The risk to your vulnerable patients is real¹



RSV is responsible for an estimated annual 111,000-176,000 hospitalizations in adults aged 50+ in the U.S.2*

Once hospitalized, patients with RSV can have more severe consequences than patients hospitalized with influenza, including³:



Higher rates of ICU admission[†]



Increased incidence of pneumonia[†]



Longer hospital stays[†]

Certain underlying medical conditions can greatly increase the risk of RSV-associated hospitalization^{4,5‡}

Adults 50+ with select comorbidities compared to those with no comorbidities



COPD: 4.6x HIGHER RISK5



BMI ≥40: 3.7x HIGHER RISK5



CAD and Diabetes: 7.3x HIGHER RISK⁵

Unlike influenza, RSV has no antiviral treatment⁶

Pfizer

^{*}Data estimates from the 2016 through 2023 RSV seasons. Rates of RSV-associated hospitalizations in RSV-NET were adjusted for underdetection due to testing practices. Given atypical RSV circulation, the 2020-2021 and 2021-2022 seasons were excluded from this range.²

¹In a study of 645 hospitalized patients aged 60+ with RSV and 1,878 hospitalized patients aged 60+ with influenza, patients with RSV were more likely to have hospital stays that exceeded 7 days (P<0.001), develop pneumonia (P<0.001), and be admitted to the ICU (P=0.023).³

^{*}Risk calculation (RSV-associated hospitalization rate per 100,000) results come from CDC studies based on community-dwelling adults with and without chronic medical conditions, stratified by age group (50-64, 65-74). BMI=body mass index; CAD=coronary artery disease; CDC=Centers for Disease Control and Prevention; COPD=chronic obstructive pulmonary disease; ICU=intensive care unit; RSV=respiratory syncytial virus.

Are your patients eligible for an RSV Vaccine?

CDC recommended as a single dose⁵:

All adults 75+

All adults 50-74 with certain chronic medical conditions or risk factors at increased risk of severe RSV**

*While patient attestation of an underlying condition would be sufficient evidence of a risk factor, qualified healthcare providers (according to local and state law) may make their own determinations about risk factors and vaccine eligibility based solely on clinical assessment. For a complete list of chronic medical conditions associated with increased risk, visit the Centers for Disease Control and Prevention website.

†RSV vaccination should be given only to adults who have not yet received a dose of RSV vaccine. Providers can give the RSV vaccine year round. However, RSV vaccination will have the most benefit if given in late summer or early fall.6

Chronic medical conditions and risk factors for severe RSV disease in older adults aged 50-74** years4



Cardiovascular disease

(e.g., heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])



Chronic lung or respiratory disease

(e.g., chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis)



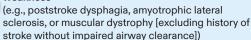
End-stage renal disease or dependence on hemodialysis or other renal replacement therapy



Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other endorgan damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor



Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness





Chronic liver disease (e.g., cirrhosis)



Chronic hematologic conditions (e.g., sickle cell disease or thalassemia)



Severe obesity

(body mass index ≥40 kg/m²)



Moderate or severe immune compromise



Residence in a nursing home



Other chronic medical conditions or risk factors that a health care provider determines would increase the risk for severe disease due to viral respiratory infection (e.g., frailty, situations in which health care providers have concern for presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging)

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; RSV=respiratory syncytial virus.

1. Carvajal JJ, Avellaneda AM, Salazar-Ardiles C, Maya JE, Kalergis AM, Lay MK. Host components contributing to respiratory syncytial virus pathogenesis. Front Immunol. 2019;10:2152. 2. Havers FP, Whitaker M, Melgar M, et al. Burden of respiratory syncytial virus-associated hospitalizations in US adults, October 2016 to September 2023. JAMA Netw Open. 2024;7(11):e2444756. 3. Ackerson B, Tsenq HF, Sy LS, et al. Severe morbidity and mortality associated with respiratory syncytial virus versus influenza infection in hospitalized older adults. Clin Infect Dis. 2019;69(2):197-203. 4. Britton A, Melgar M, Roper L. Evidence to recommendations framework (EtR): RSV vaccination in adults aged 50-59 years, 60-74 years, and 75 years and older. Centers for Disease Control and Prevention. Published June 26, 2024. Accessed March 17, 2024. https://stacks.cdc.gov/view/cdc/157857 5. Centers for Disease Control and Prevention. RSV vaccine guidance for adults. Updated July 8, 2025. Accessed July 8, 2025. https://www.cdc.gov/rsv/ hcp/vaccine-clinical-quidance/adults.html. 6. Centers for Disease Control and Prevention. RSV Vaccine Guidance for Older Adults. Updated August 30, 2024. Available at: https://www.cdc.gov/rsv/hcp/vaccine-clinical-quidance/older-adults.html. June 2, 2025.