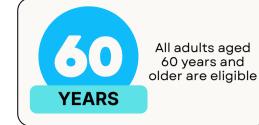
RSV VACCINATION OF OLDER ADULTS





1 DOSE Provides protection over 2 RSV seasons



77 - 81% efficacy preventing medically-attended RSV lower respiratory tract infection

VACCINE EFFICACY BY AGE (PREVENTION OF SYMPTOMATIC LOWER RESPIRATORY TRACT INFECTION)



IF WE VACCINATED ALL MAINE ADULTS 65+ YEARS, OVER TWO RSV SEASONS WE WOULD PREVENT:





RSV VACCINATION OF OLDER ADULTS

Coadministration With Other Vaccines

Can be administered at the same time as other routine vaccinations, including COVID-19 vaccines. Vaccines should be administered in separate syringes and using different injection sites.

Timing of Vaccination

Given recent variability of RSV seasonality, providers should offer RSV vaccination as soon as vaccine supply becomes available. Providers should continue to offer RSV vaccination throughout the RSV season to eligible adults who remain unvaccinated.





Reactogenicity Profile

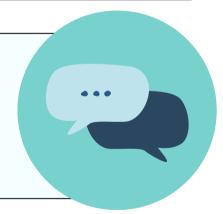
The most common side effects were local pain (61%), myalgia (29%), arthralgia (18%), erythema (8%), and fever (2%).

There were two cases of potential or likely Guillain-Barré syndrome (GBS) among 38,177 older adults who participated across all clinical trials (5.2 per 100,000 population). The background incidence of GBS among older adults varies by sex and is 4.7-7.1 per 100,000 population.

Shared Clinical Decision Making

The Advisory Committee on Immunization Practices (ACIP) recommends RSV vaccination for all adults 60 years and older via *shared clinical decision making*.

Shared clinical decision-making recommendations are individually based and informed by a decision process between the health care provider and the patient.





Maine Independent Clinical Information Service (MICIS)

Visit our website https://micismaine.org/ or scan the code for more information about our services MICIS is administered by the Maine Medical Association with funding from Maine DHHS. MICIS does not accept compensation from pharmaceutical companies.

Disclaimer: These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition.

Information Adapted From:

Melgar M, et al. Use of Respiratory Syncytial Virus Vaccines in Older Adults: Recommendations of the Advisory Committee on Immunization Practices — United States, 2023. *MMWR*. 2023; 72:793–801.



