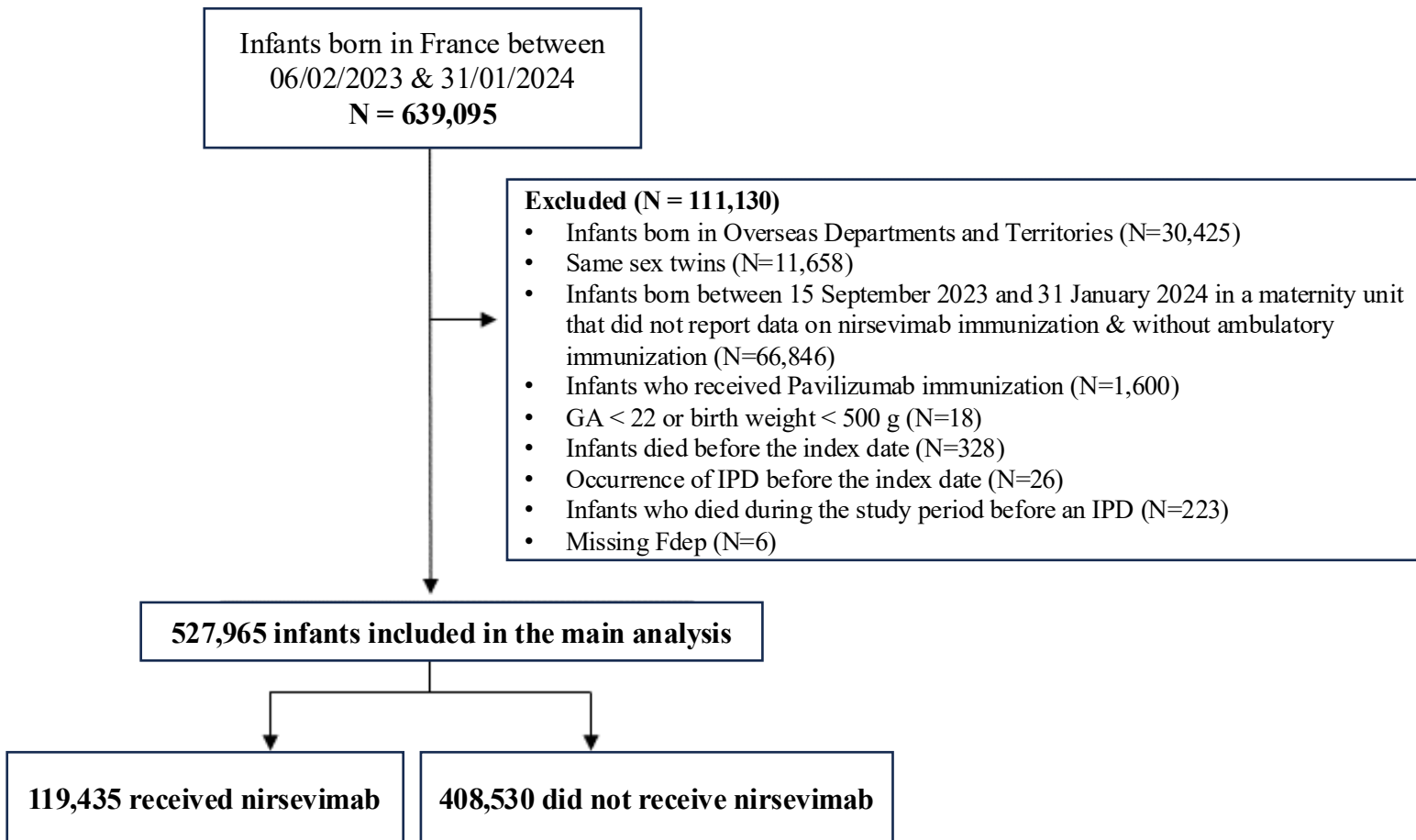
De nombreux succès : 3) Couverture élevée chez le petit nourrisson

Part de la bronchiolite parmi les hospitalisations après passage aux urgences chez les moins de 1 an, selon le niveau d'intensité pour cet indicateur*



