



(1) Warren Alpert Medical School of Brown University, Providence Veterans Administration Medical Center, Providence, RI; (2) GAPS Health, Advanced Healthcare Solutions, Dallas, TX; (3) PRIME Education, LLC, Fort Lauderdale, FL

60%

30%

20%

10%

0% +

INTRODUCTION

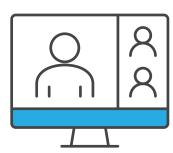
- Older adults are at risk for severe outcomes from respiratory syncytial virus (RSV) infection.¹
- The living conditions of long-term care facilities (LTCFs) render them high-risk areas for the spread of infectious diseases.²
- It is therefore critical that measures mitigating RSV infection and transmission are effectively implemented at LTCFs.²
- Furthermore, it is important to raise awareness of RSV risk, prevention measures, and emerging vaccines among older adults, including those who reside at LTCFs.
- As part of an educational program, we assessed perceptions and practices regarding RSV infection and prevention among residents of LTCFs.

METHODS

- Between October and December of 2021, surveys were administered to residents of LTCFs before and after 1.25-hour education sessions led by health care professionals (HCPs) at 5 centers.
- During these sessions, residents and HCPs were engaged in discussions about RSV symptoms, risk factors for severe disease, and prevention strategies, including vaccines under development. Residents had opportunities to share their perspectives and ask questions.
- Some of the sessions were conducted in Korean, and the program materials were translated.
- Surveys were administered before and after the education sessions. The data were analyzed and are reported here.
- All P values were calculated using Chi-square or Fisher's Exact analysis. *P* values \leq .05 were considered significant.



Pre-survey administered to residents before the session starts



Interactive virtual education session on RSV infection and prevention



Post-survey administered to residents immediately after the session

RESULTS

 Table 1: Resident C

Female (%)

Average age (years

Race/ethnicity (9)

White African American Asian/Pacific Islar Hispanic/Latinx

Education (%)

