IP3 RSV

January 18th, 2024
US Annual RSV Disease Burden Estimates

Annual Impact of Respiratory Syncytial Virus (RSV) in the US

58K+ hospitalizations and an estimated 100 to 300 deaths among children <5 years old

60K+ hospitalizations and 6,000+ deaths among older adults

$500M Annual cost of bronchiolitis hospital admissions for children <2 years old

$103M Annual cost of RSV-related acute respiratory infection in older adults 65+

www.nfid.org/rsv
Who is at Risk for Severe Respiratory Disease?

• People with these chronic medical conditions:
  • Lung disease
  • Cardiovascular diseases
  • Neurologic/neuromuscular conditions
  • Diabetes

• Adults who are:
  • Frail
  • Advanced aged
  • LTCF residents
RSV Vaccine Recommendation

• Two RSV vaccines are approved for adults ages 60 and older
  • Arexvy (GSK)
  • Abrysvo (Pfizer)

• CDC recommends
  • Adults ages 60 years and older may receive RSV vaccination using shared clinical decision making

• Single dose
  • Adults aged 60 years and older
Timing

- RSV is usually a seasonal disease
  - Causing illnesses between October and April
    - Largest wave in December and January

- Vaccination before the onset of the fall and winter season

- For the 2023-2024 RSV season
  - Recommend based on SCDM and administered as early as vaccine supply becomes available
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>19–26 years</th>
<th>27–49 years</th>
<th>50–64 years</th>
<th>≥65 years</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COVID-19</strong></td>
<td></td>
<td></td>
<td>1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)</td>
<td></td>
</tr>
<tr>
<td><strong>Influenza inactivated (IIV4) or</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Influenza recombinant (RIV4)</strong></td>
<td></td>
<td></td>
<td>1 dose annually</td>
<td></td>
</tr>
<tr>
<td><strong>Influenza live, attenuated (LAIV4)</strong></td>
<td></td>
<td></td>
<td>1 dose annually</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Syncytial Virus (RSV)</strong></td>
<td>Seasonal administration during pregnancy. See Notes.</td>
<td></td>
<td>&gt;60 years</td>
<td></td>
</tr>
<tr>
<td><strong>Tetanus, diphtheria, pertussis (Tdap or Td)</strong></td>
<td>1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Measles, mumps, rubella (MMR)</strong></td>
<td></td>
<td></td>
<td>1 dose Tdap, then Td or Tdap booster every 10 years</td>
<td></td>
</tr>
</tbody>
</table>

For healthcare personnel, see notes.
**Respiratory syncytial virus vaccination**

**Routine vaccination**
- Pregnant at 32 weeks 0 days through 36 weeks and 6 days gestation from September through January in most of the continental United States**: 1 dose RSV vaccine (Abrixvo®). Administer RSV vaccine regardless of previous RSV infection.
- Either maternal RSV vaccination or infant immunization with nirsevimab (RSV monoclonal antibody) is recommended to prevent respiratory syncytial virus lower respiratory tract infection in infants.
- **All other pregnant persons**: RSV vaccine not recommended

There is currently no ACIP recommendation for RSV vaccination in subsequent pregnancies. No data are available to inform whether additional doses are needed in later pregnancies.

**Special situations**
- **Age 60 years or older**: Based on shared clinical decision-making, 1 dose RSV vaccine (Abrixvo® or Abrixvo®). Persons most likely to benefit from vaccination are those considered to be at increased risk for severe RSV disease.** For additional information on shared clinical decision-making for RSV in older adults, see [www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf](http://www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf)

For further guidance, see [www.cdc.gov/mmwr/volumes/72/ww/mm7229a4.htm](http://www.cdc.gov/mmwr/volumes/72/ww/mm7229a4.htm)

*Note: Providers in jurisdictions with RSV seasonality that differs from most of the continental United States (e.g., Alaska, jurisdiction with tropical climate) should follow guidance from public health authorities (e.g., CDC, health departments) or regional medical centers on timing of administration based on local RSV seasonality. Refer to the 2024 Child and Adolescent Immunization Schedule for considerations regarding nirsevimab administration to infants.