De nombreux succès : 4) Efficacité au-delà du VRS

Nirsevimab et infections invasives pneumococciques



Nirsevimab et infections invasives pneumococciques

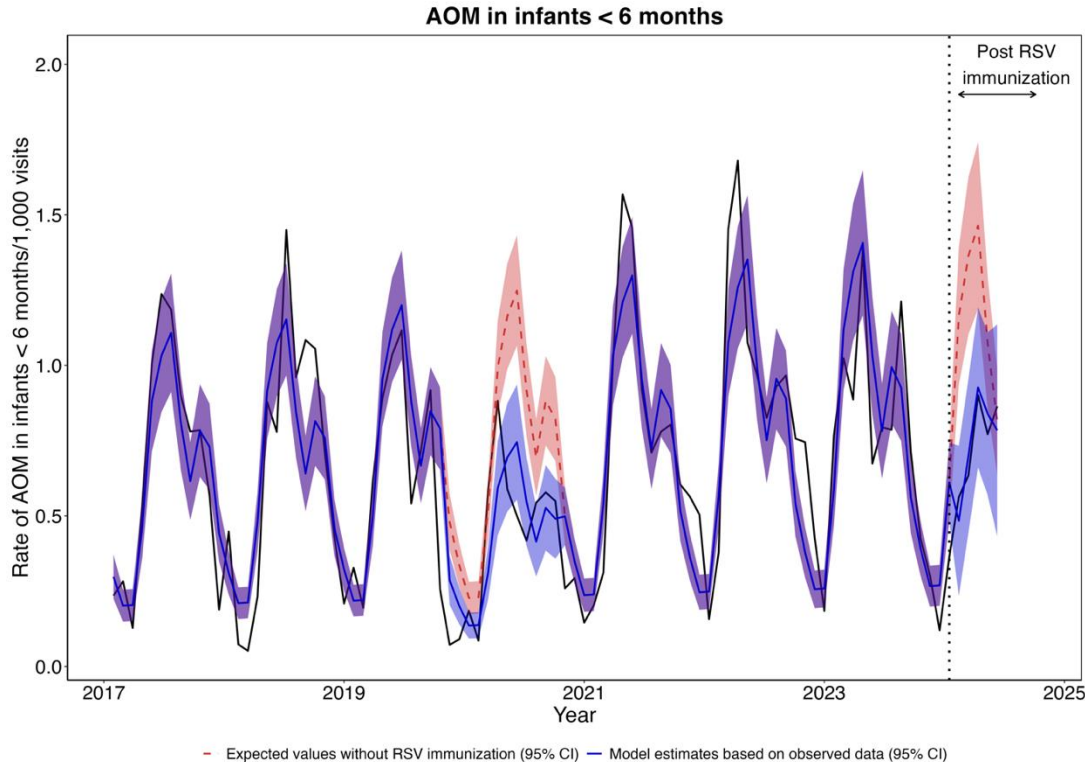
	Immunized with nirsevimab <i>no. of IPD cases in each group/total no. (no. of IPD cases in each group/100,000)</i>	Non-immunized with nirsevimab <i>no. of IPD cases in each group/total no. (no. of IPD cases in each group/100,000)</i>	OR [95%CI]
Primary analysis*	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)	0.64 [0.48;0.85]

Nirsevimab et infections invasives pneumococciques

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Primary analysis*	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.64 [0.48;0.85]
Sensitivity analyses				
Matching immunized / non-immunized children (1:2) †	12/76,846 (15.6/100,000)	42/153,692 (27.3/100,000)		0.64 [0.43;0.95]
Double-robust adjustment ‡	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.64 [0.48;0.85]
Random intercept for region §	17/119,435 (14.2/100,000)	95/408,530 (25.0/100,000)		0.64 [0.48;0.85]
Removing IPD cases defined by code B953 + meningitis, bacteremia, pneumonia, osteoarticular infection or mastoiditis ¶	17/119,435 (14.2/100,000)	81/408,530 (19.8/100,000)		0.64 [0.47;0.86]
Average effect in the treated population ††	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.64 [0.42;0.96]
Propensity score matching ‡‡	17/119,434 (14.2/100,000)	53/211,811 (25.0/100,000)		0.57 [0.33;0.98]
Overlap-weighting §§	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.65 [0.43;0.96]
Trimming ¶¶	16/113,463 (14.1/100,000)	91/388,103 (23.4/100,000)		0.57 [0.42;0.78]
Attribution of inclusion dates for non-immunized children regardless of birth month †††	17/119,435 (14.2/100,000)	91/408,522 (22.3/100,000)		0.69 [0.42;0.78]
Previous severe infections included in the PS ‡‡‡	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.62 [0.48;0.84]
Other acquired immunodeficiencies included in the PS §§§	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.64 [0.48;0.85]
Nirsevimab receipt considered with a seven-day delay ¶¶¶	17/119,435 (14.2/100,000)	91/408,526 (22.3/100,000)		0.67 [0.51;0.90]
Age categorized as < 3 months or ≥ 3 months	17/119,435 (14.2/100,000)	95/408,530 (23.3/100,000)		0.62 [0.46;0.82]

