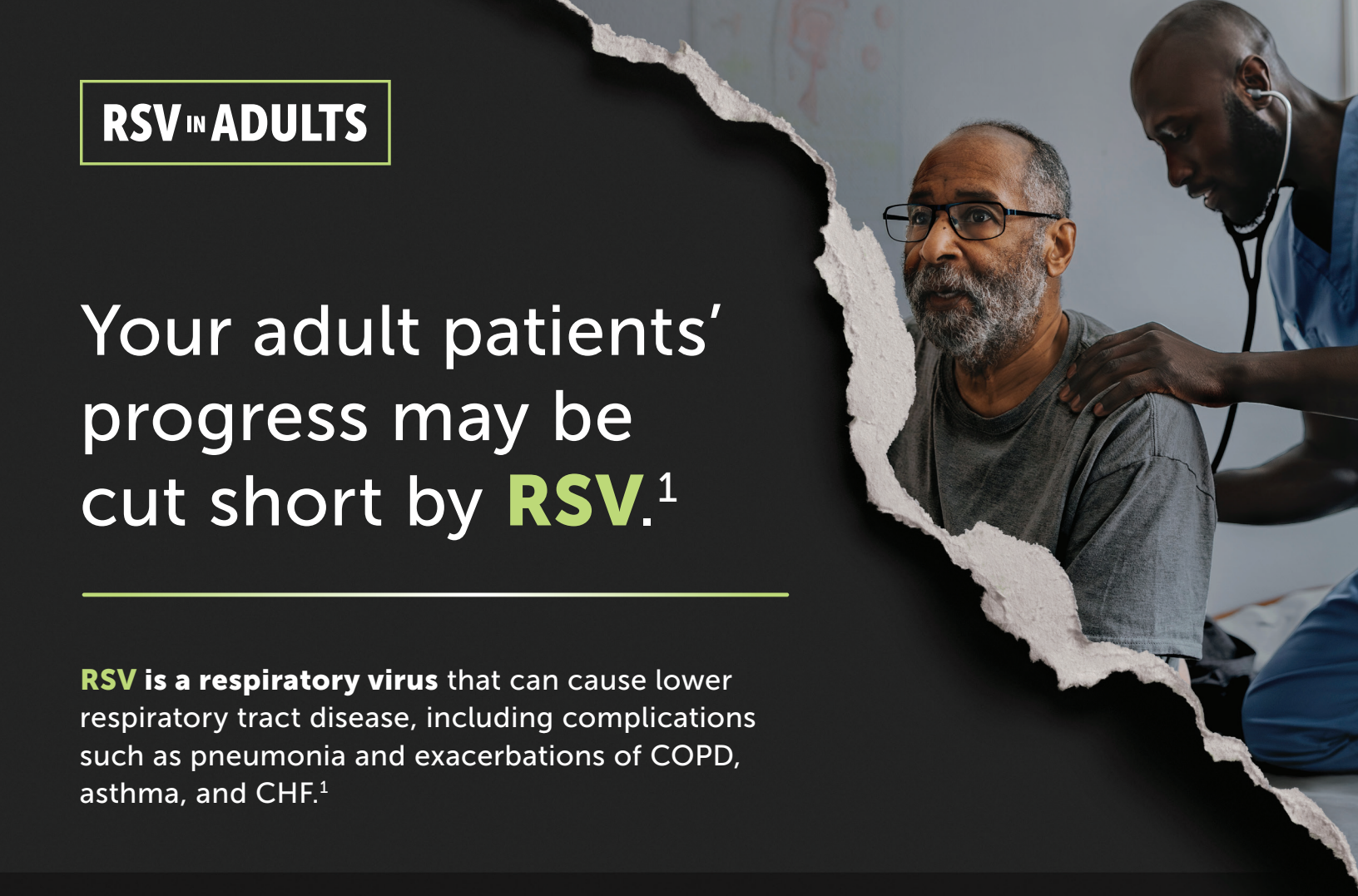
RSV IN ADULTS



Your adult patients' progress may be cut short by **RSV**.[1]

RSV is a respiratory virus that can cause lower respiratory tract disease, including complications such as pneumonia and exacerbations of COPD, asthma, and CHF.[1]

FOR ADULTS AGED 65 YEARS AND OLDER[2]

Each year in the United States, approximately **177,000 adults** are **hospitalized** due to RSV infection

Approximately **14,000 of them die** from RSV infection

AMONG PATIENTS AGED 60 YEARS AND OLDER HOSPITALIZED WITH RSV[3]* (N=645)

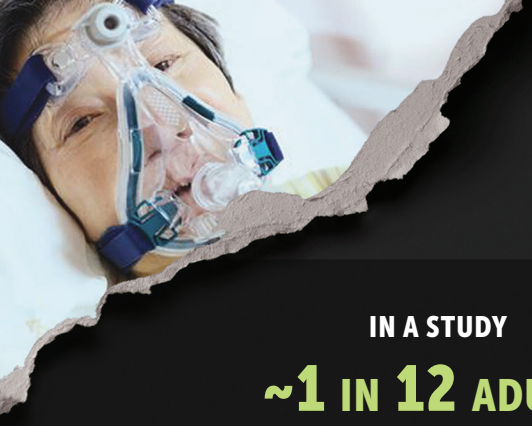
43%
of survivors were admitted for ≥7 days

18%
were admitted to the ICU

17%
were readmitted within 30 days

*An observational, retrospective, cohort study conducted at an integrated health system evaluated adults aged ≥60 years hospitalized with RSV infection (n=645) or influenza infection (n=1878) over 5 consecutive seasons between January 2011 and June 2015 to compare demographics, prehospitalization characteristics, hospital utilization, and clinical outcomes.[3]

CHF=congestive heart failure; COPD=chronic obstructive pulmonary disease; ICU=intensive care unit; RSV=respiratory syncytial virus.



