Knowledge, Attitudes, and Determinants of Respiratory Syncytial Virus Vaccination Among Physicians and Older Adults in Greece: A cross-sectional online survey.

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Background

- The Respiratory Syncytial Virus (RSV) is a significant causative agent of lower respiratory tract infections across all age groups. [1]
- Although historically recognized as a primary threat to infants, elevated hospitalizations and mortality rates confirm a disproportionately high epidemiological burden on older adults. [2][3]
- While the standard of care remains supportive, with the available monoclonal antibody formulations being primarily indicated for infants, the newly introduced RSV vaccines, integrated in the Greek National Immunization Program (NIP) emerge as the sole form of protection for older adults.
- The success of immunization programs relay on factors like vaccine acceptance, awareness and the mitigation of implementation barriers for both healthcare professionals and eligible citizens [4]

Objective

This study aimed to directly compare physicians' and older adults' perceptions regarding RSV infection and vaccination, identify knowledge gaps, and explore barriers to implementation.

Methodology

- A cross-sectional online survey was conducted in September – December of 2025, using two structured questionnaires one for physicians and one for adults aged 50 years and older from the general population.
- The questionnaires were divided into four sections covering sociodemographic characteristics, RSV knowledge evaluation, assessment of general attitudes toward vaccination and awareness of the available vaccines, RSV vaccination status and the influence of healthcare professionals on vaccination decisions.
- The questionnaires consisted of closed-ended multiple-choice and five-point Likert scale questions and were available online through Google forms platform. The participation in the cross-sectional survey was voluntary. Participants were able to withdraw their consensus at any time. Collected data were anonymous and confidential.
- All statistical analyses were carried out using the statistical software package IBM SPSS, version 29.

Figure 1: Knowledge of RSV clinical presentation.

