

IP3 RSV

January 18th, 2024

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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



National
Foundation for
Infectious
Diseases



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



2024 Adult Immunization Schedule

Table 1 Recommended Adult Immunization Schedule by Age Group, United States, 2024

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
COVID-19	1 or more doses of updated (2023–2024 Formula) vaccine (See Notes)			
Influenza inactivated (IIV4) or Influenza recombinant (RIV4)	1 dose annually			
Influenza live, attenuated (LAIV4)				
Respiratory Syncytial Virus (RSV)	Seasonal administration during pregnancy. See Notes.			≥60 years
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			For healthcare personnel, see notes

2024 Adult Immunization Schedule – Notes Section

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 (Abrysvo™). 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 (Arexvy® or Abrysvo™). 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

For further guidance, see www.cdc.gov/mmwr/volumes/72/wr/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.



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Shared Clinical Decision-Making (SCDM)

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 kidney disease



Moderate or severe immunocompromise



Chronic cardiovascular disease (e.g., CHF and CAD)



Chronic liver disease



Chronic hematologic disorders



Chronic or progressive neurologic or neuromuscular conditions



Diabetes Mellitus



Any underlying *condition* that a provider determines might increase the risk of severe RSV disease

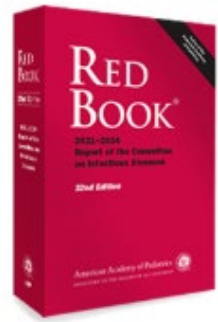


Transmission-Based Precautions - General

- 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)



Epidemiology

- Humans are the only source of infection
- Transmitted by direct or close contact with contaminated secretions
- Occurs from fall to early spring
- Viable RSV can persist on environmental surfaces for several hours and for 30 minutes or more on hands

Incubation Period

2-8 days (4-6 days is most common)*

Isolation

- Standard and contact precautions for the duration of the illness
- Should be cared for in single room or placed in cohort

Control Measures

- Cohorting
- Restricting visitors w/current or recent RTI
- Restricting HCW who are ill
- PPE to include gown, gloves, mask, and goggles
- Hand hygiene

<https://publications.aap.org/redbook>



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Infection Control

Infection Control > Isolation Precautions > Appendix A

Isolation Precautions

Updates

Authors

Executive Summary

Abbreviations

Part I: Review of Scientific Data
Regarding Transmission of
Infectious Agents in Healthcare
Settings

Type and Duration of Precautions Recommended for Selected Infections and Conditions¹

[Print](#)

Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007)

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.

Respiratory syncytial virus infection, in infants, young children and immunocompromised adults

Contact +
Standard

Duration of
illness

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.

