The risk to your vulnerable patients is real[1]

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, including[3]:

- 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 RISK[5]
- BMI ≥40: **3.7x** HIGHER RISK[5]
- CAD and Diabetes: **7.3x** HIGHER RISK[5]

Unlike influenza, RSV has no antiviral treatment[6]

*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]

[†]In 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).[5]

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.

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Are your patients eligible for an RSV Vaccine?

CDC recommended as a single dose[5]:

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.[6]

†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*† years[4]

- **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 end-organ 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** (e.g., poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- **Chronic liver disease** (e.g., cirrhosis)
- **Chronic hematologic conditions** (e.g., sickle cell disease or thalassemia)
- **Severe obesity** (body mass index ≥40 kg/m^2)
- **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, Tseng 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-guidance/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-guidance/older-adults.html Accessed June 2, 2025.

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