

Respiratory Syncytial Virus (RSV) Immunization Rates (2024-2025)

August 2025

Infants and older adults are at an increased risk of severe illness from respiratory syncytial virus (RSV). The virus affects the lungs and, for most people, causes mild, cold-like symptoms. RSV spreads when an infected person coughs or sneezes, and virus droplets enter eyes, nose or mouth. You can also get the virus by touching an infected person or surface.

RSV season usually begins in the fall, and cases peak in the winter months. Immunizations to protect against RSV became available in 2023 for certain groups.

If you need help accessing or understanding this information, contact imr@vermont.gov.

Key Finding

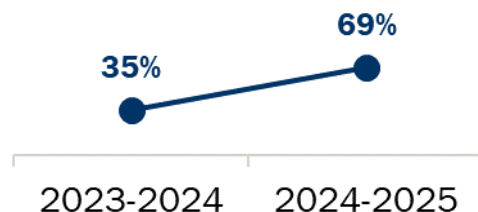
In Vermont, RSV Immunization rates for infants increased from 35% in 2023-2024 to 69% in 2024-2025.

RSV immunization coverage among Vermonters

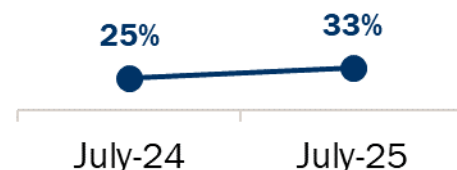
- Infants can be protected two different ways:
 - Pregnant individuals can be given the vaccine during weeks 32-36 of pregnancy.
 - Babies less than 8 months old can receive the RSV antibody immunization*.
- **RSV protection for infants almost doubled from 2023-2024 to 2024-2025.** Immunization supply was limited in 2023-2024, but not in 2024-2025.
- For adults 50 years and older, a single dose of the RSV vaccine can protect against severe illness. RSV vaccines are recommended for all adults 75 and older and adults 50-74 who are at an increased risk of severe RSV disease.

For more information on RSV immunization rates by county, race, ethnicity, and gender, see the [Vermont COVID-19, Flu, and RSV Vaccination Data Dashboard](#).

69% of eligible infants were protected against RSV in 2024-2025



33% of Vermont adults 75+ are protected against RSV



HealthVermont.gov
802-863-7200



RSV hospitalization rates among infants

National data

- Nationally, more infants were protected against RSV in 2024-2025. A recent [study](#) showed significantly fewer hospitalizations for RSV among infants up to 7 months old in 2024-2025, compared to previous seasons. This change might be because of the immunizations, but the study could not say for sure that they caused the decrease. They found “rate decreases were largest among infants aged 0–2 months, the group at highest risk for RSV-associated [hospitalization](#)”. Another [study](#) found nirsevimab was 90% effective against RSV-associated hospitalization in infants in their first RSV season.

RSV immunization recommendations

RSV immunizations are recommended for:

- Adults (age 75 and older)
- Adults 50-74 years of age and older who are at increased risk of severe RSV disease
- Pregnant individuals
- Infants and some young children

**Learn more about the
[RSV immunization](#).**

Notes and data sources

Notes: *1 dose of nirsevimab is also recommended for infants and children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season. A different monoclonal antibody, palivizumab, is limited to children aged 24 months and younger with certain conditions that place them at high risk for severe RSV disease. It must be given once a month during RSV season. Please see [AAP guidelines](#) for palivizumab.

Data include immunizations reported to the Vermont Immunization Registry and may be missing some doses administered out of the state.

Data Sources:

Vermont Immunization Registry, July 1, 2025

Vermont Department of Health Population Estimates, 2024

Vermont Vital Statistics birth files, preliminary 2023-2025 data