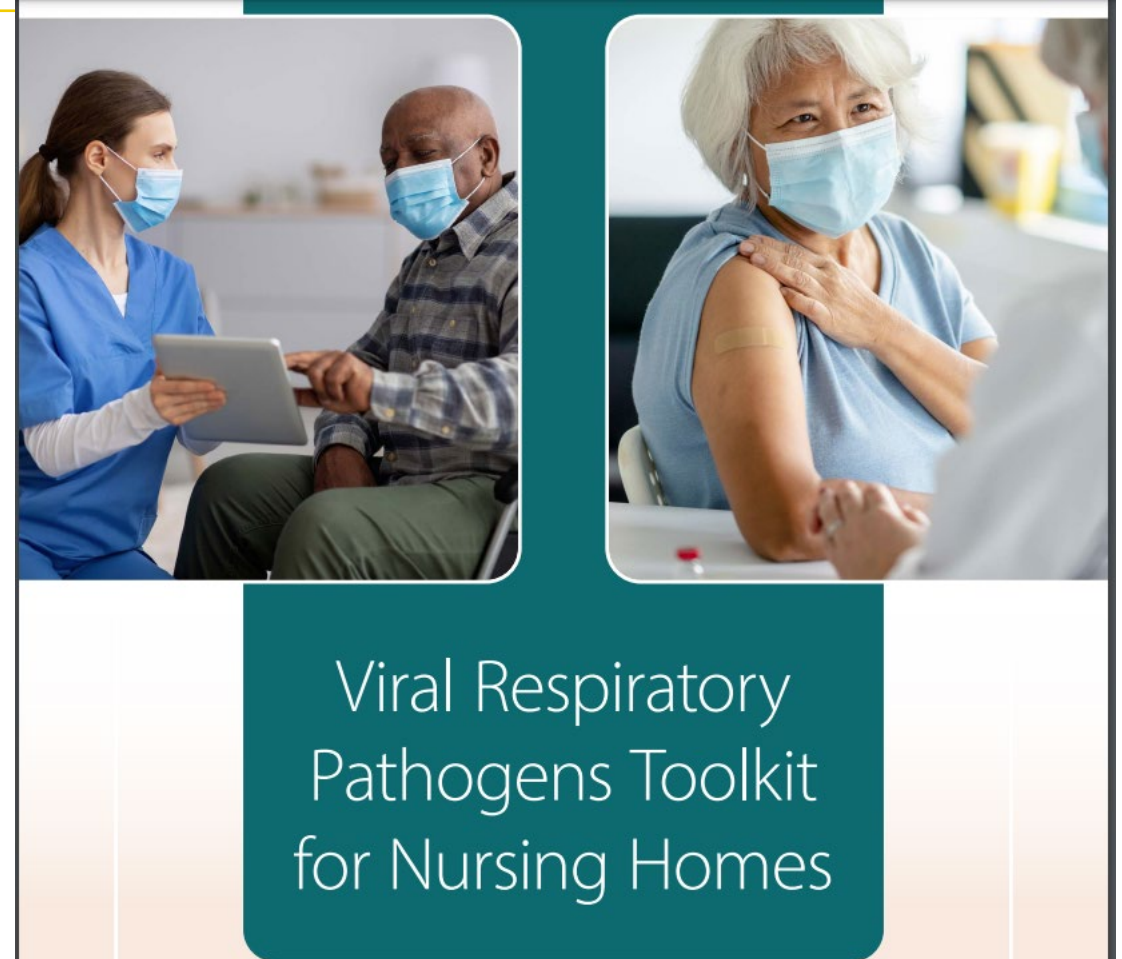
Duration of Isolation for RSV

- 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

العربية | 中文语言



Public Health Surveillance and Data

CDC



RESP-NET Interactive Dashboard

<https://www.cdc.gov/surveillance/resp-net/dashboard.html>



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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

Older Adults Are at High Risk for Severe RSV Illness

Respiratory Syncytial Virus, or **RSV**, is a common virus that affects the lungs and breathing passages

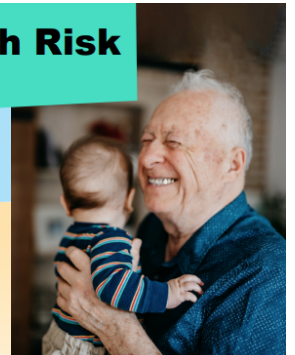
- ✓ RSV vaccine is available to adults 60 and over
- ✓ It can **PROTECT** against severe illness
- ✓ Talk to your doctor to see if vaccination is right for you

RSV can be dangerous for older adults

Adults who are 60 years or older are at highest risk, especially:

- Adults who have chronic heart or lung disease
- Adults who have weakened immune systems

RSV can lead to serious conditions






**EACH
YEAR
RSV**

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 (Abrysvo™ or Arexvy®) can be used.

Patients	Doses	Administer	Storage (prior to reconstitution)
60+ Years Old	One (0.5mL) dose 	Intramuscularly in the deltoid 	Refrigerate at 36°F to 46°F (2°C to 8°C) 

