Health Advisory
September 18, 2025

To: Vermont Health Care Providers and Health Care Facilities
Date: September 18, 2025
From: Merideth Plumpton, RN, Immunization Program Manager

Updated Respiratory Virus Vaccine Guidance

Background

COVID-19, influenza and RSV vaccines remain the front line of defense and protection against each of the viruses they target. The science demonstrating their safety and efficacy is evidence-based and well documented and this hasn't changed. All three vaccines are recommended by the Centers for Disease Control and Prevention (CDC), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP) and the Infectious Diseases Society of America (IDSA).

Requested Action

Discuss the risks and benefits of respiratory virus vaccines, including for COVID-19, influenza and respiratory syncytial virus (RSV), with your patients. Anyone can get a respiratory virus infection, but some people are at higher risk for serious illness.

COVID-19 Vaccines:

Changing federal guidance and conflicting recommendations have brought up many questions about this season's COVID-19 vaccines. The Vermont Department of Health's COVID-19 vaccination recommendations are supported by evidence-based guidance from the CDC, AAFP, AAP, ACOG and IDSA. On September 17, the Health Department issued a standing order authorizing qualified pharmacy personnel to administer the 2025-2026 COVID-19 vaccine to individuals ages 5 years and older based on the recommendations of the Commissioner of the Vermont Department of Health without a patient-specific prescription.

Vaccination against COVID-19 is recommended based on risk and shared clinical decision making, which includes a patient's desire to be protected from the virus through vaccination. The Health Department recommends the COVID-19 vaccine for anyone who wants one and does not have a contraindication, and encourages health care providers to offer COVID-19 vaccine to all patients for whom it is recommended. Certain groups who are at higher risk **should** receive a COVID-19 vaccine (see below).

Vaccination against COVID-19 is recommended for all children 6-23 months.[1, 6]

- All children ages 6-23 months **should** be vaccinated.

Recommendations for vaccination against COVID-19 for children 2-18 years:[1, 6]

- All children and adolescents ages 2-18 are recommended to be vaccinated against COVID-19. This includes the following groups of children and adolescents ages 2-18 who **should** be vaccinated:
    - Those who are at high risk for severe COVID-19 (Table 1)
    - Those who live in a long-term care facility or other congregate setting
    - Those who have never been vaccinated against COVID-19
    - Those whose household members are at high risk for severe COVID-19

Vaccination against COVID-19 is recommended for all adults 19-64 years. [3, 5, 6, 7]

- All adults 19-64 years are recommended to be vaccinated against COVID-19. This includes the following groups of adults 19-64 years who **should** be vaccinated:
    - Those with risk factors for severe COVID-19 disease (Table 2)
    - Those who are at higher risk of exposure (e.g., healthcare workers, congregate care settings)
    - Those who have never been vaccinated against COVID-19
    - Those whose household members are at high risk for severe COVID-19

Vaccination against COVID-19 is recommended for all adults 65 years or older. [3, 5, 6, 7]

- All adults 65 years and older **should** be vaccinated.

Vaccination against COVID-19 is recommended for all pregnant persons. [2, 4, 6]

- People who are pregnant, contemplating pregnancy or have recently been pregnant and those who are lactating **should** be vaccinated.
    - Vaccination may occur in any trimester.
    - For lactating individuals, there is no need to stop or delay breastfeeding.
    - There is no need to delay pregnancy following a COVID-19 vaccine.

