

Isabel Valdez ([00:01](#)):

Hello and welcome to Optimizing Immunization Practices, your Role, your Impact, a podcast series brought to you by the American Academy of Physician Associates and the Friends Foundation. This activity is supported by independent educational grants from Pfizer and GSK. This podcast series focuses on how you can optimize adult immunizations in your practice. In this episode, we will focus on respiratory syncytial virus, more commonly known as RSV, and discuss the burden of disease, the current immunization rates, the recommendations and the strategies to increase vaccine uptake. And as always, share resources that you can use in your practice. My name is Isabel Valdez. I'm assistant professor at Baylor College of Medicine in Houston, Texas, and I'm joined today by my esteemed colleague, Sarah McQueen, who is our expert in all things vaccine. Our liaison here is you're going to learn from the best everybody. I'm so glad that you're with us again. Sarah, thank you for joining us.

Sarah McQueen ([01:00](#)):

Isabel, you're going to replace Snoop Dogg's affirmations for me. So I am Sarah McQueen. I'm a PA. I've been a family medicine PA for about 16 years now in a federally qualified health center. We serve rural Appalachia area and I am the AAPA liaison to the combination vaccine schedule work group. And that has been a lot of fun and I am passionate about vaccines and RSV is exciting. I think we've all, as parents, have seen babies and sometimes our own, my own infant, he spent two nights in a hospital with RSV when he was little. And so we know that this is, it's frightening when you hear RSV and now we're talking about it in the adult population. Right. Isabel, tell me, share with us a little bit about what you know about RSV and how it works.

Isabel Valdez ([01:52](#)):

I'll start by, I've had to learn how to say respiratory syncytial virus because that's a new one in English and in Spanish. And I'll say because I deal with mostly an adult population. This is a virus that was out of my scope. But really RSV is a viral infection that can usually hit us in the winter and early spring months. And really it can affect anyone because now I'm very much acutely aware now that I'm seeing the adult population coming in with follow-up from the hospital visit because they had pneumonia for RSV and sometimes it's a double whammy because they had RSV and another respiratory infection. Sometimes it's the double whammy is with flu. In fact, I remember such a sweet patient of mine two winters ago, rough time in the hospital. So yeah, so it's a respiratory infection. It's a virus that usually occurs during the winter and early spring months, and it's again affecting the upper respiratory, but it can affect the lower respiratory tract in some patients, especially if they have certain risk factors and it can lead to some unique consequences.

([02:50](#)):

Now, the syncytial formation, the epithelial self sloughing and the debris accumulation in the lumen are the major and the unique features of this disease. And it can cause changes in the lower respiratory track. Now the annual illness rate in adults, in adults over the age of 60 is about 3% to 9% in the community and five to 15% in the outpatient setting of this group. Approximately 12 to 20 of them have tested positive for RSV in the hospital. So these are patients who probably tested negative for covid at home, went to the doctor's office, tested negative for the flu before we had that covid flu at home test. So they were stuck with the, I don't know what I have, but they go to the hospital because they continued to decline. And that's where we catch that RSV diagnosis. In a study completed in 2024 by Woodruff, this was a study of about 6,248 hospitalized adults over the age of 50.

([03:48](#)):

Now, they all had confirmed RSV infection. There was 22% prevalence of an acute cardiac event. This is to me, practice changing information. Most frequent of the events were acute ischemic heart disease and heart failure. And most of these episodes happened in patients who had already had a cardiovascular disease known to have cardiovascular disease. But this is what's interesting, and it's making me very much aware about the complications of RSV. About 9% of this population had not had any heart disease whatsoever. So we're starting to see the implications of RSV beyond the respiratory system, right? And we're seeing cardiac effects now. So this is a vaccine that can help us prevent that as well. I am very curious to see how it's going to affect our populations in the future since we now have a vaccine that's going to help our adults. Specifically with that in mind, what's the disease burden of this infection? What have you seen in your neck of the woods and how is it affecting your population?

Sarah McQueen ([04:49](#)):

I think that is the real deal. I think we really need a shift of seeing when we see RSV of automatically seeing the baby in the little tent. I don't even know if they use tents anymore, that's how old my kids are. But to seeing our elderly folks, to seeing our folks in long-term care facilities, because that's what happens. RSV has a much greater mortality than influenza. The one year survival for those hospitalized with RSV was lower than those that were hospitalized with influenza. And so this is an illness that has pretty significant repercussions. When you look at folks hospitalized, there's a study that, so it was from the MMWR that shows hospitalized patients with RSV influenza and covid, and you can look at more RSV patients required standard flow oxygen, more RSV patients required high flow nasal cannula than the folks that had influenza or covid.

