



## Updates for Respiratory Syncytial Virus (RSV) Vaccination Recommendation for Adults

**Date:** June 28, 2024

**Public Health Message Type:**  Alert  Advisory  Update  Information

**Intended Audience:**  All Public Health Partners  Health Care Providers

Infection Preventionists  Local Health Departments  Schools/Child Care  ACOs

Animal Health Professionals  Other: Older Adults

---

### UPDATED RECOMMENDATION FOR OLDER ADULTS:

- On June 26, the Centers for Disease Control and Prevention (CDC) updated its recommendation for the use of Respiratory Syncytial Virus (RSV) vaccines in people ages 60 and older. For this upcoming respiratory virus season, the CDC recommends:
  - Everyone ages 75 and older receive the RSV vaccine.
  - People ages 60–74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions, such as lung or heart disease, or they live in nursing homes, receive the RSV vaccine.

This recommendation is for adults who did **not** get an RSV vaccine last year. The RSV vaccine is not currently an annual vaccine, meaning people do not need to get a dose every RSV season. Eligible adults can get an RSV vaccine at any time, but the best time to get vaccinated is in late summer and early fall before RSV usually starts to spread in communities.

- These recommendations replace last year's recommendation and simplify RSV vaccine decision-making for clinicians and the public.

### BACKGROUND:

- Respiratory syncytial (sin-SISH-uhl) virus, or RSV, is a common respiratory virus that usually causes mild, cold-like symptoms. Most people recover in a week or two, but RSV can be serious, especially for infants and older adults. Severe infections include bronchiolitis (an inflammation of the small airways in the lung) and pneumonia. RSV can also make chronic health problems worse.

People infected with RSV are usually contagious for 3 to 8 days and may become contagious a day or two before they start showing signs of illness. However, some infants, and people with weakened immune systems, can continue to spread the virus even after they stop showing symptoms, for as long as 4 weeks.

- Although most people with RSV will have a mild illness and recover in a week or two, some people are more likely to suffer severe infections and need to be hospitalized. Older adults and children, especially those with medical conditions, are at increased risk for severe disease.

- The following infants and children are at high risk for severe RSV infection.
  - Premature infants
  - Infants (especially those 6 months and younger)
  - Children younger than 2 years old with chronic lung disease or congenital (present from birth) heart disease
  - Children with weakened immune systems
    - Children who have neuromuscular disorders, including those who have difficulty swallowing or clearing mucus secretions
- Clinical symptoms of RSV are nonspecific and can overlap with other viral respiratory infections, as well as some bacterial infections. Several types of laboratory tests are available for confirming RSV infection. These tests may be performed on upper and lower respiratory specimens. The following are the most used types of RSV clinical laboratory tests:
  - Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR), which is more sensitive than culture and antigen testing.
  - Antigen testing, which is highly sensitive in children, but not sensitive in adults.

## PREVENTION

### *Adults aged 60 and older*

- Three RSV vaccines are approved for adults ages 60 and older
  - Arexvy (GSK),
  - Abrysvo (Pfizer), and
  - mRESVIA (Moderna).

### *Infants and young children*

To prevent severe RSV disease in infants, the CDC recommends either maternal RSV vaccination or infant immunization with RSV monoclonal antibodies. Most infants will not need both.

#### *Vaccination for pregnant people*

- One dose of maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered immediately before or during RSV season. Abrysvo (Pfizer) is the only RSV vaccine recommended during pregnancy.

#### *Immunization for infants and young children*

- One dose of nirsevimab for all infants younger than 8 months born during or entering their first RSV season.
- One dose of nirsevimab for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season.
- *Note:* A different monoclonal antibody, palivizumab, is limited to children aged 24 months and younger with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season. Please see [AAP Recommendations](#) for more information.

## TREATMENT

- Antiviral medication is not routinely recommended to fight infection. Most RSV infections go away on their own in a week or two. However, RSV can cause severe illness in some people.
- Antibiotics will not cure RSV infections because antibiotics only kill bacteria, not viruses.
- Manage fever and pain with over-the-counter fever reducers and pain relievers, such as acetaminophen or ibuprofen. (Never give aspirin to children.)
- Drink enough fluids. People with RSV infection need to drink enough fluids to prevent dehydration (loss of body fluids).
- Talk to your health care provider before giving your child nonprescription cold medicines. Some medicines contain ingredients that are not good for children.

## ACTION ITEMS FOR HEALTH CARE PROVIDERS

Health care providers should:

- Consider RSV in patients with respiratory illness, particularly during the RSV season which typically begins in the fall and peaks in the winter.
- Recommend RSV vaccine for everyone age 75 and older.
- Recommend RSV vaccine for people ages 60-74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions, such as lung or heart disease, or they live in nursing homes. Visit the following CDC website for more information, [cdc.gov/rsv/vaccines/index.html](https://www.cdc.gov/rsv/vaccines/index.html).
- Promote RSV, Flu, and COVID-19 vaccines to eligible patients since these vaccines can be co-administered and help protect against respiratory illnesses.
- Recommend Abrysvo for pregnant people or monoclonal antibodies for young children.

## ACTION ITEMS FOR THE PUBLIC

Individuals in the community should:

- Wash hands often.
- Keep hands off one's face.
- Avoid close contact with sick people.
- Cover coughs and sneezes.
- Clean and disinfect surfaces.
- Stay home when sick.
- Call your health care professional if you or your child is having difficulty breathing, not drinking enough fluids, or experiencing worsening symptoms.
- Talk to your or your child's healthcare provider to determine how best to protect against RSV infection.

## CONTACT INFORMATION

Please contact the Communicable Disease Service at 609-826-5964 with any questions.

## RESOURCES AND REFERENCES

- Centers for Disease Control and Prevention (CDC), Respiratory Syncytial Virus (RSV) [cdc.gov/rsv/index.html](https://www.cdc.gov/rsv/index.html)
- New Jersey Department of Health, Respiratory Syncytial Virus (RSV) [nj.gov/health/rsv/](https://nj.gov/health/rsv/)