

Talking to Your Patients About Flu, COVID-19, and RSV Vaccines



Your role in recommending vaccines

As a health care provider, you're a trusted source to educate patients on the lifesaving benefits of vaccines. A strong vaccine recommendation helps your patients feel confident about their decision to get vaccinated. Use this guide to help answer your patients' questions and to feel comfortable explaining why vaccines provide the best protection against flu, COVID-19, and RSV, especially for older adults, people with underlying medical conditions, pregnant people, and residents of nursing homes, who are all at higher risk for severe illness from RSV.



Who should get flu, COVID-19, and RSV vaccines in the 2024–2025 season?

Flu and COVID-19 (updated formulas this fall)

Everyone ages 6 months and older should get a 2024–2025 flu and COVID-19 vaccine, especially people who are:

- Ages 65 and older (higher risk at age 50 that increases significantly at age 65)
- Pregnant (to protect the mother and the baby)
- Living with health conditions such as lung disease, obesity, diabetes, or heart disease
- Immunocompromised
- Residents of a long-term care facility

RSV (one-time vaccine)

People who are:

- Ages 75 and older
- Ages 60–74 with conditions such as lung disease, severe obesity, diabetes with certain complications, or heart disease. Other risk conditions can be found here: [RSV risk conditions for older adults](#)
- 32–36 weeks pregnant during September 1 through January 31 to protect the baby
- Immunocompromised
- Living in a nursing home



Starting the vaccine conversation



ALL PATIENTS:

✓ **Use clear, specific language:**

“It looks like you’re due for your flu and COVID-19 vaccines, and you haven’t had an RSV vaccine before. Because you’re over 75, you’re more likely to get very sick or need hospital care if you get one of these illnesses. Vaccines cut your chances of being hospitalized by half or more.”

✓ **Share your personal experience:**

“Flu, COVID-19, and RSV spread fast this time of year. Every year, our office sees a lot of patients who are very sick from one of these infections. For people who are recommended to get them, these vaccines cut the risk of getting really sick or being hospitalized by half or more.”

✓ **Emphasize the benefits:**

“I recommend flu, COVID-19, and RSV vaccines for you because they cut your risk of getting really sick or being hospitalized by half or more.”

✓ **Ask follow-up questions:**

“Do you have any questions or concerns I can help answer about vaccines?”

PATIENTS WHO EXPRESS VACCINE HESITANCY:

✓ **Acknowledge concerns and opposition:**

“I understand that you’re worried about vaccine side effects and that’s perfectly normal. Is there any more information I can give you to help ease your concerns?”

✓ **Don’t hesitate to try again:**

“I respect your decision. Let’s revisit the topic at your next appointment. In the meantime, I’m happy to answer any questions you may think of.”

✓ **Give advice from your personal experience:**

“I understand your concern, but I will tell you—not only did I get vaccinated, but I made sure my parents/kids/family have been vaccinated, too.”

Answering questions and concerns

If your patient says...	You can say...
Can I get more than one vaccine at the same time?	■ Yes! You can get flu, COVID-19, and RSV vaccines individually or get more than one at the same time, which can save you time, so you don't have to come back for another visit. Even if you only get one or two of these vaccines now, you can still get the other vaccine(s) without waiting a certain amount of time. ■ Getting multiple vaccines at once might increase some side effects, like arm pain or swelling, headache, or feeling tired, but they'll likely be mild and short-lived.
Flu vaccines cause flu.	■ You can't get flu from a flu vaccine because the vaccines use either a dead form of the virus, a weakened virus, or no virus at all. You might still get flu if you're vaccinated but getting a flu vaccine cuts your chances of getting really sick or being hospitalized by about half.
I got a flu vaccine last year. Why do I need another one?	■ A flu vaccine is needed every year for two reasons. First, your immune protection from a vaccine goes down over time, so a yearly flu shot keeps your protection stronger. Second, because flu viruses are constantly changing, the vaccines are updated to protect against the viruses that are going around in our community this year. There's no way to predict how bad your symptoms could be if you get the flu. But if you're vaccinated, you cut your risk of getting seriously ill nearly in half.
COVID-19 vaccines cause long-term side effects.	■ Most people have mild side effects or no side effects after getting a COVID-19 vaccine. Serious reactions to vaccines can happen but are rare. For every 1 million doses given, we see five or fewer people have a severe allergic reaction. ■ If your patient asks about myocarditis/pericarditis: Heart inflammation after COVID-19 vaccination is rare. The risk of this kind of heart inflammation is much higher after getting COVID-19 infection than after getting the vaccine.
I already got a COVID-19 vaccine. Do I really need another one?	■ I recommend getting this season's vaccine because COVID-19 is still around and making some people really sick. Updated vaccines target the newest variants. They're your best defense against severe COVID-19 and can cut your risk of being hospitalized in half, even if you have no underlying medical conditions. ■ If your patient is an older adult: We know that older adults are much more likely to need hospital care if they get COVID-19, and they have a higher death rate compared to younger adults. Getting vaccinated helps protect you from the worst outcomes, even if you catch COVID-19.
RSV vaccines are too new and haven't been studied enough.	■ RSV vaccines protect older adults from getting very sick from RSV. In clinical trials, the most common side effects were a sore arm, fatigue, and headache, and those symptoms don't last long. Severe allergic reactions are rare. ■ RSV can be scary and dangerous for older adults. It can cause trouble breathing or a lung infection called pneumonia, and you're 7 times more likely to be hospitalized with RSV than adults under 65. The RSV vaccine helps protect you from serious symptoms like those.