High school/GED Associate's degree Bachelor's degree Postgraduate (ie, N Other

Years in residence

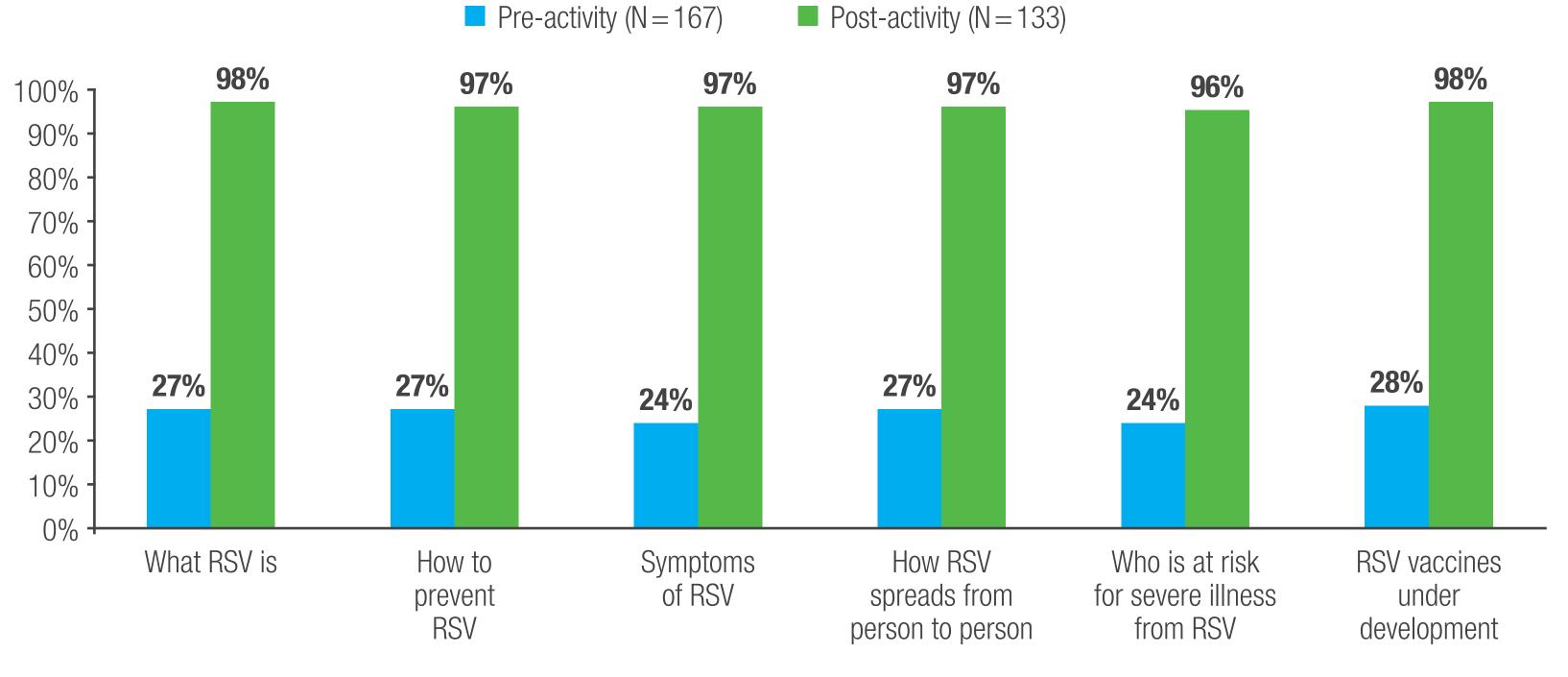
1-5 6-10 11-15 > 15

Flu vaccination h

Receive it every years Receive it, but not Do not get it

Vaccinated against

Figure 1: Residents Reporting a High Level of Knowledge (3/4/5 Likert Scale) on RSV-Related Topics*

