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Navigating a Shifting Immunization Landscape: Quarterly Vaccine Provider Call

Katie Mahuron, RN – *Adult Nurse Coordinator*
Meghan Carey, RN – *Child & Adolescent Nurse Coordinator*

October 1, 2025

Today's Agenda

ACIP Updates

- **MMRV**
- **Hep B**

Respiratory Virus Vaccines Immunization Program Updates

Q&A



ACIP Updates

Current CDC Pediatric Measles Vaccine Recommendations

Vaccine		Dose 1	Dose 2 *maintain minimum intervals between doses
+	Measles, Mumps, Rubella (MMR)	12-15 months	4-6 years
	Varicella (VAR)	12-15 months	4-6 years
or	MMRV	12-47 months	*4-6 years

*Benefits and risks of vaccination options should be discussed with parents/caregivers



[Child and Adolescent Immunization Schedule by Age \(Addendum updated August 7, 2025\) | Vaccines & Immunizations | CDC](#)

ACIP Votes: MMRV

Votes Passed:

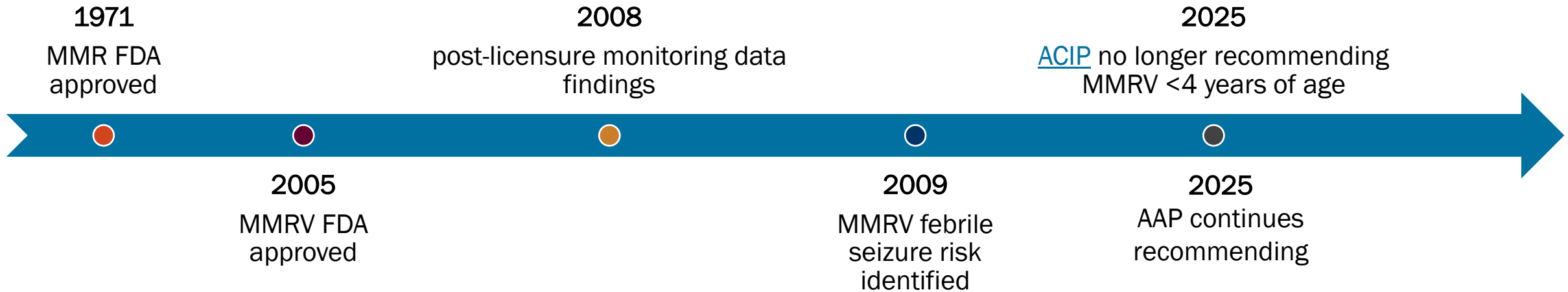
- For measles, mumps, rubella and varicella vaccines given before age 4, the combined MMRV vaccine is *not* recommended
 - Children in this age group should receive separate measles, mumps and rubella and varicella vaccines
- Updated VFC resolution to match

MMR

+

V

MMRV- What's the Risk?



Risk of febrile seizure among children 12-23 months old receiving MMR vaccines

MMR + V
4 out of every 10,000

MMRV
8 out of every 10,000

[MMRV Questions and Answers for Healthcare Providers | CDC](#)

AAP Measles Vaccine Overview

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®









[AAP-Immunization-Schedule.pdf](#)

Vaccine			
		Dose 1	Dose 2 *maintain minimum intervals between doses
+	Measles, Mumps, Rubella (MMR)	12-15 months	4-6 years
	Varicella (VAR)	12-15 months	4-6 years
or	MMRV	CDC- Not recommended	4-6 years

*Benefits and risks of vaccination options should be discussed with parents/caregivers

Updated Recommendations





Age	MMR + V (Separate injections)	MMRV
12 months - 3 Years		
4 -12 Years		
13-18 Years		

Vermont Impact

Of VT children getting vaccinated for
MMR and varicella, <10% received
MMRV



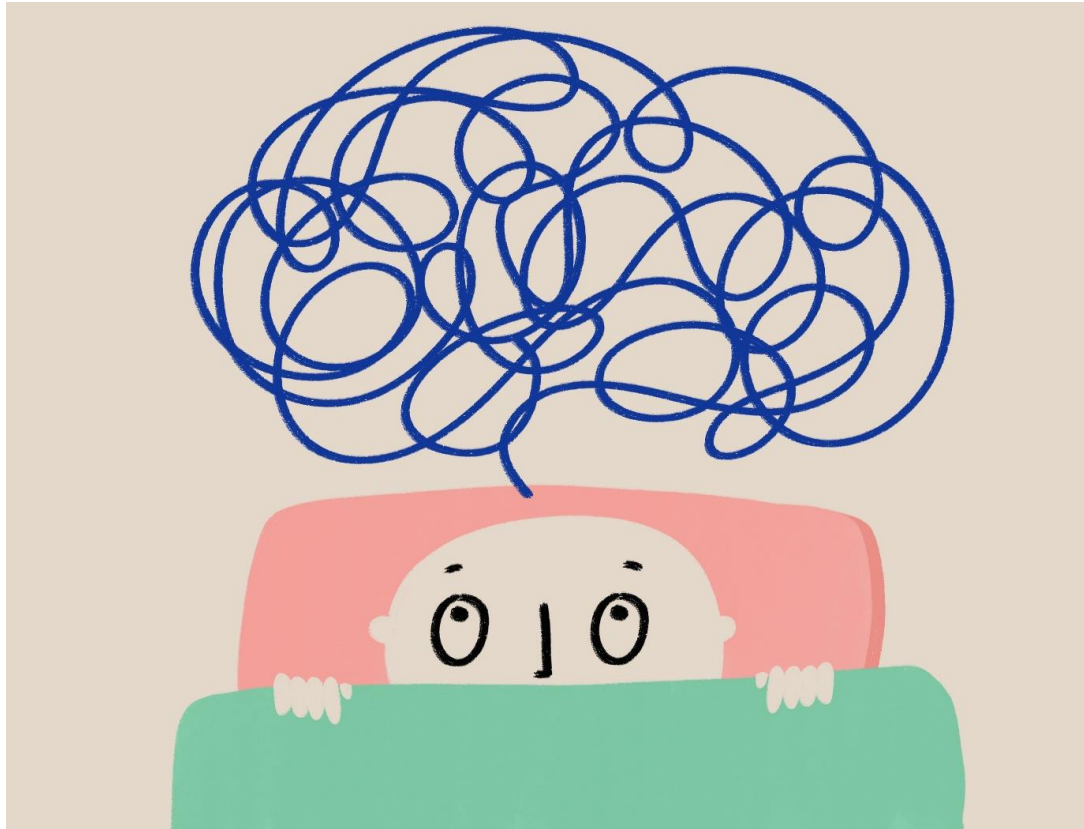
MMR Resources

	Measles Vermont Department of Health	Measles FAQs, toolkit and resources
	Measles Vaccination Measles (Rubeola) CDC	For clinical guidance
	Ask The Experts About Vaccines: MMR (Measles, Mumps, and Rubella) Immunize.org	For frequently asked questions
	AAP-Immunization-Schedule.pdf Measles	For clinical guidance Measles FAQs, toolkit and resources

ACIP Votes and Discussion: Hepatitis B Birth Dose

VOTE: All pregnant women should be tested for hepatitis B infection.





Resources for Navigating ACIP Misinformation

- [The Evidence Collective](#)
- [Locating the Latest Science-based Vaccine Recommendations | Children's Hospital of Philadelphia](#)
- [Vaccine Websites | Children's Hospital of Philadelphia](#)
- [Get the Facts | Let's Get Real](#)

The Science: Hepatitis B Birth Dose

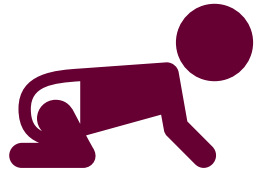


Hepatitis B vaccines are highly effective in preventing HBV infection.

