

Optimizing IMMUNIZATION PRACTICES: Your Role, Your Impact



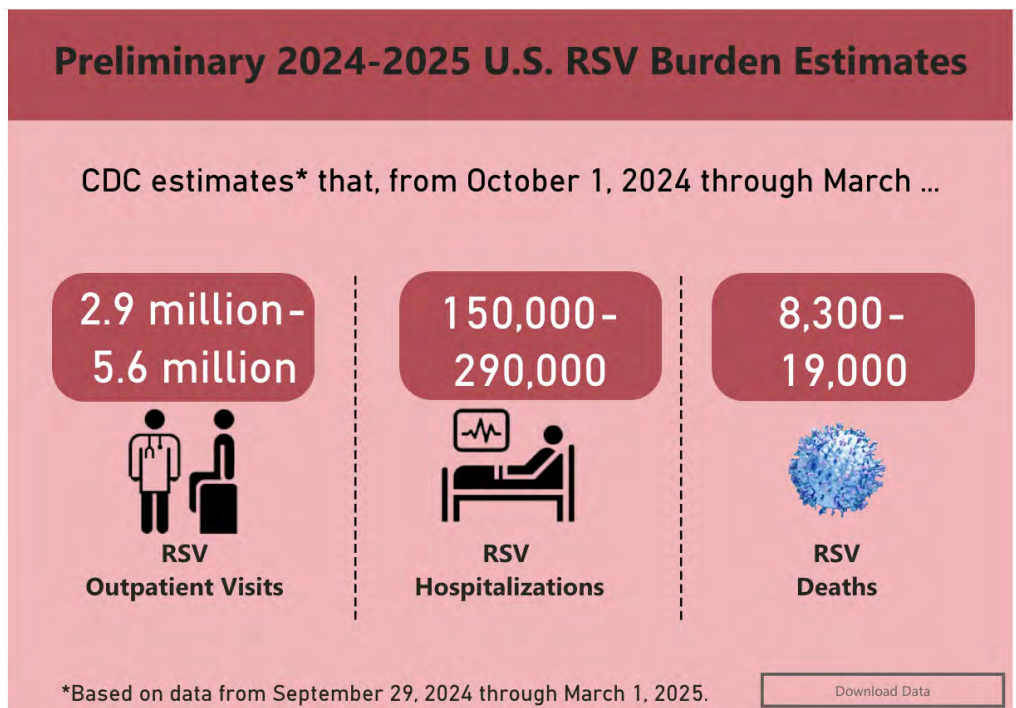
RESPIRATORY SYNCYTIAL VIRUS

What Is RSV?¹

- Respiratory syncytial virus infection (RSV), as the name suggests, is a viral respiratory disease
- RSV usually affects the upper respiratory tract but can affect the lower tract as well. Syncytia formation, epithelial cell sloughing, and debris accumulation in lumen are the major and unique disease-causing changes in the lower respiratory tract.²
- The symptoms of RSV are usually mild but can be severe in older adults and people with chronic conditions or immunosuppression
 - A study by Woodruff, et al (2024) of 6,248 hospitalized adults > 50 years of age with confirmed RSV found a 22% prevalence of an acute cardiac event. Most frequent events were acute ischemic heart disease and heart failure. Most occurred in patients with known cardiovascular disease but 9% had no known heart disease.³
- RSV incidence is usually seasonal, starting in the fall and peaking in the winter

What Is the Burden of Disease?

Figure 1. CDC estimates of RSV burden in the US 2024-2025⁴



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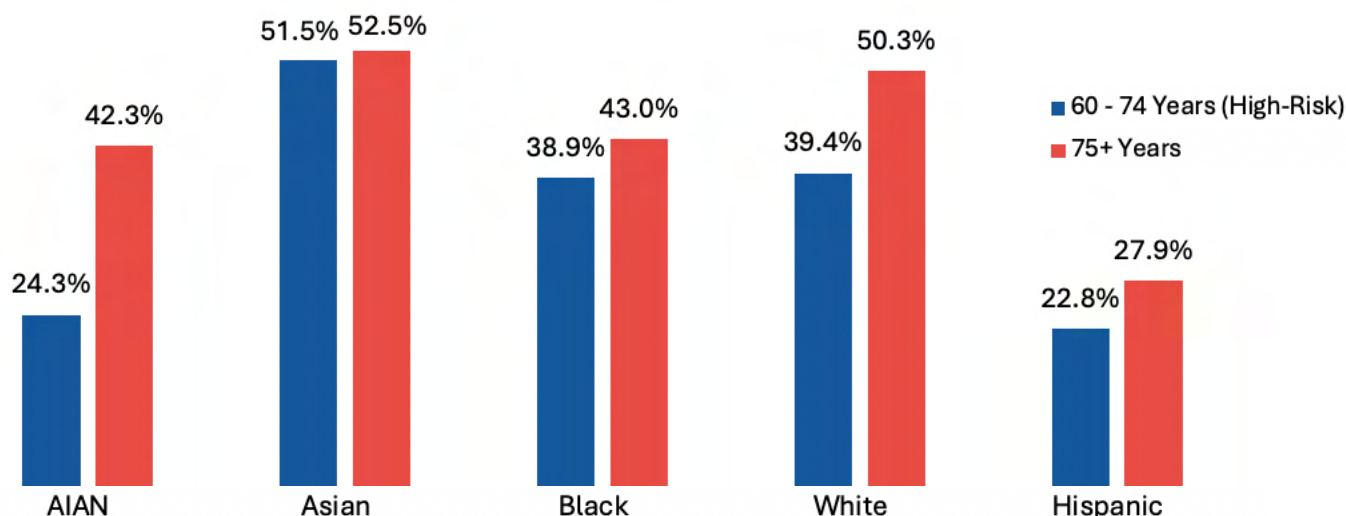
What Is the Burden of Disease? (continued)

