

# Family Physicians' Role in Preventing RSV Disease in Older Adults

## Introduction

Respiratory syncytial virus is a significant threat to older adults that is often underrecognized.<sup>1</sup> While RSV is commonly associated with infants, it can also be severe in older adults, particularly those with chronic conditions such as heart or lung disease.<sup>2,3</sup>

Family physicians have a critical role in decreasing their patients' risk of RSV infection through vaccination. The RSV vaccine is a proven intervention to prevent severe illness, hospitalization and death.<sup>2,3</sup> It is important to discuss RSV vaccination proactively to prepare for respiratory illness season.

**The Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention recommends a single dose of an RSV vaccine for all adults 75 and older and for adults 60 to 74 who are at increased risk for severe RSV disease.**<sup>2,3</sup> Risk factors for severe RSV disease in older adults include certain chronic medical conditions, moderate or severe immunocompromise and residence in a long-term care facility.

Unlike vaccines for influenza or COVID-19, the RSV vaccine is not currently an annual vaccine.<sup>2,3</sup> Adults who have previously received it do not need to get another dose at this time.

## Integrating RSV Vaccination Into Routine Preventive Care

Family physicians are often the first to identify gaps in preventive care. Many older adults may not know that they should get an RSV vaccine. Incorporating your patients' vaccination needs into their regular visits — whether for chronic disease management, wellness exams or acute care — can help normalize getting vaccinated as part of comprehensive care.<sup>4</sup>

A strong, clear recommendation from a health care professional is the best predictor of whether a patient will get vaccinated.<sup>4</sup> When you recommend the RSV vaccine, take a presumptive and positive approach to frame it as part of routine preventive care, as you would for influenza or pneumonia prevention. For example, you could say, "I see that you're due for your RSV vaccine. We'll give you that

vaccine today to continue your preventive care. It will help protect you from severe illness this respiratory season."

## Reducing Missed Opportunities

Taking a systematic approach to RSV vaccination can help you ensure that the vaccine reaches those who need it most. Make the process more efficient and accessible by proactively identifying patients at increased risk for severe RSV disease and aligning RSV vaccination with other preventive measures.

You can reduce missed opportunities by doing the following:

- **Leverage electronic health record tools:** Use previsit planning and reminders to flag patients at increased risk for severe RSV disease.
- **Engage your team:** Train clinical staff and care coordinators to identify eligible patients and start conversations about RSV vaccination.
- **Normalize vaccine conversations:** Integrate RSV vaccination into the broader conversations you have with your patients about seasonal respiratory illnesses. Emphasize the RSV vaccine's role in preventing severe health outcomes.

Remember, the burden of RSV falls disproportionately on older adults with chronic medical conditions, as well as those living in long-term care facilities or rural areas with limited access to health care.<sup>1,2</sup> Using every patient interaction — particularly interactions with your patients from these populations — as an opportunity for prevention will help you close care gaps and improve outcomes.

## Simplifying Preventive Care: Timing and Coadministration

The RSV vaccine is most effective when it is administered in the late summer or early fall, before respiratory illness season peaks in the fall and winter months.<sup>2,3</sup>

Giving multiple vaccines together is safe and helps ensure patients are fully protected.<sup>5</sup> Offering the RSV vaccine with influenza and COVID-19 vaccines reduces missed opportunities for vaccination and streamlines preventive care, which is an important consideration for older patients

who may face challenges returning for multiple visits.<sup>6</sup> When you recommend coadministration of vaccines, address patient concerns directly. For example, you could say, "Getting your RSV, flu and COVID-19 vaccines together is completely safe, and it saves you from having to come back several times."

**Clinical trial data on coadministration of the RSV, influenza and COVID-19 vaccines are limited. However, after reviewing available evidence, the CDC has concluded that these vaccines can be given together, stating that for people at increased risk of severe illness from the flu, COVID-19 or RSV, "the benefits of timely protection likely outweigh the possible risks of increased side effects."<sup>5</sup>**

## Discussing RSV Vaccination With Patients

If a patient is hesitant to get the RSV vaccine, it is important to approach their concerns with curiosity and empathy and avoid confrontation. Brief, empathetic interactions can build trust with your patients and encourage them to consider vaccination when they are ready.

Motivational interviewing is a proven technique to encourage health behavior change while maintaining trust and respect. Consider using the OARS framework to facilitate conversations with patients who are hesitant about vaccination.<sup>7</sup>

- Ask **OPEN-ENDED QUESTIONS**: "What questions do you have about the RSV vaccine?"
- **AFFIRM** your patient's concerns: "There are a lot of misconceptions and misinformation about vaccines online and on social media. I understand why you would want to know more before making a decision."
- **REFLECT** to connect: "It sounds like you're worried about side effects. That's a common concern. Let's talk about what we know so far about the RSV vaccine."
- **SUMMARIZE** a path forward: "RSV can cause serious illness, but getting vaccinated significantly reduces that risk. It's something I strongly recommend for you."

If a patient continues to decline the RSV vaccine, leave the door open for future discussion. Document the conversation and the patient's vaccine deferral in their medical record, and revisit the topic at their next visit.

**The Respiratory Syncytial Virus (RSV) Vaccines and Therapeutics webpage (aafp.org/rsv) offers clinical guidance on discussing RSV vaccination with adults 60 and older and other helpful resources from the AAFP.**

## Conclusion

RSV vaccination is a simple, effective way to prevent severe illness in older adults, especially those with underlying conditions. As a family physician, you are uniquely positioned to identify patients at increased risk of severe RSV disease and address their concerns about RSV vaccination with curiosity and empathy. You can play a critical role in reducing RSV-related hospitalizations and deaths by proactively giving a strong RSV vaccination recommendation, optimizing vaccine coadministration and using motivational interviewing strategies to address vaccine hesitancy.

## References

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## Call to Action

Ensure your practice is ready to do the following:

- Normalize vaccine conversations as part of routine preventive care.
- Identify and engage patients who are eligible to get an RSV vaccine as early as possible.
- Offer coadministration of RSV, influenza and COVID-19 vaccines.