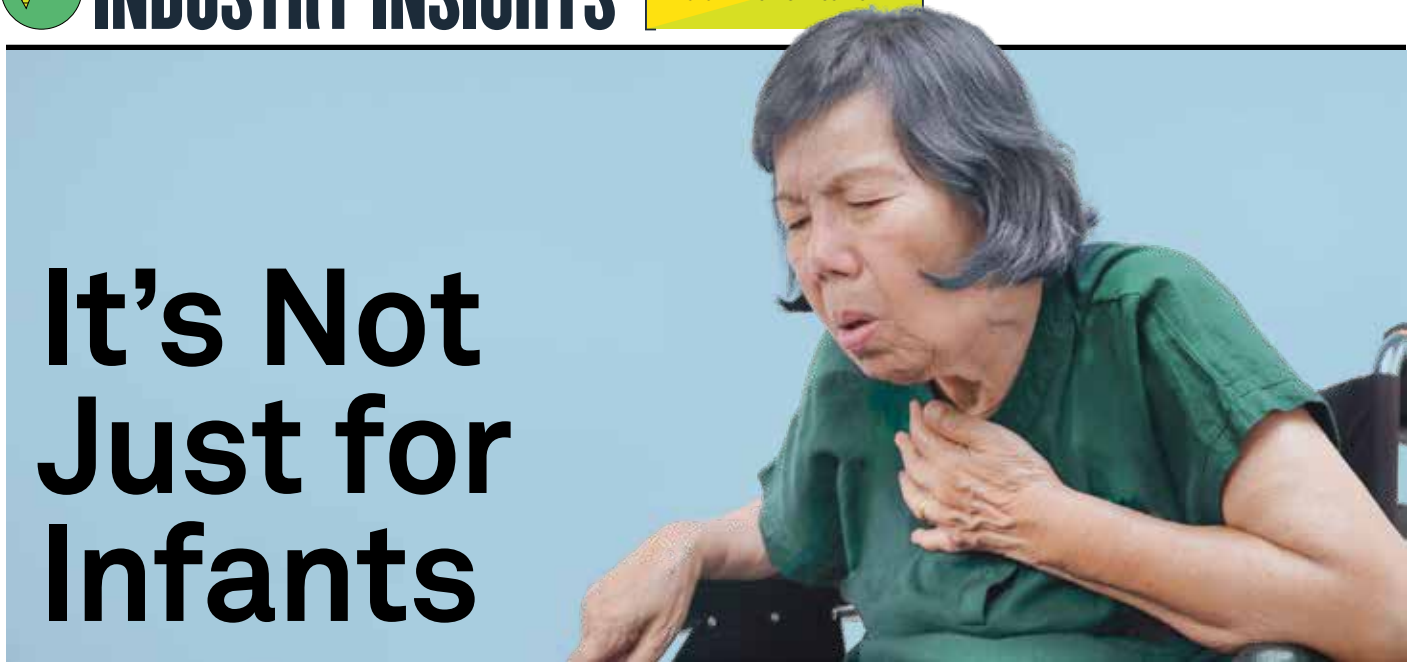

It's Not Just for Infants

Clinicians must learn to recognize the signs of RSV in adults

By Abbie Gillen, Meghana Tallam, and Elizabeth Ciemins, Ph.D., M.P.H., M.A.

Respiratory syncytial virus (RSV) is a common virus that affects thousands of individuals in the United States each year.[1,2] Although many people associate RSV with small children, adults are susceptible as well.[1] Symptoms for RSV in adults can be mild and mimic the common cold; however, in severe cases, RSV can lead to complications and hospitalization.[3,4] Older adults are at high risk for developing more severe complications.[4,5] RSV case and hospitalization rates are estimated to be similar to influenza each season.[1,6] No specific treatments or vaccinations are currently available for RSV, although several vaccines are currently in development.[3,7] To understand clinician knowledge, attitudes, behaviors, and beliefs around RSV in the adult patient population as new vaccines are being developed, AMGA conducted a qualitative research study with clinical representatives from seven AMGA member organizations in early 2022.

Methods

This exploratory study consisted of three phases of qualitative research: a 15-question knowledge gap finder assessment, two roundtable discussions, and clinician interviews. The researchers used an iterative approach, reviewing preliminary results after each phase and refining any questions or themes before moving on to the next data collection modality.

Results

Thirty participants completed the knowledge gap finder assessment. The average score was 50% correct. Respondents were most knowledgeable about the domains of Cost and Comparison to Influenza and least knowledgeable about the domains of Symptoms and Risk Factors. Survey results demonstrated that, although providers are somewhat knowledgeable about adult RSV infection, additional education could help strengthen understanding as new vaccines become available.

Survey questions provided additional insight on current testing and treatment practices for adult RSV infection at participating AMGA member organizations (for questions and results, see the tables on page 10). Responses to these questions demonstrated that, although some organizations are regularly testing patients for RSV, many organizations do not have a standard treatment protocol for these patients.

The roundtable discussions focused on testing, treatment, and surveillance of RSV infections in adults. All participants commented that organizations are administering more RSV tests than ever before due to the COVID-19 pandemic. One

participant stated, "One of the advantages of COVID is I think it raised awareness of viral illness in general. We're sort of going through this renaissance in virology."

