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Respiratory Virus Season 2026: Vaccine Provider Call

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Julie Corwin – *Information Director, Laboratory Sciences & Infectious Diseases*

October 08, 2026

Today's Agenda

- Introduction
- Flu, COVID-19 and RSV Vaccine Recommendations
- Immunocompromised Populations
- Key Points to Remember
- Resources



2026-2027 Respiratory Vaccine Recommendations

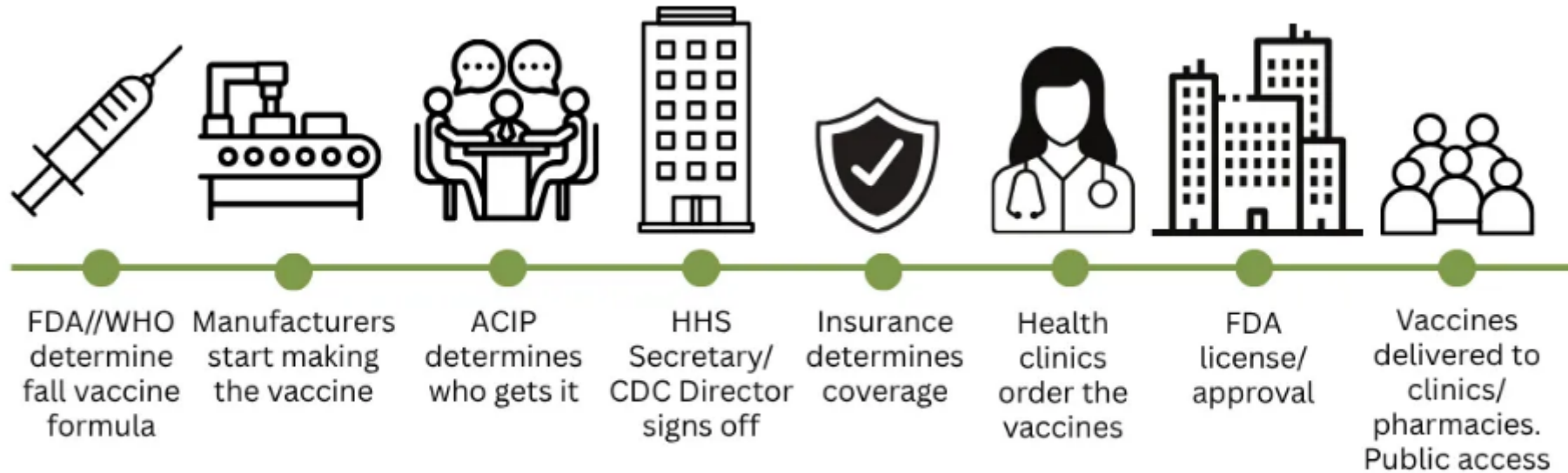
	Flu Vaccine	COVID-19 Vaccine	RSV Vaccine
Infants and Children	All children 6 months and older <i>Some children 6 months-8 years may need multiple doses</i>	All children 6-23 months Children 2-18 years with certain risk factors, or if desired	All infants under 8 months <i>(nirsevimab, clesrovimab)</i> 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>Abrysvo (Pfizer) only; given between September 1 & March 1</i>
Adults 19-50	All	All <i>Especially important for those with certain risk factors</i>	If pregnant <i>(See above)</i>
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Review IDSA recommendations for people who are immunocompromised at [IDSociety.org](https://www.idsociety.org)
Refer to the American Medical Association for more information at [SpreadtheFacts.org](https://www.ama-assn.org)

HealthVermont.gov/SeasonalVaccines

How Recommendations are Made

Traditional Pathway for Vaccine Recommendations



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

Evidence Reviews – Professional Medical Organizations

American Medical Association(AMA partnered with the [Vaccine Integrity Project](#) (based out of U Minnesota - CIDRAP) to perform a [comprehensive review of evidence of respiratory virus immunizations for the 2026-2027 season](#).

Independent review of studies:

- 69 flu
- 155 COVID-19
- 75 RSV





**Children and
Adolescents
0-18 years**



Pregnancy



**Adults 19-64 years
Older Adults 65+ years**



Immunocompromised



Healthcare Personnel



AMA Respiratory Virus Hub of Materials & Recommendations

Where to find recommendations and resources:

[Vaccine recommendations | American Medical Association](#)
(also referred to as [SpreadTheFacts.org](#))

Children and adolescents (0-18 years)

Immunization recommendations for children and adolescents from birth through 18.

