Low RSV vaccination rates in US adults aged ≥60 years

Based on an analysis of claims data, in the 2023 to 2024 vaccination season

≈1 in 10

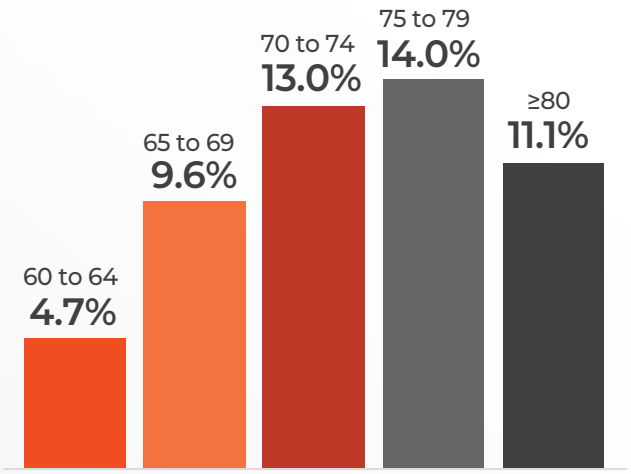
adults aged 60-74 years with ≥1 risk factor* for severe RSV disease **received RSV vaccination**[1]

NEARLY 14.4 million

potential missed vaccination opportunities in adults aged ≥60 years with ≥1 risk factor* for severe RSV disease[1]

- based on those who received ≥1 non-RSV vaccine during the study period

Older adult RSV vaccination uptake was relatively low and was lowest among adults aged 60-64 years[1]



Age groups in years, not stratified by risk

Data source: Retrospective database analysis of older adult RSV vaccination uptake between August 1, 2023-February 29, 2024, from IQVIA's open-source pharmacy (LRx) and medical (Dx) claims data.

Selection criteria: Included patients aged ≥60 years as of 2023 who had ≥1 claim between January 1, 2023-February 29, 2024. Patients were excluded if they had data quality issues or if they received RSV vaccination prior to August 1, 2023.

Outcomes and analyses: Uptake was assessed as the number and percentage of eligible older adults who received an RSV vaccine during the study period, overall and stratified by potential risk factors for severe RSV disease. Descriptive analyses were based on observed vaccination claims (not projected to US population).

*Risk factors for severe RSV disease were defined as: chronic pulmonary condition, cardiovascular condition, immunocompromising condition, diabetes mellitus (type 1 or 2), neurologic condition, kidney disorder, liver disorder, hematologic disorder, frail, obesity.

ACIP=Advisory Committee on Immunization Practices; CDC=Centers for Disease Control and Prevention; RSV=respiratory syncytial virus.

The CDC recommends[2]

- **Adults 75 years of age and older** receive a single dose of RSV vaccine
- **Adults 60-74 years of age who are at increased risk of severe RSV disease** receive a single dose of RSV vaccine

Additional information from the CDC[2]

Eligible adults are currently recommended to receive a single dose of RSV vaccine; adults who have already received RSV vaccination should not receive another dose. Eligible adults may be vaccinated at any time of year, but vaccination will have the most benefit if administered in late summer or early fall, just before the RSV season.

These recommendations (as of June 26, 2024) **replace the June 2023 shared clinical decision-making recommendation** for RSV vaccination for adults aged ≥60 years. Based on currently available evidence, ACIP concluded that the benefits of RSV vaccination did not clearly outweigh the potential harms in adults aged 60-74 years without risk factors for severe RSV disease.

Please see page 2 for list of CDC-identified risk factors for severe RSV disease.

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What is the prevalence of adults aged ≥60 years with risk factors for severe RSV disease in your healthcare organization?

List of CDC-identified risk factors for severe RSV disease[2]

Qualified vaccinators, including pharmacists, nurse practitioners, and other providers (based on state and jurisdictional law) may determine patient eligibility for RSV vaccination based on clinical assessment even in the absence of medical documentation of a named risk condition. **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.**

- **Chronic cardiovascular disease** (eg, heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])
- **Chronic lung or respiratory disease** (eg, 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** (eg, poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- **Chronic liver disease** (eg, cirrhosis)
- **Chronic hematologic conditions** (eg, 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 healthcare provider determines would increase the risk for severe disease due to viral respiratory infection** (eg, frailty,* situations in which healthcare 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†)

*Frailty is a multidimensional geriatric syndrome that reflects a state of increased vulnerability to adverse health outcomes. Although no consensus definition exists, one frequently used tool for determination is the Fried frailty phenotype assessment in which frailty is defined as a clinical syndrome with 3 or more of the following symptoms present: unintentional weight loss (10 lbs [4.5 kg] in the past year), self-reported exhaustion, weakness (grip strength), slow walking speed, or low physical activity.

†Healthcare providers caring for adults aged 60-74 years residing in these communities may use clinical judgement, knowledge of local RSV epidemiology, and community incidence of RSV-associated hospitalization to recommend vaccination for a broader population in this age group.

References: 1. La E, McGuiness C, Singer D, Yasuda M, Chen C-C. RSV vaccination uptake among US adults aged ≥60 years who are at increased risk of severe RSV disease (August 2023-February 2024). Poster presented at: IDWeek 2024; October 16-19, 2024; Los Angeles, CA. **2.** 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.

NPUS-RVULBND240004 October 2024
Produced in USA. 0002-0033-70

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