

This supplementary material is hosted by Eurosurveillance as supporting information alongside the article “*Determining the timing of respiratory syncytial virus (RSV) epidemics: a systematic review, 2016 to 2021; method categorisation and identification of influencing factors*”, on behalf of the authors, who remain responsible for the accuracy and appropriateness of the content. The same standards for ethics, copyright, attributions and permissions as for the article apply. Supplements are not edited by Eurosurveillance and the journal is not responsible for the maintenance of any links or email addresses provided therein.

## Supplement

### Search terms used in PubMed

((RSV) OR (Respiratory Syncytial Virus) OR 'rsv') AND ((Season\*) OR (Timing) OR (Temporal) OR (Periodicity))

### Search terms used in Embase

('rsv' OR 'respiratory syncytial virus'/exp) AND (season\* OR 'timing'/exp OR temporal OR 'periodicity'/exp)

**Supplement Table 1: study characteristics of included studies categorized by method description.**

Author, year	Level	Country/Region	Subnational	Data collection purpose	Timeframe	# of cases/% positive	# of gap weeks	Computation method	Year round data collection	Age category	Setting	Case definition	Diagnostics	Category	Method description	Minimum testing	Start season definition	End season definition
Grilc et al., 2021[1]	National	Slovenia	-	Surveillance	Retrospective	% positive	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR	% positivity threshold	20 specimens	First of 2 consecutive weeks when percentage of tests positive for RSV is>3%	Last week that percentage of tests positive for RSV is>3%	
Ambrose et al., 2019[2]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Hospital data (inpatient and/or outpatient )	NA	PCR		11 specimens			
Midgley et al., 2017[3]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	NA	All ages	NA	NA	PCR		NA			

Olajide et al., 2018[4]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	NA	Hospital	NA	PCR		NA		Last of 2 consecutive weeks when the mean percentage of positive specimens was 3%
Grilc et al., 2021[1]	National	Slovenia	-	Surveillance	Retrospective	% positive	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR				
Servia-Dopazo et al., 2020[5]	Subnational	Spain	Galicia	Surveillance	Retrospective	% positive	NA	-	Yes	Children	Hospital: in and outpatient	Bronchiolitis	Mix		20 specimens		
Chadha et al., 2020 [6]	Regional	Global	-	Surveillance	Retrospective	% positive	1	-	Yes (except : Canada )	All ages	Inpatient & Outpatient	Extended SARI/ARI	PCR				
Ambrose et al., 2019 [2]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Hospital data (inpatient and/or outpatient ?)	NA	Antigen			First of 2 consecutive weeks where => 10% of samples tested positive for RSV	Last of 2 consecutive weeks where => 10% of samples tested positive for RSV
Ambrose et al., 2019 [2]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Hospital data (inpatient and/or outpatient ?)	NA	PCR		11 specimens		
Ambrose et al., 2019 [2]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Hospital data (inpatient and/or outpatient ?)	NA	Mix				
Gentile et al., 2019 [7]	Subnational	Argentina	Buenos Aires	Study	Retrospective	% positive	NA	-	NA	Children	Hospital: Inpatient	ALRI acquired in the community	Mix				
Gentile et al., 2020 [8]	National	Argentina	-	Surveillance	Realtime	% positive	1	-	Yes	Children	Hospital: Inpatient	ALRTI acquired in the community	Mix		2 specimens		