([05:42](#)):

More patients who RSV ended up in intensive care versus the patients who are hospitalized with influenza and covid and then invasive mechanical ventilation and death occur more often in folks hospitalized with RSV than hospitalized with flu or covid. And so this is something that should be getting more attention and I think hopefully with more testing that this is something that we are going to see. And for a long time that was the issue, especially in our neck of the woods for a long time we didn't even test for RSV because it was so specialized. And so we would send them to the hospital lab to get tested and so they would do this little nasal washing trick is how it started for us. But then with the onslaught of the COVID pandemic is when we started to get these tests available for, we have a trifecta.

([06:30](#)):

We have covid influenza and RSV, and now we have a rapid that we check for RSV. And so the testing options are much better, much more available. And so now I think we're seeing the adults and the burden that it has for a while, we would say, oh, it's just a virus, right? And it is, but now we know that it's RSV or we would say, oh, it's a COPD exacerbation and it is, but now we have a name. And so I think as we get better testing and more testing, we're really going to see the true effects of RSV. But the exciting part is now we have three vaccines. We have three RSV vaccines for adults now age 60 and over. We have Orex V, we have RES via and avo and eligible older adults can receive any of these RSV vaccines. Now there is one that's only for pregnant women and that is the brisbo. And so that's important to make that distinction of only that one is for during pregnancy.

Isabel Valdez ([07:40](#)):

To me, I will completely be honest, the RSV vaccination to me is something really, really new. And I started to hear at the beginning the of the year, now that there's a new discussion about Guillain-Barré syndrome and there being a risk for it with this vaccine. And I think this is important information. What

have you been told about, what have you learned about this and what can you share with us and our listeners?

Sarah McQueen ([08:04](#)):

So that's true that FDA has now said that there's a warning with RSV vaccination that it can increase the risk of Guillain-Barré. And what's interesting is that this was found in post-marketing observational studies. This was not the case during the clinical trials, but what we're seeing is just enough increased risk that we need to be speaking about that to our patients. The risk is within 42 days following vaccination. Now, the thing that I'd like to remember, both as a provider, but then also in telling patients you also have a risk of Guillain-Barré an increased risk from these illnesses. We know that one to two out of a hundred thousand folks with RSV can go on to have Guillain-Barré, so you can develop Guillain-Barré after an infection. We also have these vaccines that increased of Guillain-Barré. And so I think that kind of puts it in perspective. It is one of those rare things that's easier said than done, especially if you have experienced Guillain-Barré yourself, that is frightening, terrifying. And so it is just one of those things that we just need to keep in mind. It is one of these low but risks nonetheless.

Isabel Valdez ([09:17](#)):

I think that this is so important that you mentioned to us because I know that sometimes the people that get this question asked might be our MAs, our medical assistants or our RNs, our nurses who are giving the shot. So I'm really glad that you brought this up because we can be proactive advocates for this vaccine by educating our medical assistants and our nurses who are giving the shot and if needed, also discussing with patients as the questions come up about the risk of it, there's a risk with the infection. There's a low risk of this with the vaccine, much lower with the vaccine than with the infection, but still a risk that we need to be cognizant and aware about so that we can help our patients get the information that they need and make this a shared decision between the two of us. So yeah, that's really important information that we're going to give our listeners. And I'm personally taking to clinic too.

Sarah McQueen ([10:11](#)):

What are some of the rates? Do you have any idea of where folks are at in getting this vaccine?

Isabel Valdez ([10:17](#)):

Well, it's a brand new vaccine. It's just got out there. And from what we've learned in doing this podcast series for our aim for herd immunity, 70 to 90%, the greater the better. And here we're not there yet. So for folks over the age of 75 reporting that they've ever received the RSV vaccine, we're at about 46%. And as of December of 2024, so we're recording this in the winter of 2025, the RSV vaccination coverage in the US was at about 33 30 4% among individuals over the age of 75 and about 30% for those patients between the ages of 60 and 74. And these are individuals who are at increased risk for severe RSV disease. Now, racial and ethnic disparities were evident in some of these numbers with the lowest coverage among Hispanic adults, which they're getting about 13.8% of them have reported to be vaccinated.

