



June 21, 2024

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Associate Director for Vaccine Policy
National Center for Immunization and Respiratory Diseases
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Helen Keipp Talbot, MD
Chair
Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
1600 Clifton Road
Atlanta, GA 30329

Dear Dr. Wharton and Dr. Talbot,

We the undersigned organizations representing older adults, consumers, professionals who work in aging and patients are writing to urge the CDC's Advisory Committee on Immunization Practices (ACIP) to reconsider its recommendation requiring shared clinical decision making for adults aged 60 and over to receive an RSV vaccine.

As we have stated in earlier comments, shared clinical decision making poses an unnecessary obstacle for older adults who wish to receive the new RSV vaccine. This has the inevitable and unfortunate impact of lowering vaccine uptake rates among a population particularly vulnerable to that virus. Data show that the burden of disease which RSV imposes on older Americans has not lowered. Each year, (RSV) causes approximately 60,000–160,000 hospitalizations and 6,000–10,000 deaths annually among adults 65 years and older.

During the February ACIP meeting, the idea of replacing the shared clinical decision-making recommendation with a routine recommendation for those aged 75 and older was discussed and we anticipate it may be once again considered at the upcoming June meeting. While this is

a good step forward, we contend that the age should be lowered to at least 65, if not 60 because there are many in our population who are impacted by this disease before reaching the age of 75.

According to the [CDC's data](#), RSV-associated hospitalizations among older adults during July 2022- June 2023, occurred predominantly among those aged 75 and older. However, the median age of hospitalized American Indian, Alaska Native, Black and Hispanic patients was lower than that of hospitalized White patients.

That same study also found that most patients hospitalized with RSV had underlying medical conditions, most notably congestive heart failure (CHF) and COPD. Adults aged 65 years and older with COPD and those with CHF aged 60 -79 years had RSV hospitalization rates that were 3.5-13.4 times and 5.9 – 7.6 times higher, respectively, than rates among those without those conditions. A routine recommendation for older Americans aged 60 and over would support greater awareness among all of those most impacted by RSV, not just a subset.

Another concern we have is that these vulnerable patients need to retain the ability to continue to receive their vaccines at their preferred pharmacies. We know pharmacies play a crucial role in healthcare access, often being more accessible for older adults than primary care offices or clinics. Pharmacists see their customers far more frequently than other clinicians allowing older adults more opportunity and face time to ask questions and gain information on vaccines.

Moreover, pharmacies became the nation's 'leading provider' of the Covid 19 vaccine during the Pandemic, deepening the trust and relationship that already existed between them and their patients. Pharmacists can continue to lead in vaccinating older adults against RSV, but only if they are able to afford to provide all vaccine options to their customers. This is important especially for older and younger Americans, both of whom are most vulnerable to respiratory illness and serious disease.

In summary, if ACIP can end the shared decision clinical making requirement in their late June meeting, that will allow sufficient time to make older adults aware and incentivized to get the RSV vaccine before the fall and winter when RSV rates increase. It will also allow health care providers and pharmacies enough time to restock so the RSV vaccine is readily available. Making certain that pharmacies stock includes all vaccine options further ensures that barriers to respiratory disease prevention do not reduce access.

Sincerely,

National Association of Nutrition and Aging Services Programs

Allergy & Asthma Network
Alliance for Aging Research
American Society on Aging
Caregiver Action Network
Generations United
Gerontological Society of America
HealthyWomen
National Caucus and Center on Black Aging
National Consumers League
National Grange
National Hispanic Council on Aging (NHCOA)
REAL Services, Inc.
RetireSafe
Serving Seniors
The American Society of Consultant Pharmacists (ASCP)
Vasculitis Foundation
Western Arizona Council of Governments
Women's Institute for a Secure Retirement