American Lung Association.

Frequently Asked Patient Questions: **RSV Vaccination for Adults**

What vaccines are available for adults to help prevent severe RSV illness?

There are three RSV vaccines recommended and available for all adults 75 or older and adults 50-74 at increased risk for severe RSV illness.

Do I need to be revaccinated every season like with flu and COVID-19?

No, if you have already received an RSV vaccine, you do not need to get another one. Researchers are studying how long protection lasts from vaccination and recommendations may be updated in the future.

When should I be vaccinated?

You can be vaccinated anytime, though the best time to get vaccinated is in the late summer/early fall before the virus begins circulating in your community.

Can I receive my RSV vaccine with other routinely recommended vaccines?

Yes. If you choose to receive multiple vaccines at the same visit, you may experience more common symptoms associated with vaccination like headache, pain or swelling at the injection sites and fever.

Am I considered at increased risk for RSV illness?

Healthy adults who get RSV generally get mild illness like that of a common cold. However, adults 50 or older with certain underlying medical conditions like chronic lung disease, cardiovascular disease, etc. can get seriously sick from RSV and even end up hospitalized. Adults 75 or older are at increased risk regardless of underlying medical conditions because as we age our immune systems naturally weaken, a process known as immunosenescence. This decline can lead to an increased susceptibility to respiratory infections such as RSV.

Individuals are most likely to be coming in for their flu and/or COVID-19 vaccines at the same time and they can be given at the same time. There is no minimum wait between visits if a patient prefers to space out their vaccines.

What side effects should I expect?

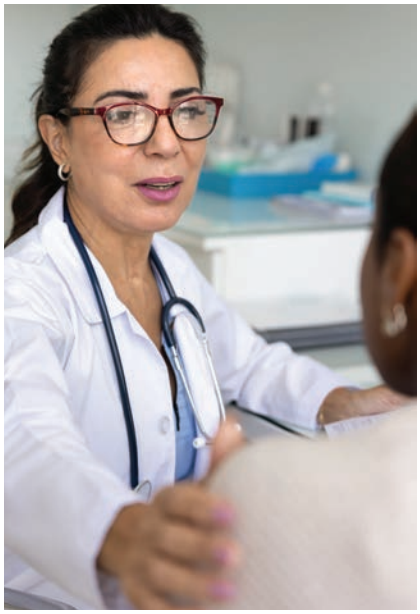
Common symptoms associated with vaccination are generally mild and include feeling tired, fever, headache, nausea, diarrhea and muscle or joint pain. If you have experienced these symptoms after receiving other vaccines, you might be more likely to have them after RSV vaccination.

A small number of adults 60 and older developed neurologic conditions in clinical trials, including Guillain-Barré syndrome (GBS) after receiving Arexvy or Abrysvo, but not mResvia though it is being monitored and a similar safety concern cannot be ruled out.

Having Vaccine Conversations with Your Patients

A strong recommendation from a trusted healthcare provider is a key driver of vaccine uptake. There is not a one size fits all approach to vaccine conversations for everyone, but vaccine conversations are important at every patient visit.

- Begin with a presumptive approach to vaccination, “you’re due for your RSV vaccine today.”
- If a patient wants to discuss vaccination further:
  - Allow them to discuss their beliefs, thoughts and feelings and repeat back what you’ve understood
  - Lead with empathy and respect to create a safe space for dialogue, “it is completely acceptable to have questions about your healthcare decisions.”
  - Ask questions to understand their specific concerns, “what have you heard about RSV vaccines?”
  - Use motivational interviewing techniques
  - Ask for permission to provide facts and stories then provide clear and personalized information
  - Reiterate your strong recommendation while letting patients know that the decision is theirs
  - Share resources that are grounded in science and evidence and offer to continue the conversation at another visit



Learn more at **Lung.org/hcp-rsv**

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