- “As a postexposure immunoprophylaxis measure for infants born to an HBsAg-positive birth parent, hepatitis B vaccine without HBIG is 75% effective at preventing perinatal HBV transmission”
- Produces seroprotection in 98% of healthy term infants

[Hepatitis B Perinatal Vaccine Information | Hepatitis B | CDC](#)

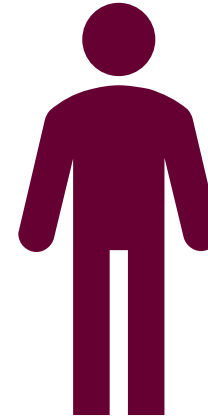
The Science: Hepatitis B Birth Dose



90%



(Age 1-4 yrs)
30%



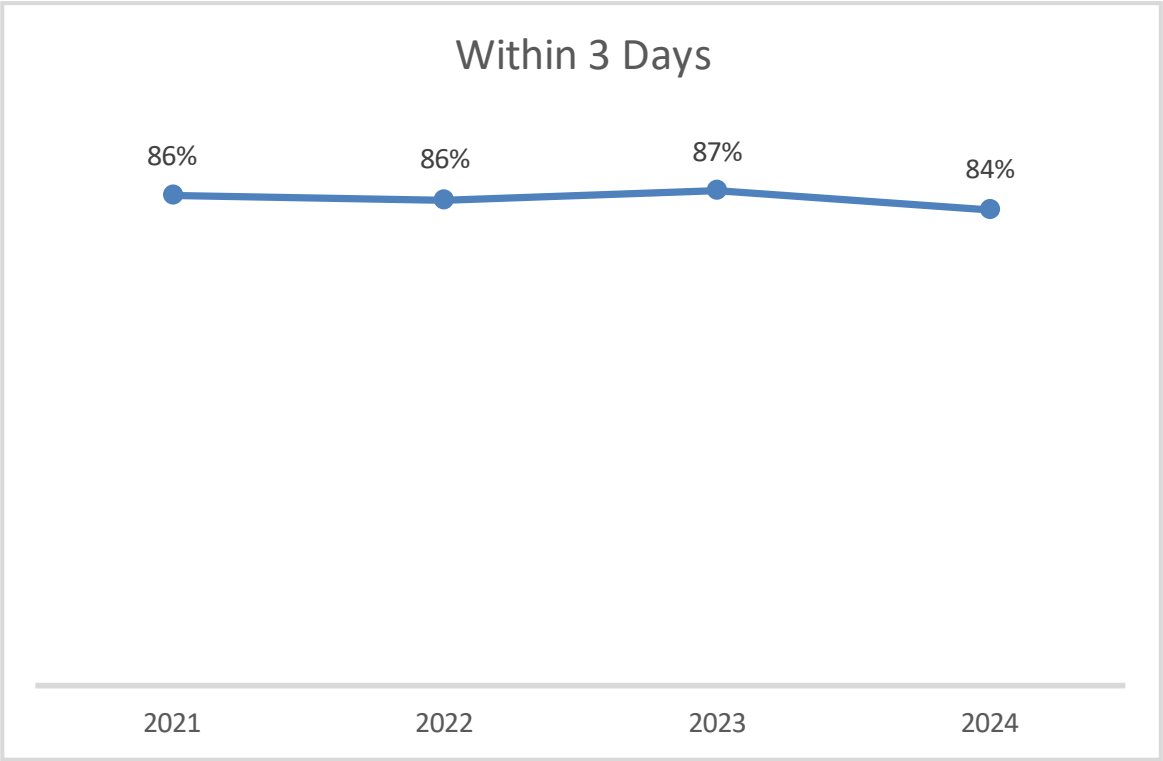
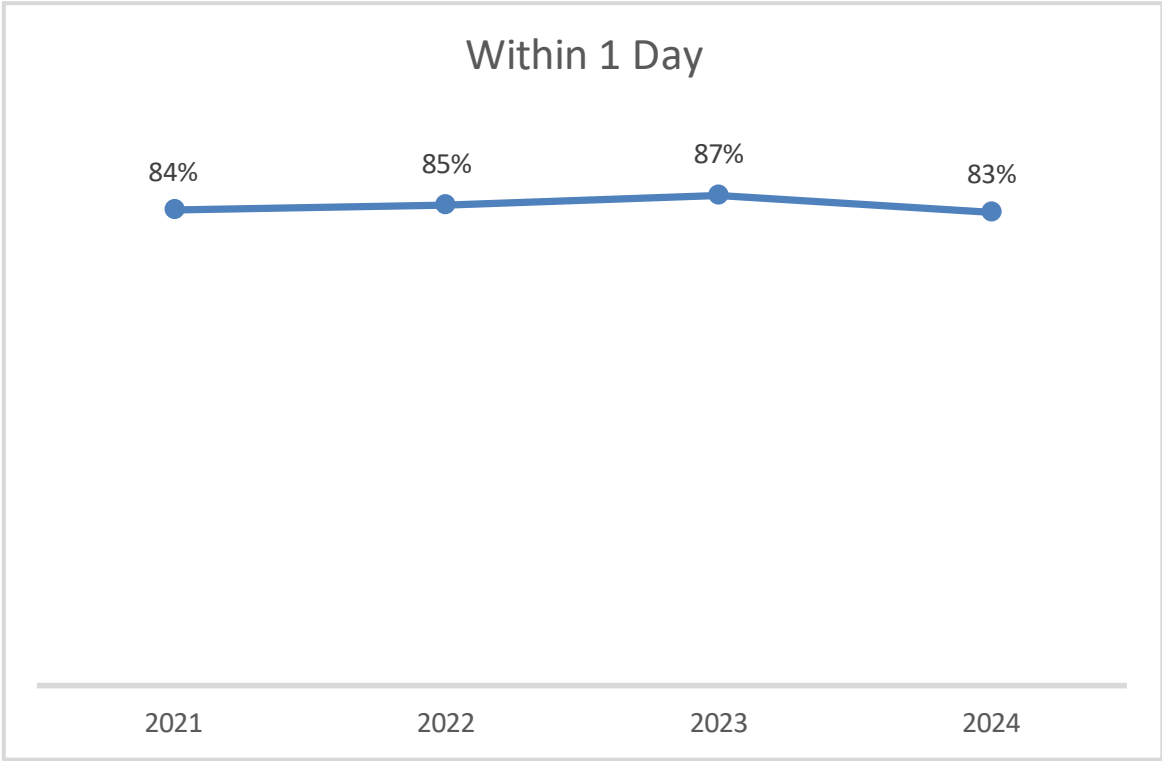
<5%

Sources:

Lernout, T., Hendrickx, G., Vorsters, A., Mosina, L., Emiroglu, N., & Van Damme, P. (2014). A cohesive European policy for hepatitis B vaccination, are we there yet? *Clinical Microbiology and Infection*, 20, 19–24. <https://doi.org/10.1111/1469-0691.12535>

World Health Organization. (2025, July 23). Hepatitis B. <https://www.who.int/news-room/fact-sheets/detail/hepatitis-b>

The Data: Hepatitis B Birth Dose in Vermont



Hepatitis B Resources

	Hepatitis B Vermont Department of Health	<p>Information about disease and vaccination</p>
	Hepatitis B Vaccine Administration Hepatitis B CDC	<p>For clinical guidance and resources</p>
	Ask The Experts About Vaccines: Hepatitis B Immunize.org	<p>For frequently asked questions</p>
	Newborn Hepatitis B Immunization Resources for Healthcare Providers Immunize.org	<p>Give Birth to the End of Hep B resources</p>
	Hepatitis B: The Disease & Vaccines Children's Hospital of Philadelphia	<p>Hep B FAQs, video and resources</p>
	Hepatitis B Understanding the Risks Let's Get Real	<p>Outlines risk of vaccine versus risk of disease</p>
<p>Vermont Department of Health</p>	Understanding risk	<p>17</p>

Respiratory Virus Vaccine Updates

Vermont Department of Health Respiratory Virus Vaccine Recommendations

Health Advisory: Respiratory Virus Vaccine Recommendations

Health Advisory
September 18, 2025

To: Vermont Health Care Providers and Health Care Facilities
Date: September 18, 2025
From: Merideth Plumptre, 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

Governor Phil Scott Takes Action to Ensure Access to COVID-19 Vaccines for Vermonters | Office of Governor Phil Scott



Centers for Disease
Control and Prevention

American Academy
of Pediatrics



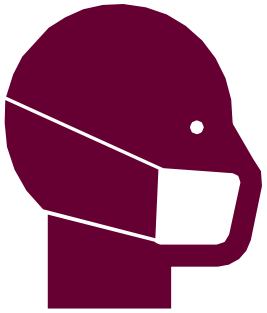
Vermont Respiratory Vaccine Recommendations

2025-2026 Respiratory Vaccine Recommendations



	Flu Vaccine	COVID-19 Vaccine	RSV Vaccine
Infants and Children	All children 6 months and older <i>Some children 6 months-8 years may need multiple doses</i>	All children 6-23 months All children 2-18 years <i>Especially important for those with certain risk factors</i>	All infants under 8 months <i>(nirsevimab, clesrovimab)</i> Children 8-19 months with risk factors <i>(nirsevimab)</i>
Pregnant or Lactating	All <i>At any point in pregnancy</i>	All <i>At any point in pregnancy</i>	OR 32-36 weeks pregnant <i>(Pfizer, Abrysvo only; given between September and January)</i>
Adults 19-50	All	All <i>Especially important for those with certain risk factors</i>	If pregnant <i>(see above)</i>
Adults 50+	All <i>High-dose, recombinant or adjuvanted flu vaccine preferred for 65+, if available</i>	All <i>Especially important for those with certain risk factors</i>	All 75+ and adults 50-74 with risk factors <i>One lifetime dose</i>

Influenza Burden of Disease



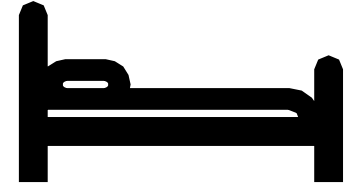
47-82 million flu illnesses



21-37 million flu medical visits



610,000-1,300,000 flu hospitalizations

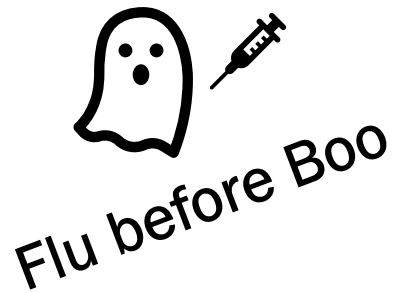


27,000-130,000 flu deaths

- [Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season | Flu Burden | CDC](#)
- [Influenza-Associated Hospitalizations During a High Severity Season – Influenza Hospitalization Surveillance Network, United States, 2024-25 Influenza Season | MMWR](#)

