Scientific Expert Panel on RSV vaccination in adults – Terms of Reference

1. Background, aims and objectives

Several respiratory syncytial virus (RSV) vaccines have received marketing authorisation within the European Union to prevent RSV disease in adults:

Brand name	Vaccine type	Authorisation	Approved population group
Arexvy (GSK)	Protein subunit + adjuvant	June 2023	Adults **≥60 years**; extended to **50-59 years with risk factors** (July 2024)
Abrysvo (Pfizer)	Protein subunit	August 2023	Adults **≥60 years**; extended to all adults **≥ 18 years** (April 2025)
mResvia (Moderna)	mRNA vaccine	August 2024	Adults **≥60 years;** extended to **18-59 years with risk factors** (June 2025)

As EU/EEA countries consider how best to integrate RSV vaccines into national immunisation strategies, there is a need for evidence-based, EU/EEA-level technical guidance to support informed and transparent decision-making. The prioritisation of this guidance reflects input from the ECDC National Immunisation Technical Advisory Groups (NITAGs) collaboration, which have identified RSV vaccination in adults as a key policy question requiring coordinated technical assessment at EU/EEA level. In addition, there is currently no comprehensive global guidance available specifically addressing this topic. The European Centre for Disease Prevention and Control (ECDC) is developing technical guidance on the use of RSV vaccines to prevent RSV disease in adults, planned for publication in mid-2027. This guidance will support EU/EEA countries by providing a structured and transparent assessment of the available evidence and by proposing non-binding, evidence-based recommendations that can be adapted to national contexts. The guidance will be developed using an Evidence-to-Recommendation framework, drawing on established best practice in evidence assessment and adapted for ECDC use. This framework integrates evidence on RSV epidemiological and virological surveillance; RSV burden and risk stratification; vaccine safety, efficacy and effectiveness; and implementation.

To support this process, ECDC will convene an external Scientific Expert Panel (SEP) to inform evidence synthesis and ECDC's development of recommendations.

1.1 Mandate of the SEP

The SEP is an advisory body. It does not take decisions on behalf of ECDC and does not issue recommendations independently. The final responsibility for the content and publication of the guidance rests with ECDC.

1.2 Scope of the guidance

These Terms of Reference apply exclusively to RSV vaccines for the protection of adults. RSV monoclonal antibodies and RSV maternal vaccination for preventing RSV disease in infants or children are out of scope.

1.3 Policy questions

The guidance will address policy questions related to:

- Age-based recommendations for RSV vaccination in adults;
- Risk-based recommendations for adults at increased risk of severe RSV disease;
- Safety and effectiveness of RSV vaccines, including co-administration with other vaccines;
- Duration of protection and considerations for re-vaccination.

2. Scope of tasks and responsibilities of the SEP

2.1 Core tasks

1. **Review and endorse evidence questions proposed by ECDC**, ensuring completeness, relevance and alignment with the policy areas listed above. The SEP will contribute expert scientific advice across the evidence domains underpinning the Evidence-to-Recommendation framework (**Annex A**). Members are expected to be comfortable contributing across more than one domain and recommendation area.
2. **Assess the evidence synthesis prepared and summarised by ECDC**, including surveillance analyses, systematic reviews and modelling outputs, and evaluate the certainty of the evidence.
3. **Contribute to Evidence-to-Recommendation judgements**, including:
   - balance of benefits and harms;
   - certainty of evidence;
   - relevance to different adult populations and settings.
4. **Review and provide scientific input on draft recommendations** developed by ECDC.
5. **Identify key evidence gaps** and priorities for future research and post-implementation monitoring.

SEP members will **not**:
- Perform systematic or rapid reviews;
- Undertake original analyses or modelling;
- Draft the guidance document or approve final ECDC recommendations.

2.2 Chairing, participation and consensus-building

Meetings will be chaired by ECDC, who will facilitate balanced discussion and support consensus-building. The SEP will work through a structured, discussion-based process to reach consensus. Where this is not possible, conclusions will reflect the majority view and divergent opinions will be documented transparently.

3. Provisional timeline and required availability

3.1 Duration of appointment

The SEP mandate will run for approximately 14 months, from **May 2026 to June 2027** (indicative).