Glick et al., 2017 [9]	National	USA	-	Surveillance	Retrospective	% positive	1	-	No	All ages	NA	NA	Antigen	NA	NA	NA	First week when the % of cases testing positive for RSV exceeded the 10% threshold
Haynes et al., 2016 [10]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	No	All ages	Mix	NA	Antigen				
Midgley et al., 2017 [3]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	NA	All ages	NA	NA	Antigen				
Obando-Pacheco et al., 2018 [11]	Regional	Global	-	Review	Retrospective	% positive	1	-	NA	NA	NA	NA	unknown				
Ramaekers et al., 2017 [12]	Subnational	Belgium	Leuven	Hospital database	Retrospective	% positive	NA	-	Yes	All ages	Hospital: Inpatient	ARI	PCR				
Reis et al., 2019 [13]	National	USA	-	Surveillance	Prospective	% positive	NA	-	NA	All ages	NA	NA	Mix				
Reis et al., 2019 [13]	National	USA	-	Surveillance	Prospective	% positive	NA	-	NA	All ages	NA	NA	Mix				
Reis et al., 2019 [13]	National	USA	-	Surveillance	Prospective	% positive	NA	-	NA	All ages	NA	NA	Mix				
Pellegrinelli et al., 2020 [14]	Subnational	Italy	Lombardy	Surveillance	Retrospective	% positive	1	-	No	All ages	Ambulatory facilities (pediatricians and general practitioners)	ILI	PCR				
Yu et al., 2019 [15]	Subnational	China	Beijing	Study	Retrospective	% positive	0	Logistic regression model	Yes	Children	Hospital: Inpatient	Pneumonia (symptoms listed)	PCR				Last week when the % of cases testing positive exceeded the 10% threshold
Ambrose et al., 2019 [2]	National	USA	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Hospital data (inpatient and/or outpatient?)	NA	Mix	3 & 10% positivity threshold	11 specimens	First of 2 consecutive weeks when positivity above threshold	Last of 2 consecutive weeks when positivity above threshold

Grilc et al., 2021[1]	National	Slovenia	-	Surveillance	Retrospective	% positive	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR	Mean positivity threshold	5% positivity threshold	20 specimens	
Grilc et al., 2021 [1]	National	Slovenia	-	Surveillance	Retrospective	% positive	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR		7% positivity threshold	20 specimens	
Baumeister et al., 2019 [16]	National	Argentina	-	Surveillance	Retrospective	% positive	NA	-	Yes	All ages	Health Care sites	Suspected of respiratory illness (subset uses ILI and SARI others outbreak response and physician's orders)	Antigen	Mean positivity threshold	NA	% positive higher than annual mean percentage for two consecutive weeks	% positive below the annual mean percentage for two consecutive weeks
Rose et al., 2021 [17]	Subnational	Kenya	Siaya, - irobi, Kilifi County	Surveillance	Retrospective	% positive	2	5 week moving average	Yes	All ages	Hospital: inpatient & outpatient	Mix (ILI, ALRI, SARI)	Mix		NA	The first of 3 consecutive weeks during which the moving average percentage positive was greater than the mean of the 5 week moving average percentage positive for that calendar year	The third of 3 consecutive weeks at least 5 weeks following season onset during which the moving average percentage positive was lower than the mean of the 5 week moving average percentage positive for that calendar year

Chi et al., 2018[18]	National	Taiwan	-	Claims database	Retrospective	% positive	NA	-	Yes	Children	Hospital admissions	ICD codes for RSV	NA			NA	The RSV season was defined as RSV rate in two or more consecutive months that was above the baseline rate.	The RSV season was defined as RSV rate in two or more consecutive months that was above the baseline rate.
Midgley et al., 2017 [3]	National	USA	-	Surveillance	Retrospective	# of cases	NA	4 week moving average	NA	All ages	NA	NA	PCR	10-fold baseline	NA	First of 2 consecutive weeks when RSV detections are >10 times the preseason baseline	Last week when RSV detections are >10 times the preseason baseline	
Vos et al., 2019 [19]	National	Netherlands	-	Surveillance	Retrospective	# of cases	NA	-	Yes	All ages	GP, hospital, outpatient clinics	ILI in primary care and unknown for virological surveillance	PCR	# of case threshold	NA	First week when more than 20 detections are registered	Last week when more than 20 detections were registered	
Baker et al., 2019 [20]	National	USA & Mexico	-	Hospital database	Retrospective	incidence	NA	Transmission model	NA	NA	Hospital: Inpatient	ICD-9 codes RSV	NA		NA	Normalized incidence (based on the mean over several years) exceeds 0.2		NA

