

# Exploring knowledge, attitudes, and perspectives on respiratory virus vaccination among older adults in the US

Matthieu Beuvelet<sup>1</sup>, Keila Meginnis<sup>2\*</sup>, Caroline de Coureville<sup>1</sup>, Maribel Tribaldos<sup>1</sup>, Antonio Robles<sup>1</sup>, Gabriela Fernandez<sup>3</sup>, Hannah Collacott<sup>3</sup>, Matthew Quaife<sup>2</sup>

<sup>1</sup>Sanofi, Lyon France; <sup>2</sup>PPD, Evidera, Thermo Fisher, London UK; <sup>3</sup>PPD, Evidera, Thermo Fisher, Bethesda USA

\*Presenting Author: Keila.Meginnis@thermofisher.com

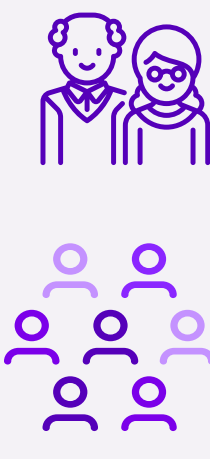
## Key Takeaways

- Older adults in the US generally view combination RV vaccines positively
- Convenience is the primary factor motivating combination-vaccine willingness

## OBJECTIVE

- This study aimed to understand older adults’ knowledge and experience with respiratory viruses (RV), characterize attitudes around single and combination RV vaccinations, and define key vaccine characteristics that influence individuals’ decision-making

## CONCLUSIONS



**Older adults' RV vaccine decision-making is influenced by efficacy, convenience, and safety. Perspectives are heterogeneous highlighting the value of shared decision-making. Insights were used to inform the design of a subsequent stated preference survey.**

## BACKGROUND

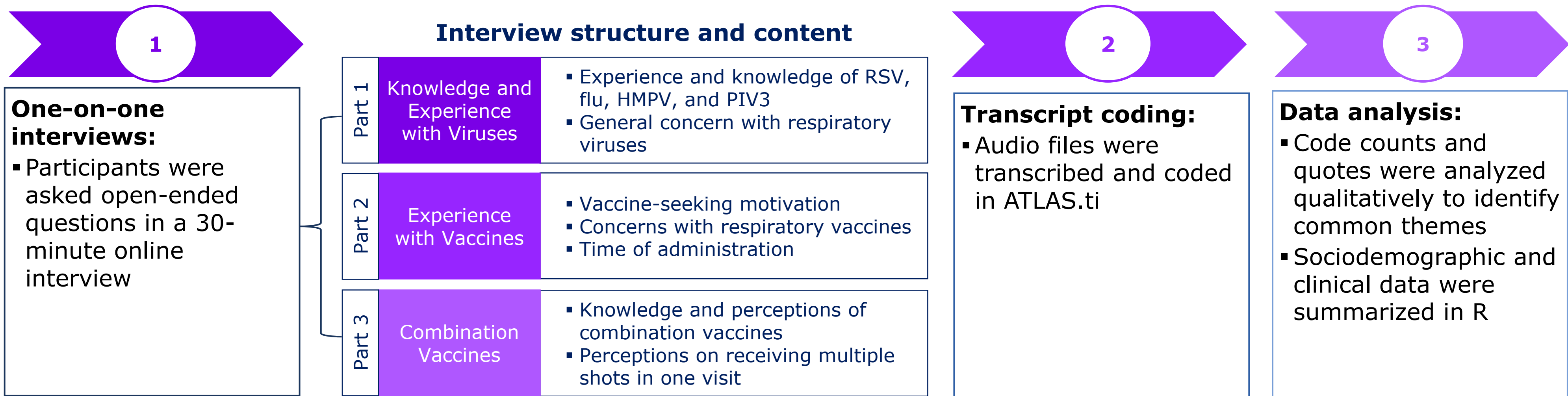
- Respiratory viruses (RV), including influenza (flu), respiratory syncytial virus (RSV), human metapneumovirus (HMPV), and parainfluenza virus type 3 (PIV3), are major contributors to respiratory diseases in older populations.<sup>1</sup>

## METHODS

### Study design

- A semi-structured interview guide was developed using insights from a targeted literature review
- Participants were recruited through an online panel
- Ten interviews were conducted from May to August 2024 with adults aged ≥50 years in the United States (**Figure 1**)