Multiplex tests that cover COVID-19, influenza A and B, and RSV are now in use in many care settings across the country. This testing is leading to more confirmed cases of adult RSV than previously known. Roundtable participants discussed that multiplex testing supply was limited when the tests were first available, but as that supply has become more reliable, these tests are being used in multiple care settings, including primary care clinics, emergency departments, and for hospitalized patients. Challenges to RSV testing include cost and lack of treatment options. The lack of consistent testing practices means true rates of RSV infection in adults are unknown.

Roundtable discussions supported survey findings that treatment protocols do not exist for adult RSV infection. Because providers do not always test for RSV, they may recommend respiratory supportive care. One provider commented that a positive test is not needed for admission to the inpatient setting and that, although a test may be ordered, providers determine the course of action based on symptoms, not test results.

Roundtable participants agreed that more education about adult RSV would be beneficial to providers and patients. One primary care participant stated, "I think once people realize that it is just as harmful as influenza, they'll be more likely to get on board with it."

Clinicians reported that they need to know enough about the disease and associated risks to educate patients and recommend vaccination or other preventive measures. Official recommendations from trusted institutions, such as the Centers for Disease Control and Prevention (CDC) and *Mortality and Morbidity Weekly Report* (*MMWR*), are helpful in guiding organization policy on vaccination recommendations.

What about a new vaccine for adult RSV? Clinicians thought that vaccine hesitancy observed during the COVID-19 pandemic may persist, and that uptake may be similar to that of influenza. While cost and insurance coverage will always play a role, the consensus was that advertising can influence which vaccines are prioritized by patients as has been seen with the shingles vaccine. One clinician participant stated, "I think vaccination is a very important part of this education puzzle.... You're going to help a lot more people by preventing severity of disease than you are going to by just treating the most severely ill."

Sample Low-Scoring Questions

Question: **Alice is a 74-year-old resident at a long-term care facility. She was ill for two weeks with RSV and received nebulizer treatments several times since the virus exacerbated her asthma. She avoided public areas such as the dining room until asymptomatic two weeks after symptoms began. At the two-week mark, she has requested dining with friends and having visitors. What would you decide, given Alice's situation?**

Answer and Response Distribution

She should avoid the dining room for a few more weeks. [CORRECT]	20.00%
She can have healthy adults under 60 years of age visit. [CORRECT]	13.33%
She is no longer experiencing symptoms—she can eat with any of her friends.	73.33%

Question: **Most adults who contract RSV are asymptomatic or have mild symptoms limited to the upper respiratory tract. In contrast, severe illness from RSV manifests as a lower respiratory tract infection. In addition to chronic lung disease, which of the following are risk factors for severe illness from RSV in adults? Select all that apply.**

Answer and Response Distribution

Age >65 [CORRECT]	86.67%
Chronic heart disease [CORRECT]	90.00%
Immune compromise [CORRECT]	83.33%
Chronic renal failure	63.33%

Conclusion

Through this study, the researchers found that clinicians are somewhat knowledgeable about adult RSV infection, but that organizations do not have standards for tracking RSV testing or adult RSV treatment. Roundtables and interviews revealed that more education on adult RSV would be welcomed by clinicians and that providers support the integration of a potential new RSV vaccine into adult vaccination workflows. GPJ

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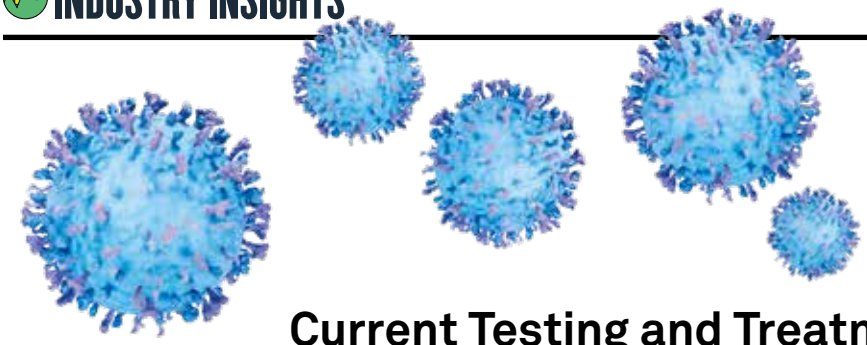

Current Testing and Treatment Practices for Adult RSV Infection

Provider Type	Number of Participants
M.D.	24
D.O.	2
Nurse Practitioner	2
Registered Nurse	1
Other	1
Provider Specialty	**Number of Participants**
Family Medicine	12
Internal Medicine	9
Emergency Medicine	5
Pulmonology	2
Infectious Disease	1
Other	1
Years In Practice	**Number of Participants**
<1 year	1
1–5 years	3
6–10 years	7
11–20 years	7
>20 years	12

How often do you see adult patients with RSV?	
Response	**Number of Participants**
Frequently	1
Often	2
Sometimes	10
Rarely	11
Never	6
Is there a standard for testing RSV at your facility?	
Response	**Number of Participants**
Yes	12
No	12
Don't Know	6
Is there a clinical pathway upon diagnosis of RSV at your facility?	
Response	**Number of Participants**
Yes	6
No	19
Don't Know	5

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