Vermont Respiratory Vaccine Recommendations

2025-2026 Respiratory Vaccine Recommendations



	Flu Vaccine	COVID-19 Vaccine	RSV Vaccine
Infants and Children	All children 6 months and older <i>Some children 6 months-8 years may need multiple doses</i>	All children 6-23 months All children 2-18 years <i>Especially important for those with certain risk factors</i>	All infants under 8 months <i>(nirsevimab, clesrovimab)</i> Children 8-19 months with risk factors <i>(nirsevimab)</i>
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Resources:

[ACIP Recommendations Summary | Influenza \(Flu\) | CDC](#)

[Influenza Vaccine Products for the 2025-2026 Influenza Season](#)

Infants and Children

The Recommendation:

Routinely recommended for all children 6 months and older

- **6 months- 8 years:** 1-dose if they received at least 2 influenza vaccine doses before July 1, 2025.
 - 2-doses 4 weeks apart for children who have received fewer than 2 doses, or unknown history
- **9 years and older:** 1-dose
- **18 years old and solid organ transplant recipients** receiving immunosuppressive medications: high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) are acceptable options




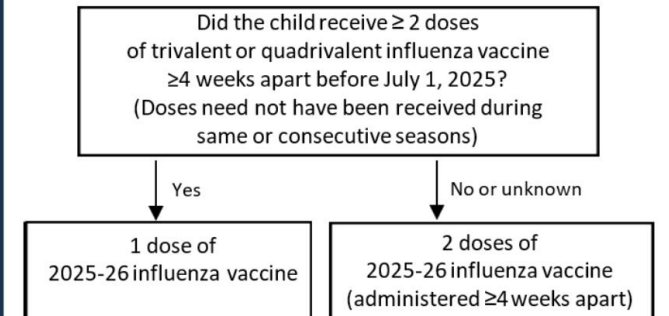
 **Resource:**
[2025-2026-summary-of-recommendations.pdf](#)

Figure: Influenza vaccine dosing algorithm for children aged 6 months through 8 years



For children aged 8 years who require 2 doses, both doses should be administered even if the child turns age 9 years between dose 1 and dose 2.

Pregnant or Lactating

The Recommendation:

- Individuals who are, or will become pregnant, should receive an inactivated or recombinant influenza 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.



Resources:

[Influenza in Pregnancy: Prevention and Treatment | ACOG](#)

The Risk:



19+

The Recommendation:

Routinely recommended for all adults

- **18 -64: solid organ transplant recipients** receiving immunosuppressive medications may receive high-dose inactivated and adjuvanted inactivated vaccines.
- **65+:** High-dose inactivated, recombinant or adjuvanted inactivated vaccine preferentially recommended



Resource:

[2025-2026-summary-of-recommendations.pdf](#)

The Risk:



FluMist Update

Reporting Vaccination Status Through Immunization Information Systems (IIS)

Adult confirms administration of the vaccine. Pharmacy then reports vaccination to IIS.^{4-7,a}



Adult



ASPN website



Reporting service









Registries



CDC Dashboard

Documentation is available to patients and their health care providers.^{4,b}

Flu Vaccine Resources

	Flu, COVID & RSV Vaccines Vermont Department of Health	FAQs, guidance and resources
	2025–2026 Flu Season Influenza (Flu) CDC 2025-2026-summary-of-recommendations.pdf	For clinical guidance
	Ask The Experts About Vaccines: Influenza Immunize.org	For frequently asked questions
 <p>American Academy of Pediatrics DEDICATED TO THE HEALTH OF ALL CHILDREN®</p>	Influenza	For clinical guidance, tools and resources
	Influenza in Pregnancy: Prevention and Treatment ACOG	For clinical guidance
	Influenza AAFP	For clinical guidance and resources

FDA approves 2025-2026 COVID-19 Vaccine Composition

☑ Recommendation: Monovalent JN.1-lineage based COVID -19 vaccine for the 2025-2026 formula

➡ Preferred Strain: LP.8.1

[COVID-19 Vaccines \(2025-2026 Formula\) for Use in the United States Beginning in Fall 2025 | FDA](#)

Vermont Respiratory Vaccine Recommendations

2025-2026 Respiratory Vaccine Recommendations



	Flu Vaccine	COVID-19 Vaccine	RSV Vaccine
Infants and Children	All children 6 months and older <i>Some children 6 months-8 years may need multiple doses</i>	All children 6-23 months All children 2-18 years <i>Especially important for those with certain risk factors</i>	All infants under 8 months <i>(nirsevimab, clesrovimab)</i> Children 8-19 months with risk factors <i>(nirsevimab)</i>
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High-Risk Population: 6-23 months

The Recommendation:

Children under two are identified as a high-risk population in Department's recommendations (outlined below):

Vaccination against COVID-19 is recommended for all children 6-23 months.^{1, 6}

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



Resource:

[Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement | Pediatrics | American Academy of Pediatrics](#)

The Risk:



High-Risk Population: 6-23 months

The Risk:

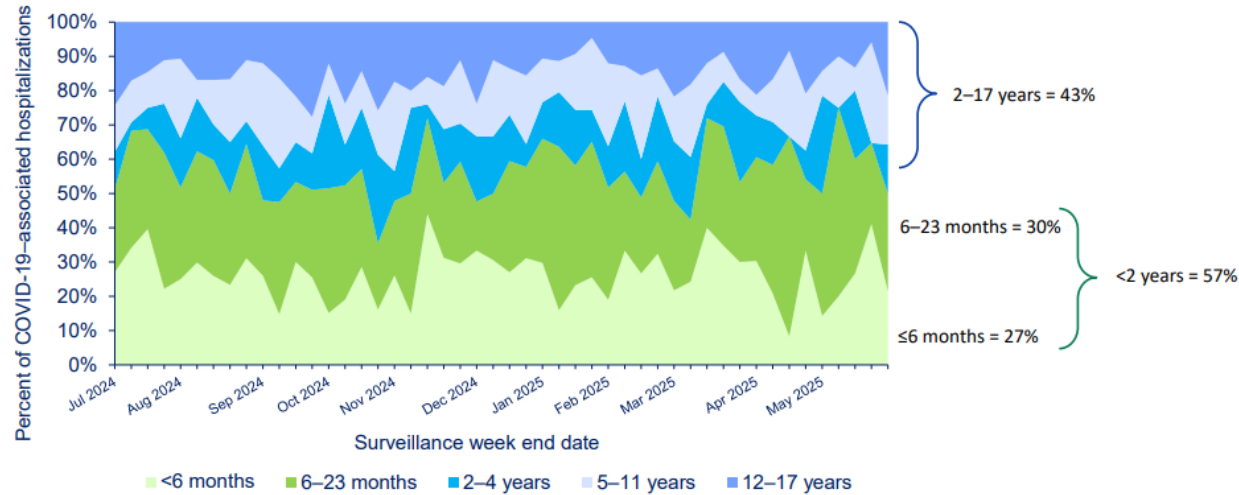
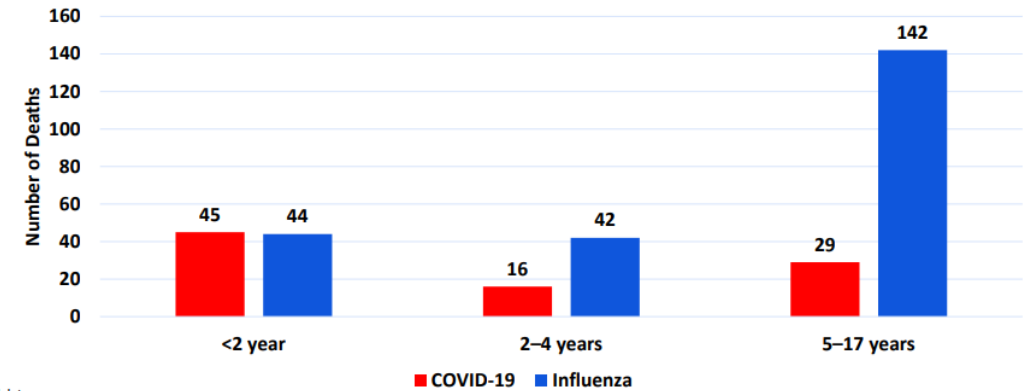


Figure displays percent of weekly COVID-19-associated hospitalizations among children and adolescents, by age group — COVID-NET, July 2024–May 2025.

Total number of COVID-19- and Influenza-associated deaths^{1,2}, among ages 0–17 years in July 2024–June 2025, United States



1. Provisional data

2. Underlying cause of death Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Underlying Cause of Death Files, provisional data for 2024 and provisional and partial data from 2025, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes influenza codes (J09-J11) or COVID-19 code (U07.1) as the underlying cause of death. <http://wonder.cdc.gov/mcd-icd10-provisional.html>, accessed June 20, 2025

Note: Estimates of pediatric influenza deaths reported to CDC can be found here: <https://www.cdc.gov/fluview/surveillance/2025-week-15.html>. Estimates will vary due to differences in reporting methods and timeframes used.