([11:18](#)):

And in contrast to non-Hispanic whites, 37%, so between 13.8 and 37%, that's a huge difference in RSV vaccination within these two populations. And I think it's also important to point out our current immunization rates among our eligible pregnant women, 33% of eligible women have reported receiving the RSV vaccine. And this is important, right? Unlike the tdap, which is a vaccine per pregnancy, almost

this is a one and done, and only 33% of our eligible patients are getting this. So it's also another opportunity for us as PAs, regardless of whether we work in internal medicine in obgyn in family medicine, here's our chance to improve that number because that's immunity that's going to help our pregnant patients and maybe even affect the population around them and maybe even their baby too. We have our work cut out for us. And of course as PAs, we're rightly positioned to help improve this vaccination rate.

[\(12:16\)](#):

So we really, really can do it. We have then the two buckets of populations. We have our pregnant population and we have our older folks, and we know that for each one has the RSV vaccine, that for the population, for the respective population. So what are the recommendations at this time for dosing? How should I advise? How many shots have they been getting? Because I've been asked, do I need to get this every year? And the answer is something I have to look up every single time. So I know they're the experts. So tell us how we should inform our patients.

Sarah McQueen [\(12:48\)](#):

So currently all adults 75 and older need an RSV vaccine. That is the biggest takeaway. Then you have this pocket of 60 to 74 that if they have increased risk for severe RSV. And so that includes all of the things that we are used to as risk factors in terms of respiratory illness, and so diabetes, heart disease, liver disease, all of those things that we see. But then also frailty is included in that. And so if you think of our patients who we see declining, and sometimes that happens in that 60 to 74 age range, they may not have any medical conditions, but you notice some weight loss, you notice some gait slowing down and those types of things, that person would be at risk. And even when you look at our 60 to 74 year olds who are in a long-term care facility, anyone in a long-term care facility should get an RSV vaccines especially 60 and over.

[\(13:45\)](#):

That is a risk factor. I think one of the great things right now, and I think in the vaccine world over the last four to five years, we keep saying, well, right now the recommendation is, and I think that's one of those things that we're going to keep saying because we get more data and data should influence how we vaccinate because why else do what we do if we're not going to change what we do based on what's needed and what's not needed. And so we're getting, in some cases, better vaccines or longer lasting immunity. And so far what we see with our RSV vaccines is it's doing pretty darn good. And there's still some immunity left even out to two years now post study or post trial. And so we're seeing now that there's not a recommendation for a repeat. You get vaccinated with the RSV vaccine, you complete that vaccination, you don't need any further booster dose.

[\(14:40\)](#):

And also what's fantastic is you can group these together. These are not live vaccines. So you have a pregnant patient and they're in that magical 32 weeks and you want to do RSV, tdap and you want to do flu, you can absolutely do those together. There is not a contraindication to hit all these vaccines at one time. And I think that makes it easier on us. It makes it easier on the patient. And it's kind of one of those, well, if I'm going to feel like crap tomorrow, we might as well make it good kind of things. And so you can give these vaccines together, and that's even for our non-pregnant folks. And so anyone getting these vaccines can get them together. Now the thing to note that with the RSV vaccine for adults is there isn't a season. There's definitely an RSV infection season.

[\(15:32\)](#):

There's not an RSV vaccine season, so you can give it at any visit. You can give it in the summer months, you can just, whenever it's available, you give it because we're seeing that immunity do so well after that initial vaccine. And so just remember there's not a specific time flu. Influenza has timing. There's timing for the RSV monoclonal antibodies that were given, but there is not with this vaccine. You can give it at any time and you should give any, if they're willing to take it, you should give it to 'em.

Isabel Valdez ([16:03](#)):

I think that's really great that you just told us about how you can do 'em all at once, right? This is a good, something that we can integrate into our daily workflow. So we integrate it into the annual visit, we can integrate it into the, you're here today, it's summer. I'm giving you your TDAP due for that booster, why you're at it Happy birthday. You just turned 75. My gift for you is an RSV vaccine. I got it. Oh, assuming I have it right. So another way to improve access and mitigate some clinical barriers is having it available. Should your clinic be open to it. I know that our clinic still hasn't that, and it's only a matter of time, but until then, we're still telling our patients, well make sure you get it at the pharmacy. And once you're there, go ahead and get the other vaccines that you're due for.

