



October 18, 2024

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

Melinda Wharton, MD, MPH
Associate Director for Vaccine Policy
National Center for Immunization and
Respiratory Diseases
Centers for Disease Control and Prevention
Atlanta, GA

Re: RSV Vaccine Discussion at the October 23–24, 2024 Meeting of the Advisory Committee On Immunization Practices (ACIP); Docket No. CDC–2024– 0072.

Dear Dr. Talbot and Dr. Wharton:

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am pleased to provide comments to the ACIP regarding the discussion of Respiratory Syncytial Virus (RSV) vaccines at the upcoming meeting on October 23–24, 2024. AAFA is the leading patient organization advocating for people with asthma and allergies, and the oldest asthma and allergy patient group in the world.

We are writing to request that ACIP consider expanding the RSV vaccine recommendation to adults with asthma or other higher risk factors.

RSV, Asthma, and Older Adults

RSV can be particularly dangerous for people with asthma, adults with weakened immune systems, or older adults, with these populations at greater risk of RSV-related hospitalization or death.¹ RSV can trigger and worsen asthma episodes or attacks.

In the U.S., middle-aged and older adults with asthma face a myriad of challenges. Approximately 9.1% of people aged 50–64 have asthma, a rate that is higher than that

¹ Centers for Disease Control and Prevention. RSV in Older Adults and Adults with Chronic Medical Conditions. Available at <https://www.cdc.gov/rsv/older-adults/index.html>.



experienced by adults aged 35–50.² As people age, asthma can have more severe consequences, triggering more symptoms and higher death rates.³ Physical changes from aging, reduced motor and other skills, lower income, and the demands of other comorbid conditions can all exacerbate older adults' asthma and create barriers to care.⁴ Asthma mortality also increases with age, with asthma patients over 55 having a five-times higher risk of in-hospital asthma-related mortality than younger adults.⁵

Overall, older adults are more likely to be underdiagnosed and undertreated for asthma than younger adults.⁶ Reflecting overall disparities in asthma in the U.S., asthma impacts older adults of certain racial and ethnic groups more severely; for example, older adults with asthma who are Black, Hispanic, and/or low income are at a heightened risk of frequent hospitalization.⁷

AAFA therefore urges the Committee to amend the current recommendation to include adults ages 50–59 at higher risk of RSV. ACIP should take into account the overall potential impact of RSV vaccines for adults in this age group with asthma, including those subpopulations most burdened by the disease. Recommending the RSV vaccine for adults ages 50–59 at higher risk of RSV could reduce asthma exacerbations, improve quality of life and reduce mortality.

² National Center for Health Statistics. Percentage of current asthma for adults aged 18 and over, United States, 2019–2022. National Health Interview Survey. Generated interactively: Jun 24 2024 from https://wwwn.cdc.gov/NHISDataQueryTool/SHS_adult/index.html. Approximately 8% of adults aged 35–50 have asthma.

³ AAFA, “Asthma in Older Adults” (reviewed 2022). Available at <https://aafa.org/asthma/living-with-asthma/asthma-in-older-adults/>

⁴ *Id.*

⁵ Tsai C, Lee W, Hanania NA. Age-Related differences in clinical outcomes for acute asthma in the United States, 2006–2008. *J Allergy Clin Immunol*. 2012;129:1252–1258.e1. doi: 10.1016/j.jaci.2012.01.061

⁶ Dunn, R. M., Busse, P. J., & Wechsler, M. E. (2018). Asthma in the elderly and late-onset adult asthma. *Allergy*, 73(2), 284–294. <https://doi.org/10.1111/all.13258>

⁷ *Id.*



Improving Low RSV Vaccine Uptake

Because of the severe impact of RSV on adults with asthma or other chronic lung disease, we are disheartened by the current low vaccination rates for RSV. Currently, CDC recommends the RSV vaccination for all adults ages 75 and older and for adults ages 60–74 at increased risk of severe RSV disease,⁸ including those with chronic lung or respiratory disease such as asthma. For older adults, RSV vaccine effectiveness in preventing hospitalization is between 73 and 88 percent.⁹

Despite CDC’s recommendation and the vaccine’s high effectiveness, by December 9, 2023, only an estimated 17.0% of adults aged ≥60 years had received the RSV vaccine¹⁰; this figure had risen to 24% through the 2023–24 season.¹¹ From November to December 2023, US hospitalization rates increased by 60% for RSV among all age groups, according to a CDC advisory issued mid-RSV season.¹² CDC’s outlook for the 2024–25 respiratory disease season assumes that even a “high uptake” scenario among older adults would only result in approximately 35% receiving the vaccine.¹³

⁸ RSV Vaccine Guidance for Older Adults, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/older-adults.html>

⁹ 2024–2025 Respiratory Disease Season Outlook, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook24-25/index.html>

¹⁰ Influenza, Updated COVID-19, and Respiratory Syncytial Virus Vaccination Coverage Among Adults — United States, Fall 2023, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/mmwr/volumes/72/wr/mm7251a4.htm>.

¹¹ 2024–2025 Respiratory Disease Season Outlook, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook24-25/index.html>

¹² Urgent Need to Increase Immunization Coverage for Influenza, COVID-19, and RSV and Use of Authorized/Approved Therapeutics in the Setting of Increased Respiratory Disease Activity During the 2023 – 2024 Winter Season, Centers for Disease Control and Prevention, December 14, 2023 available at <https://emergency.cdc.gov/han/2023/han00503.asp>.

¹³ 2024–2025 Respiratory Disease Season Outlook, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook24-25/index.html>



This level of uptake would prevent 25% of hospitalizations of older adults, but still falls far short of optimal utilization.¹⁴ More awareness and education are clearly needed to increase the number of people vaccinating against RSV. We encourage ACIP to work with its professional organizations represented in a non-voting capacity on ACIP to redouble their important efforts to raise awareness and uptake. AAFA stands ready to support this effort.

Conclusion

Thank you very much for your important work reviewing these vaccines. If you would like any additional information regarding asthma, older adults, and RSV, please do not hesitate to contact Jenna Riemenschneider at jennar@aafa.org.

Sincerely,

Kenneth Mendez
President and Chief Executive Officer
Asthma and Allergy Foundation of America

¹⁴ 2024-2025 Respiratory Disease Season Outlook, Centers for Disease Control and Prevention, available at <https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook24-25/index.html>