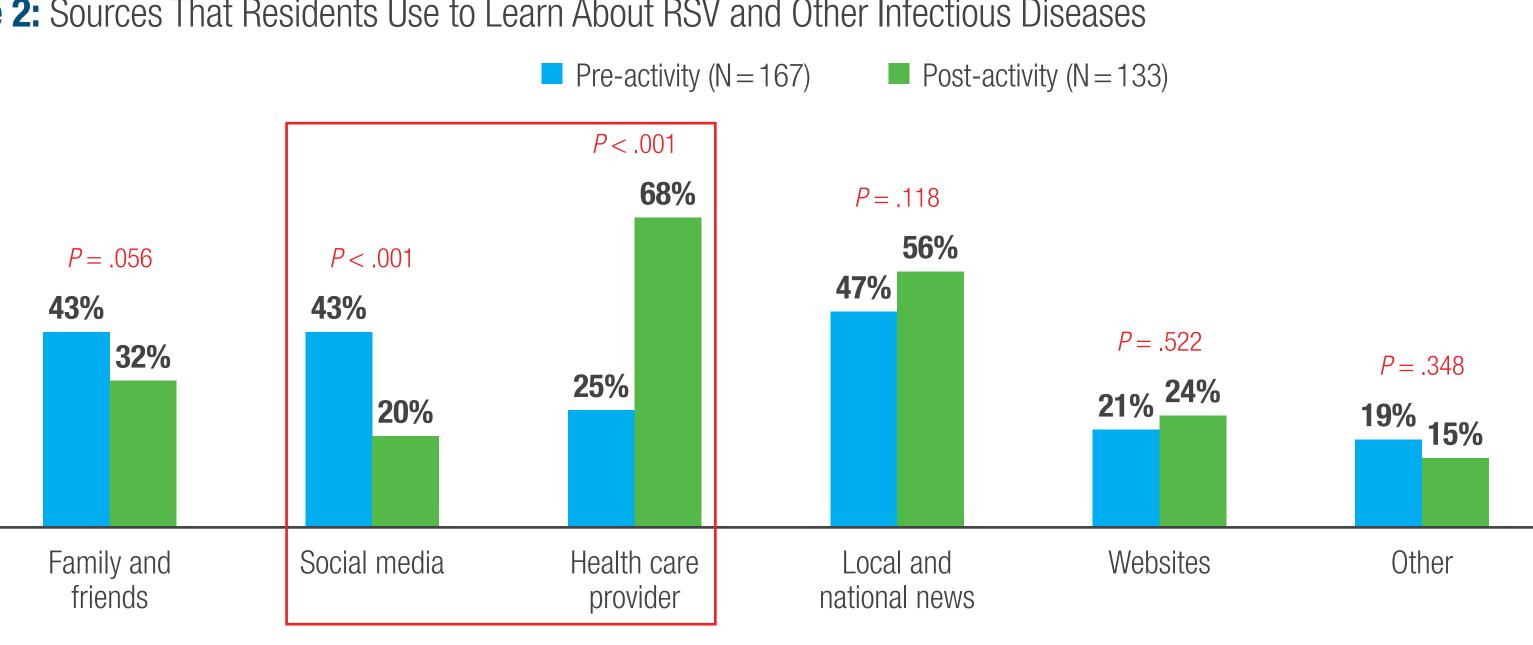


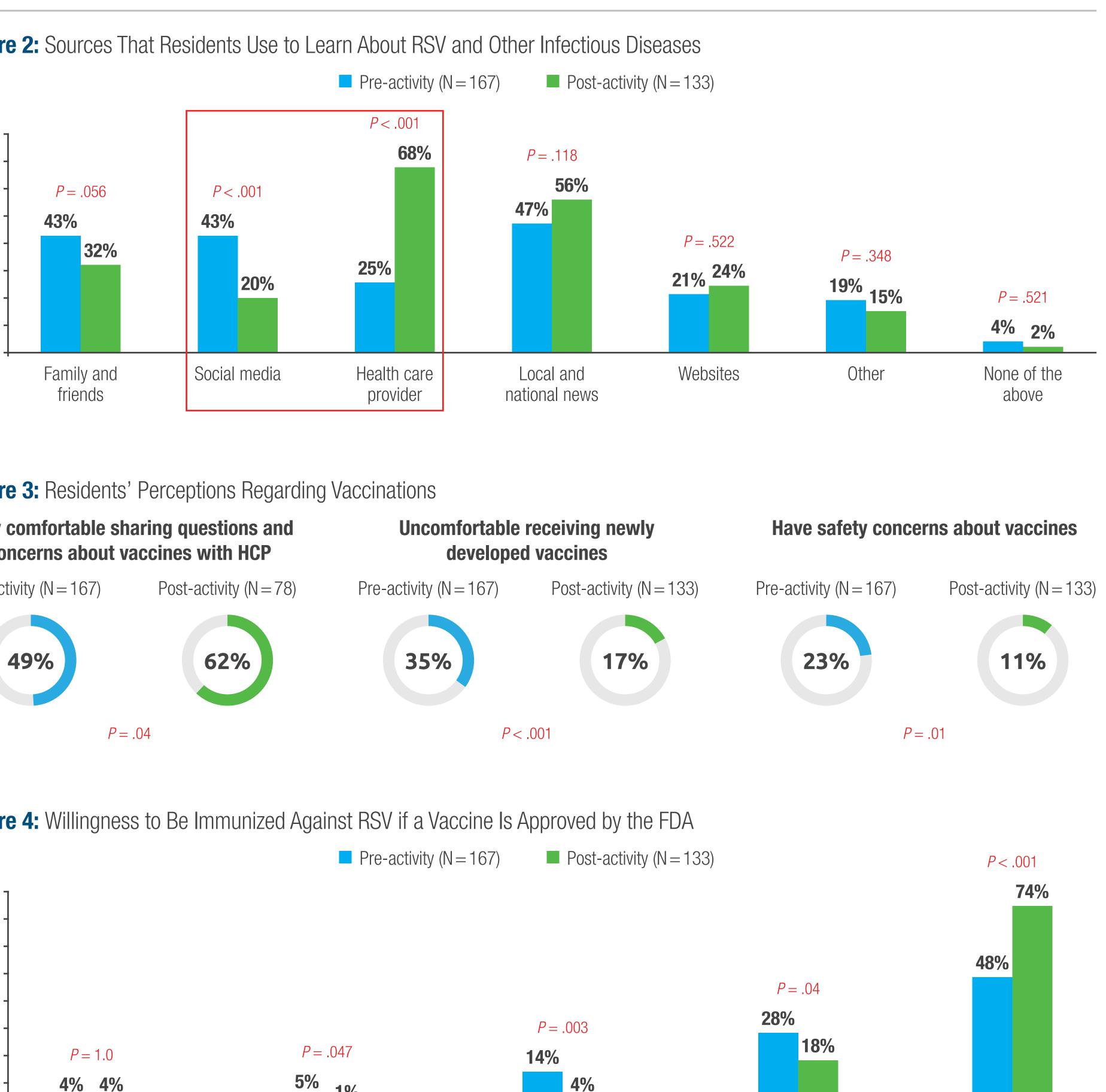
*P < .001 for all pre- and post-activity comparisons

IMPACT OF EDUCATIONAL SESSIONS ON KNOWLEDGE AND ATTITUDES ABOUT RSV INFECTION AND PREVENTION AMONG RESIDENTS OF LONG-TERM CARE FACILITIES

