



●
RSVoa HCP Perspective
Study






Flu related insights


*Qualitative – Quantitative
Integrated Report*


●
June 2023

Methodology and sample overview

Qualitative Research






	Market	GP/PCP	Nurse	Hygienist	Total
	US	15	-	-	15
	UK	6	6	-	12
	France	8	-	-	8
	Germany	8	-	-	8
	Italy	4	-	6	10
	Total	41	6	6	53


 **60 minute** virtual in-depth interviews with HCPs


 **Fieldwork** 23rd February 2023 – 15th March 2023

 **Viewed fieldwork** US (23rd Feb)

Quantitative Research

	Market	GP/PCP	Nurse	Hygienist	Total
	US	100	-	-	100
	UK	30	30	-	60
	France	60	-	-	60
	Germany	60	-	-	60
	Italy	30	-	30	60
	Total	280	30	30	340

 **20 minute** online survey with HCPs

 **Fieldwork** 24th March 2023 – 19th April 2023

Screening criteria

- ✓ Specialists included a mix of general practitioners / primary care practitioners, nurses and hygienists
- ✓ Spend minimum of 80% of their time in direct patient care
- ✓ At least 30% of their patients 65+ [DE:60+]
- ✓ Involved with adult vaccines (recommend / administer / order / prescribe)

Presentation key

Market differences



US



UK



DE



IT



FR

Quantitative insights

▲ COUNTRY xx% / ▼ COUNTRY xx% = significantly higher or lower than at least 3 other markets

Qualitative insights

↑COUNTRY = More frequently mentioned in a specific market (e.g. ↑US)

↓COUNTRY = Less frequently mentioned in a specific market (e.g. ↓US)

N.B. Where no flags are used, findings are consistent across markets

Icons

Quant insights

Quantitative insights

Qual insights



Qualitative insights



Behavioural science insights

Definition of behavioural science = understands the science behind human decision making to analyze biases in thinking (cognition) thereby helping predict behaviors

Abbreviations

RSV

Respiratory Syncytial Virus

Market

US

United States

UK

United Kingdom

HCP

Healthcare professional

DE

Germany

SoC

Standard of care

IT

Italy

BoD

Burden of disease

FR

France

T2B

Top 2 Box

Prompted awareness

I have heard of it and am very knowledgeable about it

I have heard of it and have some knowledge about it

I have heard of it but have limited knowledge about it

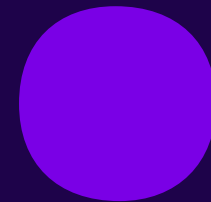
I have heard the name but that is all I know

I have never heard of it

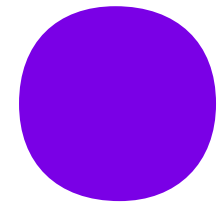
aware

not aware

FLU related insights



01 PERCEIVED BURDEN OF DISEASE






On average, HCPs claim to have seen 33 patients with RSV in the past year; claimed caseloads of COVID-19 and Flu on the other hand both exceed 100

Cases seen in the past year (not necessarily confirmed cases)
(Mean no. of patients)

Proportion that have ever seen a case
(%HCPs)

COVID-19  144 ▲ DE (207)

Flu  104 ▲ IT (164)

RSV  33



BeSci: **Mere exposure effect**
– suggests that the greater the familiarity, the greater the preference towards a vaccine for that virus

