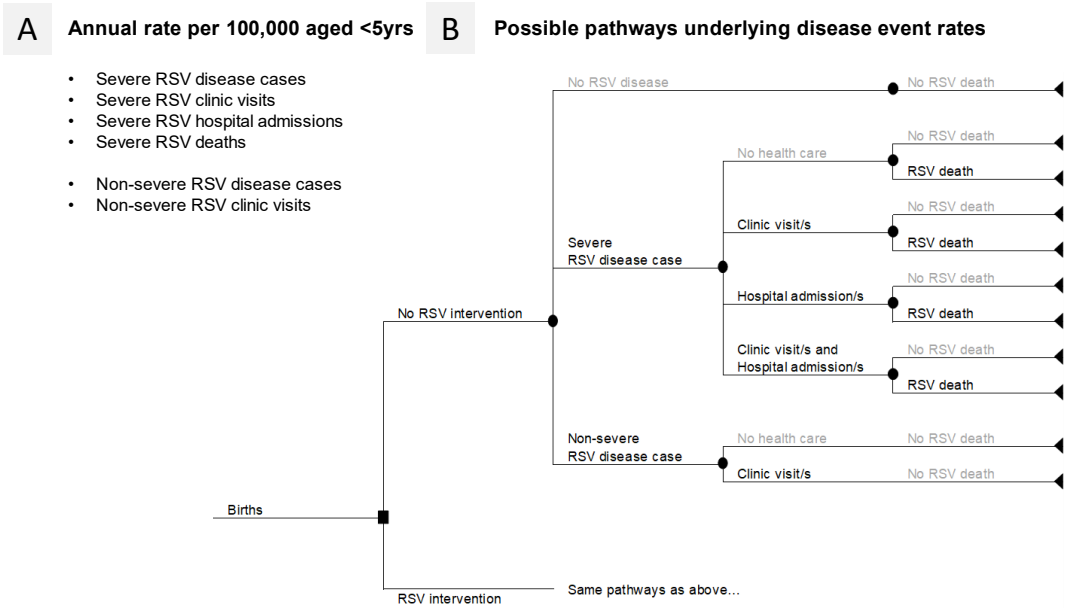
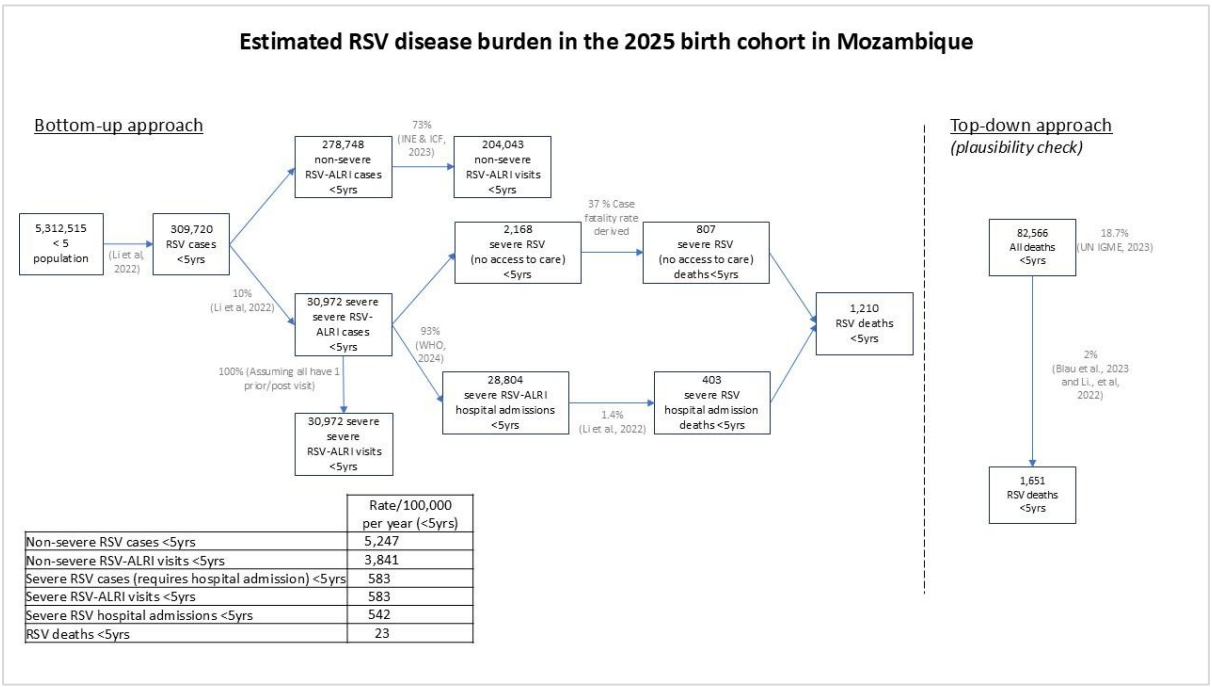
SUPPLEMENTARY TABLES AND FIGURES

