



- 2 vaccines available
  - RXVPreF3 (Arexvy, GSK)
    - a single dose of the GSK RSV vaccine reduced symptomatic RSV lower respiratory tract disease (LRTD) by 82.6% during the first RSV season after vaccination compared to a placebo, and by 56.1% during the second RSV season.
    - pain at the injection site (61%), fatigue (34%), myalgia (29%), and headache (27%)
    - Across all clinical trials in adults aged 60 years and older, inflammatory neurologic events were reported in three of 17,922 participants within 42 days after receipt of the GSK RSV vaccine. 1 GBS (Guillain-Barre syndrome) , 2 acute disseminated encephalomyelitis
      - 2 acute disseminated encephalomyelitis reported in participants after concomitant receipt of RSV vaccine and standard dose influenza vaccine.
  - RSVPreF (Abrysvo, Pfizer)
    - a single dose of the Pfizer RSV vaccine reduced RSV lower respiratory tract illness (LRTI) with 3 or more lower respiratory signs and symptoms by 88.9% during the first RSV season after vaccination compared to a placebo, and by 78.6% during a partial second RSV season.
    - fatigue (16%), headache (13%), and pain at the injection site (11%)
    - Across all clinical trials in adults aged 60 years and older, inflammatory neurologic events were reported in three of 20,255 participants within 42 days after receipt of the Pfizer RSV vaccine
      - 2 GBS, 1 undifferentiated motor-sensory axonal polyneuropathy
- licensed for adults > 60 y/o
- Storage at 2-8 C (36-46F)
  - use within 4hrs after reconstituted
  - Store at Room Temp after reconstituted. **DO NOT REFRIGERATE AFTER RECONSTITUTED**
- !!
- Currently thought that a single dose.
  - Data indicates protection for about 2 seasons. Not enough data to know if further boosters will be needed.
- Risk Factors for RSV disease



- frailty
- elderly
- residence in LTC facility
- diabetes
- immunocompromised
- Heart, Lung, Liver, Kidney, Neurologic disease

***CDC recommends that adults 60 years of age and older may receive a single dose of RSV vaccine using shared clinical decision-making (SCDM). This means that health care providers and their patients should have a conversation to determine if RSV vaccination will be beneficial. This recommendation differs from routine age-based and risk-based vaccine recommendations for which the default decision is to vaccinate all persons in a specified age group or risk group. Under SCDM, there is no default. Rather, the decision whether to vaccinate a patient is individually based and informed by discussions between the patient and health care provider (anyone who provides or administers vaccines, including primary care physicians, specialists, physician assistants, nurse practitioners, registered nurses, and pharmacists).***

***The decision may be informed by a patient's health status, their risk of severe RSV disease (see Risk Factors for Severe RSV disease below), the health care provider's clinical judgment, the patient's preferences, the safety profile of the RSV vaccine products (see Vaccine Safety section below) and other factors. The SCDM recommendation for RSV vaccination is intended to allow providers and patients flexibility based on what is best for each individual patient.***

***[Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)***

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