

Reporting Summary

Nature Research wishes to improve the reproducibility of the work that we publish. This form provides structure for consistency and transparency in reporting. For further information on Nature Research policies, see [Authors & Referees](#) and the [Editorial Policy Checklist](#).

Statistics

For all statistical analyses, confirm that the following items are present in the figure legend, table legend, main text, or Methods section.

n/a Confirmed

- The exact sample size (n) for each experimental group/condition, given as a discrete number and unit of measurement
- A statement on whether measurements were taken from distinct samples or whether the same sample was measured repeatedly
- The statistical test(s) used AND whether they are one- or two-sided
Only common tests should be described solely by name; describe more complex techniques in the Methods section.
- A description of all covariates tested
- A description of any assumptions or corrections, such as tests of normality and adjustment for multiple comparisons
- A full description of the statistical parameters including central tendency (e.g. means) or other basic estimates (e.g. regression coefficient) AND variation (e.g. standard deviation) or associated estimates of uncertainty (e.g. confidence intervals)
- For null hypothesis testing, the test statistic (e.g. F , t , r) with confidence intervals, effect sizes, degrees of freedom and P value noted
Give P values as exact values whenever suitable.
- For Bayesian analysis, information on the choice of priors and Markov chain Monte Carlo settings
- For hierarchical and complex designs, identification of the appropriate level for tests and full reporting of outcomes
- Estimates of effect sizes (e.g. Cohen's d , Pearson's r), indicating how they were calculated

Our web collection on [statistics for biologists](#) contains articles on many of the points above.

Software and code

Policy information about [availability of computer code](#)

Data collection

No software was used.

Data analysis

Trimmomatic (version 0.39): adapter and quality trimming
 IVA (version 1.0.8) and SPAdes (version 3.14.1): de novo assembly
 MAFFT (version 7.471): multiple sequence alignment
 BLASTN (version 2.7.1+): read and contig classification
 shiver (downloaded on 2020-08-13): genome reconstruction
 Bowtie 2 (version 2.4.1): read alignment
 MarkDuplicates (Picard tools, version 2.18.14): deduplication
 RAxML (version 8.2.12): maximum-likelihood phylogenetic analysis
 R (version 4.0.2): data management, statistical analyses, and figure production
 ggtree (version 2.2.4): an R package for phylogenetic tree visualisation
 ape (version 5.4-1): an R package for pairwise patristic distance calculation
 Hmisc (version 4.5-0): an R package for missing data imputation

For manuscripts utilizing custom algorithms or software that are central to the research but not yet described in published literature, software must be made available to editors/reviewers. We strongly encourage code deposition in a community repository (e.g. GitHub). See the Nature Research [guidelines for submitting code & software](#) for further information.

Human research participants

Policy information about [studies involving human research participants](#)

Population characteristics	All of the participants (n = 459) who had their sample(s) sequenced had acute RSV infection. Samples collected from 267 participants were included in this within-host diversity study. 97% (258/267) of them were infants under 1 year of age (median 4.3 months; range 0.2–11.7 months; excluding one infant without the information on age), and 3% (9/267) of them were adults over 60 years of age (median 75 years; range 69–78 years). 43% (110/257) of the infants were female (excluding one without the information on sex), and 78% (7/9) of the adults were female.
Recruitment	Potential adult participants or the parents or guardians of potential infant participants of the clinical studies were approached by study nurses in communities, emergency departments, or hospital wards. Only samples yielding >10,000 RSV deduplicated reads were selected to be included in the within-host virus diversity analysis, which might have introduced a selection bias. Excluding samples with low RSV reads (i.e., viral burden) may have excluded samples collected from patients with certain features. However, the included dataset encompassed patients with different severity of RSV disease, so we were still able to characterise within-host RSV diversity from a wide range of patients.
Ethics oversight	These clinical studies were approved by the relevant ethics committees at each site, including the University of Oxford, the Health Research Authority (IRAS IDs: 224156 and 231136), the NHS National Research Ethics Service Oxfordshire Committee A (reference number: 15/SC/0335), the South Central and Hampshire A Research Ethics Committee (reference number: 17/SC/0522), and the London—Central Research Ethics Committee (reference number: 17/LO/1210) in the UK; Hospital Clínico Universitario de Santiago de Compostela, and Comité de Ética de la Investigación de Santiago-Lugo (reference number: 2017/395) in Spain; the Medical Ethical Committee, University Medical Center Utrecht (reference number: 17/563), and the Ethical Review Authority (reference number: NL60910.041.17) in the Netherlands.

Note that full information on the approval of the study protocol must also be provided in the manuscript.

Clinical data

Policy information about [clinical studies](#)

All manuscripts should comply with the ICMJE [guidelines for publication of clinical research](#) and a completed [CONSORT checklist](#) must be included with all submissions.

Clinical trial registration	Birth cohort study: NCT03627572 Infant case–control study: NCT03756766 Adult cohort study: NCT03621930
Study protocol	Birth cohort study: https://doi.org/10.1093/infdis/jiaa310 Infant case–control study: https://doi.org/10.1093/infdis/jiaa239 Adult cohort study: https://doi.org/10.1183/13993003.02688-2020
Data collection	This is not a randomised controlled trial. The participants' information and samples were collected at participants' house, emergency departments, or hospital wards in Santiago de Compostela, Spain; in London and Oxford, the UK; and in Utrecht, the Netherlands during the 2017–2020 RSV seasons.
Outcomes	Genetic characteristics of RSV are one of the predefined secondary outcomes of the clinical studies. Next-generation sequencing of RSV samples on the Illumina MiSeq and NovaSeq platforms and bioinformatic analysis of the sequencing data were carried out to assess these measures.