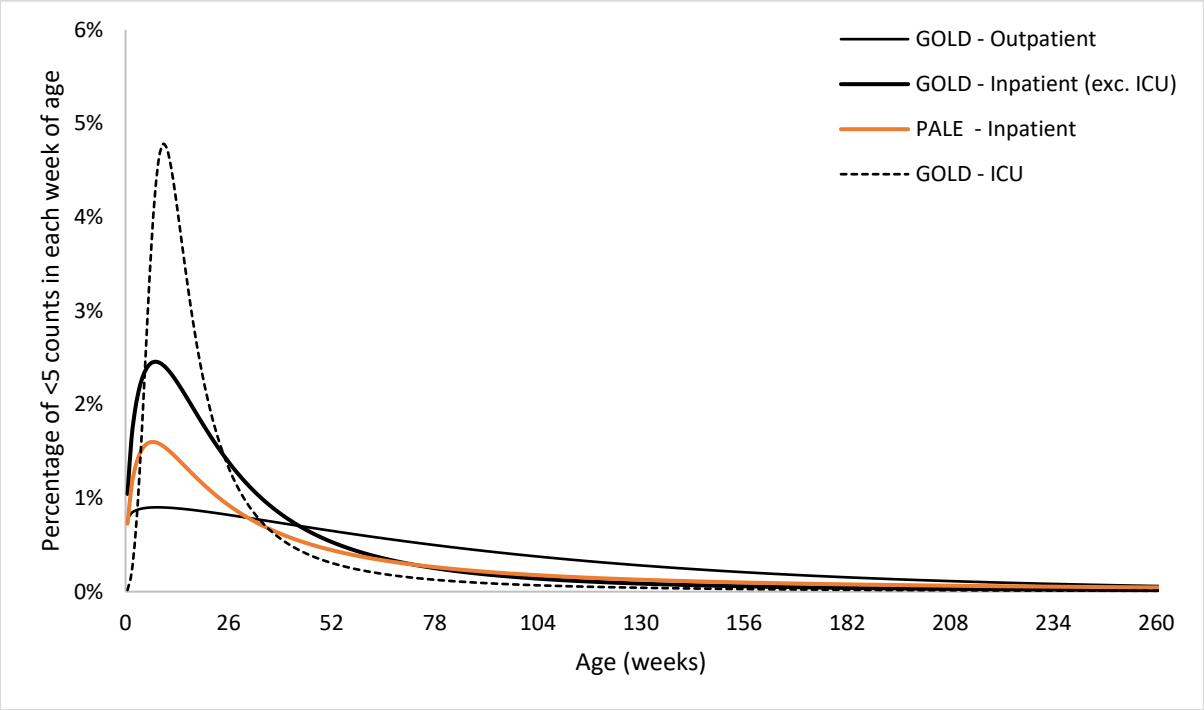


Supplementary Figure 1. Rates of RSV disease events in the recommended setup of UNIVAC, showing the possible pathways and underlying the disease event rates.