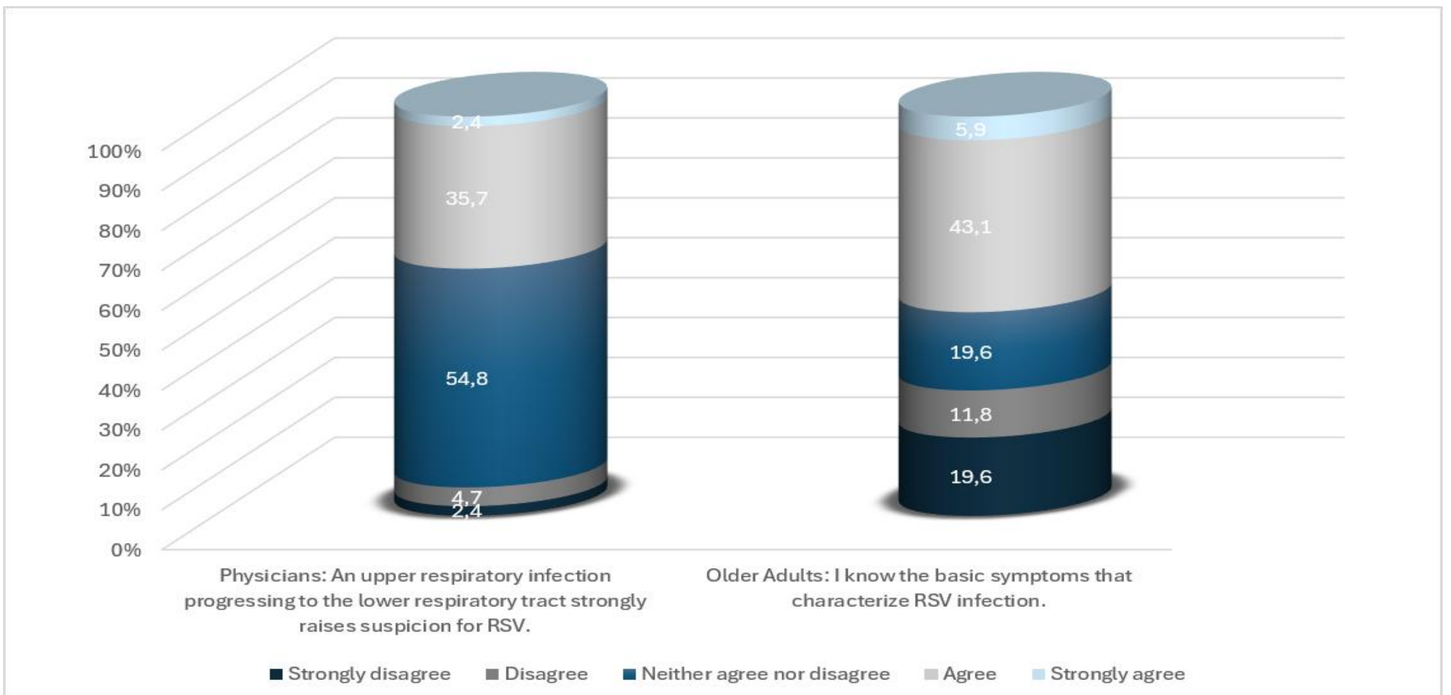
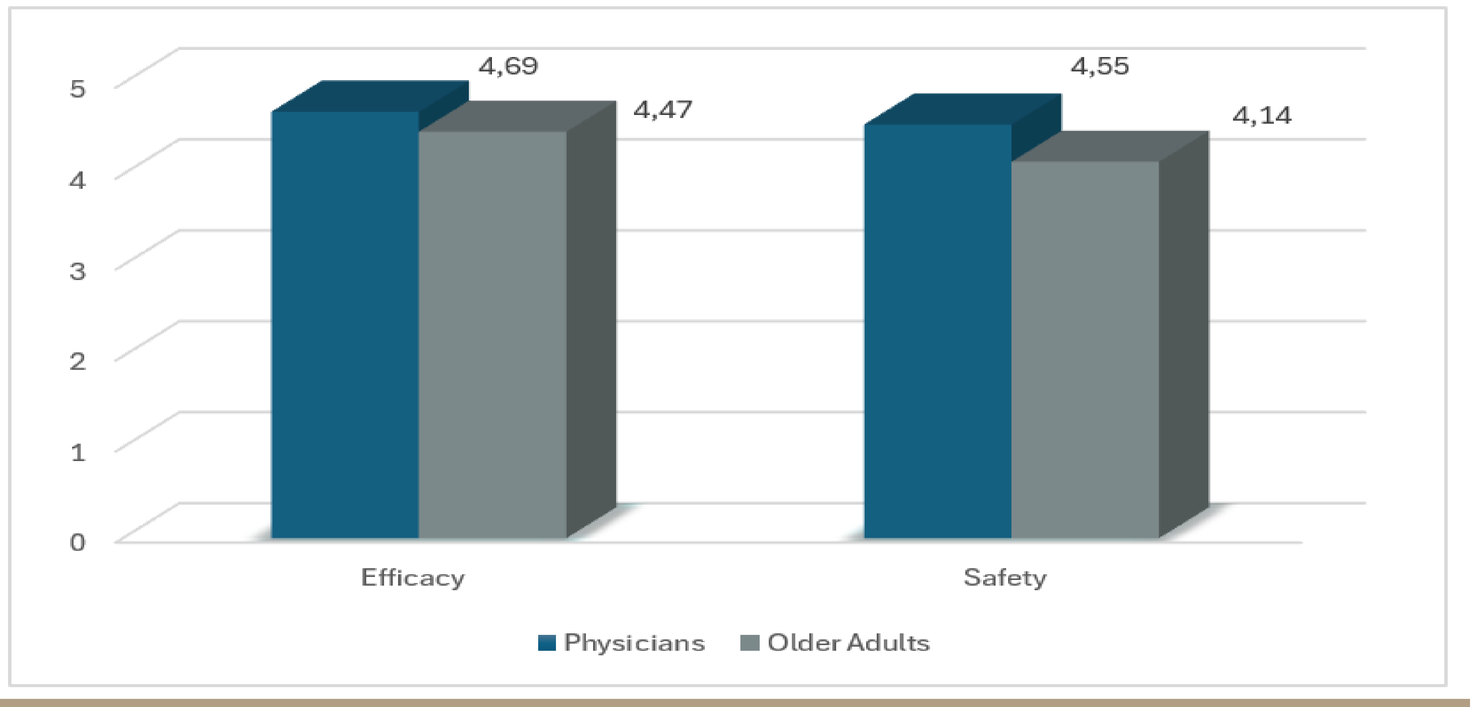


