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Background

- **RSV** causes **substantial disease burden** in **older adults** and in adults with certain underlying medical conditions.¹
- In 2023, **RSV vaccines** were **approved by the US FDA** for the **prevention of LRTD** caused by RSV in adults **≥60 YoA**.¹ Additionally, the indication for **adjuvanted RSVPreF3** vaccine was expanded by the FDA in June 2024 to include adults **50-59 YoA** who are at increased risk of RSV LRTD.²
- To understand disparities in risk factors for severe RSV disease, this study examined **characteristics associated** with having diagnosed and undiagnosed risk factors for severe RSV disease among US adults.

Study design



Design: Retrospective, cross-sectional analysis of pooled NHANES data from January 2011-March 2020

Population: Respondents ≥20 YoA from 4 survey cycles (2011-2012, 2013-2014, 2015-2016, 2017-March 2020), with results weighted to reflect the entire US non-institutionalized adult population³



Outcomes: Included 10 risk factors for severe RSV disease: COPD, asthma, CHF, coronary heart disease, stroke, angina pectoris, MI, diabetes, renal disease, liver disease^{4*}

- Diagnosed risk factors: Self-reported in interview component of NHANES
- Undiagnosed risk factors: Examination/ laboratory tests indicative of condition in absence of corresponding self-reported diagnosis in interview component of NHANES (limited to diabetes and renal disease)



Analysis[‡]: Multivariable logistic regression models used to estimate the association between respondent characteristics and presence of ≥ 1 risk factor for severe RSV disease

* See Supplementary File for relevant NHANES interview question details. ‡ See Supplementary File for details on variable selection in models.

🚺 Audio file

Abbreviations

CHF: congestive heart failure; CI: confidence interval; COPD: chronic obstructive pulmonary disease; FDA: Food and Drug Administration; HIV: human immunodeficiency virus; **LRTD**: lower respiratory tract disease; **MI**: myocardial infarction; **N**: number of adults; **NHANES**: National Health and Nutrition Examination Survey; **OR**: odds ratio; **RSV**: respiratory syncytial virus; **US**: United States; **YoA**: years of age.



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Results

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Conclusions



Among US adults ≥20 YoA, several **social** determinants of health are associated with the presence of \geq 1 diagnosed and undiagnosed risk factor for severe RSV disease.

Characteristics associated with the presence of \geq 1 risk factor for severe RSV disease

For both diagnosed and undiagnosed risk factors, increasing age, lower income, being a current smoker, and having obesity were associated with significantly higher odds of

Adults with government insurance had significantly higher odds of having ≥ 1 diagnosed risk factor (than those with private insurance). Adults with no routine place for healthcare had significantly lower odds of having ≥1 diagnosed risk factor (than those whose routine place for healthcare was doctors' offices).

Adults from racial and ethnic minority groups had significantly higher odds than non-Hispanic White adults of having ≥1 undiagnosed risk factor. Adults whose routine place for healthcare was the emergency room had significantly lower odds of having ≥1 undiagnosed risk factor (than those whose routine place for healthcare was doctors' offices).