Reference	Geographic scope	Country	Period	Surveillance	Type	# of cases	Moving average	Age group	Source	Test type	Method	Change point analysis	% of cases	Definition	Last week that normalized detections per week exceeded 10		
Rose et al., 2018 [21]	National	USA	-	Surveillance	Retrospective	# of cases	0	5 week moving average	Yes	NA	Mix	NA	PCR	Retrospective slope 10 (RS10)	NA	The 2nd of 2 consecutive weeks when the slope exceeded 10 normalized detections per week (provided that the slope exceed 10 from that week forward)	Last week that normalized detections per week exceeded 10
Midgley et al., 2017 [3]	National	USA	-	Surveillance	Retrospective	# of cases	NA	NA	All ages	NA	NA	NA	PCR		NA		
Grilc et al., 2021 [1]	National	Slovenia	-	Surveillance	Retrospective	% positive	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR	Moving epidemic Method (MEM)	NA	First week when curve exceeds the epidemic threshold (based on historical surveillance data)	First week when curve is below the post-epidemic threshold (based on historical surveillance data)
Harcourt et al., 2019 [22]	National	England	-	Surveillance	Realtime	% consultations	0	7 day moving average	Yes	Children	GP out of hours and NHS 111 calls	syndromic indicators (cough or bronchitis)	NA				
Vos et al., 2019 [19]	National	Netherlands	-	Surveillance	Retrospective	# of cases	NA	-	Yes	All ages	GP, hospital, outpatient clinics	ILI in primary care and unknown for virological surveillance	PCR	Change point analysis	NA	No formal definition, modelled via change point analysis	No formal definition, modelled via change point analysis
Callahan et al., 2020 [23]	Subnational	USA	Utah	Surveillance	Retrospective	# of cases	NA	Wavelet transform	Yes	NA	Hospital & clinics	NA	Mix				
Broberg et al., 2018 [24]	Regional	Europe	-	Surveillance	Retrospective	# of cases	1	-	NA	NA	NA	Mix (ILI, ARI, diagnostic need)	Mix	1.2% of total detections (weekly)	NA	First week RSV detections exceed 1.2%	Last week RSV detections exceed 1.2%

Grilc et al., 2021 [1]	National	Slovenia	-	Surveillance	Retrospective	# of cases	1	-	Yes	All ages	Hospital data & primary care data	NA	PCR			of total RSV positive specimens	of total RSV positive specimens
Vos et al., 2019 [19]	National	Netherlands	-	Surveillance	Retrospective	# of cases	NA	-	Yes	All ages	GP, hospital, outpatient clinics	ILI in primary care and unknown for virological surveillance	PCR				
Broberg et al., 2016 [25]	Regional	Europe	-	Surveillance	Retrospective	# of cases	NA	-	NA	NA	primary care and hospital care	NA	NA	5% of total detections (weekly)	NA	First week when the number of detections exceeds 5% of total detections	First week when detections no longer exceed 5% of total detections
Paz-Bailey et al., 2018 [26]	Subnational	Puerto Rico	Ponce and Guayama (Southern Puerto Rico)	Surveillance	Retrospective	# of cases	NA	-	NA	NA	Emergency department	onset of fever $\leq 7$ days of presentation	PCR	10% of total detections (monthly)	NA	Month containing 10% of total annual cases for 2 years or more	-
Shapiro et al., 2017 [27]	Subnational	Sri Lanka	Southern Sri Lanka	Study	Retrospective	# of cases	NA	-	Yes	All ages	Hospital: outpatient	ILI	PCR		NA	The monthly proportion being => 10% of total cases	The monthly proportion being => 10% of total cases
Wrotek et al., 2020 [28]	Subnational	Poland	Warsaw	Study	Retrospective	# of cases	NA	-	Yes	Children	Hospital: Inpatient	Sings and symptoms indicating the involvement of the lower	PCR	2% of total detections (weekly)/8.5% of total detections (monthly)	NA	Epidemic week => 2% of total RSV cases, epidemic month => 8.5% of total RSV cases.	NA

