

Quality assessment

24 clinical trials from published journals were assessed by the Cochrane Collaboration's risk of bias tool in this systematic review (figure 2). The overall quality of the trials was good. 12 of them showed low risk of attrition (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) and reporting bias while the other 12 trials showed unclear risk (13) (14) (15) (16) (17) (18) (Karron, Wright, Belshe, Thumar, Casey, Newman, Polack, Randolph, Deatly, Hackell, Gruber, et al., 2005) (19) (20) (21) (22) (P. F. Wright et al., 2000).

10 trials reported randomisation sequence generation (1) (2) (3) (4) (5) (6) (8) (9) (10) (11), and 7 studies showed allocation concealment (3) (5) (7) (8) (10) (11) (12). 18 trials blinded the participants and personnel (1) (13) (2) (3) (4) (5) (16) (6) (7) (8) (17) (9) (10) (11) (20) (21) (12) (23), and 16 blinded the outcome assessment (1) (13) (2) (3) (4) (5) (16) (6) (7) (8) (17) (9) (10) (11) (12) (23).

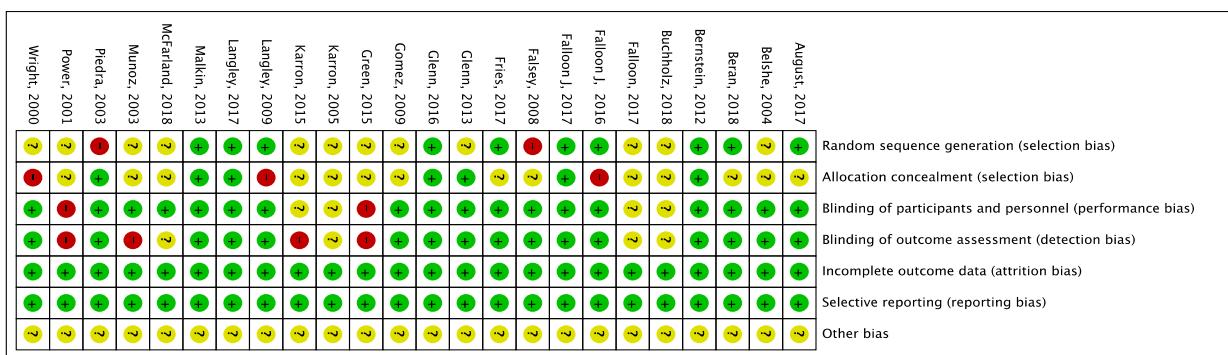


Figure 3 Summary of risk of bias in the trials from published journals

¹ **List of studies:** August, 2017: (1); Belshe, 2004: (13); Beran, 2018: (2) Bernstein, 2012: (3); Buchholz, 2018: (14); Falloon, 2017: (15); Falloon J, 2016: (4); Falloon J, 2017: (5) Falsey, 2008: (16); Fries, 2017: (6); Glenn, 2013: (7); Glenn, 2016: (8); Gomez, 2009: (17); Green, 2015: (18); Karron, 2005: (Karron, Wright, Belshe, Thumar, Casey, Newman, Polack, Randolph, Deatly, Hackell, Gruber, et al., 2005); Karron, 2015: (19); Langley, 2009: (9); Langley, 2017: (10); Malkin, 2013: (11); McFarland, 2018: (20); Munoz, 2003: (21); Piedra, 2003: (12); Power, 2001: (22); Wright, 2000: (23). ² The risk of bias summary shows the review author's judgement about each risk of bias item for each included study in published journal. A green circle (with a plus mark) indicates low risk of bias. A red circle (with a minus mark) indicates high risk of bias. A yellow circle (with question mark) represents unclear risk of bias. ³ Cochrane risk of bias assessment: low = average of 5/7 domains assessed as low risk of bias, high = average of 5/7 domains assessed as high risk of bias, and unclear for scores in between (24).

