APPENDIX 1

Detailed action plans for the literacy actions, non-pharmacological preventive actions and pharmacological preventive actions developed by the experts during the RSV Think Tank initiative.

Appendix 1 - Literacy actions, non-pharmacological preventive actions and pharmacological preventive actions developed by the experts during the RSV Think Tank initiative.

LITERACY ACTIONS

Disseminate information about RSV through physical, digital, and media campaigns

Objective: To increase the literacy of parents/caregivers and the general public regarding respiratory infections, particularly RSV.

Action plan:

- Develop communication materials for the target audience, such as animated videos with information about RSV and respiratory hygiene measures (e.g., the Sanofi "Together Against RSV" initiative). The content should be validated by scientific entities (such as SPP or SPN) and/or health authorities (such as DGS).
- Create a website that will serve as a repository of reliable information on child health, including information about RSV, targeted at parents. The website should be centrally managed.
- Disseminate the information through different channels (e.g., parent associations, digital influencers who produce content on parenting and/or child health topics, media campaigns).

Stakeholders to involve:

• Parent's associations: XXS Association, Digital influencers, Paediatricians, MCEESIP, Communication agency, pharmaceutical industry, municipalities

Barriers:

- Need to adapt communication (content and dissemination) to the target audience;
- Ensuring budget to work on the different initiatives.

Include an informative brochure about RSV given to parents during appointments

Objective: Promote the literacy of parents/caregivers, through the provision of reliable information at the time of appointment.

Action plan

- Raise awareness, with the support of the Association XXS, among the medical community and health authorities about the need to increase literacy about respiratory infections among all caregivers/parents of newborn;
- Develop communication material, in partnership with entities such as the Portuguese Society of Paediatrics (SPP) and the Portuguese Association of General and Family Medicine (APMGF) and health authorities, such as the Nurses' Order and the Directorate-General of Health (DGS);
- Request support from DGS for publication of a plan to disseminate the materials during newborn/infant consultations (norm/guideline);
- Seek support from medical and scientific societies (SPP, APMGF, ANMSP), paediatricians, nurses, and family physicians, to promote and disseminate the initiative in order to ensure effective implementation of this measure in the field.

Stakeholders to involve:

• DGS, pharmaceutical industry, SPP, MCEESIP, APMGF, XXS Association, Communication agency

Barriers:

- Distribution logistics and continued production of communication materials according to needs;
- Ensure funding for the initiative.

XXS Association: Associação Portuguesa de Apoio ao Bebé Prematuro; MCEESIP: Mesa do Colégio da Especialidade de Enfermagem de Saúde Infantil e Pediátrica; DGS: Direção-Geral da Saúde; SPP: Sociedade Portuguesa de Pediatria; APMGF: Associação Portuguesa de Medicina Geral e Familiar.

Increase the role of municipalities in promoting health literacy and disease prevention among the general population

Objective: To directly intervene in communities, increasing the health literacy levels of society and stimulating the adoption of health promoting behaviours.

Example: Implement a pilot project in the Lumiar parish with the aim of increasing literacy among parents/caregivers by delivering a basket to parents of newborns with baby products and information on respiratory infections, RSV, and preventive measures.

Action plan:

- Meet with baby care product companies to present the initiative and its relevance, in order to generate interest in participating as a partner;
- Develop attractive informational material validated by the relevant entities. Reuse existing material if it meets the defined requirements:
- Measure the impact of the pilot project to determine the interest of parents in the initiative and the effects of this measure in increasing literacy.

Stakeholders to involve:

• Municipalities, APMGF, DGS, baby products brands, communication agency, SPP, MCEESIP

Barriers

• Establishing partnerships with brands interested in collaborating on the initiative.