| | Diagnosed ^a (N=188,812,110) | | Undiagnosed ^b (N=184,243,151) | | | Diagnosed or Undiagnosed (N=188,812,110) | | | |
|-------------------------------------------------------------------|-----------------------------------------------|-----------------|------------------------------------------|---------------|-----------------|------------------------------------------|-----------------|-----------------|-----------|
| Covariates | 0 | R | 95% CI | 0 | R | 95% CI | C | R | 95% CI |
| Age group at screening (ref: 20-49 years) | | | | | | | | | |
| 50-59 years | | 2.07 | 1.82-2.34 | | 1.95 | 1.65-2.31 | | 2.06 | 1.83-2.31 |
| 60-64 years | | 2.92 🔶 | 2.42-3.53 | | — 2.65 | 2.19-3.19 | | 3.03 🔶 | 2.58-3.56 |
| ≥65 years | | 2.71 | 2.18-3.37 | | 6.02 — | ♦ − 4.98-7.29 | | 4.19 🔶 | 3.49-5.04 |
| Gender (ref: Female) Male | | 1.04 | 0.95-1.14 | 0.88 | | 0.77-1.00 | • | 0.90 | 0.83-0.99 |
| e and ethnicity (ref: Non-Hispanic White) | | | | | | | | | |
| Hispanic ^c | 0.87🔶 | | 0.78-0.97 | | -+1.2 1 | 1.07-1.37 | 0.94 ┥ | | 0.85-1.04 |
| Non-Hispanic Black | 0.96 ┥ | | 0.87-1.05 | | - 1.55 | 1.36-1.76 | 1.12 | ♦ | 1.01-1.23 |
| Non-Hispanic Asian | 0.92 🔶 | | 0.82-1.04 | | 1.42 | 1.19-1.70 | 1.11 | ◆ - | 1.00-1.24 |
| Poverty income ratio ^d (ref: ≥5) | | | | | | | | | |
| 4-<5 | | — 1.16 | 0.96-1.42 | _ | — 1.05 | 0.83-1.32 | | ◆ 1.15 | 0.97-1.37 |
| 3-<4 | | 1.30 | 1.05-1.61 | - | • — 1.13 | 0.91-1.42 | | 1.26 | 1.03-1.54 |
| 2-<3 | | 1.52 | 1.28-1.81 | | 1.43 | 1.20-1.71 | | | 1.35-1.88 |
| 1-<2 | | -+ -1.73 | 1.50-1.99 | | 1.65 | 1.37-1.98 | | 1.78 | 1.54-2.04 |
| 0-<1 | | | 1.70-2.33 | | 1.88 | 1.52-2.33 | | --2.10 | 1.82-2.42 |
| ce status^e (ref: Private medical insurance) | | | | | | | | | |
| Medicare | | 1.98 | 1.63-2.40 | - | ↓ 1.14 | 0.93-1.38 | | | 1.42-1.99 |
| Medicaid | | 1.69 | 1.45-1.98 | _ | - 1.03 | 0.85-1.25 | | 1.49 | 1.28-1.72 |
| Dual-eligible | | 3.59 🔶 | 2.75-4.69 | - | 1.21 | 0.92-1.61 | | —•— 2.96 | 2.21-3.96 |
| Other government health plan | | 1.23 | 1.02-1.47 | - | ◆ 1.10 | 0.90-1.34 | | 1.23 | 1.04-1.45 |
| Other insurance | 0.98 | | 0.49-1.97 | 0.89 | | 0.48-1.64 | 0.96 | | 0.53-1.71 |
| Uninsured/unknown | 0.99 - | - | 0.85-1.15 | - | • 1.10 | 0.94-1.29 | 1.03 - | | 0.91-1.17 |
| r healthcare^f (ref: Clinic or doctor's office) | | | | | | | | | |
| Hospital emergency room | - | | 0.95-1.54 | 0.69 — | | 0.49-0.97 | - | • 1.09 | 0.87-1.36 |
| Hospital outpatient department | | • —1.20 | 0.75-1.90 | 0.80 | | 0.48-1.32 | | • 1.09 | 0.65-1.82 |
| Other | 0.85 | | 0.57-1.29 | | • 1.18 | 0.63-2.23 | 1.00 — | <u> </u> | 0.67-1.48 |
| Unknown place | | + 1.21 | 1.09-1.35 | 0.95 - | - | 0.81-1.10 | | ◆ 1.14 | 1.02-1.28 |
| None | 0.50 🔶 | | 0.44-0.57 | 0.86 🔶 | | 0.73-1.02 | 0.62 🔶 | | 0.55-0.70 |
| status^g (ref: Non-smoker) Current smoker | | + 1.45 | 1.27-1.65 | | 1.15 | 1.01-1.31 | | ✤ 1.37 | 1.20-1.56 |
| x (ref: Healthy weight [18.5-<25.0 kg/m ²]) | | | | | | | | | |
| Underweight (<18.5 kg/m²) | | 1.41 | 0.89-2.22 | | 1.39 | 0.96-2.00 | - | 1.35 | 0.92-1.97 |
| Overweight (25.0-<30.0 kg/m²) | | + 1.22 | 1.09-1.38 | - | ◆ 1.09 | 0.94-1.26 | | • 1.20 | 1.07-1.34 |
| Obese (≥30 kg/m²) | | ~ 2.11 | 1.87-2.38 | | - 1.72 | 1.50-1.98 | | ~ 2.11 | 1.88-2.38 |
| 0. | 1 Lower odds 1 | Higher odds | s → 10 0 | .1 Lower odds | Higher odds | → 10 0 | .1 Lower odds 1 | Higher odds | 10 |

Note: See Supplementary File for the footnotes of the forest plot. Undiagnosed risk factors are limited to diabetes and renal disease.

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Disclosures

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Understanding characteristics associated with risk factors for severe RSV disease can help to improve access to RSV vaccination among these **higher risk groups**.