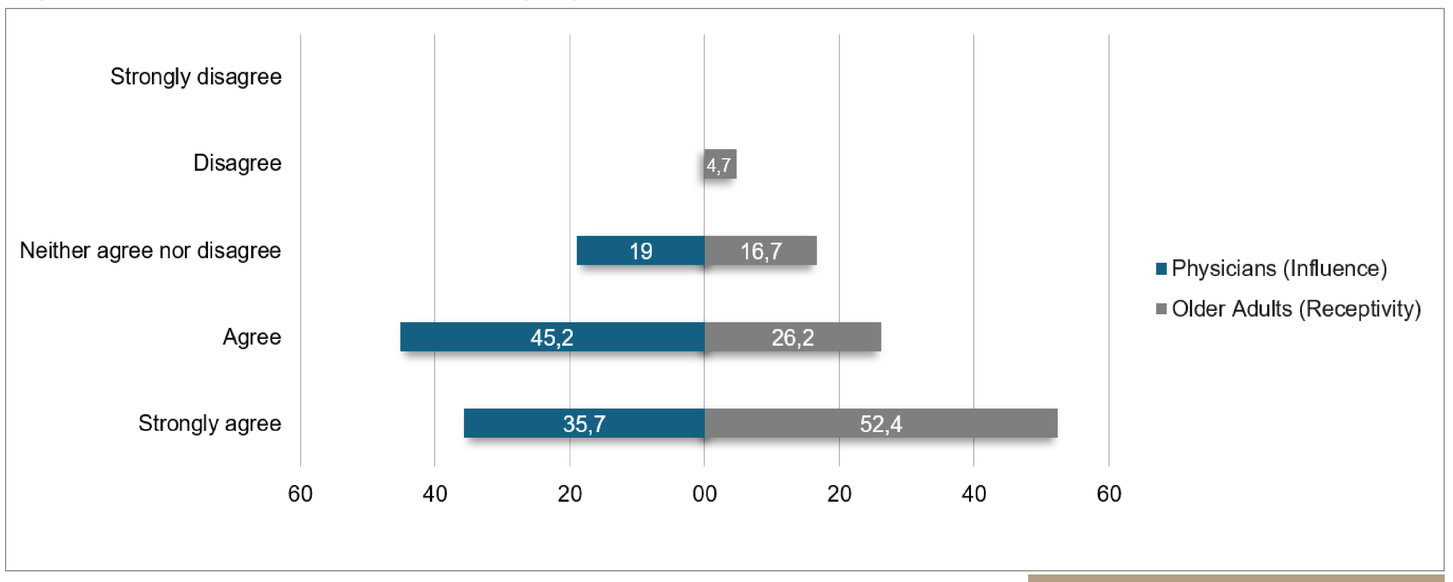
Figure 2: Vaccination attitudes



Results

- A total of 42 physicians participated.
- Knowledge of RSV clinical presentation was largely neutral: 54.8% were neutral on whether sequential upper-to-lower respiratory involvement raises clinical suspicion for RSV, and 40.5% were neutral on managing severe cases. Experience with severe RSV varied significantly by specialty (p = 0.024), highest among pediatricians (mean: 5.00). Correct recognition of high-risk groups regardless of clinical experience.
- Perceived relative danger of influenza versus RSV was neutral-to-positive (mean 3.21 ± 0.87) and did not vary by workplace or specialty.
- A major clinical gap was reported: 78.6% expressed concern over the absence of targeted RSV antiviral therapies, and 93.0% prioritized infection prevention. Support for a dedicated RSV registry was near-universal, endorsed most strongly by pulmonologists and infectious disease specialists (p = 0.021)
- Confidence in vaccine safety (4.55 ± 0.50) and efficacy (4.69 ± 0.47) was uniformly high. Attitudes regarding mandatory vaccination varied by specialty (p = 0.001), favored most by cardiologists and pediatricians. Most physicians (92.9%) monitor NIP updates, most consistently pediatricians and gynecologists (p = 0.013); 78.6% were already aware of and prescribing RSV vaccines.
- Public health authorities' briefing was deemed inadequate by 54.8% of physicians, most acutely pulmonologists (mean 1.33) and infectious disease specialists (mean 1.67; p = 0.014).
- Pharmacovigilance awareness showed gaps: 54.8% knew that newly authorized vaccines undergo additional monitoring, while 23.8% reported no familiarity with the process at all.
- 80.9% of physicians considered their own recommendation a strong driver of patient vaccination intent.

Figure 3: RSV specific vaccination following physician recommendation



- A total of 51 older adults (≥50 years) participated.
- RSV awareness was moderate (60.8%), with 49.0% recognizing basic symptoms despite few reporting personal infection (5.9%). Most recognized potential hospitalization (66.7%) but not mortality (45.1%). This information gap was consistent across sociodemographic subgroups, with no statistically significant differences.
- Attitudes toward vaccination were highly favorable: 88.3% acknowledged vaccines reduce severe disease burden in the population and 78.5% reported no safety concerns. Most (70.6%) actively monitor NIP updates and discuss age-appropriate vaccines with a healthcare professional.
- The 58.8% reported awareness of available RSV specific vaccines, 51.0% considered vaccination necessary, and 58.8% expressed confidence in their safety and efficacy. Perceived vaccination necessity did not differ significantly between vulnerable patients and non-vulnerable individuals (p > 0.05).
- Communication dynamics between patients and healthcare providers revealed strong trust: 80.5% of consulting citizens (33 out of 41) felt comfortable expressing vaccine-related doubts to their provider, and 78.6% (33 out of 42) indicated strong vaccination intention upon receiving a direct medical recommendation.

Comparison

- **Both holding a neutral view of influenza's danger relative to RSV adults: 3.08 ± 0.82; physicians: 3.21 ± 0.87; p = 0.552**
- **Heightened recognition of age-related immune decline (4.41 ± 0.61 vs. 4.12 ± 0.74).**
- **Higher support for mandatory vaccination in adults (mean 4.24 vs. 3.76).**
- **General vaccine safety is high in both populations; (4.55± 0.50 vs. 4.14 ± 1.04).**

Conclusions

- **Highly favorable foundation with strong overall vaccine confidence in both cohorts and broad adherence to NIP guidelines.**
- **Barriers to vaccination include RSV information deficits, underestimated adult disease severity, low personal risk awareness among chronic patients, and inadequate clinician briefings.**
- **Physician endorsement emerges as the most decisive driver of patient vaccination intent.**

References

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