INFLUENZA (SEASONAL FLU)

Annual flu vaccine for all children 6 months+

COVID-19

All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired

RESPIRATORY SYNCYTIAL VIRUS (RSV)

All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups



AMA Respiratory Virus Hub of Materials & Recommendations

AMA VACCINES & IMMUNIZATIONS [Join](#) [Renew](#) Member Benefits

Influenza vaccine recommendations for children and adolescents

Find influenza (seasonal flu) vaccine recommendations for children and adolescents from birth through 18.

[Save](#)

[For Physicians](#) [For Patients](#)

Current recommendations

An annual influenza vaccination is recommended for all children without medical contraindications starting at 6 months of age.

[Full Evidence Review](#) / [Vaccine Integrity Project Data Tool](#) / [American Academy of Pediatrics Recommendation](#)

Source: American Academy of Pediatrics

Resources for your patients



Influenza (flu) Vaccines: Myths and Facts (PDF)



Influenza (Flu) Vaccine FAQs: Children and Adolescents (PDF)



Why Vaccines Matter to You (PDF)

Resources for physicians



Influenza (Flu) Vaccine FAQs: Healthcare Professionals (PDF)



How to talk to your patients about vaccines (PDF)

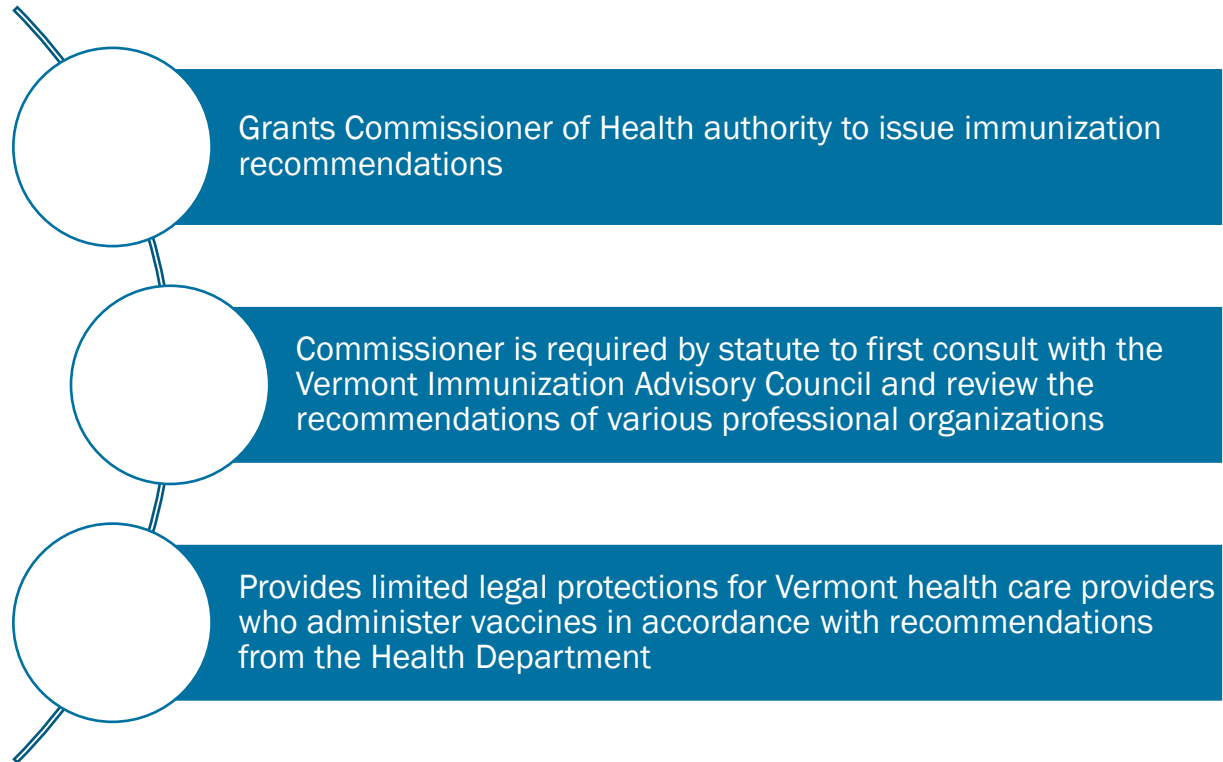
Resources from the American Academy of Pediatrics