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COVID-19–Associated Hospitalizations Update — COVID-NET, October 2023–November 2024
Adults Ages ≥65 Years and Persons with Immunocompromising Conditions

Dosing/schedule 6-23 months

Vaccine History	Number of Previous Doses of COVID-19 Vaccine	Recommendation	Dose and Schedule
Previously unvaccinated		Initial vaccine series	2 doses (0.25 mL/dose) Timing: 0, 4-8 weeks
Previously vaccinated but did not complete initial vaccine series	1 dose Moderna	Complete initial vaccine series	1 dose; 4-8 weeks after most recent dose
	1 dose Pfizer-BioNTech		2 doses 8 weeks apart (dose 1 at 4-8 weeks after most recent dose)
	2 doses Pfizer-BioNTech		1 dose at least 8 weeks after most recent dose
Completed initial series (with no 2025-2026 COVID-19 vaccine) Vermont Department of Health	2 doses Moderna or 3 doses of Pfizer-BioNTech Resource: AAP-Immunization-Schedule.pdf	Receive single dose of updated COVID-19 vaccine (2025-2026 formula)	Single dose, 0.25 mL Timing: at least 8 weeks after last dose

Vermont COVID-19 Recommendations: 2-18 Years

Vermont recommends a single dose of age-appropriate COVID-19 vaccine for all children and adolescents 2 through 18 years of age.

A strong provider recommendation is especially important for the 2–18-year-olds in the following risk groups:



risk of
severe
COVID-19



LTCFs &
congregate
settings



never received
COVID-19
vaccine



household contacts
at high risk of
severe COVID-19

Examples of Underlying Condition or Treatments: Pediatric

Underlying Condition or Treatment With Common Examples ^b	
Chronic pulmonary disease	Asthma/reactive airway disease Chronic lung disease of prematurity Compromised respiratory function (eg, 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 ≥ the 95 th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy Epilepsy Intellectual developmental disorder Compromised mobility (eg, 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

AAP Immunization Schedule,
including COVID-19 guidance:
[AAP-Immunization-Schedule.pdf](#)



^b List of examples is not exhaustive.

^c Children who are **moderately or severely immunocompromised require 2 or more doses** of COVID-19 vaccine. Additional doses may be administered at ≥2 month intervals, informed by the clinical judgment of a health care provider and personal preference and circumstances.¹⁶ Refer to [AAP Recommended Child and Adolescent Immunization Schedule](#) for dosing guidance.

Vermont COVID-19 Recommendations: 19-64 Years

The Recommendation:

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



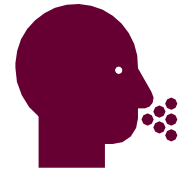
Resource:

[Adult Immunization Schedule | AAFP](#)

STRONG RECOMMENDATION:



risk of
severe
COVID-19



Increased
risk of
exposure

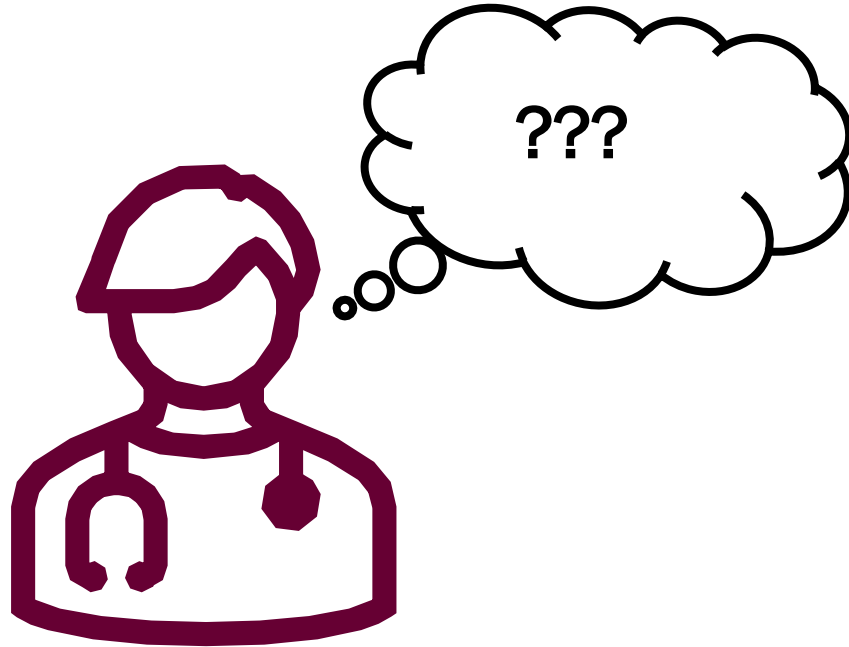


never received
COVID-19
vaccine



household contacts
at high risk of
severe COVID-19

List of Underlying Medical Conditions That Increase a Person's Risk of Severe COVID-19

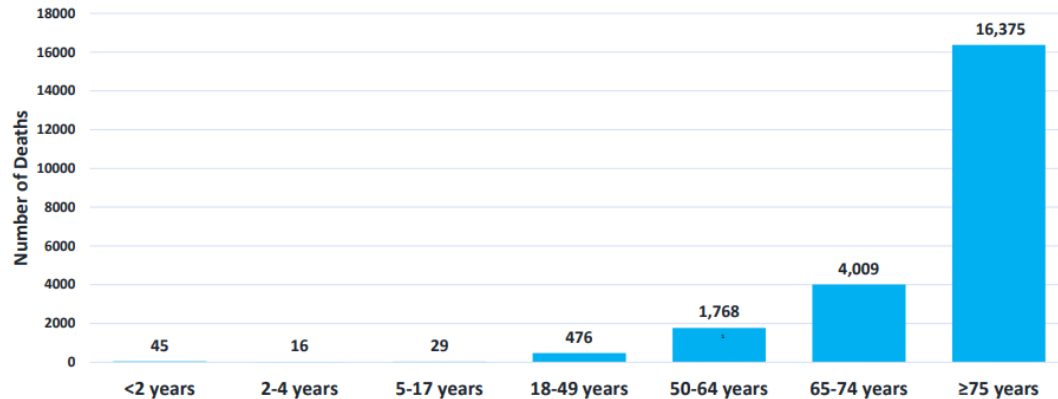


[Health Advisory: Respiratory Virus Vaccine Recommendations](#) (Table 2 on p.6)

Adults ages 18-64 years at higher risk of exposure (e.g., healthcare workers, congregate care settings)
Adults ages 18-64 who are household contacts of persons at high risk of severe disease
Asthma
Cancer <ul style="list-style-type: none"> • Hematologic malignancies
Cerebrovascular disease
Chronic kidney disease* <ul style="list-style-type: none"> • People receiving dialysis^
Chronic lung diseases limited to the following: <ul style="list-style-type: none"> • Bronchiectasis • COPD (chronic obstructive pulmonary disease) • Interstitial lung disease • Pulmonary embolism • Pulmonary hypertension
Chronic liver disease limited to the following: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Mood disorders, including depression • Schizophrenia spectrum disorders
Neurologic conditions limited to dementia ‡ and Parkinson's disease
Obesity (BMI ≥ 30 or ≥ 95 th percentile in children)
Overweight (BMI ≥ 25 kg/m ² but < 30 kg/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

COVID-19 Burden: Adults

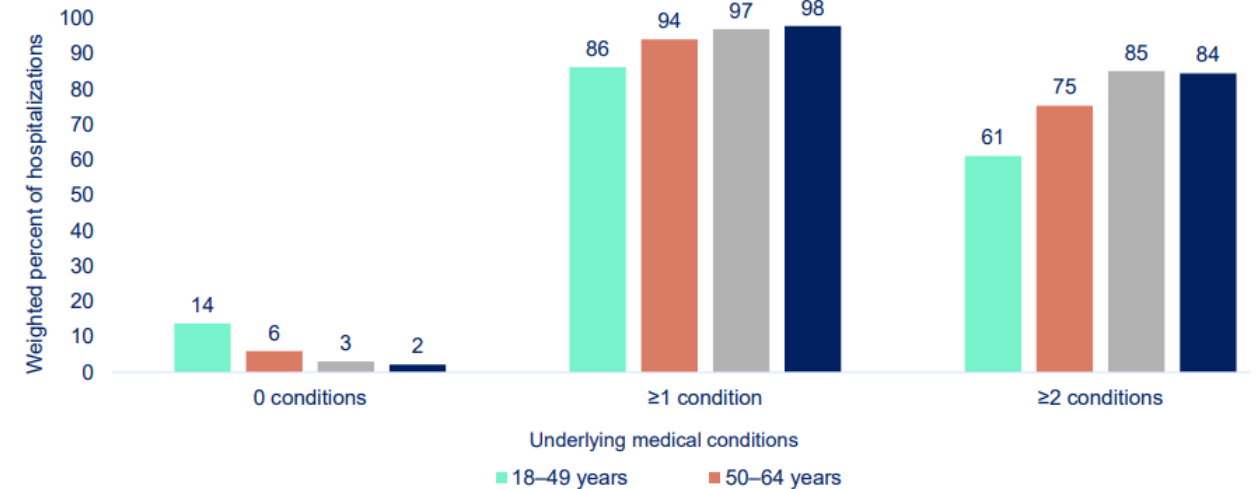
Total number of deaths with COVID-19 listed as the underlying cause^{1,2} in July 2024–June 2025, by age group, United States



1. Provisional data

2. Underlying cause of death Source: Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Provisional Mortality on CDC WONDER Online Database. Data are from the final Underlying Cause of Death Files, provisional data for 2024 and provisional and partial data from 2025, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Number of deaths includes COVID-19 code (U07.1) as the underlying cause of death. <http://wonder.cdc.gov/mcd-icd10-provisional.html>, accessed June 20, 2025

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Prevalence of underlying medical conditions among adults ages ≥18 years, by age group — COVID-NET, April 2024–March 2025.