Figure 1: Interviews, Data Coding, and Analysis



## RESULTS

### Participant characteristics

- Participants reported a median age of 63 years and were predominantly female (**Table 1**)

Table 1: Participant characteristics

Characteristics	N=10
Age in yrs, median (range)	63 (53-68)
Female, n (%)	7 (70%)
Race, n (%)†	
White	8 (80)
Black	1 (10)
Asian	1 (10)
American Indian or Alaska Native	1 (10)
Education, n (%)	
Associate degree	1 (10)
College degree	5 (50)
Graduate degree	4 (40)
Employment, n (%)	
Employed	7 (70)
Homemaker	1 (10)
Retired	2 (20)

† Non-mutually exclusive

### RV experience

- Almost all had flu experience (n=9), with fewer reporting RSV experience (n=2); 2 had heard of HMPV
- Most participants perceived their risk of contracting RV as either high (n=4) or low (n=4); those with comorbidities perceived themselves as higher risk

#### Concern over RV risk

"Well, because I have asthma, and **when you're asthmatic and you already have a respiratory problem anyway** with breathing and all that, you always have a [...] **higher risk** of getting [a respiratory virus]..." (US004)

- Most were concerned about experiencing severe (n=9) or mild-to-moderate (n=6) RV symptoms, stemming from perceived long-term complications, fear of hospitalization, and of spreading to loved ones.

#### Concern over symptom severity

"Yeah, my concern would be that even though they're mild to moderate they can easily in a **high risk category** like my family, **be more severe rather quickly**." (US003)

"Basically **hospital cost, time lost, just the stress of being that ill** that you **need a hospital**." (US010)

### General RV vaccine experience and perspectives

- Most participants had prior RV vaccine experience (n=9)
- Most sought RV vaccines to reduce the risk of illness (n=7) or illness severity (n=5), to protect others (n=3), or to follow guidelines (n=3)

#### Vaccine rationale

"Well just to hopefully **prevent it** or at least **keep it from getting severe**, to knock it down a little bit." (US011)

"I guess, I like to... what's that term, follow the science? **Those are the guidelines, so I like to follow the guidelines**." (US007)

- Participants had greater concern for systemic side effects than injection site reactions, though both influenced attitudes towards single and combination vaccination

#### Vaccine safety perspectives

"It's the side effects of **getting sick** [...] that I worry about, [...] like if you get **fever, chills**, [...] because [arm soreness is gonna go away]." (US004)

"I **don't worry about [side effects]**. I know that my arm will be **a little bit sore for a day**, but I **don't think about other things from a flu shot**." (US011)



### Combination vaccine perspectives

- Most participants had not heard of combination vaccines (n=7), but three were familiar with their use in children.
- Most felt positively about combination vaccines, noting convenience and reduced number of shots as beneficial.

