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Knowledge to Immunity: Guiding Patients on RSV Vaccination

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Knowledge to Immunity: Guiding Patients on RSV Vaccination



Problem Identification & AHEC Focus

AHEC Focus Area - Current Health Issue

RSV vaccination guidelines are more recent recommendation, so patient education has become an important public health concern.

Problem Identification:

RSV vaccines not available on-site at Mountain Community Health
✓ Complicates patient access and ability to be educated on-site while receiving vaccination

Patients unsure of who should get RSV vaccine, and why vaccination is important

RSV vaccination is a CDC recommendation that was initiated in 2023 for older adults and high-risk populations after FDA approval of Arexvy and Abrysvo

Relatively new subject

Latest recommendation for universal vaccination shifted from adults 60+ to 75+

Public Health Costs & Data

Annual RSV Morbidity and Mortality:

National Level: **177,000 hospitalizations among older adults,** 58,000 hospitalizations among kids under 5 **14,000 deaths in older adults** annually

Vermont Level: **RSV hospitalizations tripled at the UVM Children's Hospital** during the 2022

Healthcare Costs of RSV:

RSV-related hospitalizations: \$10,000 - \$15,000/patient

Cost Savings from RSV Vaccination:

RSV vaccine efficacy = **80-90% in reducing severe illness** in adults 60 and older

By preventing hospitalizations, the RSV vaccine significantly **reduces the financial burden** on the healthcare system

Efficacy and Immunity Duration:

RSV vaccines are highly effective (see above) in reducing severe cases of RSV in high-risk populations

Current data suggests that the RSV vaccine provides protection for 6 to 12 months **-research ongoing to determine the need for annual vaccination**

Community Perspective

Many people have **questions** about **who needs the vaccine** and what it protects against

Streamlined solutions necessary to bridge patient knowledge gap



Vaccine fatigue exists... we need clear & concise guidelines to alleviate confusion for patients AND providers

RSV vaccination is

NEW, so education is key to increasing rates

Intervention and Methodology

Intervention:

- Created informational material for patients
 - ✓ easy access for patients and providers
 - ✓ outlines RSV vaccine details
 - ✓ Specifies available vaccination sites

Methodology:

- Distribution and visibility:
- during patient visits when discussing immunizations
 - Pin flyers throughout the clinic for visibility
 - Bring flyers to community tabling events to increase accessibility
 - Distribute at clinic tabling events

Response Data

Creation of educational infographic including information about RSV

Categories include: - What is RSV? - Symptoms and risks of RSV - Who should get vaccinated? - Vaccination sites



Evaluation of Utility and Limitations



Proposed Evaluation



Assess vaccination rates postdistribution



Patient surveys: rate the utility of infographic and gather feedback



Limitations



Literacy levels Language barriers (not native English speakers)



Address by translating the material in the future

Ensuring comprehension support is available during patient visits

Recommendations for Future Interventions

Create a QR code for infographic

Allows for increased ease of distribution

Develop an educational video

Make accessible via QR code (solution to reading literacy barrier)

Maintain an updated list of vaccination sites

As the vaccine becomes more widely available

References

1. CDC. (2023). RSV Vaccine Recommendations for Adults Aged 60+ and High-Risk Populations.

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