Influenza (Flu) Vaccine: Discussion Guide (PDF)

Influenza Patient Care

Vermont Immunization Recommendations

H.545 (Act 76)





ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



[Press Release: Vaccine Recommendations for 2026-27 | Vermont Department of Health](#)

2026-2027 Respiratory Vaccine Recommendations

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HealthVermont.gov/SeasonalVaccines

IDSA Definition of Immunocompromised

- Solid organ transplant
- Hematologic malignancy
- HCT/CAR-T
- Solid tumor chemotherapy
- Primary immunodeficiency
- Autoimmune immunosuppression
- HIV

[Guidelines](#) include specific timelines and information for each vaccine recommendation



High-risk vs. Immunocompromised



High-risk populations

- Wide variety of underlying medical conditions and environmental factors
- Larger number of individuals fit in this category than immunocompromised category



Immunocompromised populations

- Limited, specific set of conditions
- Very small number of individuals fall in this category

Influenza Vaccine Recommendations

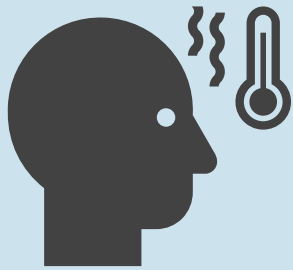
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HealthVermont.gov/SeasonalVaccines

Preliminary 2025-26 Influenza Disease Burden Estimates in the U.S.



32-57 Million
Illnesses



15-25 Million
Medical Visits



390,000-800,000
Hospitalizations



24,000-81,000
Flu deaths

*Based on data from October 1, 2025 – May 23, 2026

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

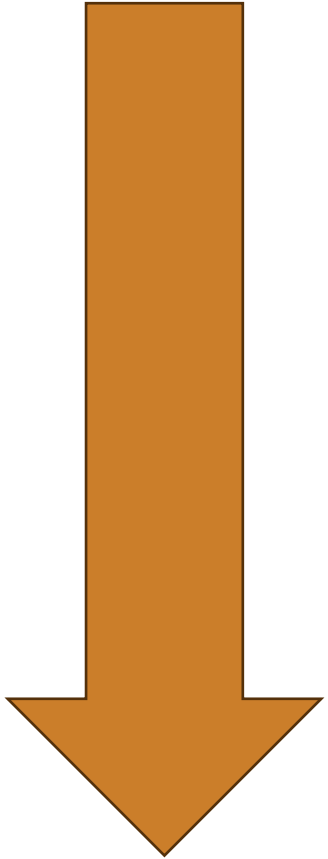
2025-26 U.S. Influenza Season: Impact on Children

- 8-10% of U.S. children develop symptomatic influenza each year.
- Nearly half of reported pediatric flu deaths occurred in children without a high-risk medical condition.
- Hospitalization rates are highest in children under 5 years.
- Less than 50% of children received flu vaccination.



[AAP Influenza Technical Report](#)

Impact of Influenza Vaccination



80% lower overall risk of influenza-associated deaths among children and adolescents.

[Estimated US flu vaccine efficacy against death in kids 80% over 8 seasons | CIDRAP](#)

31% reduction in hospitalization among adults 65 years and older.

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

Pediatric Influenza Vaccine Recommendations

Infants & Children

All children 6 months and older should receive age and health-appropriate 2026-27 influenza vaccine