- The disease burden is higher for RSV compared to influenza
 - Mortality associated with severe RSV appears to be greater than for influenza. In one study, one-year survival for those hospitalized with RSV was lower than those hospitalized with influenza (74.2% versus 81.2% [OR 1.3; 95% CI 1.0–1.6]).⁵
 - The risk of invasive mechanical ventilation or death is greater for RSV than for influenza. In one study, the risk was 2.08 times higher for RSV than for influenza in hospitalized adults.⁶
- Annual illness rate in adults ≥ 60 years of age is 3% to 9% in the community and 5% to 15% in the outpatient setting. Of this age group, approximately 12% to 20% of those who test positive for RSV are hospitalized.⁷
- CDC data indicates that every year RSV leads to approximately 100,000 to 150,000 hospitalizations among adults 60 years and older⁹

What Is the Current Immunization Rate for RSV?

- As of February 22, 2025, RSV vaccination coverage in the US was 46.7% among adults ≥ 75 years and 37.3% among those aged 60-74 years at increased risk of severe RSV disease¹⁰
 - RSV vaccination coverage is lowest among Hispanic adults and highest among non-Hispanic Asians¹⁰

Figure 2. Vaccination Rates Among Various Groups¹⁰



AIAN, Non-Hispanic American Indian/Alaska Native; Asian, Non-Hispanic Asian; Black, Non-Hispanic Black; White, Non-Hispanic White

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What Is the Current Immunization Rate for RSV? (continued)

- As of January 31, 2025, RSV vaccine coverage among pregnant women who were at least 32 weeks' gestation since September 1, 2024, was 37.2%¹¹
 - Vaccination coverage was highest among non-Hispanic Asian (51.6%) pregnant women and lowest among non-Hispanic Black (24.9%) pregnant women¹¹

What Vaccines Are Currently Available in the US for RSV?¹²

Three vaccines are currently licensed for adults:

Arexvy ♦ **Abrysvo** ♦ **mResvia**

- **Arexvy** and **Abrysvo** are protein subunit vaccines whereas **mResvia** is an mRNA vaccine
- **Abrysvo** is licensed for **use in pregnancy**
- As of January 2025, the **FDA requires a Guillain-Barré syndrome warning** in the prescribing information for RSV vaccines Abrysvo and Arexvy because the results of a post-marketing observational study suggest an increased risk of Guillain-Barré syndrome (GBS) during the **42 days following vaccination with Abrysvo and Arexvy**¹³

What Are the Current Immunization Recommendations for RSV?

Schedule¹⁴

Vaccine	19-26 years	27-49 years	50-64 years	≥65 years
Respiratory Syncytial Virus (RSV) ⓘ	Seasonal administration during pregnancy. (See Notes)			60 through 74 years (See Notes)
				≥75 years

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of immunity

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No Guidance/Not Applicable

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Recommendations⁸

- All adults aged ≥ 75 years should receive a single dose of RSV vaccine
- Adults aged 60–74 years, who are at increased risk, should receive a single dose of RSV vaccine
- Increased risk includes:
 - Chronic medical conditions
 - Moderate or severe immunosuppression
 - Living in a nursing home
- Eligible adults may receive any of the vaccines
- Vaccination can be received at any time of the year but may be most beneficial if administered in late summer or early fall, just before the RSV season (ie, August to October)
- Pregnant women should get a single dose of the maternal RSV vaccine (Abrysvo) during weeks 32 through 36 of pregnancy from September through January
 - Only in areas where RSV circulation is less predictable, and peak activity varies, should the RSV vaccine be administered outside this timeframe
 - These areas include Alaska and places with tropical climate such as Hawaii, southern Florida, Guam, Puerto Rico, and US Virgin Islands
- The RSV vaccine may be administered with other vaccines such as influenza, Tdap, and COVID

What Are Considerations When Speaking With Patients About Being Immunized Against RSV?

- One of the main barriers is the belief that RSV is a “baby” virus and older adults are not at risk
- Many people, including health care professionals, are unaware that RSV affects older adults and causes severe disease
- Access to the vaccine

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What Are Strategies to Increase Vaccine Uptake for RSV?^{15, 16}

- Assess the immunization needs of all your patients at every visit because their needs will change based on age, health conditions, etc. Discuss boosters with your patients routinely during annual visits.
- Use reminders in your electronic health record or health registry to remember to speak with patients
- CDC data indicates that a health care professional's recommendation is the strongest predictor of whether a patient gets vaccinated, so make clear recommendations
- Discuss reasons why the vaccine is right for a patient and the potential cost (time, financial, missed work or family events, etc.) if the patient becomes ill
- Share positive personal stories about vaccines
- Recommend and offer the vaccine at the same time or refer the patient to a provider who can administer the vaccine. Keeping vaccines in stock to offer to patients during visits can improve access and increase vaccination rates.
- Refer patients to providers in the area that offer vaccines that you don't stock or write prescriptions for to remind the patient and pharmacy
- Document patient vaccinations in their medical record and your state's immunization registry so that other providers will also be in the know about your patient's vaccine status
- For patients who are underinsured or uninsured, recommend community resources and the state's section 317 funds¹⁷

Key Takeaways

- RSV infects adults and has a high disease burden, including hospital and ICU stays
- The vaccine is a single dose for adults over 75 years or 60 to 74 with risk factors for any of the 3 approved vaccines
- Abrysvo is approved for use during pregnancy and must be administered during weeks 32 through 36 of pregnancy from September through January with one pregnancy to protect the newborn
- Strongly recommend to your patients that they get the vaccine as soon as they are eligible

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