100%

100%

83%

17%

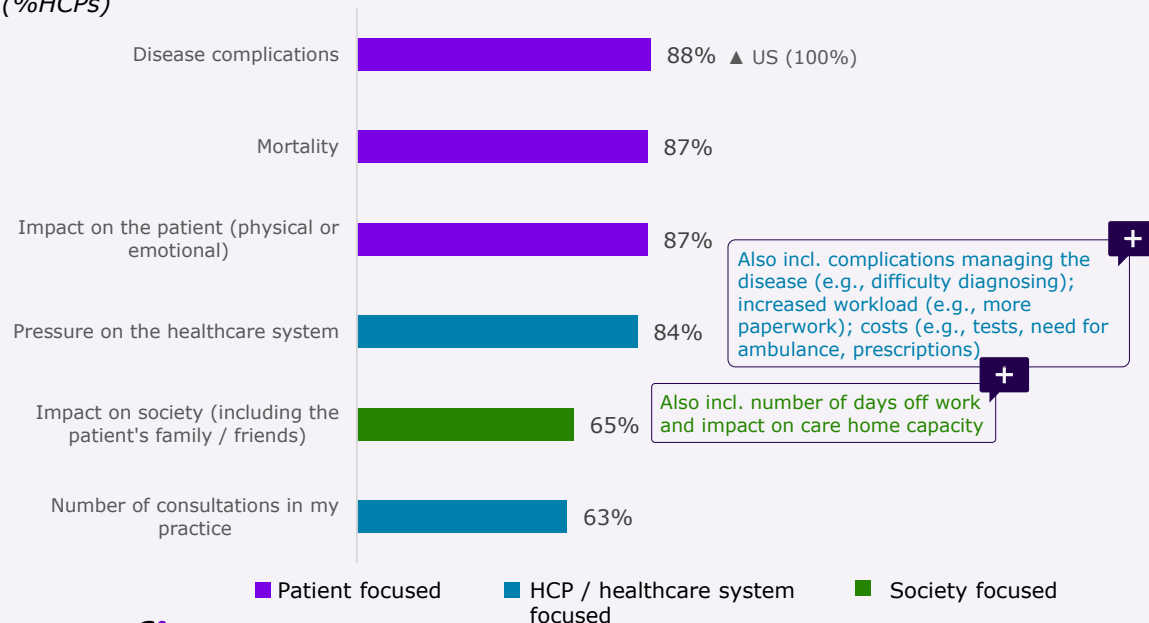




The perceived prevalence and familiarity with respiratory viruses contributes to how burdensome HCPs perceive them to be and, therefore, plays a key role in determining which viruses are prioritised

HCPs ultimately prioritise respiratory viruses felt to be most burdensome (i.e., those that have the greatest impact of the disease on the patient and pressure on the healthcare system)

How HCPs define burden of disease (%HCPs)



Determining what is a priority virus is ultimately decided by HCP familiarity and the perceived burden of disease

1

HCP familiarity with / awareness of the disease

+

2

HCP definition of BoD

=

3

Extent to which each respiratory disease is prioritised



Verbatim: Defining burden of disease

“

[I] would define it from the patient perspective and from the clinician perspective. From the patient's perspective, it's about hospitalization, suffering, risk of morbidity or death. From the HCP's perspective it's about managing disease and complications when they arise."

GP, UK

“

For the GP, burden of disease means severity of the disease which requires more challenging management, and it might lead to hospitalization."

GP, Italy

“

Burden of disease is absolutely massive, it's not just the person concerned but the family as well."

Nurse, UK

“

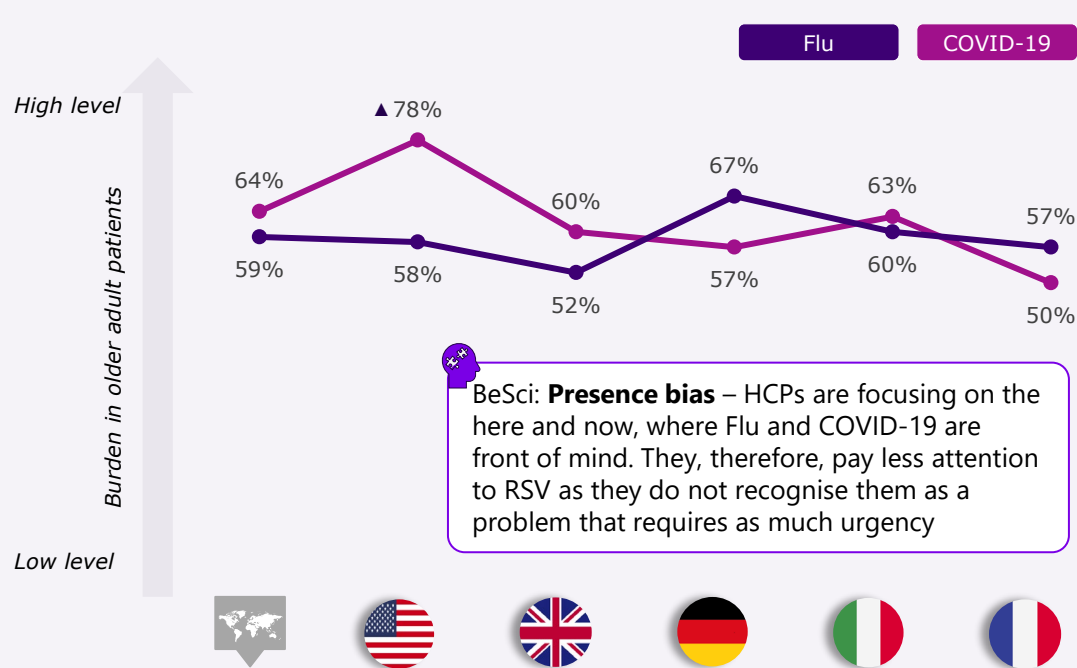
"Burden of disease can be defined as the effect on quality of life, number of hospitalized patients and the severity of illness."