3.2 Expected time commitment

Two face-to-face meetings are provisionally planned to address:

1. Evidence questions – **June 2026** (2 days; dates to be confirmed, but anticipated between 1–5 June)
2. Evidence syntheses and recommendations – **March 2027** (2 days; dates to be confirmed)

Written feedback is anticipated in advance of and following each meeting, with an estimated time commitment of approximately 2 days (16 hours) before and 2 days (16 hours) after each meeting. Overall, the expected commitment is intended to be compatible with senior professional roles.

4. SEP composition and required profiles

The SEP will comprise 10 members, with balanced representation across the following five domains (two experts per domain):

1. **Epidemiology and surveillance sciences**
2. **Clinical and public health practice**
3. **Virology, immunology and vaccine science**
4. **Biostatistics, modelling and health economics**
5. **Health systems, behavioural sciences and implementation**

Full descriptions of the competencies and examples of roles/profiles anticipated for each domain are listed in **Annex B**.

5. Remuneration

Participation in the SEP is not remunerated. Travel and accommodation expenses, as well as a daily subsistence allowance incurred in connection with face-to-face meetings will be reimbursed in accordance with ECDC financial rules. Contributions of the SEP will be acknowledged in the final recommendations published by ECDC.

6. Exclusion criteria

Applicants will be excluded if they have financial or non-financial conflicts of interest that cannot be adequately managed, as assessed through ECDC's Declaration of Interests process.

7. Code of conduct

SEP members are expected to adhere to the following principles:

- The working language of the SEP is English.
- Members act independently and in the public interest.
- Members participate in an individual capacity, not as institutional or national representatives.
- Members must declare existing or planned participation in national adult RSV vaccine recommendation processes.
- Members must respect confidentiality obligations throughout the process, including the handling of unpublished data, draft evidence syntheses and draft recommendations, which may extend beyond the end of the SEP mandate or publication of the final recommendations by ECDC.

8. Application submission

Applicants are required to submit:

1. A completed **Application Form** (**Annex C**) and **2-page Curriculum Vitae** to RSV.SEP@ecdc.europa.eu with the subject heading 'Scientific Expert Panel on RSV vaccination in adults'.
2. A **registration of interests** via ECDC's eDoI platform.

All applications and registrations of interests must be submitted by **23:59 CEST on Sunday 5 April 2026.**

9. Handling of personal data

Personal data will be processed in accordance with applicable EU data protection legislation and ECDC data protection rules. Further details on how personal data are handled can be found in the Data Protection Notice.

10. Selection procedure

Applications will be reviewed by ECDC in April 2026. In appointing members to the SEP, ECDC will seek:

- Scientific and technical expertise relevant to the SEP domain profiles listed in **Annex B**;
- Balanced coverage across all five SEP domains;
- A mix of academic, public health and applied expertise;
- Geographical representation across the EU/EEA.

Shortlisted applicants will be subject to a pre-screening of any potential conflicts of interest in line with ECDC's Independence Policy for Non-Staff, with conflicts assessed on an ongoing basis for the duration of the SEP mandate. Following the conflict of interest assessment, ECDC will draw up a proposed list of Scientific Expert Panel (SEP) members and submit it to the ECDC Advisory Forum for consultation, prior to formal appointment by the ECDC Director.

ECDC intends to select two members per SEP domain, with up to one alternate per domain. An alternate may be invited to participate if a primary member withdraws or is excluded. Only selected applicants will be contacted and ECDC reserves the right not to appoint any or all applicants.

Annex A: Framework for evidence questions

Expert profiles are designed to align with a common framework used to categorise evidence questions:

1. 'Why?' **Disease burden** (incidence, severity, healthcare utilisation, mortality, population impact).
2. 'When?' **Seasonality and timing of vaccination** (timing and intensity of RSV circulation).
3. 'Who?' **Risk stratification** (to identify intervention target populations).
4. 'What?' **Product characteristics** (safety, efficacy, effectiveness, duration of protection).
5. 'How?' **Implementation** (access, schedule integration, acceptance, uptake, communication).
6. 'Future' **Post-implementation monitoring** (virus evolution, disease burden, seasonality).

Annex B: Expert profiles

SEP members may be asked to contribute to evidence assessment and scoring across multiple evidence domains and should therefore be comfortable working beyond those listed for their primary profile.

