



## CLINICAL GUIDANCE:

# Discussing Respiratory Syncytial Virus Vaccination With Adults 60 and Older

As you care for patients throughout the respiratory illness season, keep in mind that respiratory syncytial virus poses a risk for severe infection and even death among older adults.<sup>1</sup> Due to the concurrent circulation of RSV with other respiratory viruses, the 2024-2025 RSV season could be particularly significant for adults 60 and older who have certain medical conditions or other factors associated with increased risk for severe RSV illness.<sup>2</sup> It is important to have a conversation about these risk factors with your patients who are most likely to benefit from RSV vaccination.

A recommendation from a health care professional is the strongest predictor of whether a patient will get vaccinated.<sup>3</sup> This clinical guidance tool from the American Academy of Family Physicians highlights recommended approaches as you encourage your patients 60 and older to get the RSV vaccine. It can help you and your practice team prepare to talk to these patients about the benefits and risks of RSV vaccination, address their questions and help them make an informed decision.

## RSV Vaccination Recommendations for Older Adults

The AAFP endorses the following RSV vaccination recommendations from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention<sup>2</sup>:

- All adults 75 and older should receive a single dose of an RSV vaccine.
- Adults 60 to 74 who are at increased risk for severe RSV illness should receive a single dose of an RSV vaccine.

The RSV vaccine is not currently an annual vaccine, so people who have previously received it do not need to get another dose.

**Family physicians are accustomed to focusing on the risk of RSV infection for pediatric patients. It is also important to talk about the RSV vaccine with your patients 60 and older who are at increased risk for severe RSV illness. You can emphasize that vaccination protects them, their families and their communities from serious illness, hospitalization and even death.**

## Patient-Physician Conversations: Using Motivational Interviewing Strategies

### Step 1 Use a presumptive and positive approach focused on illness prevention.

When you recommend the RSV vaccine to a patient, assume they will receive it that day. Rather than asking if your patient wants to be vaccinated, explain that they are due to get the vaccine and will be vaccinated during their visit. Highlight why they need the RSV vaccine to protect them, with special emphasis on illness prevention.

*"I see you are here today for your annual exam. Since you haven't had your RSV vaccine yet, we'll give you that vaccine today to continue your preventive care."*

### Step 2 Listen carefully and respond with an attitude of curiosity, empathy and collaboration.

Patients who are hesitant about getting the RSV vaccine may be more willing to get vaccinated if you take an empathetic, collaborative approach with them. If a patient does not want to talk about getting the RSV vaccine, respect their preference and leave the door open for a future conversation. Based on your patient's exhibited emotions and expressed values, you may also want to briefly explore why they do not want to talk about vaccination.

*"I hear you saying that you don't want to receive the RSV vaccine today. I wonder if you would be open to a conversation about this vaccine in the future."*

**Step 3 Practice active listening and use motivational interviewing strategies.**

At this point, it is important for you to focus on listening to gain understanding rather than trying to change your patient’s mind. It is unlikely that debating your patient will make them more willing to get vaccinated. Instead, show that you are genuinely curious about their feelings and concerns.

Motivational interviewing is a proven technique to help patients explore their vaccine hesitancy and arrive at a decision that aligns with their values and health goals. Consider using the OARS framework to facilitate a nonjudgmental, patient-centered conversation (*Table 1*).<sup>4</sup>

**Table 1. OARS Framework for Motivational Interviewing**

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| Ask <b>OPEN-ENDED QUESTIONS</b> that allow your patient freedom to respond without the fear of giving a wrong answer. | “Can you share with me what concerns you have about getting the RSV vaccine?”<br><br>“The RSV vaccine can help protect you against serious illness. Have you thought about how that might fit into your long-term health goals?”   |
| <b>AFFIRM</b> your patient’s concerns to show that you empathize with and understand them.                            | “Thank you for sharing your concerns. There’s a lot of information about vaccines online and on social media, and some of it may not be the most accurate. I appreciate that you want to know more about the RSV vaccine before making a decision.”  |
| <b>REFLECT</b> to connect so the patient feels heard and understood.  | “It sounds like you’re unsure about how effective the RSV vaccine might be. Can you tell me more about that?”<br><br>“It sounds like you’re weighing the benefits and risks of the RSV vaccine. What benefits do you see, and what worries you the most?”  |
| <b>SUMMARIZE</b> a path forward while reinforcing your strong recommendation and your goal to prevent illness.        | “I care about you and want to help you avoid getting sick. The RSV vaccine significantly reduces your risk of serious illness, and it’s something I strongly recommend for you. My goal is to ensure you have accurate information so you can make an informed decision about this vaccine. I’m wondering if there is a way our team can help you feel more comfortable about getting vaccinated.” |

**Step 4 Continue the conversation after vaccine deferral.**

If a patient continues to decline the RSV vaccine after you give a strong recommendation and engage in brief motivational interviewing, document the conversation and the patient’s vaccine deferral. Indicate in future visit notes that the patient is due for an RSV vaccine. You may also consider adding vaccine deferral to the active health issues list in their medical record. This will serve as a cue to talk about vaccination with them at a subsequent visit.

**Key Takeaways for Family Physicians**

- RSV can cause severe infections in older adults.<sup>1</sup>
- The RSV vaccine is recommended for all adults 75 and older and for adults 60 to 74 with medical conditions that increase their risk for severe infection.<sup>2</sup>
- You can help patients understand your RSV vaccination recommendation by educating them about the potential health impacts of RSV illness and the benefits of vaccination.
- Having an empathetic, collaborative attitude can help you persuade hesitant patients to get the RSV vaccine.
- If you take a patient-centered approach that builds trust, a patient who defers a vaccine at one visit may be willing to get vaccinated at a future visit.

**References**

1. Centers for Disease Control and Prevention. RSV in older adults. Updated August 30, 2024. Accessed January 6, 2025. <https://www.cdc.gov/rsv/older-adults/index.html>
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3. Centers for Disease Control and Prevention. Adult immunization standards. Updated August 9, 2024. Accessed December 9, 2024. <https://www.cdc.gov/vaccines-adults/hcp/imz-standards/index.html>
4. Reproductive Health National Training Center. OARS model: essential communication skills. December 2021. Accessed January 21, 2025. [https://rhntc.org/sites/default/files/resources/rhntc\\_oars\\_model\\_job\\_aid\\_12-20-2021.pdf](https://rhntc.org/sites/default/files/resources/rhntc_oars_model_job_aid_12-20-2021.pdf)