Prof Michael Murray

The Divisional Medical Director of Continued Care
and
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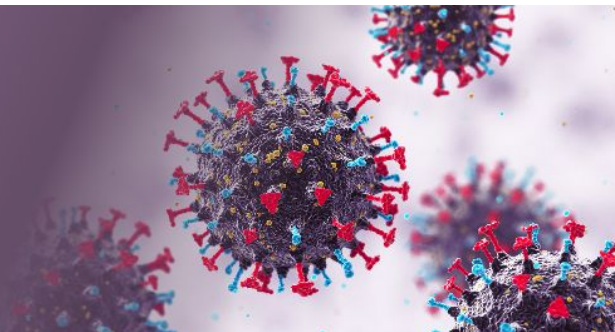
IMMUNISATION COALITION

Protecting older adults against RSV: programs to maximise vaccination rates

09:05



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09:05 am

RSV Protecting older adults

Challenges and opportunities in older people to maximise vaccination rates

A/Prof Michael Murray AM

Divisional Medical Director, Director Geriatric Medicine, Austin Health

Chairperson National Ageing Research Institute (NARI)

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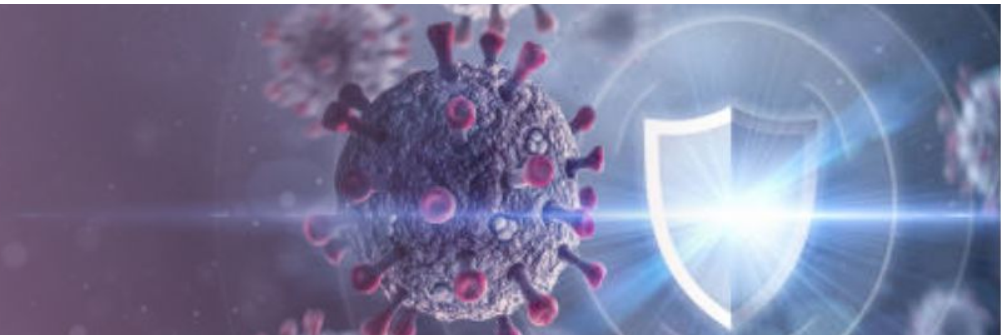
No declarations



Outline

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- What's the problem - Overview
- RSV - yet another Respiratory Virus
- National and International recommendations
- What both consumers want, and the system needs
- Messaging KIS and align to consumer thinking

Current Situation

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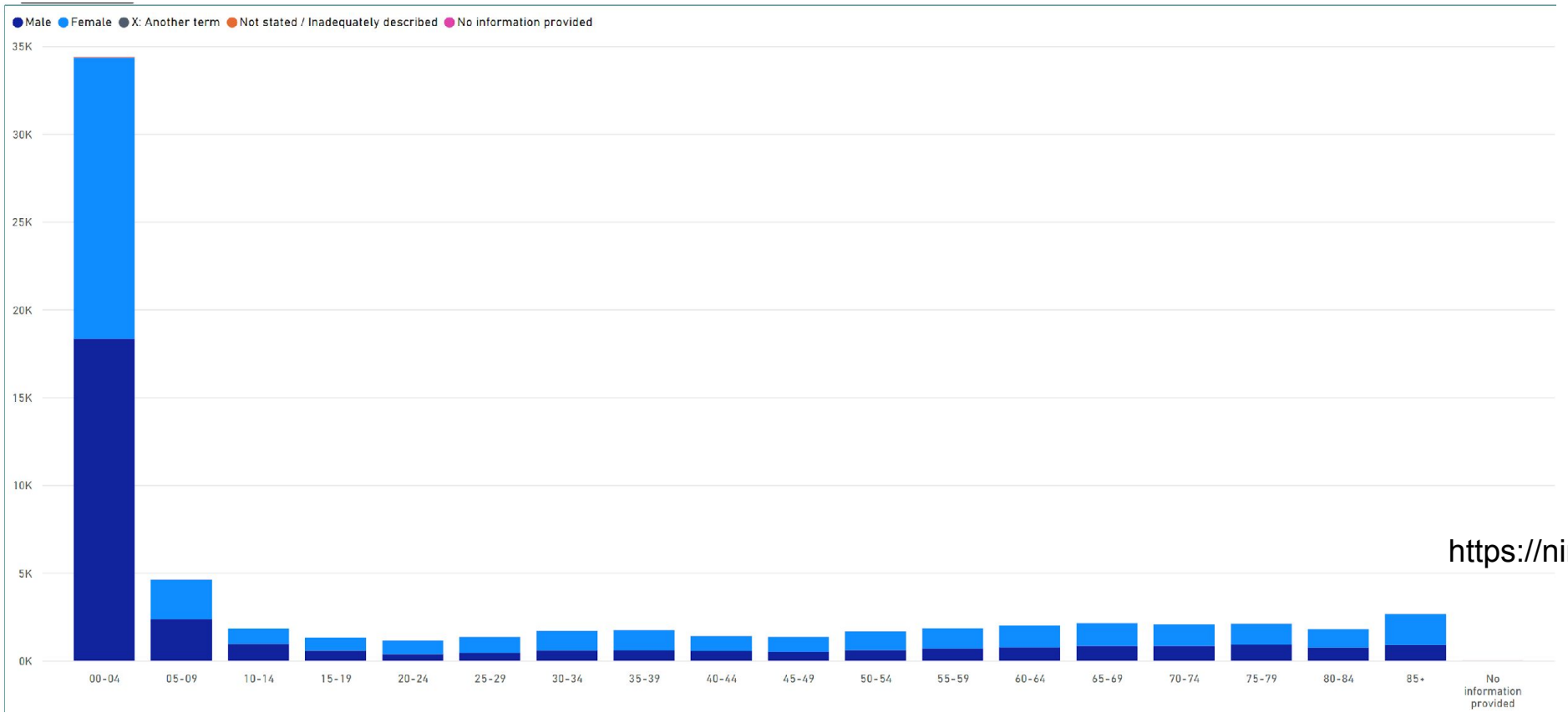
- What's the problem
  - Increasing rates of Respiratory infections (Covid19, Influenza, RSV et al) on a background of other winter illnesses



