

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

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}



RSV may contribute to:



RSV can exacerbate conditions such as:



• 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

⁺Annual CDC data for flu seasons 2015-2016 through 2019-2020.⁶

[‡]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

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



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

RSV = respiratory syncytial virus.



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

Administer in-clinic

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

 In-clinic administration via connection with pharmacy adjudication system



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, Moïsi 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/S095026882000400 **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 Practices, June 23, 2022. Accessed June 13, 2024. https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2022-06-22-30/4-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/lu/about/burden/past-seasons.html **7.** American Heart Association. RSV and Heart Health. Accessed June 13, 2024. https://www.cdc.gov/lu/about/burden/past-seasons.html **7.** American Heart Association. RSV and Heart Health. Accessed June 13, 2024. https://www.cdc.gov/lu/about/burden/past-seasons.html **7.** American Heart Association. RSV and Heart Health. Accessed June 13, 2024. https://www.cdc.gov/lu/about/burden/past-seasons.html **7.** American Heart Association. RSV and Heart Health. Accessed June 13, 2024. https://www.cdc.gov/lu/about/burden/past-seasons.html **7.** American Heart Association. RSV and Heart Health. Accessed June 13, 2024. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://www.cdc.gov/lu24. https://w

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