

# Acute cardiac event reported in 22.4% of seniors hospitalized with RSV

April 15 2024, by Elana Gotkine

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More than 22% of older hospitalized adults with respiratory syncytial virus (RSV) infection experience an acute cardiac event, according to a

study [published](#) online April 15 in *JAMA Internal Medicine*.

Rebecca C. Woodruff, Ph.D., M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues conducted a cross-sectional study examining surveillance data from the RSV Hospitalization Surveillance Network. To estimate the weighted period prevalence of acute cardiac events, cases of RSV [infection](#) in adults aged 50 years and older within 12 states over five RSV seasons were examined.

A total of 6,248 hospitalized adults with laboratory-confirmed RSV infection were included. The researchers found that the weighted estimated prevalence of experiencing a cardiac event was 22.4%, with weighted estimated prevalence of 15.8, 7.5, 1.3, 1.1, and 0.6% for [acute heart failure](#), acute ischemic heart disease, hypertensive crisis, ventricular tachycardia, and [cardiogenic shock](#), respectively.

The risk for experiencing an acute cardiac event was higher for adults with underlying cardiovascular disease (33.0 versus 8.5%; adjusted risk ratio [aRR], 3.51). Of the hospitalized adults with RSV infection, 18.6 and 4.9% required [intensive care unit](#) (ICU) admission and died, respectively; those who experienced an acute cardiac event had higher risks for ICU admission and in-hospital death (aRRs, 1.54 and 1.77, respectively).

"Acute cardiac events contribute substantially to the burden of RSV disease; whether RSV vaccination can prevent these complications is an important question as the impact of these vaccines is evaluated," the authors write.

**More information:** Rebecca C. Woodruff et al, Acute Cardiac Events

in Hospitalized Older Adults With Respiratory Syncytial Virus Infection, *JAMA Internal Medicine* (2024). [DOI: 10.1001/jamainternmed.2024.0212](#)

Tracy Y. Wang, RSV Vaccination—The Juice Is Worth the Squeeze, *JAMA Internal Medicine* (2024). [DOI: 10.1001/jamainternmed.2024.0219](#)

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Citation: Acute cardiac event reported in 22.4% of seniors hospitalized with RSV (2024, April 15) retrieved 2 May 2024 from <https://medicalxpress.com/news/2024-04-acute-cardiac-event-seniors-hospitalized.html>

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