Nirsevimab et otites moyennes aiguës

Nirsevimab et otites moyennes aiguës



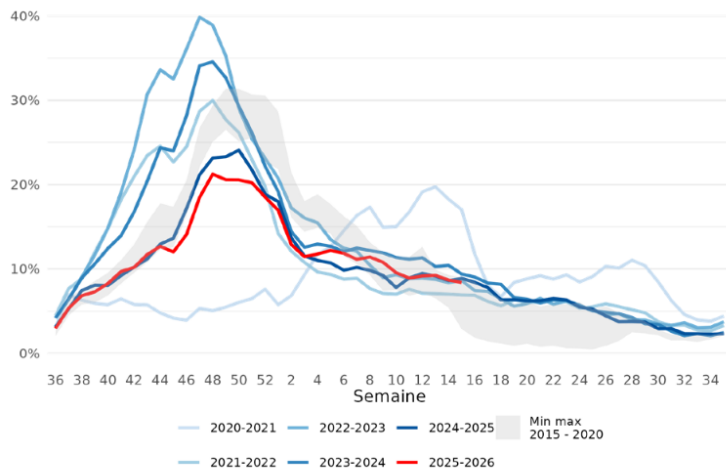
Des challenges persistants : 1) Couverture chez l'enfant né avant la campagne

- Actuellement : 50%

Des challenges persistants : 1) Couverture chez l'enfant né avant la campagne

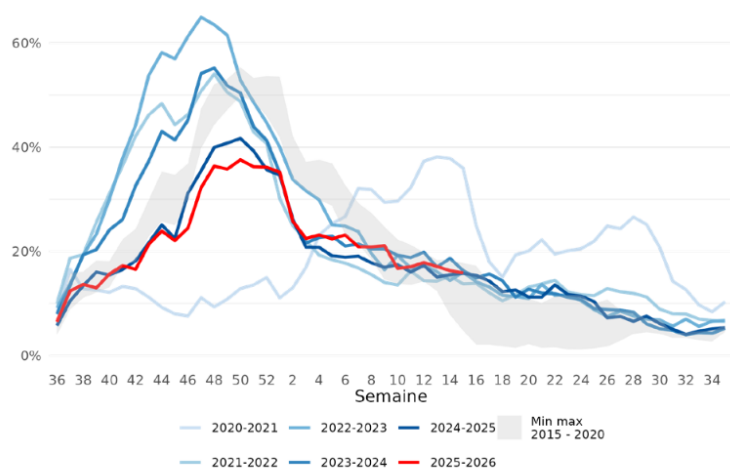
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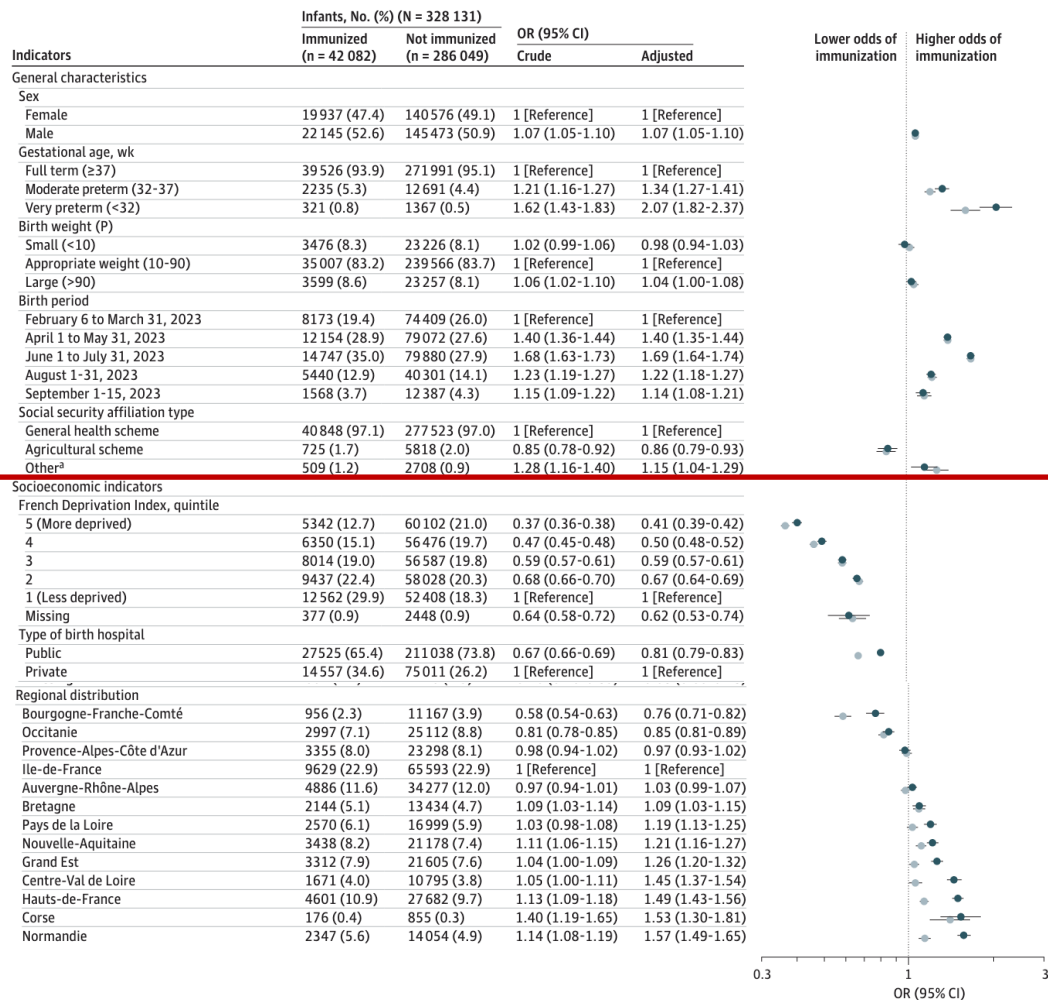
Hospitalisations après passage