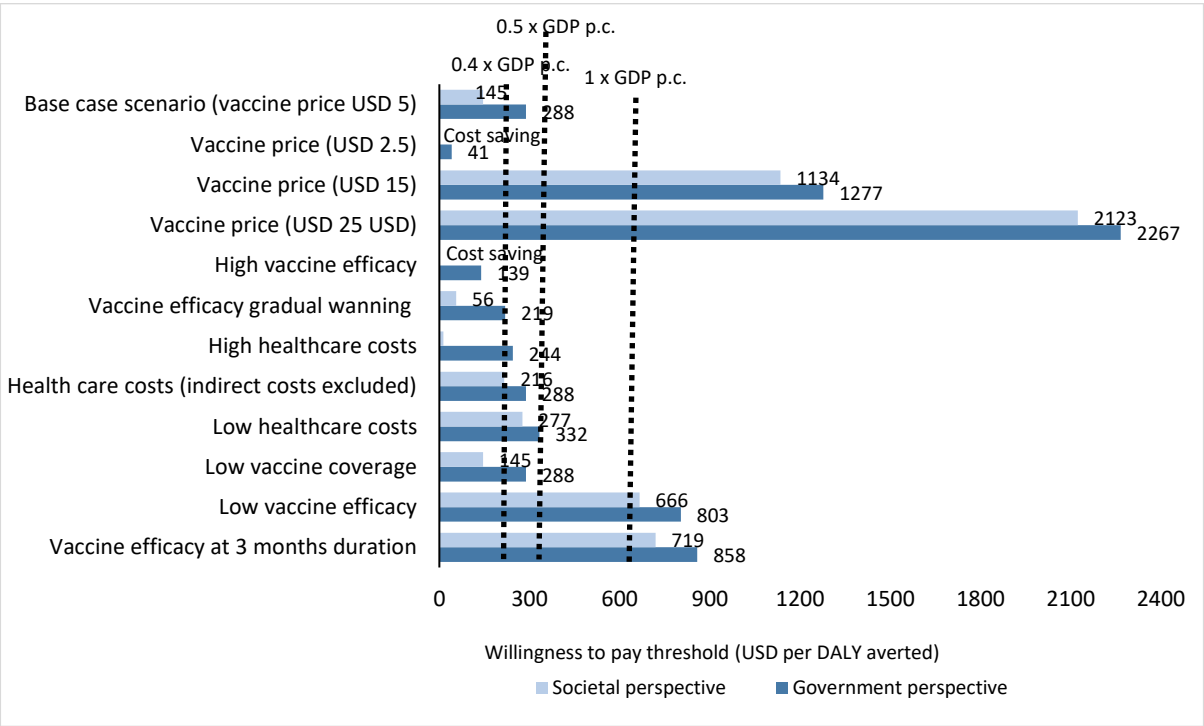


	Rate/100,000 per year (<5yrs)
Non-severe RSV cases <5yrs	5,247
Non-severe RSV-ALRI visits <5yrs	3,841
Severe RSV cases (requires hospital admission) <5yrs	583
Severe RSV-ALRI visits <5yrs	583
Severe RSV hospital admissions <5yrs	542
RSV deaths <5yrs	23

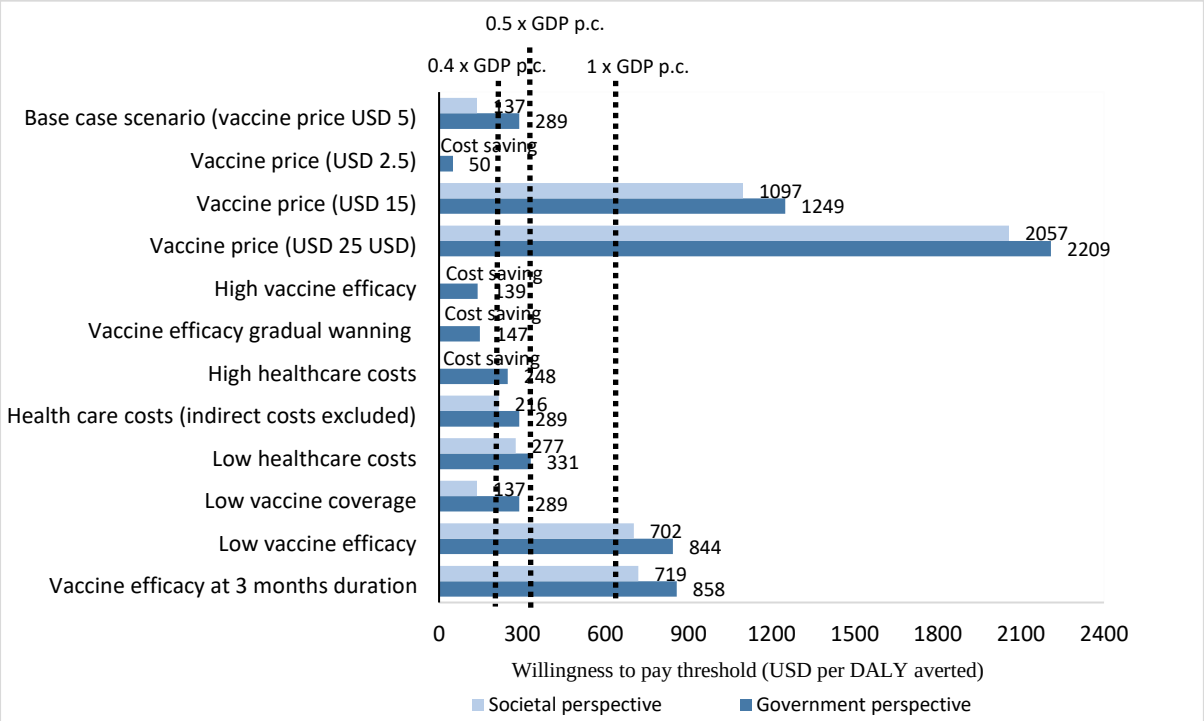
Supplementary Figure 2. Flow chart of RSV disease burden inputs in the UNIVAC model
Abbreviations: RSV: respiratory syncytial virus, ALRI: acute lower respiratory infection.



