Did You Know?

HEALTHDIRECT PHARMACY SERVICES

Addressing Vaccine Hesitancy in Community Care Settings

The Impact of Seasonal Respiratory Immunizations

Community care settings support some of the most medically vulnerable individuals in our healthcare system, including older adults, people living with chronic diseases, individuals with disabilities, and those who depend on caregivers for daily support. As influenza (flu), COVID-19, and respiratory syncytial virus (RSV) continue to circulate seasonally, vaccine hesitancy remains a significant challenge that can place both patients and caregivers at increased risk for serious illness and comorbidity.

For community-based populations, vaccination is an important strategy for maintaining independence, avoiding preventable hospitalizations, reducing caregiver burden, and protecting the broader community.

Understanding Vaccine Hesitancy

Vaccine hesitancy occurs when individuals delay or decline recommended vaccines despite their availability. Concerns may arise from misinformation, fear of side effects, distrust of healthcare systems, previous negative immunization experiences, or misunderstanding the severity of vaccine-preventable illnesses.

Caregivers often play a crucial role in healthcare decision-making for community care residents. As trusted advocates, caregivers can either support vaccine confidence or inadvertently contribute to vaccine hesitancy.

For this reason, educational efforts should focus on the patient, their family and caregivers, emphasizing evidence-based information and open communication with healthcare professionals.

The Burden of Respiratory Illness in Vulnerable Populations

Influenza / Flu

Although often dismissed as a routine seasonal illness, influenza remains a major cause of illness and death in the United States. Since 2010, the Centers for Disease Control and Prevention (CDC) estimates that annual influenza seasons have resulted in between 9.4 million and 51 million illnesses, 120,000 to 710,000 hospitalizations, and 6,300 to 52,000 deaths.

Older adults, people with heart disease, lung disease, diabetes, and weakened immune systems experience the highest rates of severe complications. Influenza infection can also worsen existing chronic conditions, leading to hospitalization and prolonged comorbidity.

COVID-19

While the acute phase of the COVID-19 pandemic has passed, the virus continues to cause substantial illness, particularly among older adults and individuals with underlying medical conditions. COVID-19 remains capable of causing severe respiratory disease, hospitalization, intensive care admission, and death. Updated COVID-19 vaccines continue to provide meaningful protection against these outcomes, especially among high-risk populations.

In community care settings, COVID-19 infection can have long-lasting consequences, including functional decline, delayed rehabilitation, worsening chronic disease, and increased dependence on caregivers.

Respiratory Syncytial Virus (RSV)

RSV has historically been viewed as a childhood illness, but it poses a serious threat to older adults and medically complex individuals. Each year, RSV is responsible for an estimated 110,000 to 180,000 hospitalizations among adults aged 50 years and older in the United States.

Older adults residing in long-term care settings, individuals with chronic heart or lung disease, immunocompromised persons, and those experiencing frailty are particularly vulnerable to severe RSV infection. RSV can lead to pneumonia, respiratory failure, hospitalization, and death, while also exacerbating conditions such as chronic obstructive pulmonary disease (COPD), asthma, and heart failure.

Studies of hospitalized older adults have demonstrated that severe outcomes, including intensive care admission and significant complications, occur frequently among those infected with RSV.

Vaccine Effectiveness and Benefits

Influenza Vaccine

Influenza vaccine effectiveness varies from season to season due to changes in circulating flu strains. Even during years when protection against infection is moderate, vaccination consistently reduces the risk of severe illness, hospitalization, and death.

CDC estimates indicate that during the 2023-2024 influenza season alone, vaccination prevented approximately:

- 9.8 million influenza illnesses
- 4.8 million medical visits
- Nearly 120,000 hospitalizations
- Nearly 8,000 deaths

COVID-19 Vaccine

Updated COVID-19 vaccines continue to provide additional protection beyond immunity acquired through previous infection or vaccination. Current evidence demonstrates that vaccination reduces the risk of hospitalization, critical illness, intensive care admission, and death, particularly among older adults and individuals with underlying health conditions at an increased risk of severe disease.

RSV Vaccine

The introduction of RSV vaccines for older adults represents a major advancement in respiratory disease prevention. CDC currently recommends RSV vaccination for all adults aged 75 years and older and for adults aged 50 to 74 years who are at increased risk for severe RSV illness.

Early real-world studies demonstrated approximately 75% effectiveness against RSV-related hospitalization among older adults, providing significant protection for those at greatest risk of severe outcomes.

Consequences of Declining Seasonal Respiratory Vaccines

Choosing not to receive recommended flu, COVID-19, or RSV vaccines **may have consequences that extend beyond the immediate risk of infection and illness**.

Potential unintended consequences include:

- Increased risk of hospitalization and emergency department visits.
- Higher likelihood of respiratory failure, pneumonia, and severe complications.
- Exacerbation of chronic medical conditions such as heart disease, COPD, asthma, and diabetes.
- Functional decline and loss of independence among older adults.
- Increased caregiver burden and caregiver absenteeism.
- Greater healthcare expenditures for families and healthcare systems.
- Increased transmission to vulnerable household members and community care clients.
- Interruptions in rehabilitation, social engagement, and community support services.

For community care residents, a single respiratory illness can trigger a cascade of negative health events, including falls, increased medication burden, deconditioning, and permanent reductions in quality of life. These impacts can persist long after the initial infection has resolved.

Building Vaccine Confidence Through Education

Addressing vaccine hesitancy requires empathy, trust, and respectful communication. Healthcare professionals and community care organizations should:

- Encourage open discussions about vaccine concerns.
- Provide evidence-based information from trusted sources.
- Address myths and misinformation.
- Promote shared decision-making between patients, caregivers, and providers.
- Highlight the benefits of vaccination for both individual and community protection.
- Reinforce that vaccine monitoring systems continuously evaluate safety and effectiveness of available vaccine options.

Educational efforts are most successful when they acknowledge concerns while focusing on the real risks posed by influenza, COVID-19, and RSV infections.

In Summary

Vaccine hesitancy remains a significant public health challenge in community care populations. However, the evidence consistently demonstrates that influenza, COVID-19, and RSV vaccines reduce the risk of severe illness, hospitalization, and death among older adults and medically vulnerable individuals.

For individuals receiving community-based services and the caregivers who support them, vaccination is an important preventive measure that helps maintain health, preserve independence, reduce caregiver strain, and protect the broader community. By fostering informed conversations and promoting evidence-based decision-making, community care organizations play a vital role in improving health outcomes and strengthening community resilience during respiratory virus season.

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