Discussing **RSV protection** for adults at risk for severe RSV is important.

IN A STUDY

~1 IN 12 ADULTS

aged 50 years and older hospitalized with RSV infection experienced an acute cardiac event even without a prior history of cardiovascular disease (n=2684)[4*†‡]

IN ANOTHER STUDY[§]

13.4%

of adults aged 60 years and older hospitalized with RSV had an in-hospital outcome of invasive mechanical ventilation or death (n=299)[5‖]

*A cross-sectional study over 5 RSV seasons of hospitalized adults aged ≥50 years with RSV infection (N=6248) estimated the period prevalence of acute cardiac events. The weighted period prevalence of experiencing ≥1 acute cardiac event among adults without documented underlying cardiovascular disease was 8.5% (95% CI, 7.4-9.8).[4]

†Acute cardiac events were defined based on ICD-9-CM or ICD-10-CM discharge code indicative of an acute cardiac event, or heart failure, myocardial infarction, or myocarditis as a new diagnosis or exacerbations of pre-existing diagnoses.[4]

‡Underlying cardiovascular disease includes history of heart failure, coronary artery disease, atrial fibrillation, atherosclerotic cardiovascular disease, cardiomyopathy, aortic aneurysm, congenital heart disease, aortic stenosis, and other cardiac disease.[4]

§Data from a prospective cohort study conducted from February 2022-May 2023 that described RSV disease severity in hospitalized adults within the Investigating Respiratory Viruses in the Acutely Ill (IVY) Network.[5]

‖In-hospital outcome was based on clinical data beginning at initial hospital presentation and ending at the earliest of hospital discharge, patient death, or end of hospital day 28.[5]

ADULTS CAN TAKE PROTECTIVE MEASURES AGAINST RSV, INCLUDING BUT NOT LIMITED TO[6,7]:

- getting an RSV vaccination
- washing their hands
- cleaning frequently touched surfaces
- staying home when they are sick

RSV VACCINATION GUIDANCE FOR ADULTS FROM THE CDC[8,9]

The CDC recommends:

Adults 50-74 years of age who are at increased risk of severe RSV disease receive a single dose of RSV vaccine

Adults 75 years of age and older receive a single dose of RSV vaccine

Patient attestation is sufficient evidence of the presence of a risk factor; vaccinators should not deny RSV vaccination to a person because of lack of documentation.[9]

Please see CDC for full list of risk factors and additional guidance.

CDC=Centers for Disease Control and Prevention; CI=confidence interval; ICD-9-CM=International Classification of Diseases, Ninth Revision, Clinical Modification; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

References: 1. Respiratory syncytial virus infection (RSV). RSV in older adults. Centers for Disease Control and Prevention. August 30, 2024. Accessed May 6, 2025. https://www.cdc.gov/rsv/older-adults/ **2.** Falsey AR, Hennessey PA, Formica MA, Cox C, Walsh EE. Respiratory syncytial virus infection in elderly and high-risk adults. *N Engl J Med*. 2005;352(17):1749-1759. doi:10.1056/NEJMoa043951 **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. doi:10.1093/cid/ciy991 **4.** Woodruff RC, Melgar M, Pham HG, et al; Respiratory Syncytial Virus Hospitalization Surveillance Network (RSV-NET). Acute cardiac events in hospitalized older adults with respiratory syncytial virus infection. *JAMA Intern Med*. 2024;184(6):602–611. doi:10.1001/jamainternmed.2024.0212 **5.** Surie D, Yuengling KA, DeCuir J, et al; Investigating Respiratory Viruses in the Acutely Ill (IVY) Network. Severity of respiratory syncytial virus vs COVID-19 and influenza among hospitalized US adults. *JAMA Netw Open*. 2024;7(4):e244954. doi:10.1001/jamanetworkopen.2024.4954 **6.** How RSV spreads. Centers for Disease Control and Prevention. August 30, 2024. Accessed May 6, 2025. https://www.cdc.gov/rsv/causes/index.html **7.** Respiratory syncytial virus infection (RSV). RSV vaccine guidance for older adults. Centers for Disease Control and Prevention. August 30, 2024. Accessed May 6, 2025. https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/older-adults.html **8.** ACIP recommendations. Centers for Disease Control and Prevention. Accessed July 2, 2025. https://www.cdc.gov/acip/vaccine-recommendations/index.html **9.** Britton A, Roper LE, Kotton CN, et al. Use of respiratory syncytial virus vaccines in adults aged ≥60 years: updated recommendations of the Advisory Committee on Immunization Practices — United States, 2024. *MMWR*. 2024;73(32):696-702. doi:10.15585/mmwr.mm7332e1

Learn more at **RSVinAdults.com**

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