Pregnant women ages 18–49 years are excluded from proportions presented. Data are limited to hospitalizations with COVID-19 as the likely reason for admission.

[COVID-19–Associated Hospitalizations Update — COVID-NET, October 2023–November 2024 Adults Ages ≥65 Years and Persons with Immunocompromising Conditions](#)

Vermont COVID-19 Recommendations: 65 Years+

The Recommendation:

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.



RSVP with confidence.

**RISK LESS.
DO MORE.**
Get this season's vaccines

[Adults 60+ | HHS.gov](https://www.hhs.gov)

High-risk population: 65 years and older

Adults ages ≥ 65 years comprise more than 2/3 of all COVID-19–associated hospitalizations among adults.

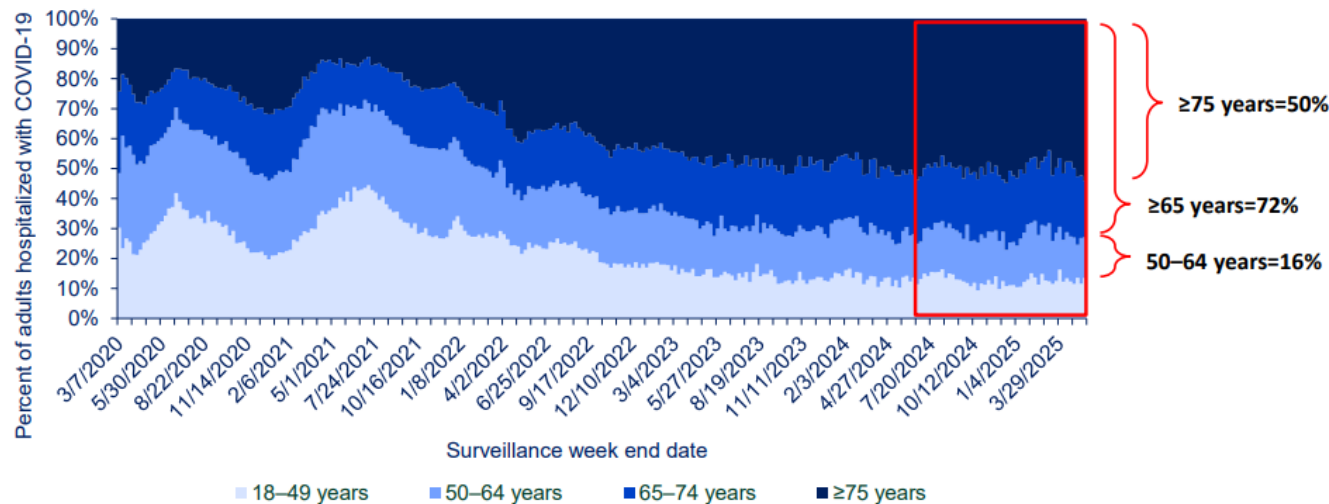


Figure displays the percent of weekly COVID-19–associated hospitalizations among adults ages ≥ 18 years, by age group — COVID-NET, March 2020–May 2025.
During this same period of January 2024 through March 2025, children and adolescents ages 17 years and younger comprised 4.1% of all COVID-19-associated hospitalizations.

3

85% deaths

65%



COVID-19–Associated Hospitalizations Update — COVID-NET, October 2023–November 2024
Adults Ages ≥ 65 Years and Persons with Immunocompromising Conditions

High-Risk Population: Pregnancy

The Recommendation:

Pregnant individuals identified as a high-risk population in Department's recommendations (outlined below):

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.



Resource:

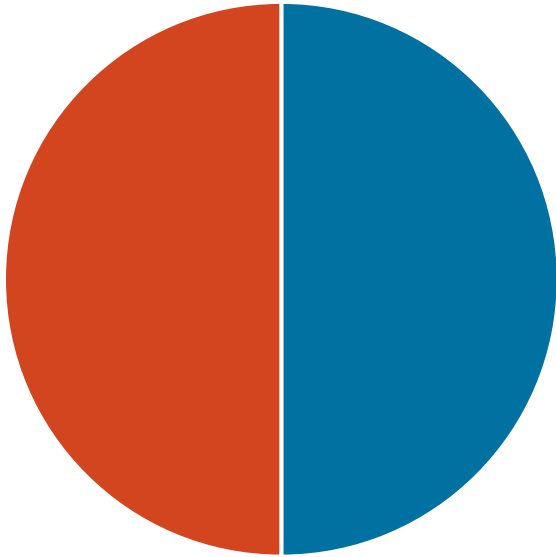
[COVID-19 Vaccination Considerations for Obstetric–Gynecologic Care | ACOG](#)

The Risk:



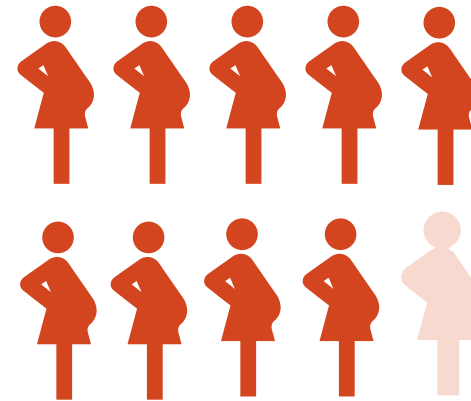
2024-2025 COVID-19 Vaccination Data: Pregnant People

April 2024-March 2025 Admitted SARS-COV-2-positive Pregnant People



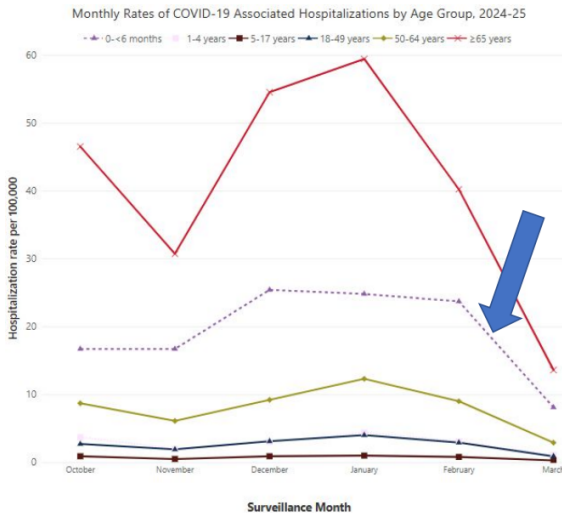
■ No underlying conditions ■ Underlying conditions

92%



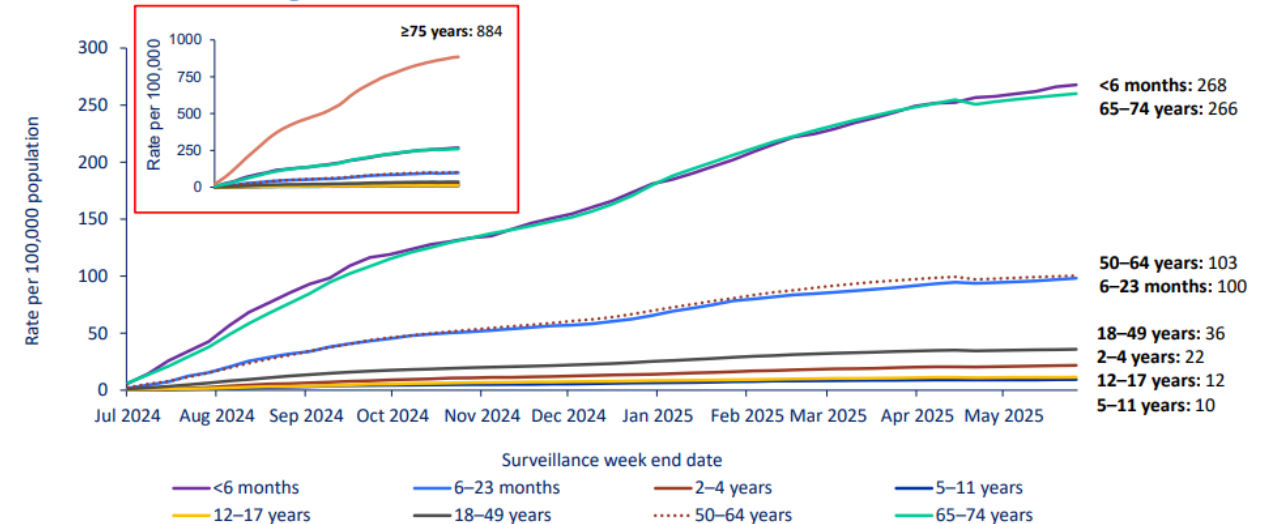
Benefits of COVID-19 Vaccination During Pregnancy

Infant <6 months old have 2nd highest COVID-19 hospitalization rates; passive immunity from maternal immunization is critical



Source: Joseph, N.T. & Collier, A. Y. (2025, March 25). *Pregnancy and Vaccination* [Keynote presentation]. Massachusetts Adult Immunization Coalition, Newton, MA. [Plenary F: Pregnancy and Vaccination.pptx](#)

Cumulative COVID-19-associated hospitalization rates are highest among adults aged ≥75 years, followed by adults aged 65–74 years and infants aged <6 months.