Montgomery et al., 2021[29]	Subnational	USA	Hawaii	Hospital database	Retrospective	# of cases	NA	-	Yes	Children	NA	NA	Mix	Mean detections threshold	Mean threshold	NA	Above the average monthly number of cases	Above the average monthly number of cases
Glatman-Freedman et al., 2020 [30]	National	Israel	-	Hospital database	Retrospective	# of hospitalizations	NA	-	Yes	Children	Hospital: Inpatient	ICD codes for RSV	NA		Mean plus 2SD	NA	Number of monthly hospitalizations exceeds the baseline (mean) plus 2SD	Number of monthly hospitalizations falls below baseline (mean) +2SD
Ferrero et al., 2016 [31]	Subnational	Argentina	Buenos Aires	Hospital database	Retrospective	# of cases	0	-	Yes	Children	Hospital data (inpatient and/or outpatient)	NA	NA		60% threshold	NA	First week when the number of RSV cases identified is above 60% from the average weekly identifications for that year	The first week when the number of RSV cases identified is below 60% from the average weekly cases for that year
Grilc et al., 2021 [1]	National	Slovenia	-	Surveillance	Retrospective	# of cases	0	-	Yes	All ages	Hospital data & primary care data	NA	PCR	Average Annual Percentage (AAP)	AAP	NA	First month of the longest consecutive months to be included in the sorted AAP 75%	Last month of the longest consecutive months to be included in the sorted AAP 75%
Li et al., 2019 [32]	Regional	Global	-	Review	Retrospective	# of cases	0	-	NA	NA	NA	NA	NA					

## Bibliography

1. Grilc E, Prosenc Trilar K, Lajovic J, Sočan M. Determining the seasonality of respiratory syncytial virus in Slovenia. *Influenza Other Respir Viruses.* 2021;15(1):56-63. <http://dx.doi.org/10.1111/irv.12779> PMID:32656961
2. Ambrose CS, Steed LL, Brandon M, Frye K, Olajide IR, Thomson G. National and regional modeling of distinct RSV seasonality thresholds for antigen and PCR testing in the United States. *J Clin Virol.* 2019;120:68-77. <http://dx.doi.org/10.1016/j.jcv.2019.09.010> PMID:31590113
3. Midgley CM, Haynes AK, Baumgardner JL, Chommanard C, Demas SW, Prill MM, et al. Determining the seasonality of respiratory syncytial virus in the United States: The impact of increased molecular testing. *J Infect Dis.* 2017;216(3):345-55. <http://dx.doi.org/10.1093/infdis/jix275> PMID:28859428
4. Olajide I, Ambrose C, Dube C. New method for determining respiratory syncytial virus seasonality in the united states: Results from RSV alert, a hospital-based laboratory surveillance program. *J Manag Care Spec Pharm.* 2018;24(10 A):S67.
5. Servia-Dopazo M, Purriños-Hermida MJ, Pérez S, García J, Malvar-Pintos A, et al. [Usefulness of the microbiological surveillance of respiratory syncytial virus in Galicia (Spain): 2008-2017]. *Gac Sanit.* 2020;34(5):474-9. <http://dx.doi.org/10.1016/j.gaceta.2018.11.009> PMID:30737055

