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Integrated prevention of respiratory syncytial virus in infants after the “revolution”: reflections from the first two seasons in Sicily and Calabria

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Background. The introduction of maternal immunization and monoclonal antibody prophylaxis has substantially changed the prevention of respiratory syncytial virus (RSV) disease in infants. After two seasons of implementation, the experience of Sicily and Calabria offers an opportunity to discuss the clinical impact of these strategies and the organisational challenges involved in their delivery.

Materials and Methods. This narrative contribution is based on a structured discussion with two healthcare professionals involved in RSV prevention. The first perspective concerns the paediatric impact of the new strategies, including changes in hospital admissions, disease severity and the characteristics of infants who continue to require hospital care. The second focuses on maternal immunization, with particular reference to acceptance among pregnant women, communication needs and the integration of vaccination into birth pathways.

Results. The first two seasons suggest a substantial reduction in the burden of severe RSV disease. In Sicily, during the 2024–2025 season, more than 65% of the target population received preventive protection and hospitalizations for RSV bronchiolitis decreased by approximately 40%. However, residual hospitalizations continue to occur, particularly among infants who did not receive timely prophylaxis, very young infants and children with underlying vulnerability. From the perspective of maternal immunization, the main challenges concern the timely identification of eligible women, the coordination between maternity units and vaccination services, and the consistency of information provided by healthcare professionals. Acceptance may be influenced by organisational barriers as well as by communication and cultural factors.

Conclusions. The experience of the first two seasons indicates that the effectiveness of RSV prevention depends not only on the availability of maternal immunization and monoclonal antibody prophylaxis, but also on the ability to integrate these interventions into routine care pathways. Strengthening collaboration among maternity units, vaccination services, paediatricians and community healthcare professionals will be essential to improve timely access, reduce residual preventable disease and ensure equitable protection for infants in Sicily and Calabria.

References. Costantino C, Amodio E, et al. Impact of a Universal Nirsevimab Prevention Program Against Respiratory Syncytial Virus Bronchiolitis in Infants in Sicily (Italy) During the 2024–2025 Epidemic Season: A Retrospective Cohort Study. Vaccines 2025;13:1219. Serra G, Martorana C, Barbera G, Catania M, Cipolla D, Colomba C, et al. Respiratory Pathogen Co-Detection in Hospitalized Infants with Bronchiolitis and Implementation of Universal Nirsevimab Immunoprophylaxis: A Six-Year Observational Study. Children. 2026;13(9):1189. Amodio E, Pisciotta V, Genovese D, et al. Birth characteristics as predictors of respiratory syncytial virus hospitalisation in newborns to optimise immunisation schedule. Acta Paediatr. 2024;113(5):1087-1094.