GP, US



Flu and COVID-19 are considered priority viruses to protect against in older adult patients due to their high level of burden

Perceived burden of respiratory infectious diseases which affect older adults
(Top 2 Box – 6-7 selected on a 7-point scale, %HCPs)



Flu and COVID-19 both cover many aspects of burden of disease:

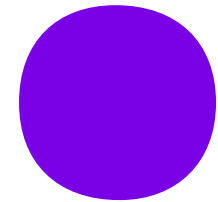
- ✓ High workload
- High number of hospitalizations
- Large cost to the healthcare system
- Severe disease and symptoms
- Negative impact on patient's QoL
- Can require time off work
- Impacts caregiver / family / care home

Perception of Flu and COVID-19 also impacted by HCP familiarity – frequently referred to e.g., in the news, by friends and family, at GP practice / hospital

- 🇺🇸 COVID-19 higher burden in US versus Flu – perceived as resulting in more severe cases (esp. long-term), and puts most pressure on healthcare system

02

HCP PERCEIVED NEED TO VACCINATE

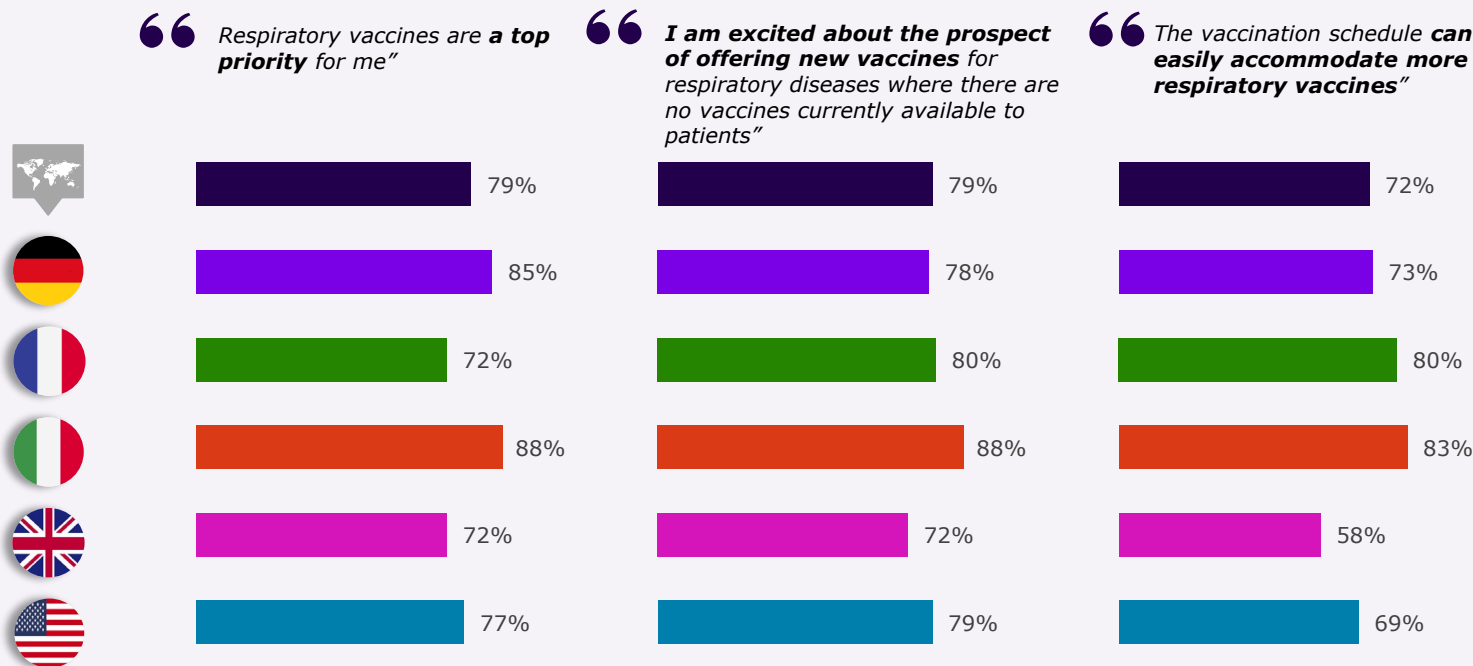


In principle, HCPs are open to and excited about the possibility of new respiratory vaccines in the older adult population

Attitudes towards respiratory vaccines
(Bottom 2 Box – 1-2 on a 6-point scale, %HCPs)

+

Asked at a high level and did not include details about the frequency or method of administering the vaccines.





However, adding a new vaccine to the current older adult vaccine schedule would need to be carefully considered, as some HCPs feel unable to recommend all of them. Perceived patient acceptance also remains a barrier

The older adult vaccine schedule is potentially **crowded and already tough to manage** – lots of vaccines out there that HCPs need to choose from / decide which to prioritise for each individual patient

HCPs logistically cannot vaccinate everyone, nor can they get patients to agree to vaccinate against everything – **HCPs need to be clever in what they select**

HCPs need to consider:

- The **number** and type of existing vaccines
- **When** (how often each vaccine needs to take place / whether can be administer on the same day)
- **How** (logistics regarding administration / storage)