Immunocompromised individuals should have a conversation with their primary care provider about additional doses needed. [1,3,4,7]

The FDA has fully licensed the following products but restricted use as indicated below:

- Spikevax: people 6 months-64 years at high risk; 65+ (Moderna)
- mNexspike: people 12 years-64 years at high risk; 65+ (Moderna)
- Comirnaty: people 5 years-64 years at high risk; 65+ (Pfizer)

- Nuvaxovid: people 12 years-64 years at high risk; 65+ (Novavax)

Access to COVID-19 Vaccines:

- **Pharmacies:** Pharmacies have access to 2025-2026 COVID-19 vaccines now. The standing order issued by the Health Department on September 17 authorizes qualified pharmacy personnel to administer the 2025-2026 COVID-19 vaccine to individuals ages 5 years and older based on the recommendations of the Commissioner of the Vermont Department of Health. People should contact their pharmacy with any questions about availability.
- **Health Care Providers:** Providers enrolled in the Vermont Child Vaccine Program (VCVP) and/or the Vermont Adult Vaccine Program (VAVP) typically receive COVID-19 vaccine from the Health Department at no cost for patients under 65. The 2025-2026 COVID-19 vaccine is not yet available for ordering through this program and will not be available until there is additional guidance following the Advisory Committee for Immunization Practices (ACIP) meeting scheduled for September 18– 19, 2025.

Insurance Coverage: Most major insurance companies, including Medicaid, have stated they will continue to cover COVID-19 vaccines until at least the end of 2025. If there are questions about coverage, people should contact their insurance carrier.

Respiratory Syncytial Virus (RSV) Products:

There are RSV products to help protect older adults and infants.

Protection for infants:

- Vaccination during pregnancy with Abrysvo given between 32-36 weeks gestation between September and January.
- Monoclonal antibody (nirsevimab or clesrovimab) given to infants less than 8 months old who are born during or who are entering their first RSV season.

Abrysvo is only authorized for use once. If a person has previously received Abrysvo and is currently pregnant, the infant should receive a monoclonal antibody after birth.

Immunization during pregnancy **or** administration of an RSV monoclonal antibody is sufficient for infant protection with few exceptions.

Nirsevimab can be given to infants younger than 8 months old born during or entering their first RSV season, and children ages 8 months through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

Clesrovimab can be given to infants younger than 8 months old born during or entering their first RSV season.

Protection for older adults:

There are three vaccines currently authorized for use in older adults:

- Arexvy
- Abrysvo
- mResvia

A single lifetime dose of an RSV vaccine is recommended for:

- Adults age 75 and older.
- Adults 50-74 who are at increased risk of severe RSV.

RSV vaccine is not currently an annual vaccine; eligible adults should only receive one lifetime dose.

Seasonal Flu Vaccine:

Everyone 6 months and older who does not have a contraindication should receive a 2025-2026 flu vaccine. This includes children, pregnant individuals, and adults. Providers enrolled in the Vermont Child Vaccine Program (VCVP) and/or the Vermont Adult Vaccine Program (VAVP) will receive flu vaccine from the Health Department at no cost for patients under 65.

This year's flu vaccines are trivalent and provide protection against H1N1, H3N2, and B/Victoria strains.

High dose, recombinant or adjuvanted flu vaccine is preferred for people ages 65 and older and for some high-risk adults aged 18-64.

Table 1: Populations Recommended for Vaccination Including Those at High Risk for Severe COVID-19 Among Children Ages 6 Months Through 18 Years*

Population Characteristics	
Infants and children 6 through 23 months of age	
Residents of long-term care facilities or other congregate settings [a]	
Children who have never been vaccinated against COVID-19	
Infants and children with household contacts who are at high risk for severe COVID-19	
Underlying Condition or Treatment with Common Examples [b]	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (e.g., abnormality of airway, tracheostomy, or ventilator dependent)
Cardiovascular disease	Congenital heart disease
Gastrointestinal Disorders	Feeding tube dependent Inflammatory bowel disease
Hepatic Disease	Chronic liver disease
Hematologic Disease	Sickle cell disease
Metabolic Disorders	Diabetes mellitus
Obesity	BMI $\geq$ the 95th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (e.g., wheelchair dependent)
Immunosuppressive Conditions [c]	Receipt of immunosuppressive therapy Primary immunodeficiency HIV Infection Receipt of hematopoietic cell transplant or solid organ transplant
Rheumatologic, autoimmune disease	Systemic lupus erythematosus Juvenile idiopathic arthritis

a. Congregate care settings refer to places where individuals live together in structured environments outside of their home, including residential treatment facilities, group homes, emergency shelters, adult and juvenile detention centers, etc.
b. List of examples is not exhaustive.
c. Children who are moderately or severely immunocompromised require 2 or more doses of COVID19 vaccine.