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Supplement

Table S1. NHANES survey questions: Interview component

| Pulmonary conditions | | - |
|------------------------------------------|-----------------------------|---------------------------------------------------|
| Chronic obstructive pulmonary disease | MCQ160, MCQ170 ^b | Has a c {Do you Has a c {Have y COPD, |
| Asthma ^a | MCQ035 | {Do you |
| Cardiovascular conditions | | |
| Congestive heart failure | MCQ160b | Has a c |
| Coronary heart disease | MCQ160c | Has a c |
| Stroke | MCQ160f | Has a c |
| Angina pectoris | MCQ160d | Has a c |
| Myocardial infarction | MCQ160e | Has a c |
| Endocrine and metabolic conditions | | |
| Diabetes | DIQ010 | {Other t have/{ł |
| Renal disease | KIQ022 | {Have y stones, |
| Liver disease ^a | MCQ170I | {Do you |

^a Limited to respondents who answered 'yes' to currently having the risk factor.

^b Includes respondents who answered 'yes' to any of the following questionnaire items: MCQ160o "Has a doctor or other health professional ever told {you/SP} that {you/s/he} had COPD?" (2013-2014 and 2015-2016 only), MCQ170k "{Do you/Does SP} still have chronic bronchitis?" (2011-2012, 2013-2014, and 2015-2016 only), MCQ160g "Has a doctor or other health professional ever told {you/SP} that {you/s/he} had emphysema?" (2011-2012, 2013-2014, and 2015-2016 only), or MCQ160p "{Have you/Has SP} ever been told by a doctor or other health professional that {you/he/she} had chronic obstructive pulmonary disease or COPD, emphysema, or chronic bronchitis?" (2017-2020 only).

Abbreviations

COPD: chronic obstructive pulmonary disease; NHANES: National Health and Nutrition Examination Survey; **SP**: sample person.

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Diagnosed risk factors

doctor or other health professional ever told {you/SP} that {you/s/he} had COPD? (2013-2014 and 2015-2016 only) u/Does SP} still have chronic bronchitis? (2011-2012, 2013-2014, and 2015-2016 only) doctor or other health professional ever told {you/SP} that {you/s/he} had emphysema? (2011-2012, 2013-2014, and 2015-2016 only) you/Has SP} ever been told by a doctor or other health professional that {you/he/she} had chronic obstructive pulmonary disease or , emphysema, or chronic bronchitis? (2017-2020 only)

u/Does SP} still have asthma?

doctor or other health professional ever told {you/SP} that {you/s/he} had congestive heart failure?

doctor or other health professional ever told {you/SP} that {you/s/he} had coronary heart disease?

doctor or other health professional ever told {you/SP} that {you/s/he} had a stroke?

doctor or other health professional ever told {you/SP} that {you/s/he} had angina, also called angina pectoris?

doctor or other health professional ever told {you/SP} that {you/s/he} . . .had a heart attack (also called myocardial infarction)?

than during pregnancy, {have you/has SP}/{Have you/Has SP}} ever been told by a doctor or health professional that {you [he/she/SP] has] diabetes or sugar diabetes?

you/Has SP} ever been told by a doctor or other health professional that {you/s/he} had weak or failing kidneys? Do not include kidney bladder infections, or incontinence.

u/Does SP} still have any kind of liver condition?

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Table S2. Characteristics of the weighted study population, NHANES January 2011 - March 2020