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

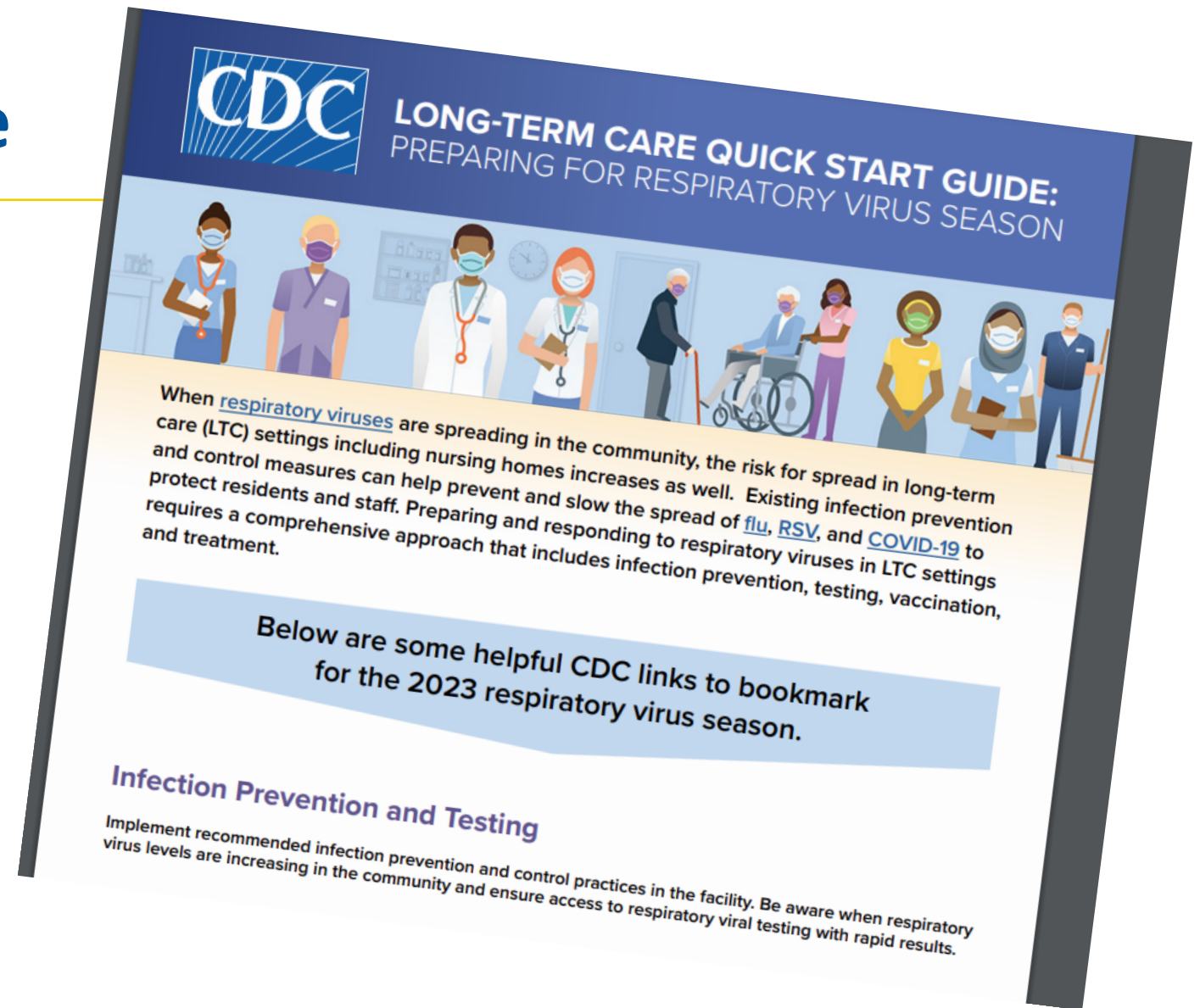


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LTC Quick Start Guide

Helpful links on
guidance,
recommendations,
signage, and
posters



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

<https://www.cdc.gov/vaccines/vpd/rsv/downloads/provider-job-aid-for-older-adults-508.pdf>

Testing and Management Considerations for Nursing Home Residents

<https://www.cdc.gov/flu/professionals/diagnosis/testing-management-considerations-nursinghomes.htm>



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Toolkits

Long-term Care Quick Start Guide

<https://www.ahcancal.org/Quality/Documents/GetVaccinated/CDC%20Resources/Long-term%20Care%20Quick%20Start%20Guide%20for%20Respiratory%20Virus%20Season.pdf>

Older Adults Are at High Risk for Severe RSV Illness

<https://www.cdc.gov/rsv/factsheet-older-adults.pdf>

RSV Factsheet for Healthcare Providers

<https://www.cdc.gov/vaccines/vpd/rsv/downloads/hcp-fact-sheet-older-adult-patients-508.pdf>

Viral Respiratory Pathogens Toolkit

<https://www.cdc.gov/longtermcare/pdfs/Viral-Respiratory-Pathogens-Toolkit-H.pdf>



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Questions?



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



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