**Note: Adults age 60 years or older who are at increased risk for severe RSV disease include those with chronic medical conditions such as lung diseases (e.g., chronic obstructive pulmonary disease, asthma), cardiovascular diseases (e.g., congestive heart failure, coronary artery disease), neurologic or neuromuscular conditions, kidney disorders, liver disorders, hematologic disorders, diabetes mellitus, and moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment); those who are considered to be frail; those of advanced age; those who reside in nursing homes or other long-term care facilities; and those with other underlying medical conditions or factors that a health care provider determines might increase the risk of severe respiratory disease.
Shared Clinical Decision-Making (SCDM)

RSV Vaccination for Adults 60 Years and Older

- Respiratory syncytial virus (RSV) is a cause of severe respiratory illness across the lifespan. Each year in the United States, RSV leads to approximately 60,000-160,000 hospitalizations and 6,000-10,000 deaths among adults 65 years and older.
- Adults 60 years of age and older now have the option to receive one dose of RSV vaccine based on a SCDM process between a patient and their health care provider.
- Consider multiple factors when discussing RSV vaccination with your patients. SCDM recommendations are optional and are informed by whether the patient has any risk factors for severe RSV disease; a patient’s risk of exposure to RSV; a patient’s preferences for RSV vaccination; and the clinical discretion of the health care provider.

Underlying medical conditions associated with increased risk for severe RSV disease include:

- Chronic lung disease (e.g., COPD and asthma)
- Chronic cardiovascular disease (e.g., CHF and CAD)
- Chronic or progressive neurologic or neuromuscular conditions
- Chronic kidney disease
- Chronic liver disease
- Diabetes Mellitus
- Moderate or severe immunocompromise
- Chronic hematologic disorders
- Any underlying condition that a provider determines might increase the risk of severe RSV disease

QIN-QIO
Quality Innovation Network - Counseling Services for Medicare & Medicaid Services
Quality Improvement & Innovation Group
Transmission-Based Precautions - General

• Residents placed in TBP for acute respiratory infection
  • Remain in their rooms, except for medically necessary purposes
  • If leaving room, follow physical distancing protocols and wear facemasks for source control
  • Remove TBP as soon as resident deemed no longer infectious to others

• Healthcare workers
  • Follow isolation guidelines for appropriate PPE usage
### RSV – Red Book (American Academy of Pediatrics)

<table>
<thead>
<tr>
<th>Epidemiology</th>
<th>Incubation Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Humans are the only source of infection</td>
<td>2-8 days (4-6 days is most common)*</td>
</tr>
<tr>
<td>- Transmitted by direct or close contact with contaminated secretions</td>
<td></td>
</tr>
<tr>
<td>- Occurs from fall to early spring</td>
<td></td>
</tr>
<tr>
<td>- Viable RSV can persist on environmental surfaces for several hours and for</td>
<td></td>
</tr>
<tr>
<td>30 minutes or more on hands</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Isolation</th>
<th>Control Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Standard and contact precautions for the duration of the illness</td>
<td>- Cohorting</td>
</tr>
<tr>
<td>- Should be cared for in single room or placed in cohort</td>
<td>- Restricting visitors w/current or recent RTI</td>
</tr>
<tr>
<td></td>
<td>- Restricting HCW who are ill</td>
</tr>
<tr>
<td></td>
<td>- PPE to include gown, gloves, mask, and goggles</td>
</tr>
<tr>
<td></td>
<td>- Hand hygiene</td>
</tr>
</tbody>
</table>

*https://publications.aap.org/redbook*
### Type and Duration of Precautions Recommended for Selected Infections and Conditions


**Appendix A Updates [September 2018]**

**Changes:** Updates and clarifications made to the table in Appendix A: Type and Duration of Precautions Recommended for Selected Infections and Conditions.