Applicants should demonstrate substantial professional experience (≥10 years) relevant to the domain for which they apply, typically evidenced through senior or independent roles, a sustained track record of applied or academic work, and recognised expertise at national or international level.

1. Epidemiology and surveillance sciences

Core contribution: *Disease burden (Why), seasonality (When), risk stratification (Who)*

Competencies
- Expertise in infectious disease epidemiology, burden estimation, and interpretation of RSV surveillance quality and representativeness.
- Ability to interpret RSV circulation patterns, seasonal drivers, and geographic heterogeneity across EU/EEA settings.
- Skilled in assessing epidemiological inputs for models and economic analyses (incidence, severity, DALYs, high-risk group definitions).
- Ability to support age-based and comorbidity-based risk stratification through interpretation of epidemiological data, including differential incidence, severity and outcomes across adult population subgroups.

Example roles/profiles
- Senior infectious disease epidemiologist at a national public health institute (e.g. ECDC NFPs, national RSV surveillance focal points).
- Academic epidemiologist specialised in respiratory viruses or ageing populations.
- Public health surveillance scientist experienced in sentinel, syndromic, ILI/ARI/SARI systems.

2. Clinical and public health practice

Core contribution: *Clinical relevance (Who), vaccine use cases (What)*

Competencies
- Expertise in RSV clinical presentation, complications, comorbidities and clinical end-points relevant for adults and older individuals.
- Ability to appraise clinical trial data (efficacy, safety, durability) and judge the real-world relevance of clinical outcomes (hospitalisation, mortality, functional impact).
- Familiarity with adult vaccine delivery and understanding of how clinical practice assumptions influence modelling and cost-effectiveness.

Example roles/profiles
- Consultant geriatrician, respiratory physician, infectious disease specialist, or internal medicine clinician with respiratory expertise.
- Lead clinician from a tertiary hospital or expert in adult RSV case management.
- Public health physician involved in adult vaccination policy or guideline development.

3. Virology, immunology and vaccine science

Core contribution: *Product characteristics (What), virus evolution (Future)*

Competencies
- Expertise in RSV virology, genotypes, antigenic drift, correlates of protection, and interpretation of genomic or immunological datasets.
- Knowledge of vaccine platforms, immunogenicity, safety, and durability.
- Ability to interpret the implications of viral evolution or immune landscape changes for long-term effectiveness and modelling assumptions (e.g. waning).
- Expertise in vaccine safety, efficacy and effectiveness studies.

Example roles/profiles
- RSV virologist or molecular epidemiologist working within a national or regional reference laboratory.
- Immunologist or vaccinologist with experience in adult respiratory vaccines or monoclonal antibody development.
- Academic researcher in viral evolution, antigenicity, or host–pathogen immunology.

4. Biostatistics, modelling and health economics

Core contribution: *Quantitative assessment of disease burden and vaccine effects (Why/What), impact and cost-effectiveness modelling (Future)*

Competencies
- Strong statistical skills for interpreting vaccine efficacy/effectiveness evidence, clinical trial and observational study designs, and uncertainty quantification.
- Proficiency in infectious disease modelling (transmission-dynamic or decision-analytic) including health economic modelling (cost-effectiveness, cost–utility, budget impact).

Example roles / profiles
- Biostatistician or methodologist specialising in vaccine efficacy/effectiveness studies.
- Health economist experienced in vaccine cost-effectiveness or budget impact modelling.
- Modeller or evidence synthesis expert from academia, HTA agencies, or national immunisation technical advisory groups (NITAGs).

5. Health systems, behavioural sciences and implementation

Core contribution: *Programme feasibility, uptake and communication (How); operational inputs for cost-effectiveness (How)*

Competencies
- Understanding of adult vaccination infrastructure, delivery pathways, resource constraints, and access considerations across EU/EEA contexts.
- Expertise in behavioural insights, determinants of vaccine acceptance, and risk communication strategies.
- Ability to evaluate practical implementation parameters (programme costs, delivery strategies, uptake, equity) relevant for realistic cost-effectiveness and impact modelling.

Example roles / profiles
- Public health programme manager or immunisation coordinator familiar with adult vaccine implementation.
- Behavioural or social scientist working on vaccine acceptance, risk communication, or health behaviour research.
- Health services researcher with experience of delivery costs, workforce planning, and operational feasibility.