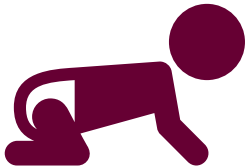


Weekly rates of COVID-19-associated hospitalizations per 100,000 population by age group—COVID-NET, July 2024–May 2025
Note that rates are not adjusted for testing. Rates are not limited to admissions where the respiratory infection is the likely primary reason for admission.

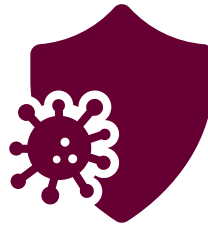
Source: [COVID-19–Associated Hospitalizations Update – COVID-NET, October 2023–November 2024 Adults Ages ≥65 Years and Persons with Immunocompromising Conditions](#)

Are there people needing more than a single dose?

YES



6-23 months



Moderately or severely
immunocompromised



Adults 65 years and
older

Resources:

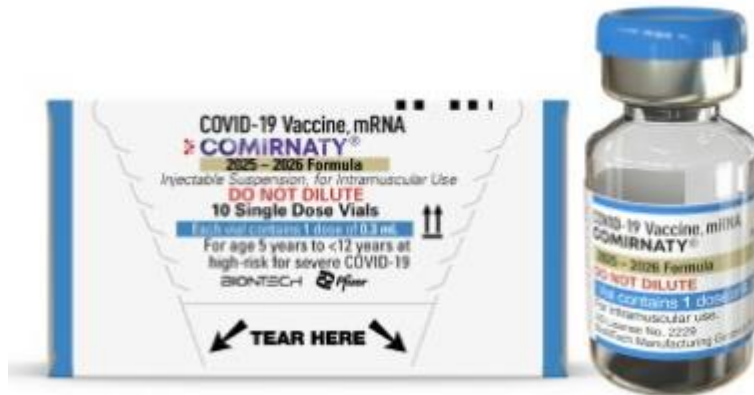


[AAP-Immunization-Schedule.pdf](#)



[Adult Immunization Schedule | AAFP](#)

Comirnaty (Pfizer) COVID-19 Vaccine: 5 years+



5 years – 11 years
0.3 mL dose/10 mcg



12 years and older
0.3 mL dose/30 mcg

Nuvaxovid (Novavax) COVID-19 Vaccine: 12 years+



**12 years and older
0.5 mL dose**

- A small supply will be available through Vermont Vaccine Purchase Program.
- If patients have a contraindication to the messenger RNA vaccines or will not accept a messenger RNA vaccine, reach out to the Immunization Program to order a box or transfer a dose.
- May be available in community pharmacies.

Spikevax (Moderna) COVID-19 Vaccine: 6 months+



6 months – 11 years
0.25 mL dose/25 mcg



12 years and older
0.5 mL dose/50 mcg

COVID-19 Vaccine Landscape Updates

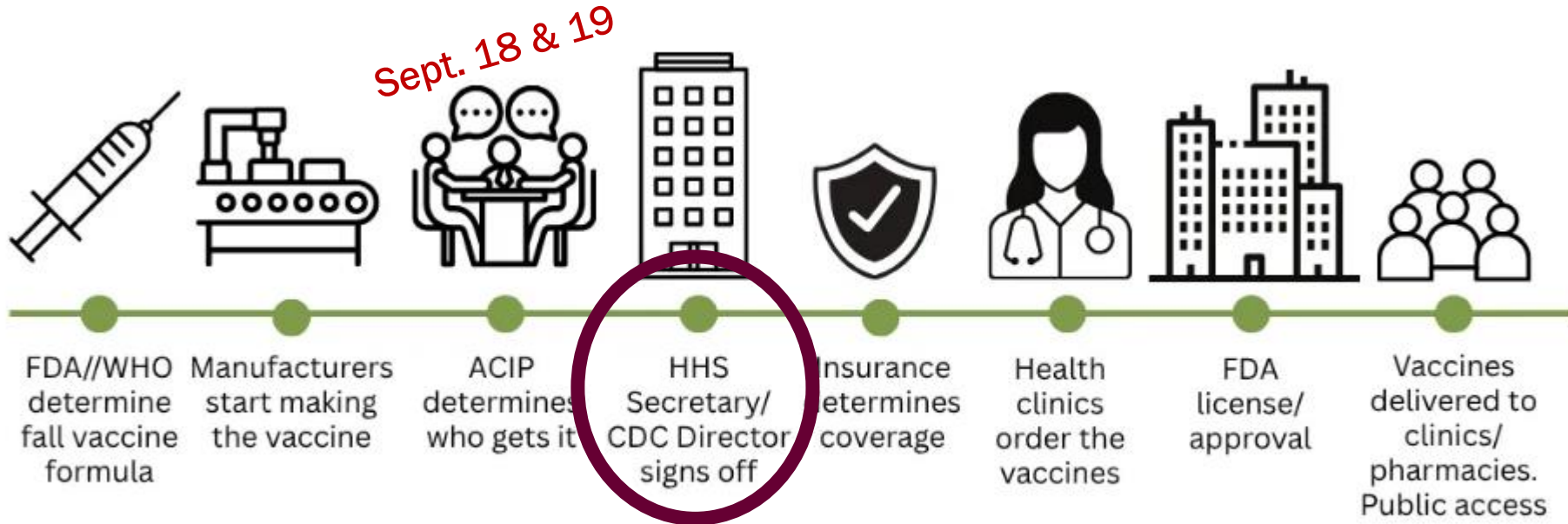
- [Standing Order for Administration of Vaccine: 2025-2026 COVID-19 Vaccine for Pharmacies](#)
 - Allows for administration of 2025-2026 COVID-19 vaccine to individuals 5 years and older
 - Individual pharmacies determine if they will use these standing orders and age eligibility
- Insurers continue to indicate support for vaccination
 - [AHIP Statement on Vaccine Coverage – AHIP](#)
 - [Our Member Organizations - AHIP](#)
- Once ordering opens in VIMS, COVID Only Orders will be available
 - Frequent ordering is anticipated based on shelf life information from CDC

Shelf Life for 2025-2026 COVID-19 Vaccines

CDC is recommending **smaller, more frequent orders**


Product	Shelf Life	Distribution Timeframe	How much supply to order
Moderna	3-6 months shelf-life anticipated As season progresses dating may be shorter	Distribution to cease within 28-30 days of shelf life remaining	4-6 weeks
Pfizer	12 yrs+: Arrives refrigerated – at least 12 weeks of remaining shelf life 5-11 yrs.: Arrives ultracold – at least 3 months of remaining shelf life when stored ultracold; 10 weeks when stored in refrigerator As season progresses dating may be shorter		4-6 weeks
Novavax	Product expiry will be 12/31/2025. Working with FDA on shelf-life extension.	Distribution will cease with 12-14 days of shelf life remaining	2 weeks

Where's the vaccine?



The fall respiratory vaccine process. Figure by Your Local Epidemiologist.