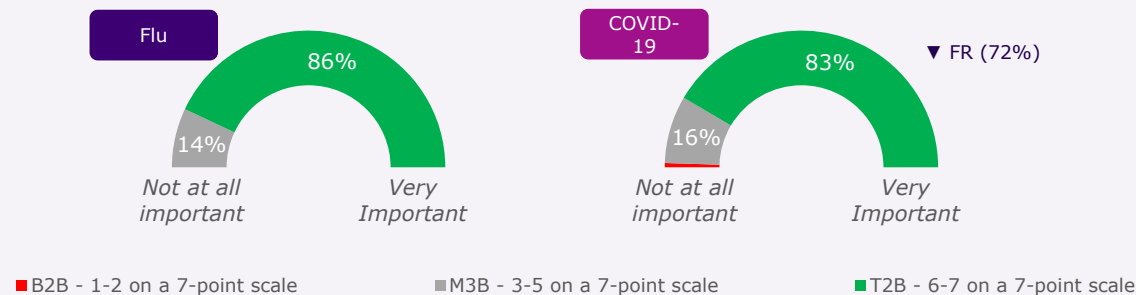
"When we think about adding vaccines to our regiment it is an exhausting battle to try to vaccinate people for COVID and then now trying to create an uptake for people getting vaccinated."

GP, US



Majority of HCPs believes that vaccinating for Flu and Covid-19 is very important. Covid-19 vaccination is perceived as less important by HCPs in France.

Perceived importance of vaccinating older adults for respiratory infectious diseases
(%HCPs)

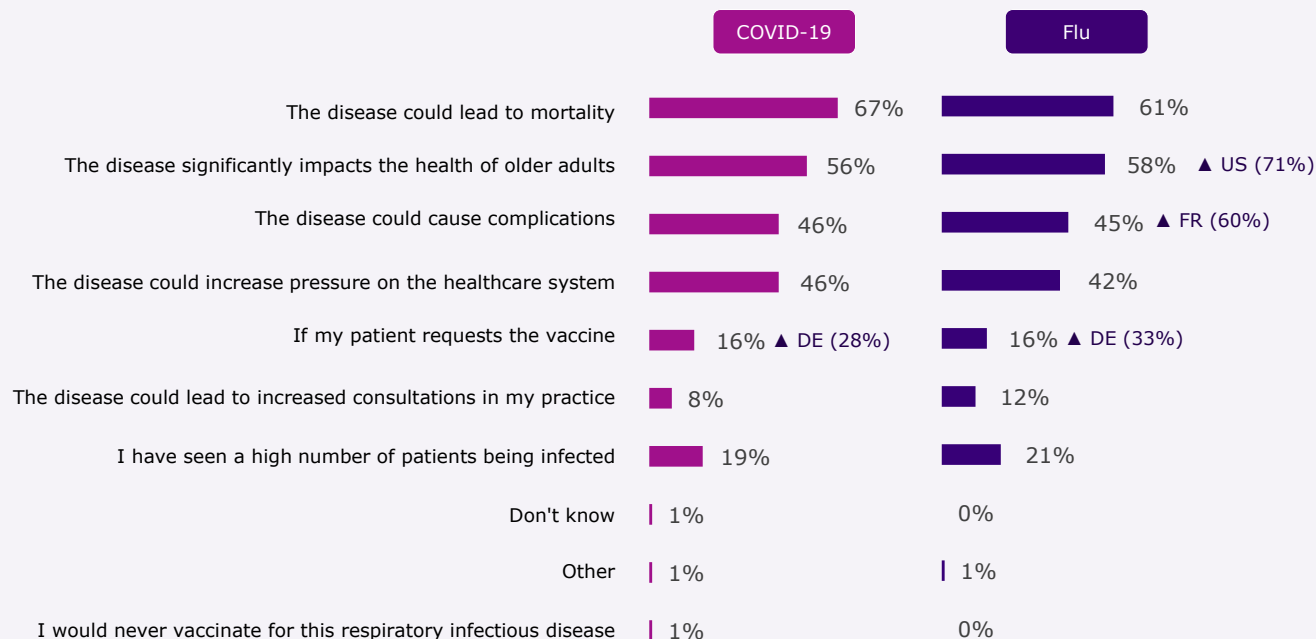


HCPs perception of how important it is to vaccinate for a disease is highly correlated to their perception of disease burden



Perceived impact on patients and pressure on healthcare systems are top drivers for HCPs to vaccinate for respiratory viruses