https://nindss.health.gov.au/pbi-dashboard/

- Increasing frailty in RACH still many older facilities with suboptimal (in IPC terms) design
  - Continued push esp. post covid and with low occupancy rates to refurbish but 1000s of facilities and newer designs have staffing challenges
- Fragile health system struggling to manage demand with a significant number of beds in public health esp. their subacute sector old bed stock and suboptimal environments for optimal IPC

Other			Other	
COVID x 13	SCOVID x 0	Quarantine x 3	Medication x 1	Medical sick leave x 2
Pharmacy Oncall x 1	**Flu x 9**	Medications requests x 5	COVID x 19 (Wd 9 x 12, Wd 11 x 6, TSU x 1)	
			SCOVID x 9 (TSC x 1, Wd 9 x 5, Wd 11 x 3)	
			Norovirus x 7 (Wd 10 x 1, Wd 11 x 6)	

Other			Other
COVID x 17	SCOVID x 0	Quarantine x 1	**COVID x** 10 (Wd 9 x 4) Wd 11 x 6) **SCOVID** x 5 (Wd 9 x 1 WD 11 x 4 Wd 12 x 1)
Pharmacy Oncall x 0	**Flu x 1**	Medications requests x 2	**Gastro Precautions** x 4 (Wd 11 x 4) **Respiratory Precautions** (not COVID) x 5 (Wd 10 x 5) FLU x 0 Taxi x 1 with bloods to ED

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- Push to manage care in RACH, challenged by resourcing
  - Esp rural / regional,
  - GP availability, difficulty attracting locums, limited workforce substitution
  - Some more recent ++ with historic lows in workforce turnover esp. PCA, RNs

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- Continued strong push and preference to @ home care, ideally in community but also in RACH
  - Consumers often with relative reluctance to hospitalisation,
  - Acute/public health want to push out of hospital care (though much less efficient, avoids / delays rebuilding of hospital infrastructure)
- Infection with hospitalisation further increases the risk with older adults much more likely to suffer adverse events some of which can and do persist and impede recovery
- Those at most risk of more severe illness have the most risk of adverse events in hospitalisation with adverse outcomes seem out to 1year
  - Illness related e.g. Pneumonia

What's the current thinking regarding vaccination

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- Internationally recommendations largely aligned (UK, USA, Australia)
- Australian Immunisation handbook

Adults

- Adults aged ≥75 years are recommended to receive RSV vaccine
  - Adults aged 60-74 years can consider RSV vaccination

Aboriginal and Torres Strait Islander people

- Aboriginal and Torres Strait Islander adults aged ≥60 years are recommended to receive RSV vaccine

People with medical conditions that increase their risk of severe RSV disease

- Adults aged ≥60 years who have medical conditions that increase their risk of severe RSV disease are recommended to receive RSV vaccine

https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/respiratory-syncytial-virus-rsv

Summary of knowledge

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- RSV is relatively common in the elderly
- RSV illness in the elderly is associated with significant risk of deterioration and adverse outcomes esp in higher risk groups.
- Cardiopulmonary disease and immunodeficiency associated with higher annual incidence (even greater than institutionalised adults) and more severe consequences (pneumonia, ICU admission and death)
- Infection with hospitalisation further increases the risk with older adults much more likely to suffer adverse events, some of which can and do persist and impede recovery
- Immunisation is effective with the benefit increasing as frailty and chronic disease increases
- Vaccination appears effective in decreasing both the incidence and severity of any RSV associated severe

Significant variation in vaccination rates in Covid and Flu

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- MTDM – don't believe there is a need and in some cases poor availability
  - Trials of calling with consistent messaging however quite to very successful with clear and consistent messaging aligned to consumers priorities
  - Of note high concordance with covid case and antiviral prescription
- Variable GP engagement in the face of vaccine access / delivery
- Frequency of vaccination
- Variable preadmission vaccination when transferred from Acute Care
- Targeting from InReach when we see admission / referral

	Flu Vaccination % 19/5/25	COVID-19 Vaccination % 19/5/25
	85%	54%
	79%	
	85%	26%
	31%	31%
	81%	53%
	79%	64%
	66%	56%
	63%	56%
	94%	74%
	81%	54%
	87%	44%
	86%	56%

Immunisation rates for covid 3x higher in RACH Vs Community

Perception of all (resident, family and Carer)

risk of infection low, benefit minimal

Perception of staff

recognising complacency

Just one of many concerns

Nearly half reluctant to have a conversation

Identified resident and family barriers

- Perceived risk of side effects
- another dose won’t protect against contracting COVID-19
- questions about the safety of COVID-19 vaccines
- another dose won’t stop from transmitting COVID-19 to others
- don’t want to keep having regular COVID-19 booster doses

- vaccine sponsors running campaigns but no submissions that might successfully be recommended by PBAC, including reconsidering the price being sought.
- Positive sign
  - **55.1%** of all aged care residents have received a COVID-19 vaccination in the last 6 months.
    - Compared to 41.8% this time last year.
  - **72.3%** of all aged care residents have received an influenza vaccination in 2025.
    - Compared to 61.3% this time last year

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Q&A

RSV

A/Prof Michael Murray AM