| | Interview (N=233,118,491) | Laboratory/examinatior (N=221,518,089) |
|--------------------------------------|-------------------------------------|-------------------------------------------|
| Age group at screening | | |
| 20-49 years | 125,255,765 (53.7%) | 119,055,292 (53.7 |
| 50-59 years | 42,750,712 (18.3%) | 40,905,912 (18.5 |
| 60-64 years | 19,204,620 (8.2%) | 18,493,471 (8.3 |
| ≥65 years | 45,907,395 (19.7%) | 43,063,414 (19.4 |
| Gender | | |
| Female | 121,075,826 (51.9%) | 115,439,910 (52. |
| Male | 112,042,665 (48.1%) | 106,078,179 (47.9 |
| Race and ethnicity | | |
| Non-Hispanic White | 150,001,228 (64.3%) | 142,469,542 (64.3 |
| Hispanic ^a | 35,427,374 (15.2%) | 33,684,703 (15.2 |
| Non-Hispanic Black | 26,693,818 (11.5%) | 25,546,758 (11.5 |
| Non-Hispanic Asian | 13,178,978 (5.7%) | 12,368,168 (5.6 |
| Other (including multi-racial) | 7,817,093 (3.4%) | 7,448,918 (3.4 |
| Poverty income ratio ^b | | |
| ≥5 | 56,705,042 (24.3%) | 54,201,269 (24.5 |
| 4-<5 | 21,649,397 (9.3%) | 20,710,560 (9.3 |
| 3-<4 | 26,718,652 (11.5%) | 25,809,591 (11.7 |
| 2-<3 | 32,092,050 (13.8%) | 30,737,444 (13.9 |
| 1-<2 | 43,133,903 (18.5%) | 41,363,461 (18.7 |
| 0-<1 | 31,377,565 (13.5%) | 29,977,917 (13.5 |
| Missing | 21,441,882 (9.2%) | 18,717,848 (8.4 |
| Health insurance status ^c | | |
| Private medical insurance | 114,073,772 (48.9%) | 108,786,442 (49. |
| Medicare | 42,122,054 (18.1%) | 39,616,885 (17.9 |
| Medicaid | 16,219,932 (7.0%) | 15,314,354 (6.9 |
| Dual-eligible | 5,012,867 (2.2%) | 4,769,155 (2.2 |
| Other government health plan | 17,509,818 (7.5%) | 16,870,162 (7.6 |
| Other insurance | 1,259,757 (0.5%) | 1,174,325 (0.5 |
| Uninsured/unknown | 36,920,292 (15.8%) | 34,986,768 (15.8 |

Abbreviations

CKD-EPI: chronic kidney disease epidemiology collaboration; **COPD**: chronic obstructive pulmonary disease; **eGFR**: estimated glomerular filtration rate; HbA1C: hemoglobin A1C; HHS: Department of Health and Human Services; HMO: health maintenance organization; **N**: number of adults; **NA**: not assessed; **NHANES**: National Health and Nutrition Examination Survey; **RSV**: respiratory syncytial virus; **SCHIP**: State Children's Health Insurance Program; **SP**: sample person.

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7%) 5%) -3%) 4%)

.1%) 9%)

3%) 2%) -5%) <u>---</u> 6%) 4%)

5%) 3%) .7%) .9%) .7%) <u>,</u> 5%) 4%)

.1%) 9%) .9%) 2%) 6%) 5%) 8%)

| Most frequented place for healthcare | d |
|--------------------------------------------------|---|
| Clinic or doctor's office | |
| Hospital emergency room | |
| Hospital outpatient department | |
| Other | |
| Unknown place | |
| None | |
| Smoking status ^e | |
| Non-smoker | |
| Current smoker | |
| Missing | |
| Body mass index | |
| Healthy weight (18.5-<25.0 kg/m ²) | |
| Underweight (<18.5 kg/m²) | |
| Overweight (25.0-<30.0 kg/m²) | |
| Obese (≥30 kg/m²) | |
| Missing | |
| Risk factors for severe RSV disease ^f | |
| COPD ⁹ | |
| Asthma ^h | |
| Congestive heart failure | |
| Coronary heart disease | |
| Stroke | |
| Angina pectoris | |
| Myocardial infarction | |
| Diabetes ⁱ | |
| Renal disease ^j | |
| Liver disease ^h | |
| | |

| Interview | Laboratory/examination |
|---------------------|------------------------|
| (N=233,118,491) | (N=221,518,089) |
| | |
| 117,827,491 (50.5%) | 113,752,345 (51.4%) |
| 3,920,245 (1.7%) | 3,786,983 (1.7%) |
| 1,807,773 (0.8%) | 1,754,049 (0.8%) |
| 2,874,767 (1.2%) | 2,710,466 (1.2%) |
| 69,423,205 (29.8%) | 64,325,957 (29.0%) |
| 37,265,010 (16.0%) | 35,188,289 (15.9%) |
| | |
| 163,329,661 (70.1%) | 160,555,854 (72.5%) |
| 56,834,532 (24.4%) | 54,618,118 (24.7%) |
| 12,954,298 (5.6%) | 6,344,117 (2.9%) |
| | |
| 58,734,200 (25.2%) | 58,734,200 (26.5%) |
| 3,215,168 (1.4%) | 3,215,168 (1.5%) |
| 70,894,601 (30.4%) | 70,894,601 (32.0%) |
| 86,139,940 (37.0%) | 86,139,940 (38.9%) |
| 14,134,583 (6.1%) | 2,534,181 (1.1%) |
| | |
| 14,069,235 (6.0%) | NA |
| 20,489,285 (8.8%) | NA |
| 6,071,509 (2.6%) | NA |
| 8,560,342 (3.7%) | NA |
| 7,374,503 (3.2%) | NA |
| 5,115,446 (2.2%) | NA |
| 8,038,711 (3.5%) | NA |
| 24,709,817 (10.6%) | 7,000,918 (3.7%) |
| 7,045,747 (3.0%) | 25,783,773 (12.5%) |
| 5,142,428 (2.2%) | NA |

^a Hispanic group defined in NHANES as Mexican American or other Hispanic.