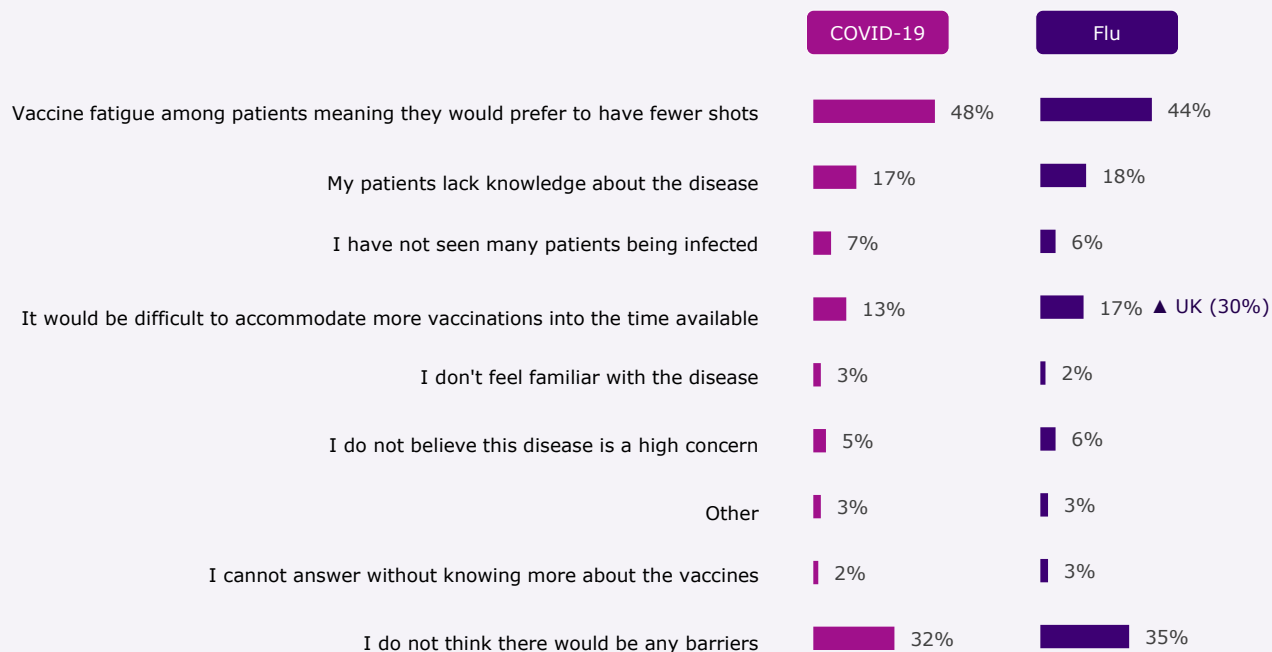
Top 3 reasons for vaccinating against respiratory diseases (%HCPs)





Patient preference to have fewer shots due to vaccine fatigue is the main barrier to vaccinating against the most burdensome viruses Covid-19 and Flu

Top 3 barriers to vaccinating against respiratory diseases
(%HCPs)





How many
shots?

Of the primary drivers to vaccine choice, HCPs are generally united on their preference for combo vaccines (versus mono) due to the ease of use associated with combinations

Overall preference for combo vaccines:

- ✓ Fewer injections for the same amount of cover
- ✓ Convenient for both the HCP and patient as easy to:
 - Schedule and organize
 - Administer (for patient and HCP)

“[Combination] is much better; it is more acceptable for the patient and for the doctor, it is an easier sell for the doctor and more acceptable for the patient.”
GP, France



Mono vaccines preferred for small minority:

- ✓ Sometimes preferred by patients (e.g., concerns with side effects with combos) – allows HCPs to provide them with individual options
- ✓ Provides flexibility for HCPs – able to outsource vaccines rather than administering in their own office



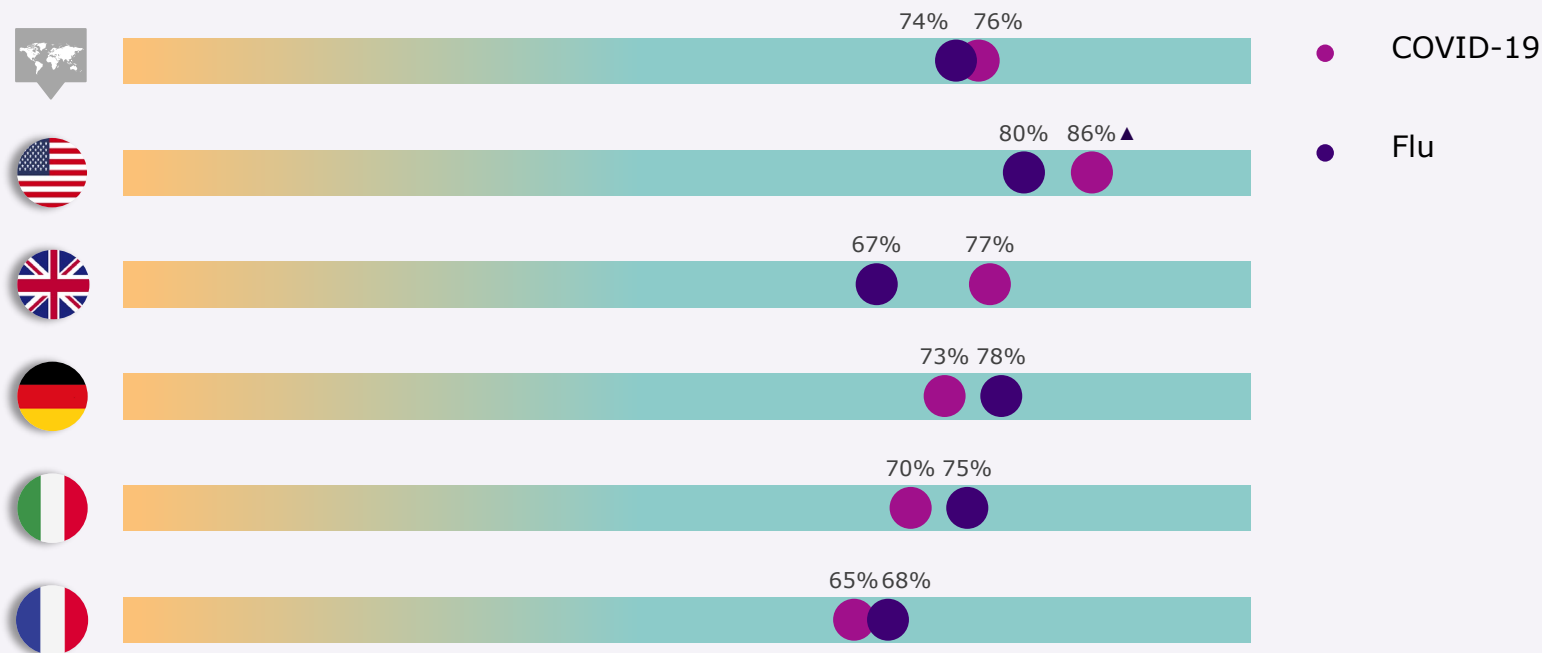
Important to also consider what disease protection is included in the combination:

- Some preference for COVID-19 to be as a standalone due to shorter duration of protection and more controversial in terms of patient acceptance*
- Ingredients in some vaccines may impact uptake for some patients (e.g., single mention gelatin UK)



HCPs in US and UK believe their patients are less likely to prioritize Flu vaccination over Covid one.

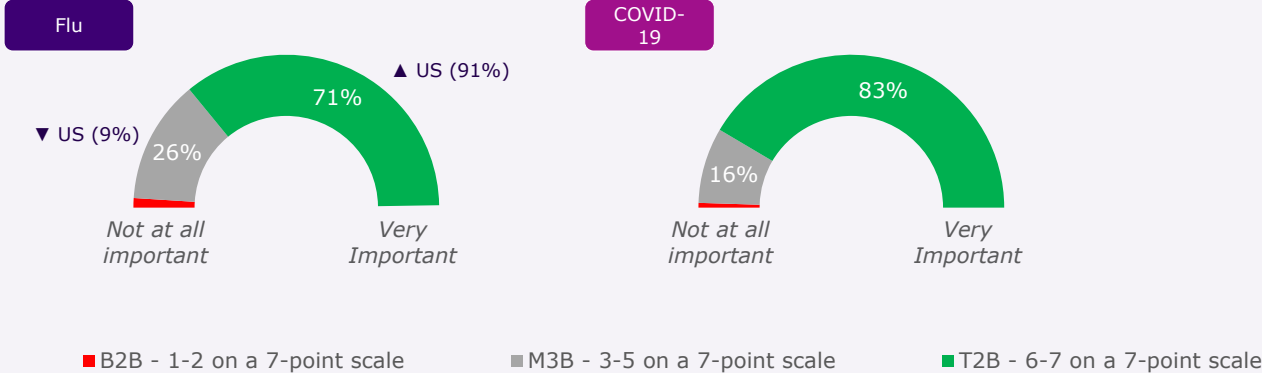
Perception of how older adult patients will prioritise vaccinations against diseases
(%HCPs Top 2 Box – 6-7 on 7-point scale)





The idea of testing for Covid-19 among older patients is viewed to be more important than for Flu

Perceived importance of potentially testing older adults for respiratory infectious diseases
(%HCPs)





Having COVID-19 component in combo vaccine deter a minority of patients as it is seen as more controversial. The option to have COVID-19 as a standalone for these patients would therefore be preferable

1 Receive pushback from some patients about COVID-19 (↑FR)

- Concerns / fear about COVID-19 vaccines versus other vaccines
- Worried about / experience of side effects COVID-19 vaccines
- Min. brand / MOA preferences (e.g. for mRNA / against AZ (UK))



1 Some patients are already anticipating / expecting a COVID-19 combination vaccine (↑UK, DE)

- Will be easier to have Flu + COVID-19 in one go

2 Logistically COVID-19 is on a separate schedule

- Boosters may have been missed / may not last full year
- Unclear where COVID-19 seasonality will settle

3 HCPs themselves are also thinking of it separately

- Expectation that manufacturers need more time to optimise it (in terms of MOA, variant inclusion, side effects etc.) before including in combinations

Reducing overall number of vaccines is appealing for HCPs

- Are wanting / requesting a combo Flu-COVID-19 vaccine as will be easier to have it all in one (for compliance and practice logistics)

Verbatim

“

[RSV-Flu-COVID] To date, in my opinion, it could generate some perplexity... A good proportion of my patients did not do the 4th [COVID-19] dose so I do not know if they will be favourable to this triple combination.”

GP, IT

“

Patients this year were quite surprised we didn't have a combined Flu and COVID vaccine.”

GP, UK

“

Standalone COVID probably still beneficial as likely the first one to be declined by patients.”