Source : réseau OSCOUR®

Des challenges persistants : 2) Couverture et inégalités sociales

Figure. Association Between Socioeconomic and Health Care Accessibility and Outpatient Nirsevimab Immunization



Social and Regional Inequalities in Maternal Respiratory
Syncytial Virus Vaccination in France

Anellie Gabet, PhD, Marion Bertrand, MSc, Marie-Joëlle Jabagi, PhD, Valérie Ollé, PhD, Mahmoud Zureik, MD, PhD

Table 1. Association of Participant Characteristics With Bivalent Recombinant Respiratory Syncytial Virus Vaccination in France

Characteristic	Women, No. (%) (N = 264 471)		Vaccination, OR (95% CI)		
	Vaccinated (n = 72 026)	Not vaccinated (n = 192 445)	Vaccination rate, No./total No. (%)	Crude	Adjusted ^a
Age group, y					
13-17	191 (0.3)	1316 (0.7)	191/1 507 (12.7)	0.49 (0.42-0.57)	0.77 (0.65-0.90)
18-24	7909 (11.0)	29 999 (15.6)	7909/37 908 (20.9)	0.77 (0.75-0.80)	0.88 (0.85-0.91)
25-29	19 821 (27.5)	56 161 (29.2)	19 821/75 982 (26.1)	1 [Reference]	1 [Reference]
30-39	40 956 (56.9)	96 364 (50.1)	40 956/137 320 (29.8)	1.20 (1.18-1.23)	1.16 (1.13-1.18)
40-50	3149 (4.4)	8605 (4.5)	3149/11 754 (26.8)	1.06 (1.01-1.11)	1.08 (1.03-1.13)
Socioeconomic indicators					
Complementary solidarity health insurance	9 108 (12.6)	48 677 (25.3)	9108/57 785 (15.8)	0.46 (0.45-0.47)	0.51 (0.50-0.53)
French Deprivation Index, quintile					
First (less deprived)	18 096 (25.1)	35 770 (18.6)	18 096/53 866 (33.6)	1.79 (1.75-1.85)	1.82 (1.76-1.88)
Second	15 808 (22.0)	36 213 (18.8)	15 808/52 021 (30.4)	1.55 (1.51-1.59)	1.43 (1.39-1.47)
Third	13 703 (19.0)	35 716 (18.6)	13 703/49 419 (27.7)	1.36 (1.32-1.40)	1.29 (1.25-1.33)
Fourth	12 425 (17.3)	35 093 (18.2)	12 425/47 518 (26.1)	1.26 (1.22-1.29)	1.15 (1.12-1.19)
Fifth (more deprived)	10 691 (14.8)	37 935 (19.7)	10 691/48 626 (22.0)	1 [Reference]	1 [Reference]
Oversea territories	771 (1.1)	10 437 (5.4)	771/11 208 (6.9)	1.14 (0.93-1.39)	1.31 (1.07-1.60)
Missing	532 (0.7)	1281 (0.7)	532/1813 (29.3)	NA	NA
Health care accessibility level^b					