#### Combination vaccine benefits

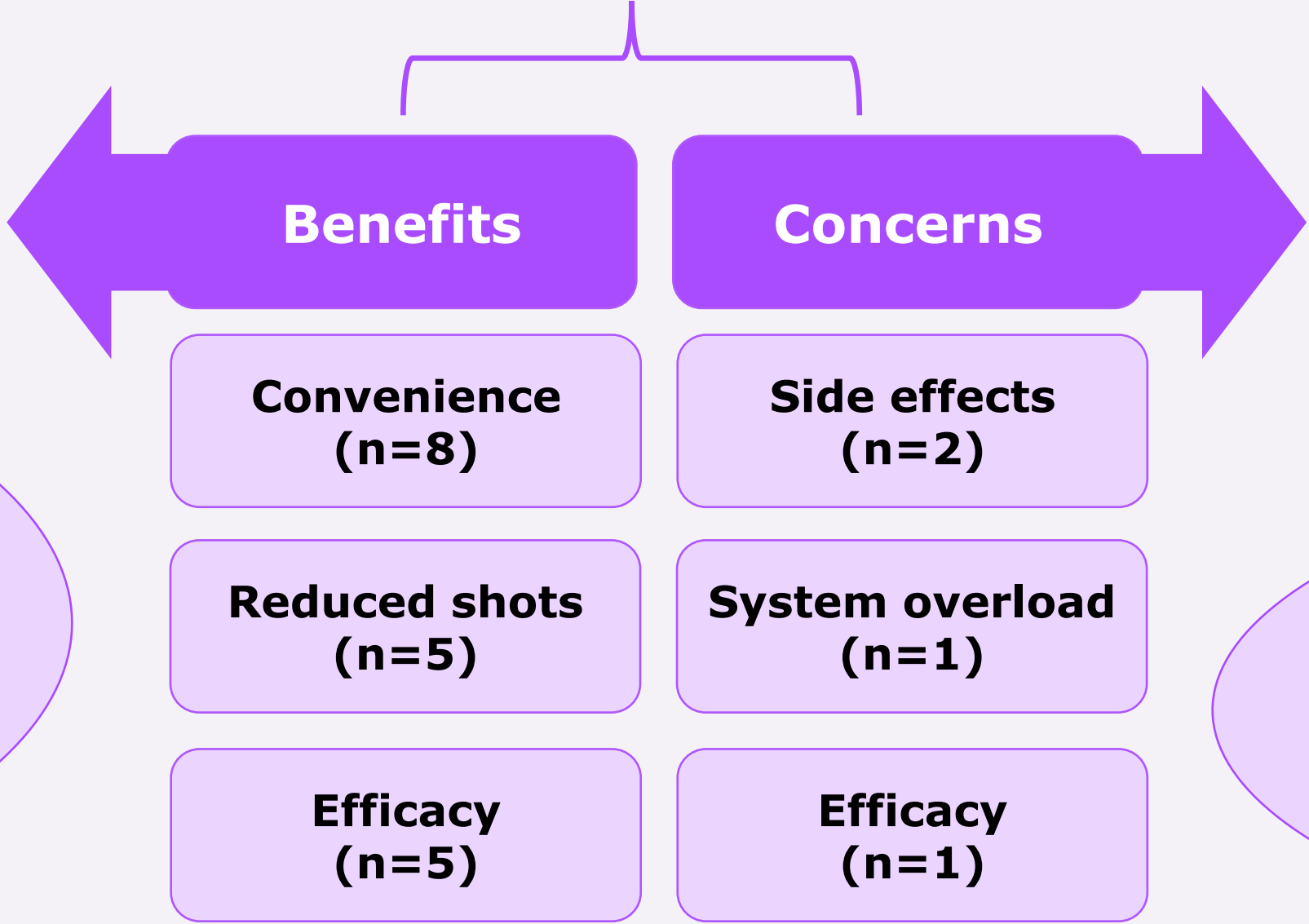
"...that **would be a very good thing. You get one shot, and you don't have to be looking [...]** which one am I getting now, [...] **a combination vaccine would be a wonderful thing**." (US001)

"I guess that the ideal thing,[...] would be a **universal vaccine** that would provide **lifetime protection** against influenza, COVID and RSV. (US007)

"It would be **more practical to me to put it all in one**. If you're going to take more than one, just give them all together." (US003)

"...it would be more **convenient**" (US011)

### Combination Vaccine Perspectives



- Participants with concerns (n=3) discussed additional side effects, lower efficacy, and immune system overload.
- Some participants preferred longer duration of protection with fewer appointments, while others worried about forgetting less frequent vaccinations

#### Combination vaccine concerns

"I'd like to believe they've been tested to show that **one won't affect the level of efficacy or potential side effects by doing more than one at a time**." (US012)

"My concern [...] is **being older and having chronic medical conditions**... is the body going to be able to handle multiple all at once or is it going to be **overwhelmed with them and cause more problems**." (US003)

**REFERENCES:** <sup>1</sup>Zimmerman RK, et al. *Influenza Other Respir Viruses*. 2022 Nov;16(6):1133-1140.

**FUNDING STATEMENT:** This study was funded by Sanofi.

**CONFLICTS OF INTEREST:** MB, CDC, MT, AR are employees of Sanofi. KM, GF, HC, and MQ are employees of PPD, which received funding to conduct this research.

**ACKNOWLEDGEMENTS:** Medical writing support was provided by Michael Franklin, MS, of PPD (clinical research business of Thermo Fisher Scientific) in accordance with Good Publication Practice guidelines.



Copies of this poster obtain through Quick Response (QR) Code are for personal use only