GP, UK

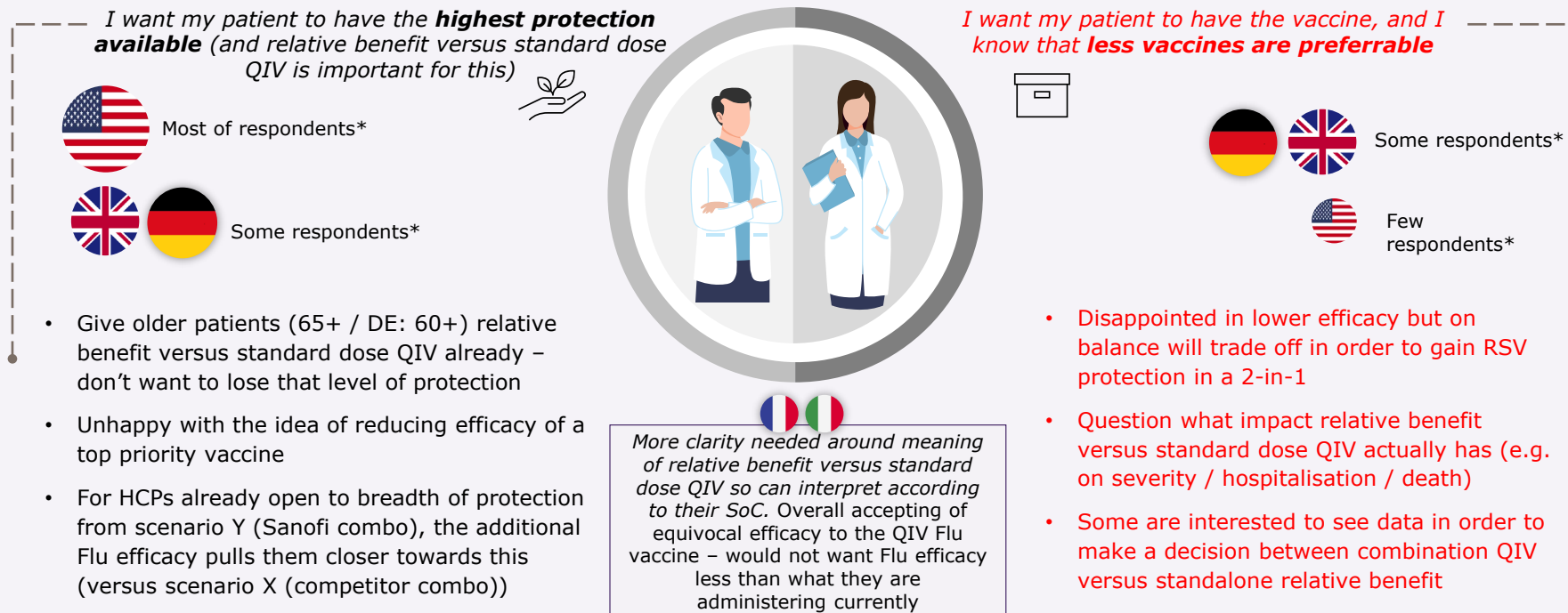
“

[RSV-Flu-COVID] It depends which COVID vaccine is in it. If it is a vaccine that is known, and which was accepted during the COVID pandemic the cursor will be in a similar place. If it is a vaccine with a bad reputation, it will change the cursor position (to the left).”

GP, FR

In US, DE & UK, relative benefit versus standard dose QIV is a differentiator for some physicians, however not a main driver to use

Two main groups of physicians emerge regarding importance of relative benefit versus standard dose QIV:



Verbatim: Reactions to flu efficacy

“

65 years and older need a high dose of Flu vaccine, it's a deal breaker for me and CDC recommends high dose as well.”

GP, US

“

I do prefer [flu efficacy] being more beneficial [as in Sanofi combo], but it's offset [in competitor combo] with the combination with the RSV. So, it's swings and roundabouts really.”

GP, UK

“

I can accept slightly lower efficacy around standard Flu vaccine, if that means covering more viruses possible.”

Nurse, UK

“

Similar efficacy to QIV is good; if it was inferior, I would look for another vaccine.”