^b Calculated by NHANES by dividing family (or individual) income by the HHS poverty guidelines specific to the survey year. A ratio <1 represents family income below poverty level. ^c "Private medical insurance": reported having private medical insurance AND not having Medicare, Medi-gap, Medicaid, SCHIP, Military health plan, Indian Health Service, Statesponsored health plan, or other government insurance. "Medicare": reported having Medicare AND not having Medicaid. "Medicaid": reported having Medicaid AND not having Medicare or Medi-gap. "Dual-eligible": reported having Medicare AND Medicaid. "Other government health plan": reported having Military health plan, SCHIP, Indian Health Service, State-sponsored health plan, or other government insurance AND are not classified elsewhere. "Other insurance": reported having some form(s) of insurance AND are not classified elsewhere. "Uninsured/unknown": reported having no insurance or don't know/refused.

^d "Clinic or doctor's office": reported having a most frequent place of healthcare AND the type most often visited as a clinic or health center OR doctor's office or HMO. "Hospital emergency room": reported having a most frequent place of healthcare AND the type most often visited as an emergency room. "Hospital outpatient department": reported having a most frequent place of healthcare AND the type most often visited as an outpatient department. "Other": reported having a most frequent place of healthcare AND the type most often visited as other place or doesn't go to one place most often. "Unknown place": reported having a most frequent place of healthcare AND the type most often visited as refused/don't know/missing (includes respondents in 2017-March 2020 survey cycle who reported having a most frequent place of healthcare because no question was included on the type most often visited). "None": reported having no routine place to go for healthcare. ^e Current smoker is defined as having a 'yes' response to "do you now smoke cigarettes?"

and/or Cotinine laboratory results as >10 ng/mL.

^f Percentages do not equal n/N because of variability in the number of respondents with refused, don't know, or missing responses. Examination/laboratory tests to determine presence of condition were only available for diabetes and renal disease.

^g Includes respondents who answered 'yes' to any of the following: "Has a doctor or other health professional ever told {you/SP} that {you/s/he} had COPD?" (2013-2014 and 2015-2016 only), "{Do you/Does SP} still have chronic bronchitis?" (2011-2012, 2013-2014, and 2015-2016 only), "Has a doctor or other health professional ever told {you/SP} that {you/s/he} had emphysema?" (2011-2012, 2013-2014, and 2015-2016 only), or "{Have you/Has SP} ever been told by a doctor or other health professional that {you/he/she} had COPD, emphysema, or chronic bronchitis?" (2017-2020 only).

^h Limited to respondents who answered 'yes' to currently having the risk factor.

ⁱ Undiagnosed diabetes defined as plasma fasting glucose >126 mg/dL (\geq 7.0 mmol/L), HbA1C >6.5%, or a 2-hour oral glucose tolerance test result ≥200 mg/dL. The 2-hour oral glucose tolerance test is not available in 2017-2020.

^j Undiagnosed renal disease defined as eGFR <60 mg/dL (CKD-EPI formula) or urine albumin creatinine ratio \geq 30 mg/g.



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Abbreviations

HIV: human immunodeficiency virus; N: number of adults; RSV: respiratory syncytial virus, YoA: years of age.

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Study limitations

- **Responder bias:** Without medical record confirmation, accuracy of self-reported responses cannot be verified.
- (e.g., solid organ transplants, interstitial lung disease).
- spirometry), limiting assessment of undiagnosed risk factors of interest.
- which disproportionately impacts certain groups (e.g., racial and ethnic minority and lower income adults).¹⁻⁵
- Survey variables: Some NHANES variables are not included in certain years (e.g., 2-hour oral glucose tolerance test), or wording of question changed over different cycles (e.g., COPD).
- have been collected without COVID-19 disruption is unknown.