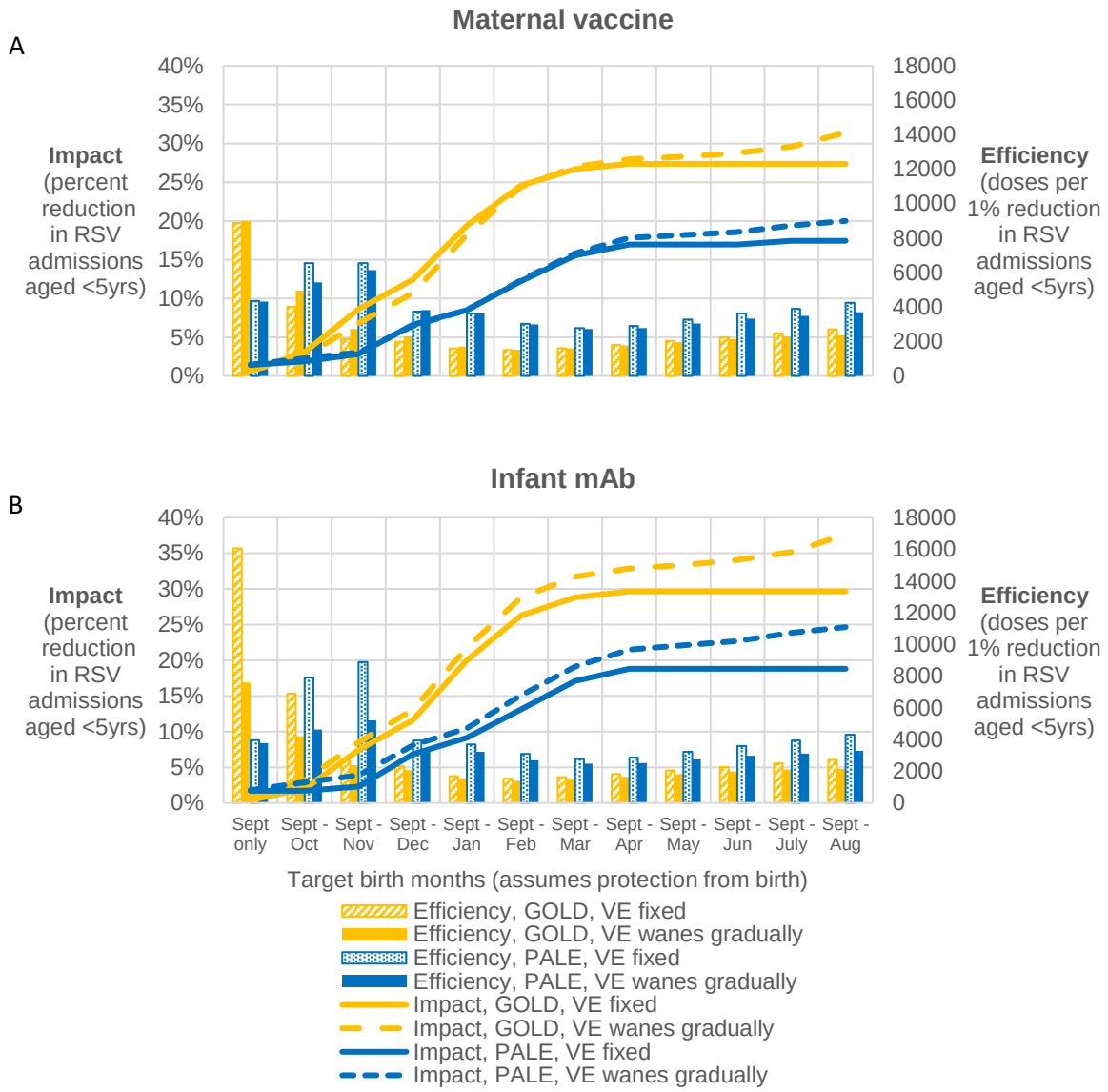
Supplementary Figure 3. Age distribution of respiratory syncytial virus presentations from studies used as input parameters for age-burden distributions in the UNIVAC model
Legend: GOLD – Global Mortality Database for Children with RSV infection; ICU – Intensive Care Units; PALE - (4).



Supplementary Figure 4. Scenario analysis results showing incremental cost-effectiveness ratios (USD per disability-adjusted life year [DALY] averted) of maternal vaccine, compared to no intervention.



Supplementary Figure 5. Scenario analysis results, showing incremental cost-effectiveness ratios (USD per disability-adjusted life year [DALY] averted) of a long-acting infant monoclonal antibody, compared to no intervention.



Supplementary Figure 6. Impact and efficiency of seasonal administration of respiratory syncytial virus (RSV) maternal vaccine (A) and long-acting infant monoclonal antibody (B).

Legend: GOLD – Global Mortality Database for Children with RSV infection; ICU – Intensive Care Units; VE - vaccine efficacy; PALE - (4).