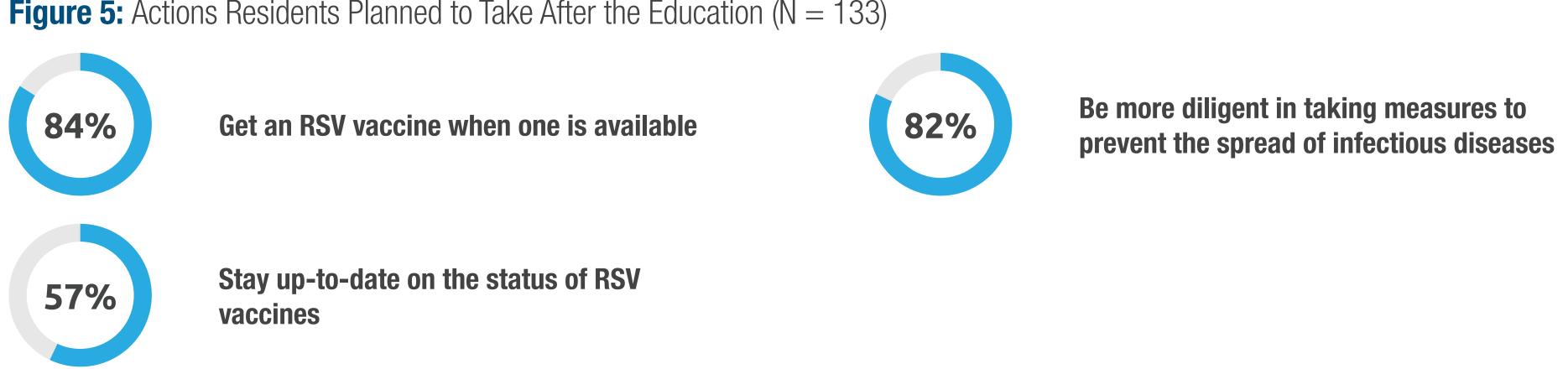
Stefan Gravenstein, MD, MPH¹; Jamison Feramisco, MD, PhD²; Jeffrey D Carter, PhD³; Laura C Simone, PhD³; and Marykate Nelson, PhD³

Characteristics (N = 167)		Figure
	76	
Irs)	67	80% - 70% -
(%) /Black nder	13 3 82 2	60% - 50% - 40% - 30% - 20% - 10% - 0% -
e Master's, PhD)	44 10 27 11 8	Figure Very co
nce (%)	41 24 11 24	Conc Pre-activi 4
history (%) year it every year	80 11 9	Figure
st COVID-19 (%)	97	80% 70%
		1070





<i>P</i> = 1.0 4% 4%	<i>P</i> = .047 5% 1%	P = .003 14% 4%	18%
Very unwilling	Somewhat unwilling	Neutral	Somewhat willing
e 5. Actions Residents	Planned to Take After the Educa	ation (N $-$ 1.3.3)	





Very willing

CONCLUSIONS

Key findings from the surveys:

 Residents exhibited low levels of knowledge about RSV-related topics, which significantly improved after attending the educational sessions.

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- Residents were more likely to confer with their HCP and less likely to utilize unreliable sources after the sessions compared to before.
- The sessions were successful in addressing residents' concerns about vaccines and improving their willingness to be immunized against RSV when a vaccine is available.
- More residents were very comfortable sharing their questions and concerns about vaccines with their HCP as a result of these educational sessions.
- Many residents also committed to being more diligent to prevent the spread of RSV and staying up-to-date on the status of RSV vaccines under development.

REFERENCES

- 1. Htar MTT, et al. *Epidemiol Infect*. 2020;148:e48.
- 2. Lee MH, et al. *PLoS One*. 2020;15(3):e0229911.

DISCLOSURES

The following authors have identified relevant financial relationships with commercial interests to disclose: Stefan **Gravenstein**, MD, MPH Advisory Board or Panel – Janssen, Pfizer, Sanofi Consultant – Aviral, Merck, Pfizer, Sanofi, Segirus Grants/Research Support – Genentech, Pfizer, Sanofi, Segirus Speakers Bureau or other Promotional Education – Janssen, Segirus

There are no relationships to disclose for: Jamison **Feramisco**, MD, PhD; Jeffrey D Carter, PhD; Laura C Simone, PhD; and Marykate Nelson, PhD

This project was funded by an educational grant from Janssen Therapeutics, Division of Janssen Products, LP. The study sponsor did not play a role in the design or analysis of the study or in the decision to submit for presentation.

Contact: I.simone@primeinc.org