

Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases



ACIP Adult RSV Work Group Clinical Considerations

Respiratory Syncytial Virus (RSV) in Adults 60 and older

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Overview

- Transition from the current shared clinical decision-making recommendation
- Adults aged 60–74 years at increased risk of severe RSV disease
- Timing of RSV vaccination for the 2024–2025 RSV season
- Coadministration of RSV vaccines with other vaccines



The background is a solid blue color with a pattern of overlapping hexagons. Some hexagons are solid blue, while others are outlined in a lighter blue. The hexagons are arranged in a somewhat irregular, honeycomb-like pattern.

Transition from the current shared clinical decision-making (SCDM) recommendation

Work Group recommends a transition away from shared clinical decision-making (SCDM). What does this mean?

- All adults aged **75 years and older** should receive a single dose of RSV vaccination.
- All adults aged **60–74 years with certain chronic medical conditions or other factors that increase risk of severe RSV disease** should receive a single dose of RSV vaccination.
- These recommendations would **replace** the SCDM recommendation, meaning that adults aged 60–74 years without risk factors for severe RSV disease, are **no longer recommended** to receive RSV vaccination.

Adults aged 60–74 years at increased risk of severe RSV disease

Chronic medical conditions associated with increased risk of severe RSV disease



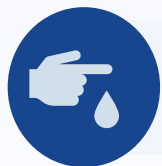
Lung disease



Cardiovascular disease



Moderate or severe immune compromise



Diabetes Mellitus with end-organ damage



Severe obesity
(body mass index ≥ 40 kg/m²)



Neurologic or neuromuscular conditions



Chronic kidney disease, advanced



Liver disorders



Hematologic disorders



Other chronic medical conditions that a healthcare provider determines increases risk of severe disease due to respiratory infection

While recommendation is intended to be broad enough to implement, note that less severe stages of Diabetes mellitus, Obesity, and Chronic Kidney Disease are excluded given limited evidence of association with severe RSV disease.



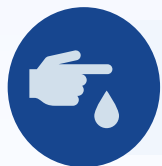
Lung disease



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Diabetes Mellitus **with end-organ damage**



Severe obesity
(body mass index ≥ 40 kg/m²)



Neurologic or neuromuscular conditions



Chronic kidney disease, **advanced**



Liver disorders



Hematologic disorders



Other chronic medical conditions that a healthcare provider determines increases risk of severe disease due to respiratory infection

Chronic medical conditions and risk factors for a risk-based recommendation for RSV vaccination in adults aged 60–74 years

- **Chronic cardiovascular disease** (e.g., heart failure, coronary artery disease, congenital heart disease; *excluding isolated hypertension*)
- **Chronic lung disease** (e.g., chronic obstructive pulmonary disease [COPD], emphysema, asthma, interstitial lung disease, cystic fibrosis)
- **Chronic kidney disease, advanced** (e.g., stages 4–5, dependence on hemodialysis or other renal replacement therapy)
- **Diabetes mellitus with end-organ damage** (e.g., diabetic nephropathy, neuropathy, retinopathy, or cardiovascular disease)
- **Severe obesity** (body mass index ≥ 40 kg/m²)
- **Decreased immune function** from disease or drugs (i.e., **immunocompromising conditions***)
- **Neurologic or neuromuscular conditions** (e.g., neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness; *excluding history of stroke without impaired airway clearance*)
- **Liver disorders** (e.g., cirrhosis)
- **Hematologic conditions** (e.g., sickle cell disease, thalassemia)
- **Frailty**
- **Residence in a nursing home or other long-term care facility**
- **Other chronic medical conditions or risk factors that a health care provider determines would increase the risk of severe disease due to respiratory infection**

*List of immunocompromising conditions would match the existing list from the COVID-19 vaccination Interim Clinical Considerations:

<https://www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html#immunocompromised>

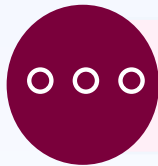
Other factors associated with increased risk of severe RSV disease



Residence in a nursing home or other long-term care facility (LTCF)*



Frailty



Other factors determined to increase risk of severe disease due to respiratory infection

*Long-term care facilities do NOT include retirement communities or senior independent living communities in which residents are able to perform activities of daily living without assistance.

The background features a blue gradient with various hexagonal shapes. Some are solid, some are outlines, and some are semi-transparent, creating a layered, geometric effect.

Other considerations

RSV vaccination will have the most benefit if given in **late summer or early fall.**

- This means from **August to October in most of the United States.**
- Note this is not a formal seasonal recommendation for RSV vaccination. Older adults may continue to receive RSV vaccination year-round.

Adults who have **already received a dose of RSV vaccine DO NOT need to receive another dose this year.**

- RSV vaccination should be given **ONLY** to adults who have not yet received a dose of RSV vaccine.
- At this time, it is anticipated that adults may need additional doses of RSV vaccine in the future, but ideal revaccination timing is not yet known.

Co-administration of RSV vaccines and other vaccines

In accordance with General Best Practice Guidelines for Immunization, coadministration of RSV vaccines with other adult vaccines is acceptable.*

This includes giving RSV vaccines simultaneously with seasonal influenza vaccines, COVID-19 vaccines, pneumococcal vaccines, Td/Tdap, and recombinant zoster vaccine (Shingrix).

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

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