GP, France



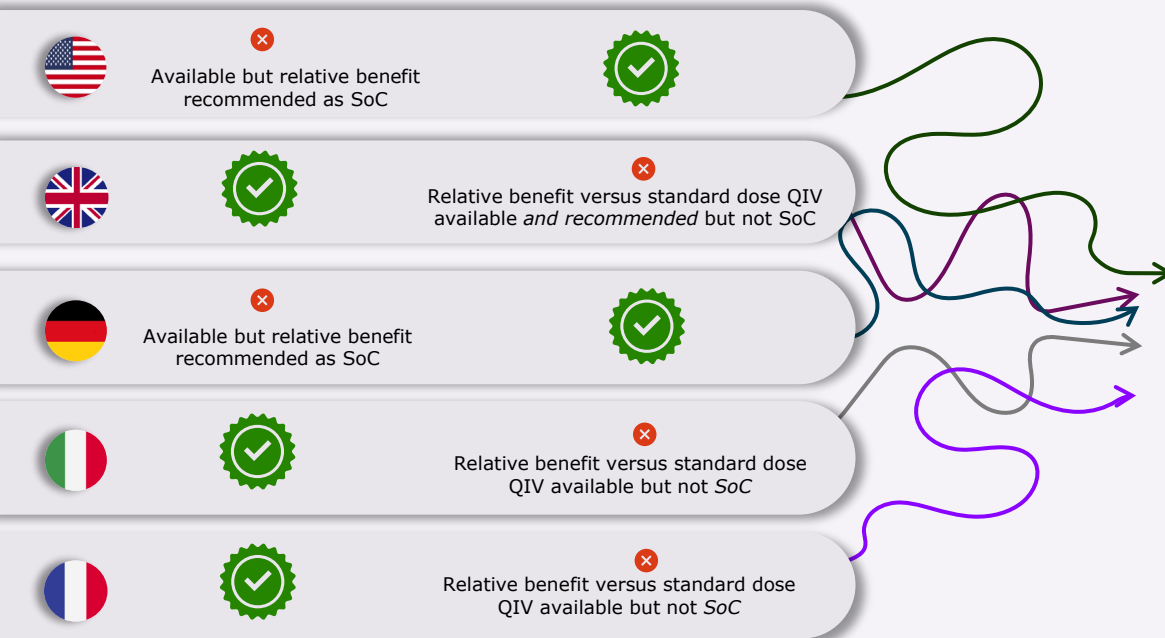
Flu is a priority disease to protect against however SoC in each market sets the baseline for HCPs expectations for Flu efficacy



What Flu efficacy am I getting?


Standard dose QIV

Relative benefit vs standard dose QIV



SoC varies in each market

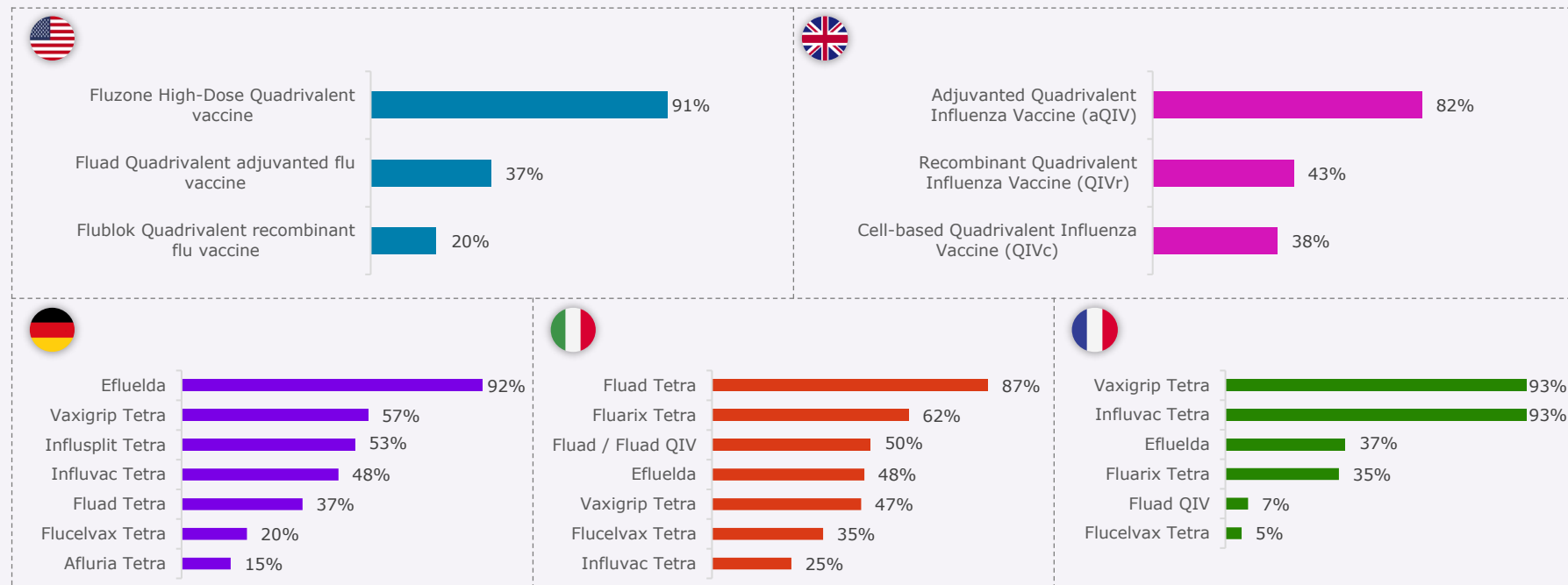
Overall preference for relative benefit versus standard dose QIV, however efficacy similar to standard dose QIV is considered acceptable in markets where this is SoC

 Much more pushback in the US for standard dose QIV as this feels like a step backwards compared to what they have had for many years



Flu vaccines recommended by HCPs in each market

Influenza vaccines usually prescribed / recommended to older adult patients
(%HCPs in each market)



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Thank you
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sanofi