COVID-19 Resources

	<u>Health Advisory: Respiratory Virus Vaccine Recommendations</u>	For clinical guidance
	<u>Respiratory Illnesses Vermont Department of Health</u>	For vaccine updates and resources
	<u>Ask The Experts About Vaccines: COVID-19 Immunize.org</u>	For frequently asked questions
	<u>Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents: Policy Statement Pediatrics American Academy of Pediatrics</u>	For clinical guidance
	<u>COVID-19 Vaccine Frequently Asked Questions</u>	For frequently asked questions
	<u>Adult Immunization Schedule AAFP</u>	For clinical guidance

Vermont Respiratory Vaccine Recommendations

2025-2026 Respiratory Vaccine Recommendations



	Flu Vaccine	COVID-19 Vaccine	RSV Vaccine
Infants and Children	All children 6 months and older <i>Some children 6 months-8 years may need multiple doses</i>	All children 6-23 months All children 2-18 years <i>Especially important for those with certain risk factors</i>	All infants under 8 months <i>(nirsevimab, clesrovimab)</i> Children 8-19 months with risk factors <i>(nirsevimab)</i>
Pregnant or Lactating	All <i>At any point in pregnancy</i>	All <i>At any point in pregnancy</i>	OR 32-36 weeks pregnant <i>(Pfizer, Abrysvo only; given between September and January)</i>
Adults 19-50	All	All <i>Especially important for those with certain risk factors</i>	If pregnant <i>(see above)</i>
Adults 50+	All <i>High-dose, recombinant or adjuvanted flu vaccine preferred for 65+, if available</i>	All <i>Especially important for those with certain risk factors</i>	All 75+ and adults 50-74 with risk factors One lifetime dose

Pregnancy

The Recommendation:

- Pregnant individuals should receive a single dose of the maternal RSV vaccine (Abrysvo) during 32 through 36 weeks of pregnancy.
 - 32 0/7 weeks through 36 6/7 weeks gestation
- September through January
- Additional dosing not recommended during subsequent pregnancies



Resource:

[Maternal Respiratory
Syncytial Virus Vaccination |
ACOG](#)

Infants and Children

The Recommendation:

- A monoclonal antibody product (either nirsevimab or clesrovimab) is recommended for all infants less than 8 months old born during or entering their first RSV season if:
 - The birth parent did not receive vaccine during pregnancy
 - Birth parents' vaccination status is unknown
 - The infant was born within 14 days of maternal RSV vaccination
- *October through March

Children 8 to 19 months (nirsevimab only)

- A dose should be given before their second RSV season for those at severe risk, including:
 - Premature babies with chronic lung disease
 - Children with weakened immune systems
 - Children with severe cystic fibrosis
 - American Indian and Alaska Native children

Resource:



[RSV Immunization
Guidance for Infants
and Young Children |
RSV | CDC](#)

RSV Monoclonal Antibodies

Nirsevimab (Beyfortus)

Sanofi/AstraZeneca

Recommended Age	Infants (birth to 8 months) for 1st RSV season; high-risk 8-19 months for 2nd RSV season
-----------------	---

Weight-Based administration?	Yes <ul style="list-style-type: none">• 50 mg: infants weighing <5 kg [<11 lb]• 100mg: infants weighing ≥5 kg [≥11 lb]• 200mg (given as separate 100mg doses) for high-risk children 8-19 months
------------------------------	---

Clesrovimab (Enflonsia)

Merck

Recommended Age	Infants (birth to 8 months) for 1st RSV season
-----------------	--

Weight-Based administration?	No single fixed dose of 105mg regardless of the infant's weight
------------------------------	---

Storage and Handling: RSV Monoclonal Antibodies

Nirsevimab (Beyfortus) Sanofi/AstraZeneca

Storage and Handling

Store in refrigerator
between 2°-8° C

Store in original carton to
protect from light until
time of use

Do not freeze
Do not shake

Clesrovimab (Enflonsia) Merck

Storage and Handling

Storage in refrigerator
Store in original carton to
protect from light until
time of use

Do not freeze
Do not shake

Adults 50+

The Recommendation:

A single lifetime dose of RSV vaccine is recommended for:

- All adults 75 years and older
- Adults 50-74 years at increased risk for severe RSV disease

The Details:

- Eligible adults can get an RSV vaccine at any time, but the best time to is in late summer and early fall before RSV is spreading.
- Three products currently available for use in older adults:
 - Arexvy
 - Abrysvo
 - mResvia



Resource:

[RSV Vaccine Guidance for Adults | RSV | CDC](#)

The Risk:



Vermont Department of Health

Risk-based Recommendation

Factors associated with increased risk* for severe RSV disease include:



Chronic lung disease



Chronic cardiovascular disease



End-stage renal disease or dependence on dialysis



Diabetes mellitus with end-organ damage or requiring insulin or SGLT2 inhibitor



Moderate or severe immunocompromise



Chronic or progressive neurological or neuromuscular conditions

Other factors include:

- » **Chronic liver disease**
- » **Chronic hematologic conditions**
- » **Severe obesity (BMI ≥ 40 kg/m²)**
- » **Residence in a nursing home**
- » **Other conditions or factors that put your patient at increased RSV disease risk**

*Self-attestation is sufficient evidence of a risk factor.



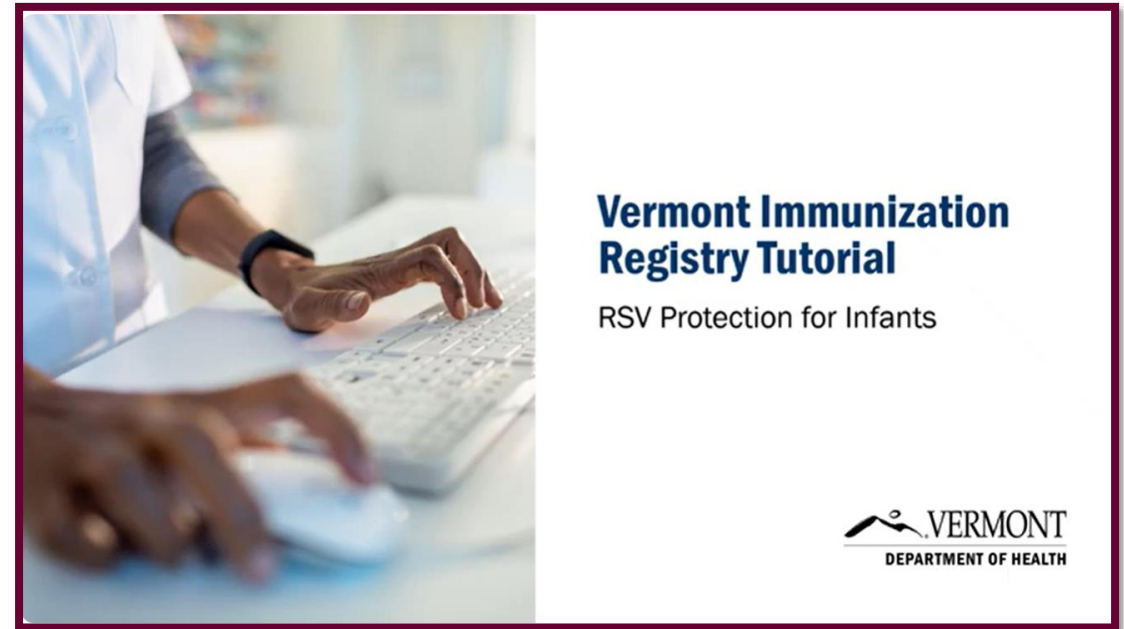
Resource:

[RSV Vaccine Guidance for Adults | RSV | CDC](#)

IMR Reports for RSV Protection for Infants

- Video tutorial on reports that can be used for a line list for reminder/recall:

[Immunization Registry Tutorial: RSV Protection for Infants](#)








RSV Resources

	RSV (Respiratory Syncytial Virus) Vermont Department of Health	For clinical guidance and resources
	RSV (Respiratory Syncytial Virus) Immunizations CDC	For clinical guidance
	Ask The Experts About Vaccines: RSV (Respiratory Syncytial Virus) Immunize.org	For frequently asked questions
	Maternal Respiratory Syncytial Virus Vaccination ACOG RSV Immunization Frequently Asked Questions	For clinical guidance For frequently asked questions
	Adult Immunization Schedule AAFP AAFP Announces Fall Immunization Recommendations, Reaffirming Commitment to Vaccine Safety and Public Health AAFP	For clinical guidance

Respiratory Virus Season Resources

2025-2026 Respiratory Virus Season State Supplied Vaccines

 2025-2026 Respiratory Virus Season State Supplied Vaccines 	
People aged 65 and older are not eligible for any state-supplied vaccines.	
Flu (Seasonal)	Key MDV: Multi-Dose Vials PFS: Prefilled Syringes SDV: Single Dose Vials BUD: Beyond Use Date (the date a vaccine is viable through, once removed from permanent storage)
COVID-19 (2025-2026 Formulation)	<div> moderna Spikevax Age: 6 months and older (PFS) • Dosage: 0.25mL or 0.5 mL • Storage: Standard freezer until expiration. Once moved to the refrigerator, 60-day BUD. Never refreeze. mNexsPike Age: 12-years-old and older (PFS) • Dosage: 0.2 mL • Storage: Standard freezer until expiration. Once moved to the refrigerator, 90-day BUD. Never refreeze. </div> <div> Brand: Comirnaty Age: 5-years-old through 11-years-old (SDV) Storage: Shipped Dry Ice, Refrigerate, 10-week BUD Age: 12-years-old and older (PFS) Storage: Refrigerate until expiration Dosage: 0.3mL  </div> <div> Age: 12-years-old and older (PFS) Dosage: 0.5mL Storage: Refrigerate until expiration  </div> <div> Age: 50-74 years-old (risk-based) and 75 years and older (universal recommendation) Brands: Abrysvo (Pfizer) and Arexvy (GSK) Protein Subunit Storage: Refrigerate until expiration Brands: mRESVIA (Moderna) mRNA Storage: Freezer until expiration. Once moved to the refrigerator, 90-day BUD Timing: Year-round (late summer and early fall preferred for maximum protection) Dosage: 0.5mL  </div>
RSV	Age: Infants aged birth to 8 months Timing: October 1 – March 31 Storage: Refrigerate until expiration Brand: Nirsevimab (Sanofi): Monoclonal Antibody Dosage: Weight-based • Infants < 5kg: 50 mg dose • Infants ≥ 5kg: 100 mg dose • Children aged 8-19 months at Increased risk of severe RSV during their second RSV season: 200 mg dose Brand: Clesrovimab (Merck): Monoclonal Antibody Dosage: Single fixed dose of 105mg (NOT weight-based)