Implement specialized training in schools and day-care centres for educators and teachers about respiratory infections

Objective: Promote knowledge about respiratory infections, particularly RSV, and preventive measures, among educators and teachers in schools and day-care

Action plan:

- Raise awareness among the Ministry of Education and the different Regional Health Administrations about the importance of providing training to educators and teachers on respiratory infections and preventive hygiene measures;
- Develop specific training modules in collaboration with healthcare professionals, such as pediatricians or nurses, and educational experts to provide educators and teachers with the necessary knowledge and skills to prevent and manage respiratory infections, including RSV:
- Select schools for piloting the training programs based on availability of human resources available, as well as high rates of school absenteeism due to illness among children in the 1st cycle/preschool.
- Develop initiatives suitable for the specific needs of each school, such as "Playing Outdoors" initiative where children spend a minimum number of hours outside each week.
- Measure the success of the pilot projects by tracking metrics such as reduction in school absenteeism rates among children in the 1st cycle/preschool and absenteeism rates among their caregivers.

Stakeholders to involve:

• ARS, MCEESIP, Ministry of education

Barriers

- Difficulty in identifying, contacting, and generating interest among childcare facilities to participate in the initiative, given that most of them are private and there are no government entities governing them to which we can resort.
- Shortage of human resources, particularly nurses, to carry out the initiative.

APMGF: Associação Portuguesa de Medicina Geral e Familiar; DGS: Direção-Geral da Saúde; SPP: Sociedade Portuguesa de Pediatria; MCEESIP: Mesa do Colégio da Especialidade de Enfermagem de Saúde Infantil e Pediátrica; ARS: Administração Regional de Saúde.

Update the "Boletim de Saúde infantil e juvenil" by adding specific discussion topics for each age group regarding respiratory infections

Objective: To increase parents/caregivers' knowledge about respiratory infections caused by RSV and promote behavioural changes through healthcare professionals.

Action plan:

- Collaborate with different entities such as the Portuguese Society of Paediatrics (SPP), Portuguese Association of General and Family Medicine (APMGF), College of Specialization in Child Health and Paediatrics Nursing (MCEESIP), paediatricians, nurses, family physicians, and Parents' associations (e.g., Association XXS) to demonstrate the need to include topics related to respiratory infections and their prevention in the "Boletim de saúde infantil e juvenil" (Child and Youth Health Bulletin)
- Promote the reformulation of the "Boletim de saúde infantil e juvenil" directly with the Directorate-General of Health (DGS), who is responsible for its content, with the support of medical and scientific societies.

Stakeholders to involve:

DGS, SPP, APMGF, MCEESIP, XXS Association

Barriers

• There are no significant barriers to the implementation of this solution.

Create a multidisciplinary team between Primary and Hospital Healthcare, Municipalities, and Schools to work on school health

Objective: To promote healthy habits and disease prevention among educators/teachers, parents, and children, equipping the new generation with the necessary tools to become promoters of their individual health. **Action plan:**

- Raising awareness, with the help of Parents' associations (Association XXS, CONFAP), among the political entities of the different ministries and health authorities about the pressing need to implement this measure, using scientific evidence (such as low levels of health literacy among parents, increasing levels of childhood obesity, etc.);
- Determine local needs and develop action plans tailored to the needs of each community to improve the health of school children;
- Identify funding sources for the initiative, including funding from different Municipal Chambers.

Stakeholders to involve:

XXS •

Rarriers

- DGS, ARS, CONFAP, Municipalities, XXS Association, Ministry of Education, MCEESIP
- Shortage of human resources, particularly nurses, to implement the initiative;
- Ensuring budget for the different initiatives

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NON-PHARMACOLOGICAL PREVENTIVE ACTIONS

Facilitate the bureaucratic process associated with parental absenteeism from work due to their child's respiratory infection

Objective: To reduce the spread of respiratory infections in day-care centres. **Action plan:**

- Join efforts between Parents' associations (CONFAP), medical societies (SPP and APMGF), Order of Nurses and business entities (AEP, Business Association of Portugal);
- Gather evidence and raise awareness among political entities of the impediments that the bureaucratic process imposes in obtaining justification for work absences, sometimes forcing parents/caregivers to bring the sick child to school/day-care (which consequently increases the spread of the virus), increasing the workload of paediatricians and family doctors, and high rates of absenteeism.

Stakeholders to involve:

• Government, CONFAP, SPP, MCEESIP, APMGF, AEP, MTSSS

Barriers

 The prevailing culture of civic responsibility in Portugal may condition the confidence of policymakers in providing this level of freedom for individual decisionmaking.