Table 2: CDC 2025 List of Underlying Medical Conditions That Increase a Person's Risk of Severe COVID-19 ¥

Adults ages 18-64 years at higher risk of exposure (e.g., healthcare workers, congregate care settings)
Adults ages 18-64 who are who are household contacts of persons at high risk of severe disease
Asthma
Cancer • Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* • People receiving dialysis^
Chronic lung diseases limited to the following: • Bronchiectasis • COPD (chronic obstructive pulmonary disease) • Interstitial lung disease • Pulmonary embolism • Pulmonary hypertension
Chronic liver disease limited to the following: • Cirrhosis • Nonalcoholic fatty liver disease • Alcoholic liver disease • Autoimmune hepatitis
Cystic Fibrosis
Diabetes mellitus, type 1
Diabetes mellitus, type 2*
Disabilities ‡, including Down's syndrome
Epilepsy
Hemophilia
Heart conditions (such as heart failure, coronary artery disease, or cardiomyopathies)
HIV (human immunodeficiency virus)
Mental health conditions limited to the following: • Mood disorders, including depression • Schizophrenia spectrum disorders
Neurologic conditions limited to dementia ‡ and Parkinson's disease
Obesity (BMI≥30 or ≥95th percentile in children)
Overweight (BMI≥25 kg/m^2 but <30kg/m^2)
Physical inactivity
Pregnancy (pregnant, postpartum, lactating, or planning pregnancy) (See Note)
Primary immunodeficiencies
Sickle cell disease
Smoking, current and former
Substance use disorders
Solid-organ or blood stem-cell transplantation
Tuberculosis
Use of corticosteroids or other immunosuppressive medications

Table 2 footnotes:
* Indicates presence of evidence for pregnant and nonpregnant women.
^ Risk may be further increased for people receiving dialysis
‡ Underlying conditions for which there is evidence in pediatric patients.
¥ Centers for Disease Control and Prevention. Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19. *CDC*. Published June 11, 2025. Accessed September 4, 2025. https://www.cdc.gov/covid/hcp/clinical- care/underlying-conditions.html. This resource provides detailed evidence grading for each clinical condition listed in the table.

References:

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2. COVID-19 Vaccination Considerations for Obstetric-Gynecological Care, American College of Obstetricians and Gynecologists. https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2020/12/covid-19-vaccination-considerations-for-obstetric-gynecologic-care Accessed on September 8, 2025.
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4. Underlying Conditions and the Higher Risk for Severe COVID-19, Centers for Disease Control. https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html. Accessed on September 8, 2025.
5. Protecting Workers: Guidance on Mitigating and Preventing the Spread of COVID-19 in the Workplace, Occupational Safety and Health Administration. https://www.osha.gov/coronavirus/safework. Accessed on September 8, 2025.
6. AAFP Announces Fall Immunization Recommendations, Reaffirming Commitment to Vaccine Safety and Public Health, American Academy of Family Physicians. AAFP Announces Fall Immunization Recommendations, Reaffirming Commitment to Vaccine Safety and Public Health | AAFP. Accessed on September 9, 2025.
7. Adults 19 and Older Immunization Schedule, American Academy of Family Physicians. Adult Immunization Schedule | AAFP. Accessed on September 9, 2025.

If you have any questions, please contact Merideth Plumpton at:
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To have your information updated please email the
Vermont HAN Coordinator at: vthan@vermont.gov.

HAN Message Type Definitions
Health Alert: Conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: Provides important information for a specific incident or situation; may not require immediate action.

Health Update: Provides updated information regarding an incident or situation; unlikely to require immediate action.

Info Service Message: Provides general correspondence from the Vermont Department of Health, which is not necessarily considered to be of an emergent nature.

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