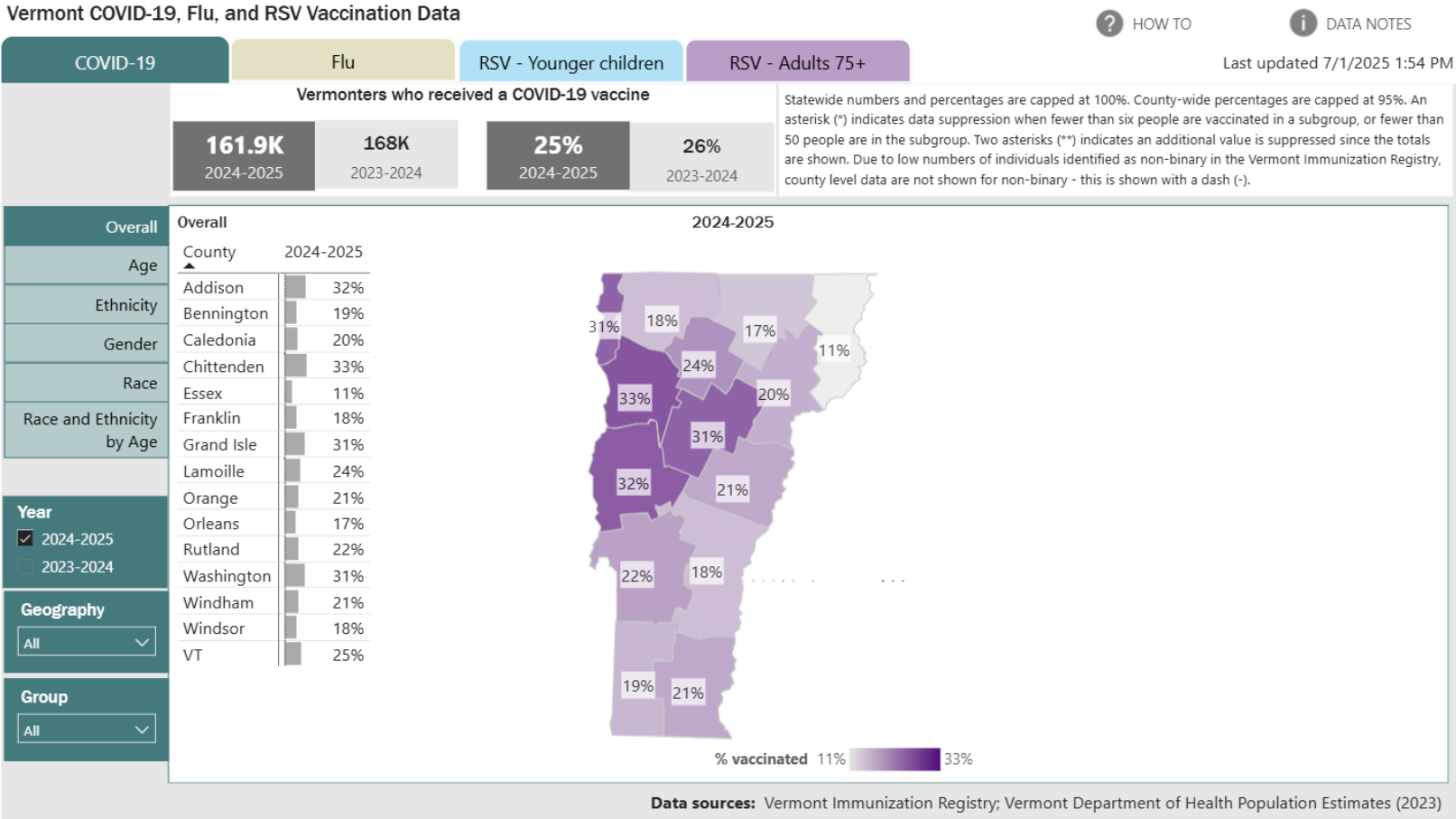
*This information is based on FDA Licensure

AHS.VDHImmunizationProgram@vermont.gov · 802-863-7638 · www.HealthVermont.gov

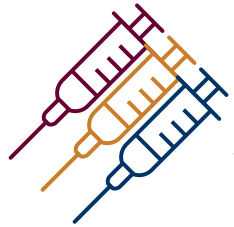
September 2025

Vermont Respiratory Virus Vaccination Dashboard

[Respiratory Virus Vaccination Data | Vermont Department of Health](#)



Co-Administration



Respiratory virus vaccines can be co-administered with other routine vaccines as appropriate.




Resources

- [AAP COVID-19 FAQs: Coadministration](#)
- [Getting a Flu Vaccine and other Recommended Vaccines at the Same Time | Influenza \(Flu\) | CDC](#)
- [ACOG COVID-19 Clinical Guidance: Coadministration](#)


Immunization Program Updates

IMR Vaccine Names & Code Support

[HSI-IMR-Vaccine-Name-and-Code-Resource-Guide-COVID.pdf](#)

<div><div>Vermont Immunization Registry: Vaccine Names and CPT/VCX Codes</div><div><small>A list that matches the vaccine names or codes in the Vermont Immunization Registry with the brand name/common names. Intended as a tool to guide accurate vaccine reporting for practices and organizations sending data from electronic medical records. For questions, contact The Immunization Registry at (888) 688-4667.</small></div><div><small>Last update: 09/25/2025</small></div></div>						
Age Indication	NDC	Best IMR Selection	State Supplied	Route	VCX Code	CPT Code
Moderna						
6 months–11 years	80777-113-09 80777-0113-09	COVID-19, mRNA, LNP-S, PF, 25 mcg/0.25 mL	Yes	IM	311	91321
12 years and older (Spikevax)	80777-112-01 80777-0112-01	COVID-19, mRNA, LNP-S, PF, 50 mcg/0.5 mL	Yes	IM	312	91322
12 years and older (mNEXSPIKE)	80777-400-17 80777-0400-17	COVID-19, mRNA, LNP-S, PF, 10 mcg/0.2 mL	Yes	IM	334	91323
Novavax						
12 years and older	80631-207-01 80631-0207-01	COVID-19, subunit, rS-nanoparticle, adjuvanted, PF, 5 mcg/0.5 mL	Yes	IM	313	91304
Pfizer-BioNTech						
5–11 years	0069-2501-10 00069-2501-10	COVID-19, mRNA, LNP-S, PF, tris-sucrose, 10 mcg/0.3 mL	Yes	IM	310	91319
12 years and older (Comirnaty)	0069-2528-10 00069-2528-10	COVID-19, mRNA, LNP-S, PF, tris-sucrose, 30 mcg/0.3 mL	Yes	IM	309	91320

[HSI-IMR_Guidance_Influenza.pdf](#)

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Trade Name	Best IMR Selection	Other	State Supplied	Licensed Age Range	Manufacturer	VCX code**	CPT code
Flumist® ***	Influenza, live, trivalent, intranasal, PF	Nasal	Yes	2-49 years	AstraZeneca	111	90660
Fluarix®	Influenza, split virus, trivalent, PF	Injectable	Yes	≥ 6 months	Glaxo Smith Kline	140	90656
Flulaval®							
FluBlok®	Influenza, recombinant, trivalent, PF	Injectable	Yes	≥ 18 years	Sanofi Pasteur	155	90673
Fluzone®	Influenza, split virus, trivalent, PF			≥ 6 months		140	90656
	Influenza, high-dose, trivalent, PF			≥ 65 years		135	90662
Afluria®	Influenza, split virus, trivalent, PF	Injectable	Yes	≥ 3 years	Seqirus	140	90656
Fluad®	Influenza, adjuvanted, trivalent, PF			≥ 65 years		168	90653
Flucelvax®	Influenza, MDCK, trivalent, PF			≥ 6 months		153	90661
[historical]	Influenza, unspecified formulation			n/a	n/a	88	
	Influenza, nasal unspecified formulation	Nasal		n/a	n/a	151	

**Code needed for HL7 messaging. You may need to add this to your electronic health record.

***Flumist® is state supplied only through the Vaccines for Children Program (ages 2 – 18).

When formulation is unknown, as in a historical shot, choose Influenza, Unspecified (88) for inactivated flu or Influenza, Nasal Unspecified for nasal flu.

Upcoming Events



- ACIP meeting: October 22-23
- Immunization Program Provider Call, November 6 12 – 1 p.m.

Investing in trust is investing in immunizations



Confusion leads to inaction



Questions



Thank you!

Let's stay in touch

Email: AHS.VDHIimmunizationProgram@vermont.gov

Web: healthvermont.gov

Social: [@healthvermont](https://twitter.com/healthvermont)