1 (Lower accessibility)	21 332 (29.6)	65 848 (34.2)	21 332/87 180 (24.5)	1 [Reference]	1 [Reference]
2	23 674 (32.9)	62 702 (32.6)	23 674/83 376 (27.4)	1.15 (1.13-1.18)	1.16 (1.13-1.18)
3 (Higher accessibility)	25 784 (35.8)	59 728 (31.0)	25 784/86 512 (30.2)	1.37 (1.34-1.40)	1.26 (1.23-1.29)
Missing	1236 (1.7)	4167 (2.2)	1236/5403 (22.9)	NA	NA
Region of residence					
Auvergne-Rhône-Alpes	9358 (13.0)	22 135 (11.5)	9358/31 493 (29.7)	0.56 (0.54-0.59)	0.54 (0.52-0.57)
Bourgogne-Franche-Comté	1967 (2.7)	7069 (3.7)	1967/9036 (21.8)	0.37 (0.35-0.39)	0.41 (0.38-0.44)
Bretagne	4921 (6.8)	6563 (3.4)	4921/11 484 (42.9)	1 [Reference]	1 [Reference]
Centre-Val de Loire	2597 (3.6)	6841 (3.6)	2597/9538 (27.5)	0.51 (0.48-0.54)	0.56 (0.53-0.60)
Corse	134 (0.2)	682 (0.4)	134/816 (16.4)	0.26 (0.22-0.32)	0.24 (0.20-0.29)
Grand Est	4545 (6.3)	14 325 (7.5)	4545/18 870 (24.1)	0.42 (0.40-0.44)	0.47 (0.44-0.49)
Hauts-de-France	7335 (10.2)	17 199 (9.0)	7335/24 534 (29.9)	0.57 (0.54-0.60)	0.70 (0.67-0.73)
Île-de-France	14 309 (19.9)	45 939 (23.9)	14 309/60 248 (23.8)	0.42 (0.40-0.43)	0.36 (0.35-0.38)
Normandie	3636 (5.1)	8571 (4.5)	3636/12 207 (29.8)	0.57 (0.54-0.60)	0.65 (0.62-0.69)
Nouvelle-Aquitaine	6902 (9.6)	12 565 (6.5)	6902/19 467 (35.5)	0.73 (0.70-0.77)	0.75 (0.72-0.79)
Occitanie	6025 (8.4)	14 805 (7.7)	6025/20 830 (28.9)	0.54 (0.52-0.57)	0.58 (0.55-0.60)
Pays de la Loire	5129 (7.1)	9317 (4.9)	5129/14 446 (35.5)	0.73 (0.70-0.77)	0.75 (0.71-0.79)
Provence-Alpes-Côte d'Azur	4487 (6.2)	15 970 (8.3)	4487/20 457 (21.9)	0.37 (0.36-0.39)	0.38 (0.36-0.40)

(continued)

Des questions persistantes

- Quelle efficacité d'une année sur l'autre, selon les clades de VRS ?
- Quel risque d'émergence de résistance ?
- Quel impact à moyen terme ?

Au total

- Une expérience unique, redessinant le profil des épidémies hivernales
- Un impact bien au-delà de la bronchiolite
- Un modèle pouvant guider les futures stratégies vaccinales
- Des challenges persistants, des questions majeures à adresser

Remerciements



ACTIV



Tous les investigateurs
impliqués dans ces
observatoires

