



Opportunities to Increase Respiratory Syncytial Virus Vaccination Among Adults 60 and Older

Introduction

There are three respiratory syncytial virus vaccines approved for adults 60 and older in the United States: RSVPreF3 (Arexyv), RSVpreF (Abrysvo™) and mRNA-1345 (mRESVIA).¹ Evidence suggests that RSV incidence increases as patients age and should be considered when determining the risk for severe RSV disease.² The three single-dose RSV vaccines appear to provide measurable protection for adults 60 and older for at least two RSV seasons.³ However, research is still underway about the full efficacy and duration of the RSV vaccines.

Data from 2023-2024 show that Arexyv (83%) and Abrysvo (73%) effectively prevented RSV-associated hospitalizations in adults 60 and older.⁴ Due to the recency of mRESVIA, data about the effectiveness of that vaccine in preventing RSV-associated hospitalizations in adults 60 and older are currently unavailable.

Recommendation

Following guidance from the Advisory Committee on Immunization Practices, the American Academy of Family Physicians recommends that all adults 75 and older and those 60-74 who are at increased risk for severe RSV disease should receive a single dose of RSV vaccine. Adults who have previously received RSV vaccine do not currently require another dose.

Coadministration With Other Vaccines

The RSV vaccine can be administered at the same patient visit when the influenza vaccine is provided during viral respiratory illness season. However, given that RSV vaccines are relatively new, immunogenicity data is limited when coadministering the RSV vaccine with other vaccines.⁴ For example, safety data is lacking about coadministering the RSV vaccine for adults 60 and older with other vaccines recommended for this age group, such as COVID-19; pneumococcal; adult tetanus, diphtheria, and pertussis; and recombinant zoster.¹

When determining the coadministration of other vaccines with an RSV vaccine, please consider the patient's^{1,5}:

- Preferences
- Additional vaccination opportunities from the [ACIP's recommended vaccine schedule](#)
- Likelihood to return for other vaccines
- Risk of acquiring a vaccine-preventable disease
- Vaccine reactogenicity profile, specifically receiving non-aluminum adjuvants at the same time

While there is a lack of safety data regarding the coadministration of RSV vaccines with other vaccines, there is also a rise in vaccine hesitancy, particularly for new vaccines. Family physicians should discuss the lack of data, but also the standard clinical practice of coadministering vaccines, which could lead to higher vaccination rates and lower incidence and severity of disease in older adults.⁶

Contraindication and Precaution

RSV vaccines should not be administered to a person with a history of a severe allergic reaction, such as anaphylaxis to any vaccine component.⁴ Each manufacturer's insert contains additional information about the U.S. Food and Drug Administration-approved RSV vaccines. The inserts are in the Safety section of the [Center for Disease Control and Prevention's RSV Vaccine Guidance for Older Adults webpage](#).

Adults with a minor acute illness, such as a cold, can receive RSV vaccination.³ As a precaution, adults with moderate or severe illness with or without fever should defer vaccination until the patient recovers.

Within 42 days after receiving the Arexyv and Abrysvo RSV vaccinations in clinical trials, a small number of individuals 60 and older developed serious neurologic conditions, such as Guillain-Barré syndrome.⁷ However, it is unclear if the RSV vaccine caused these events.

Timing

Patients can receive the RSV vaccine at any time, but family physicians and other clinicians should provide RSV vaccination as early as the vaccine supply becomes available, preferably before the onset of the respiratory illness season.

Educating Patients About the Impact of RSV for Older Adults

Incorporating the RSV vaccine into routine immunization discussions can protect your patients from unnecessary suffering, improve their quality of life and reduce disease and health care utilization.⁸ Additionally, widespread vaccination can reduce the strain on health care systems, particularly during peak respiratory illness seasons. It is essential to educate patients on the safety and efficacy of the RSV vaccine and advocate for its inclusion in their preventive health plans to enhance longevity and well-being.

Medical Conditions That Increase the Risk for Severe RSV Disease⁴

- Chronic lung disease (e.g., chronic obstructive pulmonary disease, asthma)
- Chronic cardiovascular disease (e.g., congestive heart failure, coronary artery disease)
- Chronic or progressive neurological or neuromuscular conditions
- Chronic kidney disease
- Chronic liver disease
- Diabetes mellitus
- Severe obesity
- Moderate or severe immunocompromise
- Chronic hematologic disorders
- Any underlying condition for which a clinician determines might increase the risk of severe RSV disease

Other Risk Factors for Severe RSV Disease

- Frailty or advanced age as determined by a family physician or health care professional
- Residence in a nursing home or long-term care facility
- Residence in a remote or rural community where transportation for medical care is challenging

More information for health care professionals about [RSV vaccine composition, administration and storage and handling](#) is available from the Centers for Disease Control and Prevention. The AAFP also provides several valuable RSV resources on our [Respiratory Syncytial Virus \(RSV\) Vaccines and Therapeutics](#) webpage, including clinical guidance recommendations, a maternal RSV podcast, publications and free continuing medical education on demand.

References

1. Centers for Disease Control and Prevention. Healthcare providers: RSV vaccination for adults 60 years of age and over. Accessed January 17, 2025. www.cdc.gov/vaccines/vpd/rsv/hcp/older-adults.html
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3. CDC. Vaccines for older adults. Accessed January 17, 2025. www.cdc.gov/rsv/vaccines/older-adults.html
4. CDC. RSV vaccine guidance for older adults. Accessed January 17, 2025. www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/older-adults.html
5. CDC. Getting a flu vaccine and other recommended vaccines at the same time. Accessed January 17, 2025. www.cdc.gov/flu/vaccines/coadministration.html
6. Bonanni P, Steffen R, Schelling J, et al. Vaccine co-administration in adults: an effective way to improve vaccination coverage. *Hum Vaccin Immunother*. 2023;19(1):2195786.
7. CDC. Respiratory syncytial virus (RSV) vaccine safety. Accessed January 17, 2025. www.cdc.gov/vaccine-safety/vaccines/rsv.html
8. See KC. Vaccination for respiratory syncytial virus: a narrative review and primer for clinicians. *Vaccines (Basel)*. 2023;11(12):1809.