6. Chadha M, Hirve S, Bancej C, Barr I, Baumeister E, Caetano B, et al.; WHO RSV Surveillance Group. Human respiratory syncytial virus and influenza seasonality patterns-Early findings from the WHO global respiratory syncytial virus surveillance. *Influenza Other Respir Viruses*. 2020;14(6):638-46. <http://dx.doi.org/10.1111/irv.12726> PMID:32163226
7. Gentile A, Lucion MF, Juarez MDV, Arezo MS, Bakir J, Viegas M, et al. Burden of Respiratory Syncytial Virus Disease and Mortality Risk Factors in Argentina: 18 Years of Active Surveillance in a Children's Hospital. *Pediatr Infect Dis J*. 2019;38(6):589-94. <http://dx.doi.org/10.1097/INF.0000000000002271> PMID:30672892
8. Gentile A, Lucion MF, Juárez MDV, Castellano V, Bakir J, Pacchiotti A, et al. Virus sincicial respiratorio en niños nacidos prematuros: 19 años de vigilancia epidemiológica activa en un hospital pediátrico. [Respiratory syncytial virus in preterm infants: 19 years of active epidemiological surveillance in a children's hospital]. *Arch Argent Pediatr*. 2020;118(6):386-92. PMID:33231045
9. Glick AF, Kjelleren S, Hofstetter AM, Subramony A. RSV Hospitalizations in Comparison With Regional RSV Activity and Inpatient Palivizumab Administration, 2010-2013. *Hosp Pediatr*. 2017;7(5):271-8. <http://dx.doi.org/10.1542/hpeds.2016-0124> PMID:28381595
10. Haynes AK, Fowlkes AL, Schneider E, Mutuc JD, Armstrong GL, Gerber SI. Human Metapneumovirus Circulation in the United States, 2008 to 2014. *Pediatrics*. 2016;137(5):e20152927. <http://dx.doi.org/10.1542/peds.2015-2927> PMID:27244790
11. Obando-Pacheco P, Justicia-Grande AJ, Rivero-Calle I, Rodríguez-Tenreiro C, Sly P, Ramilo O, et al. Respiratory Syncytial Virus Seasonality: A Global Overview. *J Infect Dis*. 2018;217(9):1356-64. <http://dx.doi.org/10.1093/infdis/jiy056> PMID:29390105
12. Ramaekers K, Keyaerts E, Rector A, Borremans A, Beuselinck K, Lagrou K, et al. Prevalence and seasonality of six respiratory viruses during five consecutive epidemic seasons in Belgium. *J Clin Virol*. 2017;94:72-8. <http://dx.doi.org/10.1016/j.jcv.2017.07.011> PMID:28772168
13. Reis J, Yamana T, Kandula S, Shaman J. Superensemble forecast of respiratory syncytial virus outbreaks at national, regional, and state levels in the United States. *Epidemics*. 2019;26:1-8. <http://dx.doi.org/10.1016/j.epidem.2018.07.001> PMID:30025885
14. Pellegrinelli L, Galli C, Bubba L, Cereda D, Anselmi G, Binda S, et al. Respiratory syncytial virus in influenza-like illness cases: Epidemiology and molecular analyses of four consecutive winter seasons (2014-2015/2017-2018) in Lombardy (Northern Italy). *J Med Virol*. 2020;92(12):2999-3006. <http://dx.doi.org/10.1002/jmv.25917> PMID:32314816
15. . Yu J, Liu C, Xiao Y, Xiang Z, Zhou H, Chen L, et al. Respiratory Syncytial Virus Seasonality, Beijing, China, 2007-2015. *Emerg Infect Dis*. 2019;25(6):1127-35. <http://dx.doi.org/10.3201/eid2506.180532> PMID:31107230
16. Baumeister E, Duque J, Varela T, Palekar R, Couto P, Savy V, et al. Timing of respiratory syncytial virus and influenza epidemic activity in five regions of Argentina, 2007-2016. *Influenza Other Respir Viruses*. 2019;13(1):10-7. <http://dx.doi.org/10.1111/irv.12596> PMID:30051595
17. Rose EB, Nyawanda BO, Munywoki PK, Murunga N, Bigogo GM, Otieno NA, et al. Respiratory syncytial virus seasonality in three epidemiological zones of Kenya. *Influenza Other Respir Viruses*. 2021;15(2):195-201. <http://dx.doi.org/10.1111/irv.12810> PMID:33305543