([16:52](#)):

Or I'm giving you your pneumonia vaccine today, tomorrow, go ahead and get your RSV vaccine or in a week, get it. Protect your lungs. You got two of 'em. Let's give you two shots. You got two arms, we got it all. We can do it. Now, incorporating it into that conversation as often as possible, not just at the annual visit, but at any time because I love that you just reminded me and the rest of our listeners that this is not a seasonal vaccine. It's a seasonal infection. And we don't have to depend on the flu vaccine, which is we have to wait until it's available. This one, it's a one shot. You can give it to them all year round. And I have really have said, told patients for your birthday, I'm giving you this vaccine, go get it. And this is because I do this because I love you. So what other considerations or barriers are you noticing in your neck of the woods in your clinic that you can help us because your experiences may help inform what we can do.

Sarah McQueen ([17:47](#)):

So you triggered a memory for me. So now in terms of our non-pregnant adults, getting RSV is not seasonal vaccination, but when we look at our pregnant folks, the RSV during pregnancy is seasonal, just like our RSV monoclonal antibodies. And so you're really targeting those pregnant women at 32 weeks around September through January. And so there is kind of a best season for vaccinating our pregnant women. And that's just knowing that they're going to deliver during RSV season. And so that's why that's the only caveat to the, there's no season for vaccination. It's with our pregnant folks.

Isabel Valdez ([18:28](#)):

Oh, I'm so glad you mentioned that to me. Right? I don't see enough pregnant patients and I'm sure that there's a lot of our listeners who do. So it's a non-seasonal vaccine for our older folks, but our pregnant patients, if they're going to deliver some time in that sweet spot, if the sweet spot for vaccinations weeks 32 and 36 and the sweet spot to vaccinate between September and January. So this is super duper important because prepare themselves for the seasonal infection. That's really good point, a really good pointer. And again, as you said, we can do it with the flu shot and if they're due for the covid shot, they do it at that time. And why not a tetanus? Why not? So we're really, our brand new babies are going to be super duper protected because we are going to protect their mamas with all these shots. So this is great. And again, just integrating it into the daily conversation, making it part of the workflow. But

yes, so now that we know how to mitigate that barrier, right, let's just give them a shot all at once. What other considerations do you have for our listeners?

Sarah McQueen ([19:26](#)):

So a lot of the barriers are that it's just not known. And I think even from a provider standpoint, many of us didn't know that RSV affects adults. So now that we have this, we can in turn make these changes in our practice of recommending it. I mean, you may be recommending it for the first time or you maybe think, oh, I should really put more emphasis on that. I should recommend it as strongly as others. And so I think for me, I always try to show a story that I have. And so I visit long-term care facilities. I have a patient panel and I had one patient that I had received a notice that they had gone to the ER, diagnosed with RSV, thankfully given some breathing treatments, sent back to the long-term care facility, was kind of put on a quarantine type, but was doing well, thank goodness.

([20:14](#)):

But I go in to see them and they said, wow, I had COVID last year. I didn't even know it. It was just a bummer. But RSV, that really kicked me on my tail and that was rough. And folks are really realizing this is a big deal. So then because of that, this patient went on to get their RSV vaccine, but then it also kind of trickled over into other folks in that long-term care facility then receive that vaccine because it was a, oh, and even nursing staff were like, oh wow, this is making our patients sick enough that they have to go to the hospital. We need to do better about recommending this vaccine. And so there is this trickle barrier of once it's kind of that patient zero, once you see it, then it's a real issue for you. And so how do we convey, I don't want you to wait to see somebody get really sick with this. I want you to take my word for it that this is a real thing, that this is dangerous. And so I just share those stories of, look, I have patients all the time that are surprised, I think. And we just talk a little bit about that. And then I do talk about herd immunity of like, look, if we're all getting our RSV vaccine, yes, I want to protect you, but we're protecting each other. We're making sure that our health systems don't get overran.

Isabel Valdez ([21:30](#)):

Now there's always the need for us to increase the vaccine rate for this shot because it's a brand new vaccine. We're still learning about it and we are going to be advocates for our patients and advocating maybe even to our clinic. I know that at our clinic we're still making the decision about getting it and little things like this are going to help us increase the uptake of this vaccination. So what strategies can you share with us and our listeners about this vaccine and how we can improve the uptake?

