



Department
of Health &
Social Care

Independent report

Respiratory syncytial virus (RSV) immunisation programme for adults aged 80 years and older: JCVI advice, 16 July 2025

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This publication is available at <https://www.gov.uk/government/publications/rsv-immunisation-programme-jcvi-advice-16-july-2025/respiratory-syncytial-virus-rsv-immunisation-programme-for-adults-aged-80-years-and-older-jcvi-advice-16-july-2025>

Background

In June 2023, the Joint Committee on Vaccination and Immunisation (JCVI) issued a short [statement advising the introduction of a respiratory syncytial virus \(RSV\) programme](https://www.gov.uk/government/publications/rsv-immunisation-programme-jcvi-advice-7-june-2023) (<https://www.gov.uk/government/publications/rsv-immunisation-programme-jcvi-advice-7-june-2023>). A full statement was subsequently published in September 2023.

For older adults, the committee advised a routine year-round programme for those turning 75 years of age alongside a catch-up campaign covering several age cohorts. The need for further doses for vaccinated cohorts would be evaluated using surveillance data, with trial evidence to date suggesting protection for at least 2 to 3 years.

The Department of Health and Social Care (DHSC) accepted the advice of JCVI and a routine programme for those turning 75 years of age, with a one-off campaign to vaccinate older adults aged 75 to 79 years, began on 1 September 2024. Since the introduction of the programme, over 1.3 million doses have been administered with emerging evidence showing a significant impact on the incidence of RSV hospitalisations.

When advising on the introduction of the RSV programme, the committee stated that an extension to the initial programmes would be considered when there was more certainty about:

- protection for individuals at higher risk of severe illness from RSV, including people aged 80 years of age and older
- the real-world impact of the programme for those aged 75 to 80 years old

Considerations

JCVI has now further reviewed the necessary evidence with which to provide advice on the extension of a catch-up programme for those aged 80 years and older. This includes:

- real-world evidence on the impact and vaccine effectiveness of the programme in older adults in the UK (including references 1 and 2), which was reviewed at the February and June 2025 JCVI meetings (reference 3)
- real-world evidence on the vaccine effectiveness of RSV vaccines in those aged 80 years and above, which was reviewed at the February JCVI meeting (reference 3)
- evidence on the frequency and severity of RSV outbreaks in care homes in England

- a cost-effectiveness assessment by DHSC and the UK Health Security Agency that suggests a programme for those aged 80 years and older would be cost-effective, and potentially more cost-effective than vaccinating those aged 75 to 79, because the impact and burden of RSV disease increases with older age in terms of hospitalisations and mortality
- co-administration with COVID-19 vaccines in older adults - data was reviewed indicating non-inferior immunogenicity and an acceptable reactogenicity profile (meaning that giving the vaccines together did not significantly alter their ability to generate an immune response and the side effects were acceptable) consistent with separate administration (references 4 and 5)
- vaccine safety data, reviewed at the June JCVI meeting (reference 3), including an estimate of the attributable risk of Guillain-Barré Syndrome in the older adult programme

Conclusions and advice

JCVI advises that, as part of the RSV programme for adults aged 75 years and above, the one-off catch-up campaign be extended from adults aged between 75 and 79 years to also include:

- adults aged 80 years and older
- all residents in a care home for older adults

The committee agreed that RSV vaccines could be administered concurrently with COVID-19 vaccines.

References

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2. Symes R, Whitaker HJ, Ahmad S and others. [Vaccine effectiveness of a bivalent respiratory syncytial virus \(RSV\) pre-F vaccine against RSV-associated hospitalisation among adults aged 75-79 years in England \(https://www.medrxiv.org/content/10.1101/2025.06.13.25329583v1\)](https://www.medrxiv.org/content/10.1101/2025.06.13.25329583v1). medRxiv preprint: 2025.06.13.25329583.
3. JCVI meeting minutes are available on the [JCVI webpage \(https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-](https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-)

4. Neutel and others on behalf of the C5481001 Study Group. [Safety and immunogenicity of concomitant administration and combined administration of bivalent BNT162b2 COVID-19 vaccine and bivalent RSVpreF respiratory syncytial virus vaccine with or without quadrivalent influenza vaccine in adults \$\geq 65\$ years of age](#) (<https://www.mdpi.com/2076-393X/13/2/158>). Vaccines 2025: volume 13, issue 2, page 158.
5. Goswami J, Cardona JF, Hsu DC and others. [Safety and immunogenicity of mRNA-1345 RSV vaccine coadministered with an influenza or COVID-19 vaccine in adults aged 50 years or older: an observer-blinded, placebo-controlled, randomised, phase 3 trial](#) ([https://www.thelancet.com/journals/laninf/article/PIIS1473-3099\(24\)00589-9/fulltext](https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(24)00589-9/fulltext)). The Lancet Infectious Diseases 2025: volume 25, issue 4, pages 411 to 423.



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