18. Chi H, Chung C-H, Lin Y-J, Lin C-H. Seasonal peaks and risk factors of respiratory syncytial virus infections related hospitalization of preterm infants in Taiwan. *PLoS One*. 2018;13(5):e0197410. <http://dx.doi.org/10.1371/journal.pone.0197410> PMID:29746578
19. Vos LM, Teirlinck AC, Lozano JE, Vega T, Donker GA, Hoepelman AI, et al. Use of the moving epidemic method (MEM) to assess national surveillance data for respiratory syncytial virus (RSV) in the Netherlands, 2005 to 2017. *Euro Surveill*. 2019;24(20):1800469. <http://dx.doi.org/10.2807/1560-7917.ES.2019.24.20.1800469> PMID:31115311
20. Baker RE, Mahmud AS, Wagner CE, Yang W, Pitzer VE, Viboud C, et al. Epidemic dynamics of respiratory syncytial virus in current and future climates. *Nat Commun*. 2019;10(1):5512. <http://dx.doi.org/10.1038/s41467-019-13562-y> PMID:31797866
21. Rose EB, Wheatley A, Langley G, Gerber S, Haynes A. Respiratory Syncytial Virus Seasonality - United States, 2014-2017. *MMWR Morb Mortal Wkly Rep*. 2018;67(2):71-6. <http://dx.doi.org/10.15585/mmwr.mm6702a4> PMID:29346336
22. Harcourt SE, Morbey RA, Smith GE, Loveridge P, Green HK, Pebody R, et al. Developing influenza and respiratory syncytial virus activity thresholds for syndromic surveillance in England. *Epidemiol Infect*. 2019;147:e163. <http://dx.doi.org/10.1017/S0950268819000542> PMID:31063101
23. Callahan ZY, Smith TK, Ingersoll C, Gardner R, Korgenski EK, Sloan CD. Comparative Seasonal Respiratory Virus Epidemic Timing in Utah. *Viruses*. 2020;12(3):275. <http://dx.doi.org/10.3390/v12030275> PMID:32121465
24. Broberg EK, Waris M, Johansen K, Snacken R, Penttinen P, Trebbien R , et al.; European Influenza Surveillance Network. Seasonality and geographical spread of respiratory syncytial virus epidemics in 15 European countries, 2010 to 2016. *Euro Surveill*. 2018;23(5):17-00284. <http://dx.doi.org/10.2807/1560-7917.ES.2018.23.5.17-00284> PMID:29409569
25. Broberg E, Johansen K, Adlhoch C, Snacken R, Penttinen P. Seasonality of respiratory syncytial virus infection in the EU/EEA, 2010-2016. *J Clin Virol*. 2016;82:S116-7. <http://dx.doi.org/10.1016/j.jcv.2016.08.234>
26. Paz-Bailey G, Adams L, Munoz J, Lozier M, Olsen S, Blanton L, et al. Trends in influenza and other respiratory viruses in Southern Puerto Rico, 2012-2017. *Am J Trop Med Hyg*. 2018;99(4):524.
27. Shapiro D, Bodinayake CK, Nagahawatte A, Devasiri V, Kurukulasooriya R, Hsiang J, et al. Burden and Seasonality of Viral Acute Respiratory Tract Infections among Outpatients in Southern Sri Lanka. *Am J Trop Med Hyg*. 2017;97(1):88-96. <http://dx.doi.org/10.4269/ajtmh.17-0032> PMID:28719323
28. Wrotek A, Czajkowska M, Jackowska T. Seasonality of Respiratory Syncytial Virus Hospitalization. *Adv Exp Med Biol*. 2020;1279:93-100. [http://dx.doi.org/10.1007/5584\\_2020\\_503](http://dx.doi.org/10.1007/5584_2020_503) PMID:32170670
29. Montgomery AS, Lustik MB, Jones MU, Horseman TS. Respiratory Viral Pathogens in Children Evaluated at Military Treatment Facilities in Oahu, Hawaii From 2014 to 2018: Seasonality and Climatic Factors. *J Pediatric Infect Dis Soc*. 2021;10(4):517-20. <http://dx.doi.org/10.1093/jpids/piaa131> PMID:33219667
30. Glatman-Freedman A, Kaufman Z, Applbaum Y, Dichtiar R, Steiman A, Gordon E-S, et al. Respiratory Syncytial Virus hospitalization burden: a nation-wide population-based analysis, 2000-2017. *J Infect*. 2020;81(2):297-303. <http://dx.doi.org/10.1016/j.jinf.2020.05.078> PMID:32504738

31. Ferrero F, Torres F, Abrutzky R, Ossorio MF, Marcos A, Ferrario C, et al. Seasonality of respiratory syncytial virus in Buenos Aires. Relationship with global climate change. *Arch Argent Pediatr.* 2016;114(1):52-5. PMID:26914075
32. Li Y, Wang X, Blau DM, Caballero MT, Feikin DR, Gill CJ, et al.; Respiratory Virus Global Epidemiology Network; RESCEU investigators. Global, regional, and national disease burden estimates of acute lower respiratory infections due to respiratory syncytial virus in children younger than 5 years in 2019: a systematic analysis. *Lancet.* 2022;399(10340):2047-64. [http://dx.doi.org/10.1016/S0140-6736\(22\)00478-0](http://dx.doi.org/10.1016/S0140-6736(22)00478-0) PMID:35598608