Starting the vaccine conversation with pregnant patients



ALL PATIENTS:

✓ Use clear, specific language:

“It’s RSV season, and infants have a high risk of getting severely ill from RSV. If you’re 32 through 36 weeks pregnant between September 1 and January 31, one option* to protect your baby against RSV is to get the maternal RSV vaccine.”

✓ Share your personal experience:

“Many of my pregnant patients get vaccinated to protect their babies from the moment they’re born through their first 6 months, when your baby is at risk from flu, COVID-19, and RSV.”

✓ Emphasize the benefits:

“RSV causes more infant hospital stays than any other illness. Getting vaccinated yourself cuts your baby’s risk of being hospitalized with RSV in their first 6 months of life by more than 70%. Flu and COVID-19 vaccines also provide protection for you and for your pregnancy.”

✓ Ask follow-up questions:

“Do you have any questions or concerns I can help answer about vaccines?”

* Patients who cannot or opt not to get a maternal RSV vaccine can still protect their babies by having them immunized soon after birth with nirsevimab, an antibody that provides protection during an infant’s first 6 months.

PATIENTS WHO EXPRESS VACCINE HESITANCY:

✓ Acknowledge concerns and opposition:

“I understand that you’re worried about getting vaccinated during pregnancy and that’s perfectly normal. Is there any more information I can give you to help ease your concerns?”

✓ Don’t hesitate to try again:

“I respect your decision. Let’s revisit the topic at your next appointment. In the meantime, I’m happy to answer any questions you may think of.”

✓ Inform your vaccine-hesitant patients about another RSV preventive:

“If you decide not to get an RSV vaccine during pregnancy, your newborn can still get protection from severe RSV through an immunization soon after birth that gives the baby antibodies needed to fight RSV infection.”

Answering questions and concerns from pregnant patients

If your patient says...	You can say...
Is it safe for me to get vaccinated during pregnancy? Is it safe for my baby?	■ Yes. In clinical trials with pregnant people, participants had minor side effects from these vaccines, like a sore arm, headache, or nausea, but serious reactions were rare. ■ Many of my pregnant patients get vaccinated to help prevent severe flu or COVID-19 symptoms from occurring during their pregnancy and to protect their babies from the worst outcomes of flu, COVID-19, and RSV in their first 6 months. ■ RSV is the number 1 reason babies are hospitalized. It can infect their lungs and make them have trouble breathing. The RSV vaccine that you get helps protect them. There were small differences in preterm birth rates between vaccine and placebo recipients in clinical trials, but new data show similar risks for preterm delivery between vaccinated and unvaccinated people. To reduce the potential risk, the U.S. Food and Drug Administration (FDA) approved the vaccine for use only in weeks 32 through 36 of pregnancy.
Can I wait until after my baby is born to get vaccinated?	■ Pregnancy puts you at higher risk of severe disease or complications if you get infected. Being vaccinated helps protect you from serious illness and gives your baby some protection too. You have to get an RSV vaccine at a specific time in your pregnancy, but if you decide not to get an RSV vaccine during pregnancy, your newborn can still get protection from severe RSV through an RSV immunization soon after birth.
Why do I need an RSV vaccine if I'm not at high risk for RSV?	■ Your vaccine is your baby's vaccine. Even though you're not at high risk for severe RSV, it's the number one cause of infant hospitalization in the United States. When you get vaccinated, your baby gets added protection from having severe RSV symptoms during their first 6 months when they are most at risk.

Considerations for counseling patients regarding nirsevimab and maternal RSV vaccine

Maternal RSV vaccine	✓ Immediate protection for baby after birth ✓ No injection for the infant ✓ Potentially reduced protection in some situations (e.g., pregnant person is immunocompromised or infant is born soon after vaccination) ✓ Potential risk for preterm birth and hypertensive disorders of pregnancy, although recent data during the 32–36-week gestation dosing window are reassuring
Nirsevimab	✓ Direct receipt of antibodies rather than relying on transplacental transfer ✓ Protection may wane more slowly than maternal RSV vaccine ✓ Side effects are usually mild and resolve quickly; hypersensitivity reactions are uncommon but have been reported. ✓ Delayed administration could leave the infant unprotected.¹ ¹ Infants born during October through March should be administered nirsevimab in the first week of life—ideally during the birth hospitalization.

Vaccine schedule



	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
COVID-19	Administer as soon as available		However, can be given any time of the year to people eligible for vaccination									
Flu		Ideally administer early fall										
Older adult RSV vaccine	Ideally administer late summer/early fall											
Maternal RSV vaccine		Administer September through January in most of the continental United States										

