

RSV Vaccine Implementation in Long-term Care Facilities



How to Lower Barriers to Activation

- ☐ Talk to your **infection preventionist** every year:
Establish the need for respiratory syncytial virus (RSV) vaccination
- ☐ RSV vaccines are covered under **Medicare Part D; Long-term care facilities (LTCFs) cannot bill Part D, but your pharmacy can**
- ☐ Partner with **pharmacies** to provide and administer vaccines
 - If your pharmacy cannot travel to your facility to administer, consider an agreement with the pharmacy where they provide and bill for the vaccine while you administer with facility staff
- ☐ Implement **protocols** for RSV vaccines to be offered **each fall** with other vaccines
 - Coadministration of the RSV vaccine with the **seasonal influenza vaccine** is proven safe, with no effect on either vaccine's efficacy
 - Bundling vaccines such as RSV, flu, and COVID-19 simplifies the administration process for patients and healthcare professionals
 - Reducing the need for multiple visits could improve uptake and lower costs
- ☐ Initiate **RSV testing** to demonstrate the need for vaccination
 - RSV is often an invisible burden to LTCF staff and residents alike; unlike COVID-19, it is not tested for
 - Without surveillance, the true rate of RSV infections is often unknown

Address Vaccine Hesitancy in Residents and Caregivers

- ☐ Educate residents and caregivers in advance of vaccine campaigns
- ☐ Educate facility staff on the burden of RSV and the benefits of vaccination so they can effectively counsel residents and caregivers
 - RSV shares a comparable mortality rate with influenza but is associated with higher rates of consolidative pneumonia, hospitalization, ICU admission, and extended hospital stays
 - **Advancing age** increases susceptibility and mortality to RSV-associated pneumonia
 - **Comorbidities** (eg, CHF, COPD) and **LTCF residence** increase risk of hospitalization among older adults who develop RSV
 - In adults ≥ 60 years of age, the RSV vaccines showed 80% efficacy at preventing hospitalizations and 81% efficacy against ICU admission, death, or both
 - Vaccine side effects are usually mild and may include injection site pain; redness; swelling; or bruising; fatigue; fever; headache; muscle aches; nausea; and diarrhea
- ☐ Use effective **counseling** strategies like motivational interviewing to address individual concerns, educate residents and caregivers, and improve vaccine confidence

