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Global Healthy Living Foundation Australia and CreakyJoints Australia

Submission to support the listing of Respiratory Syncytial Virus Bivalent Vaccine (Abrysvo®) on the National Immunisation Program for the prevention of lower respiratory tract disease caused by respiratory syncytial virus (RSV)

For consideration at the March 2024 PBAC Meeting

These comments are submitted by [Global Healthy Living Foundation Australia](#) (GHLF Australia) and [CreakyJoints Australia](#) on behalf of our patient community. We appreciate the opportunity to provide this submission.

PBAC public consultation survey

Q1: Please outline your experience with the medical/health condition

GHLF Australia/CreakyJoints Australia

GHLF Australia is a not-for-profit organisation founded in 2015. GHLF Australia is part of the US-based Global Healthy Living Foundation (GHLF), a non-profit organisation whose mission is to improve the quality of life for people with chronic illness.

Established in 2014 and incorporated in 2016, GHLF Australia is the parent organisation of CreakyJoints Australia, the vibrant online patient community for autoimmune and inflammatory arthritis patients and their families throughout Australia.

Drawing on nearly two decades of foundational knowledge, success and the reputation of GHLF and CreakyJoints, GHLF Australia aims to localise, mobilise and engage the Australian patient and caregiver community and to provide education, advocacy and research for better health outcomes.

CreakyJoints Australia connects arthritis patients with current and relevant disease-specific information and support across a spectrum of arthritis conditions (of which there are more than 100), using a diverse set of digital platforms.

Our experience with vaccines

The GHLF/CreakyJoints global community has always been conscious of the importance of vaccinations for immunocompromised people. Over the years, our organisation has created lots of content about the recommended vaccines for our community and also promoted awareness of the need to avoid live vaccines.

From the early days of the COVID-19 global pandemic, our colleagues from CreakyJoints in the US created a lot of content about the virus, its implications for immunocompromised people, treatments and the development and rollout of vaccines. Soon after, our CreakyJoints Australia team began [creating content based on the situation in Australia](#).

Our content covered subjects like vaccine development, rollout and eligibility — all based on information available from ATAGI and the Australian Rheumatology Association. Since then, we have continued to produce COVID-19 vaccine information for our community.

In 2021, we developed more vaccine-related content for our GHLF Australia website. This included [personal stories](#) of people with various health issues and their experiences during the initial stages of Australia's COVID-19 vaccine rollout.

Those stories became part of our [MatterofVax program](#) which also included a series of educational videos and podcast episodes featuring the history of vaccines through to Australia's National Immunisation Program.

With the number of detected respiratory syncytial virus (RSV) cases on the rise, we acknowledge the corresponding burden of disease, not just for immunocompromised people, but for society as a whole. We are also aware that RSV is one of the leading causes of hospitalisation and death of infants younger than six months of age. Therefore, we strongly support the rollout of RSV vaccines in Australia, starting with vaccinating pregnant women to provide their babies with some protection during their early months.

Q2: How is the medical/health condition currently treated?

There are no RSV vaccines available in Australia at this time. Therefore, those infected by the virus can face a variety of cold-like symptoms. Generally, healthy people can usually fight the virus with little intervention within one to two weeks. However, vulnerable people, such as the elderly, the very young and people with chronic conditions (including autoimmune, heart and lung conditions) may develop more serious respiratory symptoms and require treatment in hospital. They may also experience increased symptoms of their primary condition.

As with other health conditions, those with a serious case of RSV may need to have time away from work, study and social activities while they recover. This can put an emotional, physical and financial strain on the people around them, such as family and coworkers. This is especially true for the families of infants with RSV.

Q3: What do you see as the advantages of this proposed medicine, in particular for those with the medical condition and/or family and carers?

If we can prevent people from contracting RSV (or reduce the severity of its symptoms) we can reduce the impacts of disease outlined above. For example, RSV vaccination can reduce the need for antibiotics and the risk of developing secondary or long-term conditions.

We believe that vaccinating pregnant women with Abrysvo® will go a long way towards protecting the most vulnerable members of our population (children less than six months) from the effects of RSV. We understand that this bivalent vaccine has been through a vigorous clinical trial process with promising results and we believe it should be made available via the National Immunisation Program as soon as possible.

Q4: What do you see as the main disadvantages of this proposed medicine?

We understand that Abrysvo® has not yet been tested on women with high-risk pregnancies even though they would benefit most from it. We would like to see this group become eligible for Abrysvo® once its safety has been successfully proven.

Q5: Please provide any additional comments you would like the PBAC to consider.

We have no additional comments for consideration.

Q6: If you have any suggestions on ways to improve this survey please provide these below.

We have no suggestions at this time.