

Long-Term Illness in Adults Hospitalized with Respiratory Syncytial Virus Disease

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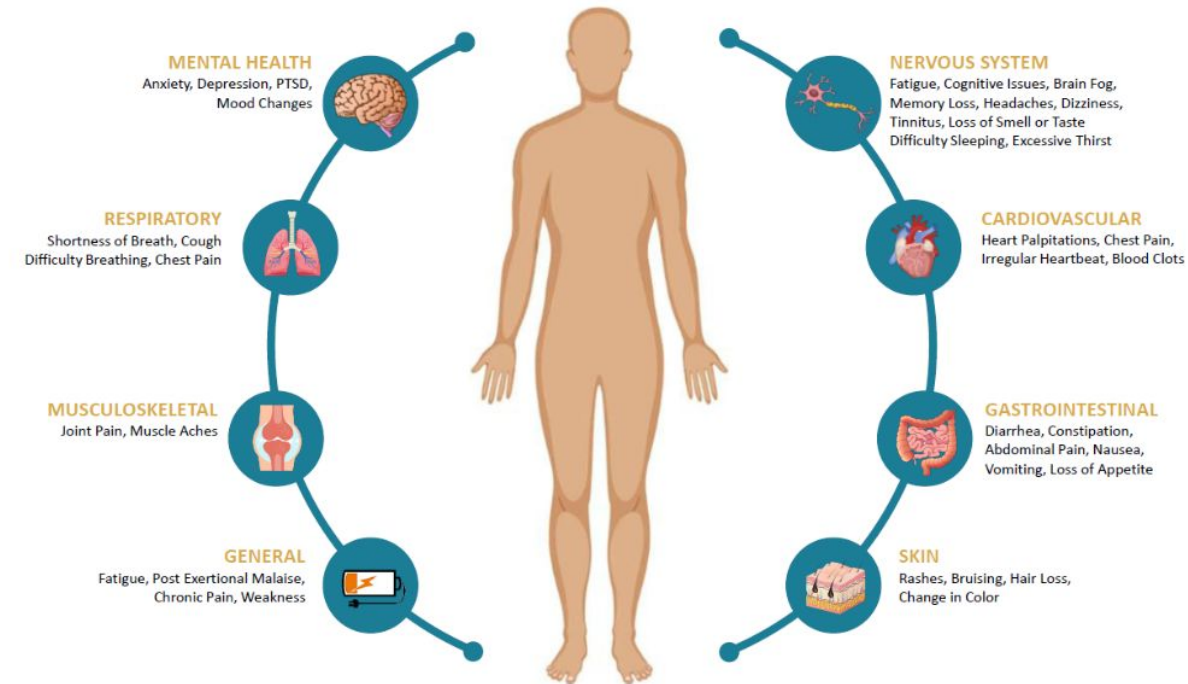
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Long-term outcomes after acute illness

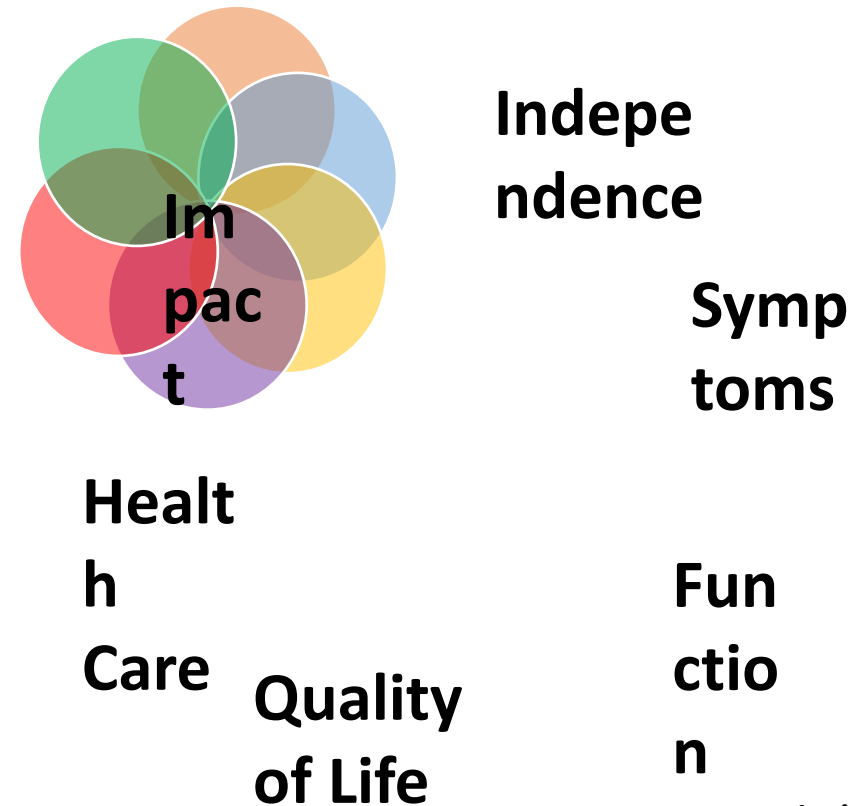
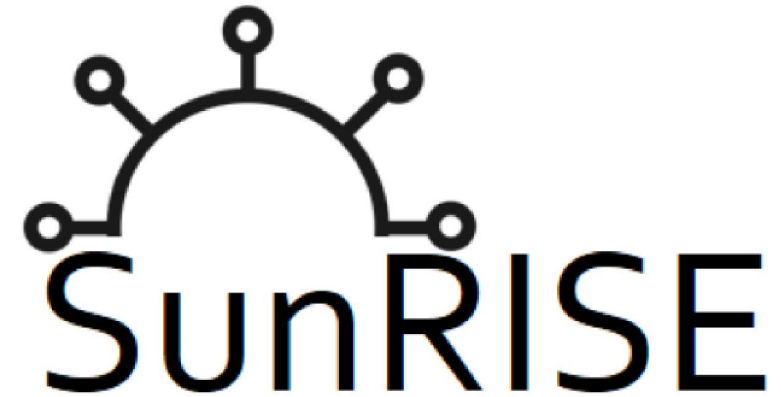
- COVID-19 pandemic brought the potential for long-term outcomes after ARI into the spotlight
 - 5-20+% of COVID-19 cases
 - \$ Billions estimated lost productivity
- More likely after severe illness, but can occur in more mild illness as well and affects people of all ages
- Not limited to infection with COVID-19