<table>
<thead>
<tr>
<th>Disease/Condition</th>
<th>Type of Precautions</th>
<th>Duration of Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory syncytial virus infection, in infants, young children and immunocompromised adults</td>
<td>Contact + Standard</td>
<td>Wear mask according to Standard Precautions [24] CB [116, 117]. In immunocompromised patients, extend the duration of Contact Precautions due to prolonged shedding [928]. Reliability of antigen testing to determine when to remove patients with prolonged hospitalizations from Contact Precautions uncertain.</td>
</tr>
</tbody>
</table>
Duration of Isolation for RSV

• Duration of illness
  • Anywhere from 2-8 days (4-6 most common)
  • Should be symptom free for 24 hours with no intervention
  • Could shed RSV up to 3-4 weeks or longer
Viral Respiratory Pathogens Toolkit for Nursing Homes

- PREPARE
- RESPOND
- CONTROL
Surveillance Tool

RESP-NET Interactive Dashboard

https://www.cdc.gov/surveillance/resp-net/dashboard.html
Additional Measures

• Consult with health department
• Consider establishing cohort units for residents with confirmed infections
  • Dedicated HCP
  • Minimize HCP movement
• Limit group activities and communal dining
• Consider modifications to indoor visitation policies
• Avoid new admissions or transfers into and out of units or facility - wide
# RSV Fact Sheet for Healthcare Providers

**Respiratory Syncytial Virus vaccines (RSV)**

**Fact Sheet for Healthcare Providers**

CDC recommends that adults ages 60 years and older may receive a single dose of RSV vaccine using shared clinical decision-making (SCDM).

*If you vaccinate, either approved RSV vaccine (Abrxsvo™ or Arexvy®) can be used.*

<table>
<thead>
<tr>
<th>Patients</th>
<th>Doses</th>
<th>Administer</th>
<th>Storage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60+ Years Old</td>
<td>One (0.5mL) dose</td>
<td>Intramuscularly in the deltoid</td>
<td>Refrigerate at 36°F to 46°F (2°C to 8°C)</td>
</tr>
</tbody>
</table>

How do shared clinical decision-making recommendations (SCDM) differ from routine, catch-up, and risk-based immunization recommendations?

- SCDM vaccination recommendations are individually based rather than population based and informed by a decision process between the health care provider and the patient.
- Consider multiple factors when discussing RSV vaccination with your patients. The decision to vaccinate is
LTC Quick Start Guide

Helpful links on guidance, recommendations, signage, and posters

When respiratory viruses are spreading in the community, the risk for spread in long-term care (LTC) settings including nursing homes increases as well. Existing infection prevention and control measures can help prevent and slow the spread of flu, RSV, and COVID-19 to protect residents and staff. Preparing and responding to respiratory viruses in LTC settings requires a comprehensive approach that includes infection prevention, testing, vaccination, and treatment.

Below are some helpful CDC links to bookmark for the 2023 respiratory virus season.

Infection Prevention and Testing
Implement recommended infection prevention and control practices in the facility. Be aware when respiratory virus levels are increasing in the community and ensure access to respiratory viral testing with rapid results.
Resources

CDC – RSV
https://www.cdc.gov/rsv/index.html

CDC – RSV Vaccination
https://www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html

Infection Control in Healthcare Personnel
https://www.cdc.gov/infectioncontrol/guidelines/healthcare-personnel/index.html

Shared Clinical Decision Making – RSV Vaccination

Testing and Management Considerations for Nursing Home Residents
https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm
**Toolkits**

**Long-term Care Quick Start Guide**


**Older Adults Are at High Risk for Severe RSV Illness**


**RSV Factsheet for Healthcare Providers**


**Viral Respiratory Pathogens Toolkit**

Questions?

In the chat box or feel free to come off mute!