



The Burden and Impact of RSV May Go Unnoticed in the Primary Care Setting

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1. Final Sample Review TC 24-Jun-2024
[Tyler Cates]

2. Please note: Currently the print version is in Related Pieces, but not yet Approved for Use. Please be sure to finalize these pieces together if the Related Piece is to remain included.

[Tyler Cates]

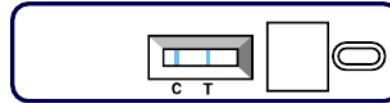
Removed from related pieces since these are the same piece. [CARL SWENSON]

Many factors may drive underestimation of the burden of RSV

Up to **69%** of patients do not seek medical care for RSV^{1*}

Limitations in testing

- Lack of routine testing in clinical practice²
- Undetected disease²
- Inappropriate surveillance platforms²
- Inadequate resources to support testing³



Health systems sustain a substantial healthcare burden due to RSV^{4,5}

CDC data for adults aged 65+



RSV (annual)

~2.2 million
symptomatic illnesses⁴



~60,000-160,000
hospitalizations⁵



~6000-10,000
deaths⁵

Influenza (annual)[†]

~1.4-5.1 million
symptomatic illnesses⁶

~128,000-467,000
hospitalizations⁶

~16,000-43,000
deaths⁶

RSV may contribute to:



• Acute MI^{7,8}



• Stroke⁷

RSV can exacerbate conditions such as:



• Asthma⁵
• COPD⁵



• CHF⁵

May lead to hospital readmissions: 17% of patients hospitalized with RSV were readmitted for any reason within 30 days^{9†}

CHF = congestive heart failure; COPD = chronic obstructive pulmonary disease; MI = myocardial infarction; RSV = respiratory syncytial virus.

[†]Observed in 3 community studies conducted between 2005 and 2021, prevalence, or proportion of RSV in the study population.¹

⁴Annual CDC data for flu seasons 2015-2016 through 2019-2020.⁵

[†]Retrospective medical-record review of hospitalized Kaiser Permanente Southern California members aged ≥60 (N=664) and with a positive PCR or culture test for RSV between January 1, 2011, and June 30, 2015.⁹

3. Please confirm whether Review Comment v0.5 needs address:

'Discussed, add a footnote with the additional context of the study size, dates,:

"Seen in a study of 700 adults 60+ hospitalized with RSV from x to x", etc.'

[Tyler Cates]

Double dagger footnote addresses this comment. [CARL SWENSON]



Primary Care Providers Are Integral to the RSV Vaccination Process

RSV vaccine uptake is low in patients ≥60 years of age (as of March 2024)^{10*}

Only **24%** are vaccinated despite eligibility



*Data from the CDC NIS Survey, which is a phone survey to extrapolate national RSV vaccine uptake¹⁰

Make a strong recommendation and offer RSV vaccination for older adults¹¹

Recognize the potential benefits of recommending and offering vaccination in the same visit

- Increases vaccination rates¹²
- Offers convenience for patients¹³
- Supports continuity of care¹⁴
- Allows easy tracking of records¹⁵



Follow your health system's process for vaccinating eligible patients against RSV

If the patient has commercial insurance (60-64 years of age)

- [Administer in-clinic]
- [Refer to health system pharmacy]

If the patient has Medicare Part D (65+):

- [In-clinic administration via Medicare Part D adjudication platform]
- [In-clinic administration via connection with pharmacy adjudication system]
- [Refer patient to health system pharmacy]



RSV = respiratory syncytial virus.

1. Rozenbaum MH, Begier E, Kurosky SK, et al. Incidence of respiratory syncytial virus infection in older adults: limitations of current data. *Infect Dis Ther.* 2023;12:1487-1504. 2. Tin Tin Htar M, Yerramalla MS, Moisi JC, et al. The burden of respiratory syncytial virus in adults: a systematic review and meta-analysis. *Epidemiol Infect.* 2020;148:1-16. <https://doi.org/10.1017/S0950268820000400> 3. Rozenbaum MH, Judy J, Tran D, et al. Low levels of RSV testing among adults hospitalized for lower respiratory tract infection in the United States. *Infect Dis Ther.* 2023;12(2):677-685. 4. Havers F. Epidemiology and burden of respiratory syncytial virus in older adults in the US. National Center for Immunization and Respiratory Diseases. Presented at: Advisory Committee on Immunization Practices, June 23, 2022. Accessed June 13, 2024. <https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-23/04-RSV-Havers-508.pdf> 5. CDC. RSV in older adults and adults with chronic medical conditions. April 12, 2024. Accessed June 13, 2024. <https://www.cdc.gov/rsv/high-risk/older-adults.html> 6. CDC. Past seasons estimated influenza disease burden. February 29, 2024. Accessed June 13, 2024. <https://www.cdc.gov/flu/about/burden/past-seasons.html> 7. American Heart Association. RSV and Heart Health. Accessed June 13, 2024. <https://www.heart.org/en/health-topics/rsv#:~:text=Heart%20attack%20and%20stroke%20-%20Patients> 8. Woodruff RC, Melgar M, Pham H et al. Acute Cardiac Events in Hospitalized Older Adults With Respiratory Syncytial Virus Infection. *JAMA Intern Med.* 2024;184(6):602-611. 9. Tseng HF, Sy LS, Ackerson B, et al. Severe morbidity and short- and mid- to long-term mortality in older adults hospitalized with respiratory syncytial virus Infection. *J Infect Dis.* 2020;222(8):1298-1310. 10. Centers for Disease Control and Prevention (CDC). VaxView: Weekly respiratory syncytial virus (RSV) vaccination dashboard. March 27, 2024. Accessed June 13, 2024. [https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/index.html#:~:text=As%20of%20January%2031%2C%202024,Black%20\(10.4%25\)%20pregnant%20persons](https://www.cdc.gov/vaccines/imz-managers/coverage/rsvvaxview/index.html#:~:text=As%20of%20January%2031%2C%202024,Black%20(10.4%25)%20pregnant%20persons) 11. CDC. Respiratory Syncytial Virus Infection (RSV): For Healthcare Providers. Accessed May 29, 2024. <https://www.cdc.gov/rsv/clinical/index.html#print> 12. CapView Strategies. Optimizing adult immunizations in the U.S. – building on recent coverage expansions. Updated May 2023. Accessed June 13, 2024. [https://www.vaccinetrack.com/resources/CapView_Optimizing%20Adult%20Immunizations%20in%20the%20US%20\(F\)_May%202023.pdf](https://www.vaccinetrack.com/resources/CapView_Optimizing%20Adult%20Immunizations%20in%20the%20US%20(F)_May%202023.pdf) 13. National Academies of Sciences, Engineering, and Medicine; Health and Medicine Division; Board on Health Care Services; Committee on Health Care Utilization and Adults with Disabilities. Factors that affect health-care utilization. In: *Health-Care Utilization as a Proxy in Disability Determination*. Washington, DC: National Academies Press (US); 2018. Accessed June 13, 2024. <https://www.ncbi.nlm.nih.gov/books/NBK500097> 14. MacBrayne CE, Hurley LP, O'Leary ST, et al. Primary care physicians' perspective on pharmacists delivering vaccines to adults. *J Am Board Fam Med.* 2021;34(2):392-397. 15. CDC. Keeping your vaccine records up to date. Updated May 2, 2016. Accessed May 29, 2024. <https://www.cdc.gov/vaccines/adults/vaccination-records.html>