<https://www.vanderbilt.edu/healthwellness/public-health/long-covid/what-is-long-covid/>

SunRISE

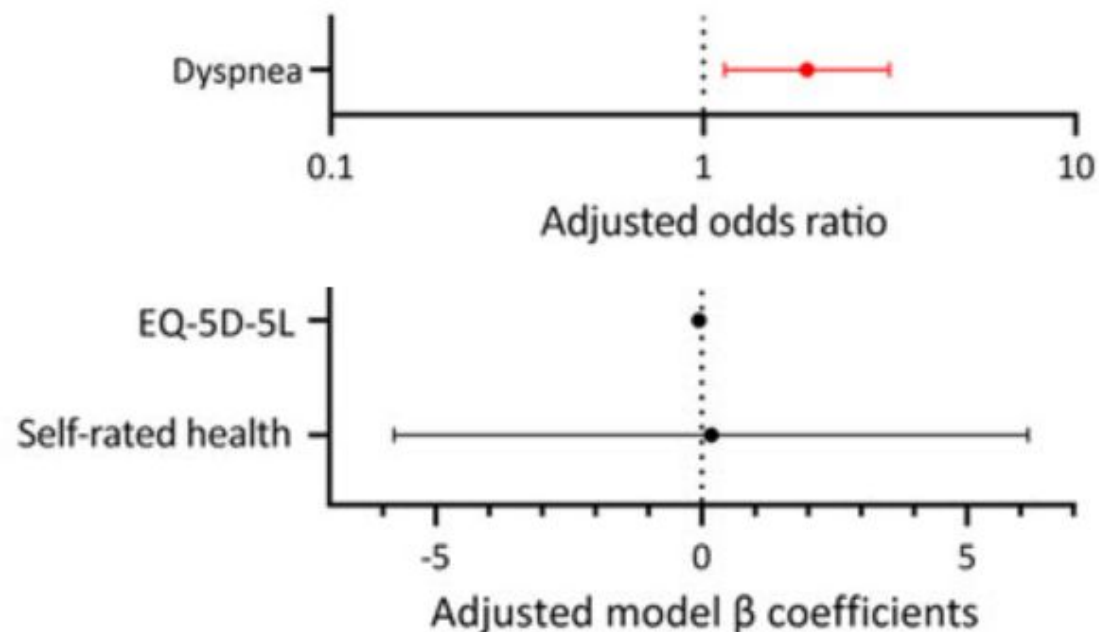
- Surveillance of Respiratory Infections' Sequelae program, a subset of the US IVY VE Network
- Surveyed for post-hospital outcomes at 1, 3, 6, 9, and 12 months after illness
- Dyspnea, quality of life, and self-rated health presented at the first completed survey from 6-12 months following hospitalization



Results

	Age <60 (N = 71)	Age ≥60 (N = 75)
Demographics		
Age at admission	49.0 [35.0-54.0]	70.0 [65.0-75.0]
Female sex	39 (54.9)	49 (65.3)
Race/Ethnicity		
Non-Hispanic White	22 (31.0)	46 (61.3)
Non-Hispanic Black	26 (36.6)	17 (22.7)
Hispanic	15 (21.1)	7 (9.3)
Other	4 (5.6)	4 (5.3)
Unknown	4 (5.6)	1 (1.3)
Current/Former smoker	12 (16.9)	10 (13.3)
Long term care facility at admission	1 (1.4)	3 (4.0)
Baseline Characteristics at Hospital Admission		
Immunocompromised status	28 (39.4)	16 (21.3)
Cardiovascular disease	40 (56.3)	59 (78.7)
Pulmonary disease	25 (35.2)	42 (56.0)
Endocrine disease	23 (32.4)	30 (40.0)
Number organ systems with chronic disease	2.0 [1.0-3.0]	2.0 [2.0-3.0]
Baseline physical functioning limitations	18 (25.4)	26 (34.7)
Characteristics of Hospital Course		
Intensive care unit admission	19 (26.8)	17 (22.7)
Severe hospital outcomes	24 (33.8)	29 (38.7)
Hospital length of stay (days)	4.0 [3.0-8.0]	5.0 [3.0-10.0]
Discharged to long term care facility	4 (5.6)	6 (8.0)

- No differences in outcomes by age group
- Significantly higher proportional odds of more severe dyspnea compared to those hospitalized with COVID-19



Outcomes compared to those hospitalized with COVID-19

Conclusions



- About half of our participating cohort hospitalized with RSV was <60 years of age
 - Majority were not immunocompromised
- Outcomes both during hospitalization and after were similar regardless of age
- Those with RSV had 1.90 (95% CI 1.14–3.16) times higher proportional odds of more severe dyspnea than those hospitalized with COVID-19

These results can help inform risk communication about RSV more broadly in adults, and the potential benefits of RSV prevention through vaccination

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