1. August A, Glenn GM, Kpamegan E, Hickman SP, Jani D, Lu H, et al. A Phase 2 randomized, observer-blind, placebo-controlled, dose-ranging trial of aluminum-adjuvanted respiratory syncytial virus F particle vaccine formulations in healthy women of childbearing age. *Vaccine*. 2017;35(30):3749-59.
2. Beran J, Lickliter JD, Schwarz TF, Johnson C, Chu L, Domachowske JB, et al. Safety and Immunogenicity of 3 Formulations of an Investigational Respiratory Syncytial Virus Vaccine in Nonpregnant Women: Results from 2 Phase 2 Trials. *Journal of Infectious Diseases*. 2018;217(10):1616-25.
3. Bernstein DI, Malkin E, Abughali N, Falloon J, Yi T, Dubovsky F. Phase 1 study of the safety and immunogenicity of a live, attenuated respiratory syncytial virus and parainfluenza virus type 3 vaccine in seronegative children. *Pediatric Infectious Disease Journal*. 2012;31(2):109-14.
4. Falloon J, Ji F, Curtis C, Bart S, Sheldon E, Krieger D, et al. A phase 1a, first-in-human, randomized study of a respiratory syncytial virus F protein vaccine with and without a toll-like receptor-4 agonist and stable emulsion adjuvant. *Vaccine*. 2016;34(25):2847-54.
5. Falloon J, Yu J, Esser MT, Villafana T, Yu L, Dubovsky F, et al. An Adjuvanted, Postfusion F Protein-Based Vaccine Did Not Prevent Respiratory Syncytial Virus Illness in Older Adults. *Journal of Infectious Diseases*. 2017;216(11):1362-70.
6. Fries L, Shinde V, Stoddard JJ, Thomas DN, Kpamegan E, Lu H, et al. Immunogenicity and safety of a respiratory syncytial virus fusion protein (RSV F) nanoparticle vaccine in older adults. *Immunity & Ageing*. 2017;14(1) (no pagination).
7. Glenn GM, Smith G, Fries L, Raghunandan R, Lu H, Zhou B, et al. Safety and immunogenicity of a Sf9 insect cell-derived respiratory syncytial virus fusion protein nanoparticle vaccine. *Vaccine*. 2013;31(3):524-32.
8. Glenn GM, Fries LF, Thomas DN, Smith G, Kpamegan E, Lu H, et al. A Randomized, Blinded, Controlled, Dose-Ranging Study of a Respiratory Syncytial Virus Recombinant Fusion (F) Nanoparticle Vaccine in Healthy Women of Childbearing Age. *Journal of Infectious Diseases*. 2016;213(3):411-22.
9. Langley JM, Sales V, McGeer A, Guasparini R, Predy G, Meekison W, et al. A dose-ranging study of a subunit Respiratory Syncytial Virus subtype A vaccine with and without aluminum phosphate adjuvantation in adults > or =65 years of age. *Vaccine*. 2009;27(42):5913-9.
10. Langley JM, Aggarwal N, Toma A, Halperin SA, McNeil SA, Fissette L, et al. A Randomized, Controlled, Observer-Blinded Phase 1 Study of the Safety and Immunogenicity of a Respiratory Syncytial Virus Vaccine With or Without Alum Adjuvant. *Journal of Infectious Diseases*. 2017;215(1):24-33.
11. Malkin E, Yoge R, Abughali N, Sliman J, Wang CK, Zuo F. Safety and immunogenicity of a live attenuated RSV vaccine in healthy RSV-seronegative children 5 to 24 months of age. *PLoS One*. 2013;8(10):e77104.
12. Piedra PA, Cron SG, Jewell A, Hamblett N, McBride R, Palacio MA, et al. Immunogenicity of a new purified fusion protein vaccine to respiratory syncytial virus: A multi-center trial in children with cystic fibrosis. *Vaccine*. 2003;21(19-20):2448-60.
13. Belshe RB, Newman FK, Anderson EL, Wright PF, Karron RA, Tollefson S, et al. Evaluation of combined live, attenuated respiratory syncytial virus and parainfluenza 3 virus vaccines in infants and young children. *Journal of Infectious Diseases*. 2004;190(12):2096-103.
14. Buchholz UJ, Cunningham CK, Muresan P, Gnanashanmugam D, Sato P, Siberry GK, et al. Live respiratory syncytial virus (RSV) vaccine candidate containing stabilized

temperature-sensitivity mutations is highly attenuated in RSV-seronegative infants and children. *Journal of Infectious Diseases*. 2018;217(9):1338-46.

15. Falloon J, Talbot HK, Curtis C, Ervin J, Krieger D, Dubovsky F, et al. Dose Selection for an Adjuvanted Respiratory Syncytial Virus F Protein Vaccine for Older Adults Based on Humoral and Cellular Immune Responses. *Clinical & Vaccine Immunology: CVI*. 2017;24(9).

16. Falsey AR, Walsh EE, Capellan J, Gravenstein S, Zambon M, Yau E, et al. Comparison of the safety and immunogenicity of 2 respiratory syncytial virus (rsv) vaccines--nonadjuvanted vaccine or vaccine adjuvanted with alum--given concomitantly with influenza vaccine to high-risk elderly individuals. *Journal of infectious diseases*. 2008;198(9):1317-26.

17. Gomez M, Mufson MA, Dubovsky F, Knightly C, Zeng W, Losonsky G. Phase-I study MEDI-534, of a live, attenuated intranasal vaccine against respiratory syncytial virus and parainfluenza-3 virus in seropositive children. *Pediatric Infectious Disease Journal*. 2009;28(7):655-8.

18. Green CA, Scarselli E, Sande CJ, Thompson AJ, De Lara CM, Taylor KS, et al. Chimpanzee adenovirus- and MVA-vectored respiratory syncytial virus vaccine is safe and immunogenic in adults. *Science Translational Medicine*. 2015;7(300).

19. Karron RA, Luongo C, Thumar B, Loehr KM, Englund JA, Collins PL, et al. A gene deletion that up-regulates viral gene expression yields an attenuated RSV vaccine with improved antibody responses in children. *Science Translational Medicine*. 2015;7(312):312ra175.

20. McFarland EJ, Karron RA, Muresan P, Cunningham CK, Valentine ME, Perlowski C, et al. Live-attenuated respiratory syncytial virus vaccine candidate with deletion of RNA synthesis regulatory protein M2-2 is highly immunogenic in children. *Journal of Infectious Diseases*. 2018;217(9):1347-55.

21. Munoz FM, Piedra PA, Glezen WP. Safety and immunogenicity of respiratory syncytial virus purified fusion protein-2 vaccine in pregnant women. *Vaccine*. 2003;21(24):3465-7.

22. Power UF, Nguyen TN, Rietveld E, De Swart RL, Groen J, Osterhaus ADME, et al. Safety and immunogenicity of a novel recombinant subunit respiratory syncytial virus vaccine (BBG2Na) in healthy young adults. *Journal of Infectious Diseases*. 2001;184(11):1456-60.

23. Wright PF, Karron RA, Belshe RB, Thompson J, Crowe JE, Jr., Boyce TG, et al. Evaluation of a live, cold-passaged, temperature-sensitive, respiratory syncytial virus vaccine candidate in infancy. *Journal of Infectious Diseases*. 2000;182(5):1331-42.

24. Higgins JP, Altman DG, Gotzsche PC, Juni P, Moher D, Oxman AD, et al. The Cochrane Collaboration's tool for assessing risk of bias in randomised trials. *Bmj*. 2011;343:d5928.