FAQs about RSV Disease & RSV Vaccines for Older Adults in Long-Term Care

Why is Respiratory Syncytial Virus (RSV) an important health issue?

RSV disease causes 110,000–180,000 hospitalizations and 6,000–10,000 deaths each year among adults aged ≥50 in the U.S. **RSV is more likely to be severe in older adults and people with chronic health problems or immunocompromising conditions.**

In January 2025, **adults aged ≥65 years were 10 times more likely to be hospitalized due to RSV than were adults aged 18-49.** Adults aged ≥65 years with COPD have 3.2-13.4 times higher hospitalization rates than those without COPD. Those with diabetes requiring insulin have an almost 10 times higher risk of RSV infection

Is RSV an issue for residents of long-term care (LTC) facilities?

RSV can cause life-threatening outbreaks among LTC residents. In studies of the overall RSV disease incidence in LTC, results vary from 0.5 to 14%. Among LTC residents, hospitalization is needed for 10-20% of RSV cases. In a recent CDC study among patients aged ≥60 years hospitalized with RSV, 17% resided in LTC facilities. In this study, among all older adults hospitalized for RSV, 17% were admitted to an ICU, 5% required mechanical ventilation, and 5% died. (Reference: MMWR)

What RSV vaccines are licensed for adults in the U.S.?

- Two RSV vaccines were licensed in May 2023 (brand names Arexvy and Abrysvo). They are recombinant protein-based vaccines, like hepatitis B and HPV vaccines.
- One RSV vaccine was licensed in May 2024 (brand name mResvia). It is an mRNA vaccine like several COVID-19 vaccines.

Who should get an RSV vaccine?

ACIP and the American Geriatrics Society **recommend a single, lifetime dose of any of the three licensed RSV vaccines** (without preference) for:

- All adults aged 75 years or older
- Adults aged 50-74 years at increased risk of severe RSV disease, including LTC residents. A list of conditions that increase the risk for severe RSV can be found at www.cdc.gov/rsv/hcp/clinical-overview/index.html

How effective are the three RSV vaccines?

In clinical trials among adults aged ≥60 years, the mRNA RSV vaccine was 81% effective against RSV-associated lower respiratory tract disease with three or more symptoms. Real-world data on mResvia vaccine effectiveness is not available yet.

Clinical trials for the protein subunit vaccines showed 88.9% (Abrysvo) and 82.6% (Arexvy) efficacy, respectively, in preventing RSV-associated lower respiratory tract disease. Real-world evidence about the protein subunit vaccines for the first season after licensure shows:

- Arexvy was ~77% effective in preventing RSV-associated emergency department visits and 83% effective in preventing RSV-associated hospitalizations in adults aged ≥60 years.
  (source: RSV Vaccine Guidance for Adults | RSV | CDC)
- Abrysvo was ~79% effective in preventing RSV-associated emergency department visits and 73% effective in preventing RSV-associated hospitalizations in adults aged ≥60 years.
  (source: RSV Vaccine Guidance for Adults | RSV | CDC)

Are the RSV vaccines safe?

Serious RSV vaccine side effects are extremely rare. Common side effects include pain, redness, and swelling at the injection site; fatigue; and headache. These usually last 1-2 days and are treated with over-the-counter pain medicine (e.g., acetaminophen, ibuprofen).

Guillain-Barré Syndrome (GBS): A post-marketing study of Medicare beneficiaries found 7-per-million excess cases of GBS following vaccination with Arexvy and 9-per-million excess cases following vaccination with Abrysvo. Further studies are underway to determine causality and comparison of risk of GBS with RSV disease. There has been no increase following mResvia. (See FDA web page)

What are communications strategies for talking about RSV vaccines with LTC residents and their families?

Many clinicians take the **Presumptive or Announcement Approach,** assuming the resident will want to be vaccinated. They **announce** the recommendation ("Let's get your recommended vaccine today") because they assume the resident wants their best medical advice. This approach **presents vaccination as the expected and recommended course of action,** rather than a choice for residents to ponder. This approach:

- assumes residents are willing to take vaccines their trusted healthcare provider (you!) recommends and focuses on informing them about recommended vaccines
- can be more effective than a "participatory approach" where residents are given open-ended choices that make it sound like YOU don't see an advantage one way or the other (e.g., "What would you like to do today?")
- tends to be more efficient because you are not stirring up doubts that were not present before

Motivational Interviewing (MI) is used in healthcare to help people adopt healthier habits. It is effective in vaccine decision-making, particularly for hesitant residents and families. This approach directs conversations using the following steps:

- **Engage:** establish a partnership and build rapport with the resident/family member ("It's good to see you again. What are your current priorities?")
- **Guide:** open a discussion about vaccination; ask about concerns ("What do you already know about the RSV vaccine? Let's talk about your concerns and past experience with vaccines")
- **Share Information:** ask permission to share information ("Can I provide you with some information based on what you just shared?")
- **Summarize and Plan:** assess the resident's confidence and determine action ("How likely are you to get an RSV vaccine?"). If they choose vaccination, affirm the decision and make a plan for administration, ideally at the time of the discussion ("You made a good choice. Let's get you protected against RSV today"). If they are hesitant or refuse, suggest discussing at the next appointment, and leave the door open ("I respect your decision and care about your overall health. Let's talk about this again at your next appointment").

For more information, contact movingneedles@paltmed.org