



Request for Proposal (RFP) for Independent Medical Education (IME)

Quality Improvement to Help Protect Infants from RSV Disease

Therapeutic Area	ID
Sub-area of Interest	RSV
Intended Learners	Pediatricians, family medicine practitioners, pediatric nurses and nurse practitioners, pediatric hospitalists, neonatologists, newborn nursery practitioners, pharmacists, obstetrician/gynecologists, midwives
Budget	Evaluating projects of up to \$300,000 (USD)
Geographic Coverage	US
References	Supportive citations are provided beginning on page 4.
Submission Deadline	Friday, January 30, 2026, 11:59 pm EST
Submission	www.msgrant.com
Submission code	RSVQI2026

Background

Our values represent the core of our character and guide every decision and action we take, leading with patients first. We support quality IME for healthcare professionals (HCPs) designed to improve patient health outcomes, across a variety of scientific areas. Global Medical Proficiency and External Affairs (GMPEA) aims to be the world class industry leader collaborating with professional organizations to support innovative IME, advancing knowledge, competence, and performance of HCPs to help improve patient care and health outcomes. Education which allows for reinforcement of the learning objectives is key to long-term performance optimization, as is the incorporation of tools and ongoing reminders for HCPs that help them apply their knowledge. The best way to improve patient care is through the application of relevant and appropriate medical education.

Respiratory Syncytial Virus (RSV) is one of the most common causes of respiratory infection worldwide, with significant unmet public health need despite availability of prophylaxis options. RSV is the leading cause of infant hospitalization in the United States (U.S.). Preterm infants, and those with underlying medical conditions, are predisposed to severe RSV infection.¹ However, most infants hospitalized with RSV infection have no predisposing risk factors and are otherwise healthy.² Beyond hospitalizations, RSV infection is a significant driver of outpatient health care utilization in infants, with approximately 2.1 million outpatient visits per year among children younger than 5 years of age.¹

To prevent RSV lower respiratory tract disease among infants, the U.S. Centers for Disease Control and Prevention (CDC) generally recommends RSV vaccination for pregnant women or administration of RSV monoclonal antibody to infants aged less than eight (8) months old not born to individuals who have received the maternal vaccine.¹ In the U.S., these prevention modalities were first introduced during the 2023-2024 RSV season, yet uptake remains suboptimal. In the 2024-2025 RSV season, 57% of eligible infants were protected from RSV by either maternal vaccination or receipt of monoclonal antibody.³ In addition, disparities in uptake have been identified across factors such as practice sites and patient age, race, Child Opportunity Index, and insurance coverage.⁴

RSV immunization decisions occur across care settings and healthcare professionals, which makes assessing infants' prophylaxis status complex. Communication, documentation, and coordination are required across clinical specialties,⁵ such as obstetrics and gynecology, inpatient maternal and pediatric care, pharmacy, and outpatient pediatric and family medicine practices.

Several other factors may influence immunization uptake. For example, a CDC study found a provider's recommendation for maternal vaccination or infant monoclonal antibody was linked to higher rates of immunization, while the absence of such a recommendation was the leading reason for not receiving RSV immunization.⁶ Other studies have cited the primary challenge to implementation of RSV infant prevention modalities to be parent, family, or patient concerns around safety and effectiveness.^{5,7}

Proprietary

RSV prevention studies have also highlighted a common trend of low parental awareness of the risk and severity of RSV.^{8,9}

Quality improvement (QI) initiatives may enhance clinicians' proficiency in practical strategies to overcome implementation barriers, increase communication with pregnant persons and parents/caregivers of infants, and ultimately drive measurable and sustainable improvements in care quality and infant outcomes.

Identified Quality of Care Gap(s)

Through published literature, the GMPEA team at Our Company identified healthcare quality and performance gaps in RSV prevention. Our Company would like to support independent grants that leverage quality improvement best practices to address one or more of the following performance gaps:

- *Addressing the need to examine and address the drivers of immunization disparities to inform quality improvement work to help protect healthy and at-risk infants from RSV.*
- *Addressing the need to improve routine assessment of RSV immunization status of infants, including timely communication and access to information across care settings.*
- *Addressing the need to improve HCPs' ability and confidence to effectively communicate the safety, efficacy, and guideline-based recommendations of long-acting RSV monoclonal antibodies with pregnant persons and parents/caregivers of infants.*
- *Addressing the need to increase awareness among pregnant persons and parents/caregivers of infants around the risk and severity of RSV disease.*
- *Addressing the need to mitigate system and institutional-level barriers to implementing guideline-recommended RSV immunization into clinical practice.*

Our Company is looking to support education to narrow or close these gaps through QI projects that integrate into routine practice and can sustain beyond the project timeline; however, depending on the needs identified by the educational providers, the IME may not be able to address all these gaps in a single proposal.

Eligibility Criteria

- **U.S. based** professional associations and medical societies, healthcare institutions, medical education companies, and other organizations committed to improving the quality of healthcare delivered to individuals, through the education of HCPs, may apply for this grant.
- The applicant must be an accredited provider in good standing by the Accreditation Council for Continuing Medical Education (ACCME), American Nursing Credentialing Center (ANCC), American Council for Pharmacy Education (ACPE), or have Joint Accreditation for interprofessional continuing education.

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- The selected grant recipient will need to attest to the terms, conditions, and purposes of the independent educational grant as described in Our Company's Letter of Agreement, and comply with current ethical codes and regulations.

Prioritization of Grant Applications

Our Company will evaluate all complete grant applications, and will give priority to those most likely to independently validate the aforementioned educational and performance gaps specific to the needs of specific cohorts of learners. Proposals should be built around the educational or performance need (including an identification of current knowledge or practice of targeted learners contrasted with ideal knowledge and practice), supported with aligned learning objectives, constructed with appropriate instructional design and adult learning theory, and evaluated using Moore's scale of educational effectiveness. Our Company encourages application submission to additional commercial supporters with similar scientific interests.

Our Company appreciates the complexity of education required for HCPs to help improve patient health outcomes. In our experience, collaboration between medical education providers may yield better educational outcomes by enabling multi-modal education and developing tools and resources for a broader group of learners.

Terms and Conditions

The selected grant recipient shall be bound by the terms and conditions found in the Our Company's Letter of Agreement.

References

1. Centers for Disease Control and Prevention. RSV in Infants and Young Children. Published 2024. Accessed August 18, 2025. <https://www.cdc.gov/rsv/infants-young-children/index.html>
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3. Centers for Disease Control and Prevention. Nirsevimab Coverage Among Infants. Published 2024. Accessed August 18, 2025. <https://www.cdc.gov/rsvvaxview/dashboard/nirsevimab-coverage-infants.html>
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8. Gavaruzzi T, Ceccarelli A, Nanni C, et al. Knowledge and Attitudes Regarding Respiratory Syncytial Virus (RSV) Prevention: A Systematic Review. *Vaccines (Basel).* 2025;13(2):159. Published 2025 Feb 6. doi:10.3390/vaccines13020159
9. Nuzhath T, Khobragade N, Regan AK, Pinkney JA, Wise L, Callaghan T. Pregnant women's perceptions of RSVpreF vaccine and Nirsevimab for infant RSV prevention. *Vaccine.* Published online August 8, 2025. doi:10.1016/j.vaccine.2025.127590