* Data collection for the 2019-2020 cycle was suspended in March 2020 due to safety concerns from the COVID-19 pandemic and was not rescheduled for the remaining sites in CY2020. Therefore, the partial 2019-March 2020 data were combined with data from the previous cycle (2017-2018) for survey content that was consistent across the two cycles to create nationally representative 2017-March 2020 pre-pandemic data files.

Footnotes for details on variable selection in models

Covariates for potential inclusion in model included age group at survey participation, gender, race and ethnicity, poverty income ratio, highest level of education attained, health insurance status, most frequented place for healthcare, employment status, smoking status, and body mass index. A correlation matrix was computed to determine if intercorrelation existed between potential covariates of interest; highest level of education attained and employment status were dropped from the final regression models due to intercorrelation between highest level of education attained and poverty income ratio, and between employment status and health insurance status. Retained covariates with a statistically significant univariable test of 10% (p ≤ 0.10) in univariable analyses based on the corresponding Wald test statistics were considered for inclusion in the multivariable model, in addition to covariates considered clinically relevant (i.e., strong association with the outcome based on previous research findings in the literature).

Abbreviations

CKD-EPI: chronic kidney disease epidemiology collaboration; COPD: chronic obstructive pulmonary disease; COVID-19: coronavirus disease 2019; CY: calendar year; eGFR: estimated glomerular filtration rate; HbA1C: hemoglobin A1C; HHS: Department of Health and Human Services; **HMO**: health maintenance organization; **NHANES**: National Health and Nutrition Examination Survey; **RSV**: respiratory syncytial virus; **SCHIP**: State Children's Health Insurance Program.

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• Diagnosed risk factors: Not all risk factors for severe RSV disease are captured in the NHANES interview component

• Undiagnosed risk factors: Not all risk factors included in interview component have corresponding exam or lab tests (e.g.,

• Underestimation: Prevalence estimates based on self-reported diagnoses of risk factors do not account for underdiagnosis,

• 2017-March 2020 survey cycle*: Degree to which information from 2017-March 2020 dataset approximates what would

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Footnotes for characteristics associated with the presence of ≥ 1 risk factor for severe RSV disease

^a Self-reported diagnosis of the following conditions: congestive heart failure, coronary heart disease, stroke, angina pectoris, myocardial infarction, COPD, asthma, diabetes, liver disease, renal disease.

^b Limited to undiagnosed diabetes and undiagnosed renal disease. Undiagnosed diabetes defined as plasma fasting glucose >126 mg/dL (≥7.0 mmol/L), HbA1C >6.5%, or a 2-hour oral glucose tolerance test result ≥200 mg/dL. The 2-hour oral glucose tolerance test is not available in 2017-2020. Undiagnosed renal disease defined as eGFR <60 mg/dL (CKD-EPI formula) or urine albumin creatinine ratio \geq 30 mg/g.

^c Hispanic group defined in NHANES as Mexican American or other Hispanic.

^d Calculated by NHANES by dividing family (or individual) income by the HHS poverty guidelines specific to the survey year. A ratio <1 represents family income below poverty level.

^e "Private medical insurance": reported having private medical insurance AND not having Medicare, Medi-gap, Medicaid, SCHIP, Military health plan, Indian Health Service, State-sponsored health plan, or other government insurance. "Medicare": reported having Medicare AND not having Medicaid. "Medicaid": reported having Medicaid AND not having Medicare or Medi-gap. "Dual-eligible": reported having Medicare AND Medicaid. "Other government health plan": reported having Military health plan, SCHIP, Indian Health Service, State-sponsored health plan, or other government insurance AND are not classified elsewhere. "Other insurance": reported having some form(s) of insurance AND are not classified elsewhere. "Uninsured/unknown": reported having no insurance or don't know/refused.

f "Clinic or doctor's office": reported having a most frequent place of healthcare AND the type most often visited as a clinic or health center OR doctor's office or HMO. "Hospital emergency room": reported having a most frequent place of healthcare AND the type most often visited as an emergency room. "Hospital outpatient department": reported having a most frequent place of healthcare AND the type most often visited as an outpatient department. "Other": reported having a most frequent place of healthcare AND the type most often visited as other place or doesn't go to one place most often. "Unknown place": reported having a most frequent place of healthcare AND the type most often visited as refused/don't know/missing (includes respondents in 2017-March 2020 survey cycle who reported having a most frequent place of healthcare because no question was included on the type most often visited). "None": reported having no routine place to go for healthcare.

⁹ Current smoker is defined as having a 'yes' response to "do you now smoke cigarettes?" and/or Cotinine laboratory results as >10 ng/mL.