Sarah McQueen ([21:58](#)):

So at our clinic, we've really made it a goal that any visit can be a vaccination visit. And so our clinic, we do these morning huddles and so our nurses, nursing staff will go through our patients that are scheduled. You get lots of walk-ins and those types of things, but they go through and see what vaccines that they don't have what they need. And so they're getting it in the back of their head of like, okay, when this patient comes in, this is a vaccine I'm going to talk to them about. We have standing orders. And so our nurses, they just go ahead and if they get a yes, they just go ahead and administer that vaccine, which is so helpful. It helps with time maintenance both for the patient, the nurse, us as busy providers. It's just fantastic to kind of, you walk into a room, the patient's already had their vaccines and then you address their other needs and then they're done once they leave the room.

([22:49](#)):

And so that has been helpful. And it even empowers our nursing staff too, that they are making a difference and they're contributing to the wellbeing of our patients and preventing severe disease. And

that's important too. And another thing we do is if we don't have a vaccine in stock, making sure you've got a slip of paper that you can write down to say, Hey, take this to your local pharmacy that gives vaccines. Get your vaccine there. Find a way. If you don't offer this vaccine at your clinic, make sure that you know of places other than saying, go back to primary care. Don't do that. If you're a specialist that don't offer these vaccines, find out where your patients are going to be able to get those vaccines because they may forget by the time they come to us for sure. And so making those recommendations, sometimes places like the immunize.org website is fantastic.

[\(23:38\)](#):

They have adult vaccination records and so that helps. You can print off a PDF, write in the vaccine they got today, or you can even highlight the vaccines that you think they need. And so it's another visual reminder of, okay, well I get my flu shot every year. Why haven't I gotten these others that are on this list? And so something that kind of keeps that conversation going is I think very important and making sure that you're using the vaccine registries, whether it's your state specific, because those are very important in terms of the mobility of our patients, going to the pharmacies, going to specialty offices. We all keep track of our patient's vaccination record. And so those are the things that really we do to try to make sure we stay on top of the immunization records.

Isabel Valdez [\(24:25\)](#):

I think that's really great point too, and I'm going to offer this little pearl that I got from one of my coworkers because again, I've been owned open that we don't have it yet and are in stock. So she writes a prescription, a good old fashioned prescription, sends it electronically to the pharmacy, and it helps as a reminder to the pharmacist and to the patient of all. And now it's a decision that we made together that you're going to get the RSV vaccine. I'm putting it in writing because you're getting a prescription sent to the pharmacy. Another way to facilitate that vaccination. So I think some of the takeaways that we can share with our listeners today is this. RSV is not an infection that just affects our children, but it actually affects adults and it has a really significant high disease burden with hospitalizations and ICU stays.

[\(25:15\)](#):

In fact, cardiac disease was noted in a 2024 study. So this is great information that we can take with ourselves and it can impact how we educate our patients. And this is just one shot, one dose for folks over the age of 75. And if our patients have risk factors between the ages of 60 and 74, if they have the risk factors, let's protect them with the RSV vaccine and our pregnant patients. It's a seasonal vaccine that we give them the one time as well, assuming they're going to have their delivery between the months of September and January, which is when this infection can get us, let's protect our mamas who then going to pass the protection to their babies and just getting this vaccine as soon as it's eligible, as soon as they're eligible is always a great way to protect our patients. I think that those are some great takeaways. If you got any more, please share them. Anything else that I may have missed out?

Sarah McQueen [\(26:08\)](#):

No. I think let's just remember our 75 and older, everyone 75 and older should get this RSV vaccine and then protecting our 60 and above that have those risk factors of just making sure that everyone understands that this is just as important as our other seasonal vaccine talks. And hopefully everyone listening today really got a good indication that folks with RSV do require extra care when they're hospitalized. They do tend to be sicker and it's a higher mortality rate. And so just paying attention to that is just very important.

Isabel Valdez ([26:42](#)):

Sarah, once again, you've given us lots of great information. In fact, information that's impacting my daily practice by reminding me of what RSV can true to our older adults, so RSV, it's something that we now can protect our patients for. Thank you, Sarah, so much for teaching us about this and for us taking it back so that we can be advocates for our patients and let's protect our patients from RSV because it's no longer just a childhood illness. Thank you for listening to this episode of Optimizing Immunization Practices, your Role, your Impact. Please tune into the other episodes in this series where we provide an overview of adult vaccinations and discuss vaccination specific information for covid, influenza, tetanus, diphtheria pertussis, and shingles. You can find the full list of the podcast episodes at [aapa.org](http://aapa.org). I'm physician assistant Isabel Valdez from the Department of Medicine in Houston, Texas. Thank you so much for joining us, and we'll catch you again.