Increasing the maternity/paternity leave for parents of premature babies.

Objective: Reduce premature babies' contact with other children during an early and high-risk period for respiratory infections and complications. Ensure minimal financial impact on parents during this period.

Action plan:

- Raise awareness among political entities, with the involvement of Parents' associations such as Association XXS, of the need to protect the most vulnerable and ensure a prolonged period of care at home, without the need to place the child in day-care or other environments with a high risk of infections;
- Identify sources of funding to support the extended parental leave, such as tax incentives for companies that grant this benefit to their employees or the creation of a financial support fund for families with premature babies;
- Develop awareness campaigns for the importance of prolonged care at home for premature babies and the need for a policy of financial support for parents during this delicate period.

Stakeholders to involve:

Barriers

 XXS Association, MCEESIP, SPP, APMGF, Government Cost associated with the implementation of this measure;

CONFAP: Confederação Nacional das Associações de Pais; SPP: Sociedade Portuguesa de Pediatria; MCEESIP: Mesa do Colégio da Especialidade de Enfermagem de Saúde Infantil e Pediátrica; APMGF: Associação Portuguesa de Medicina Geral e Familiar; AEP: Associação Empresarial de Portugal; XXS Association: Associação Portuguesa de Apoio ao Bebé Prematuro

PHARMACOLOGICAL PREVENTIVE ACTIONS

Creation of a national task force dedicated to RSV or restructuring of the existing task force (DGS).

Objective: To prepare the country for the discussion, analysis, decision-making, and implementation of preventive technologies being developed against RSV infection, in order to promote a prompt decision-making process by political entities based on scientific evidence.

Action plan:

- Raise awareness among political and health authorities about the need to create/restructure a dedicated task force to RSV to evaluate preventive methods currently being developed before they enter the market.
- Note: The awareness-raising strategy must be evidence-based, to demonstrate the actual impact that RSV has on the healthcare system, families, and society. Given the current scarcity of evidence on the impact of RSV, it is necessary to first raise awareness among political entities about the burden of bronchiolitis on paediatric hospitalizations in all children. Once the impact of this pathology has been established, it should be emphasized the fact that there are multiple strategies being developed with the potential to reduce associated costs by more than half.
- Collaborate with different scientific societies in paediatrics, pneumology, and neonatology to leverage their technical-scientific knowledge.

Stakeholders to involve:

• Government, DGS, XXS Association, MCEESIP, Portuguese Society of Paediatrics, Portuguese Society of Pneumology, SPN

Barriers: Difficulty in imposing a sense of urgency for the need to create a task force that evaluates different preventive methods before they enter the market. Note: Given that RSV is a common and old virus, with which the healthcare system has dealt with for years, it is expected that there will be difficulties in imposing a sense of urgency for the creation of a task force.

Implementation of a preventive method against RSV for all children

Objective: To reduce the clinical, economic, and psychosocial impact of RSV infections, directly, equitably, and universally, promoting the reduction of moderate to severe disease incidence, with a significant impact on the reduction of hospitalizations and emergency department visits in all children.

Action plan:

- Gather scientific evidence of the real impact of RSV infections in all children;
- Conduct and publish small-scale epidemiological studies, with the implementation of etiological diagnosis in outpatient settings, adapting the design of studies conducted in other countries whenever possible:
- Conduct and publish studies on the economic and psychosocial impact of RSV infections in all children, in order to determine the indirect impact of these infections on families and society.
- Join forces between the RSV working group and institutions such as INSA, which assist in decision-making, notably by providing relevant epidemiological data that allow to measure the impact of these infections in all children;
- Involve civil society, raising awareness of the impact of RSV infections in all children.
- Involve the government, raising awareness of the economic impact that RSV infections in all children have on the healthcare system and society.

Stakeholders to involve:

 XXS Association, MCEESIP, SPP, SPN, APMGF, Government

Barriers

- Limited healthcare budget;
- Cost-effectiveness of different preventive methods still under development;
- There preventives methods under development such as monoclonal antibodies, that have never been used in the National Vaccination Program (PNV), thus requiring a paradigm shift.

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