Some children 6 months through 8 years may need multiple doses

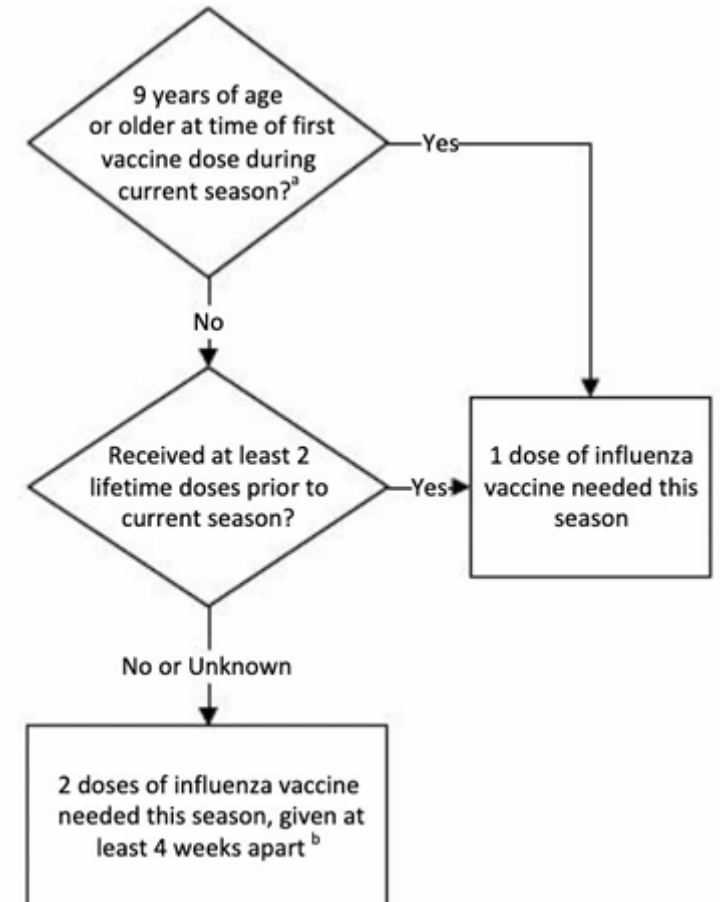
- Infants <6 months are too young for flu vaccination; protection relies on maternal, household and community vaccination.

[AAP Influenza Prevention and Control Technical Report](#)

Influenza Vaccine Recommendations: Infants and Children

Age	Vaccine History	Doses
6 months – 8 years	Fewer than 2 doses before July 1, 2026, or vaccine status unknown	2 doses; 4 weeks apart
6 months – 8 years	At least 2 total doses before July 1, 2026, given at least 4 weeks apart	1 dose
9 years and older	Any vaccine history	1 dose

[AAP 2026-27 Influenza Policy Statement](#)



Adult Influenza Recommendations: Pregnant or Lactating

Pregnant or Lactating

All should receive age and health-appropriate 2026-27 influenza vaccine

At any point in pregnancy

- Pregnancy: Only administer inactivated (IIV) or recombinant (RIV) influenza vaccines.
- Lactating: All age and health-appropriate influenza vaccines can be used.
- Maternal influenza vaccination associated with 44% greater protection against symptomatic influenza in infants 0–6 months.

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

Risk and Benefits Discussion: Pregnancy and Postpartum

Discuss risks of infection and benefits of vaccination with every patient.

Risks of Infection

Pneumonia, hospital or intensive care admission, preterm delivery and maternal fetal death



Benefits of Vaccination

- Reduces pregnancy-related complications and the risk of severe maternal and infant illness and hospitalization.
- Provides protective antibodies to the infant before birth.

Adult Influenza Recommendations: 19+

Adults 19 -64 Years

All should receive an age and health-appropriate 2026-27 influenza vaccine

- For most nonpregnant immunocompetent adults, any age-appropriate vaccine is acceptable.
- 1-dose
- Adults ≥ 50 : mRNA flu vaccine is a new option

- [AAFP 2026-2027 Influenza, RSV and COVID-19 Immunization Recommendations](#)
- [2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

Adult Influenza Vaccine Recommendations: 65 and Older

Adults 65+

All adults 65 and older should preferentially receive an enhanced 2026-2027 influenza vaccine

- Adults in this age group are at higher risk of hospitalization.
- 1-dose; High dose, recombinant, mRNA, or adjuvanted flu vaccine preferred, if available.
- Co-administration with other recommended vaccines is appropriate.

→ [AAFP 2026-2027 Influenza, RSV and COVID-19 Immunization Recommendations](#)

Preferential Influenza Vaccine Options for Adults 65+

AAFP's list of
enhanced influenza
vaccine options



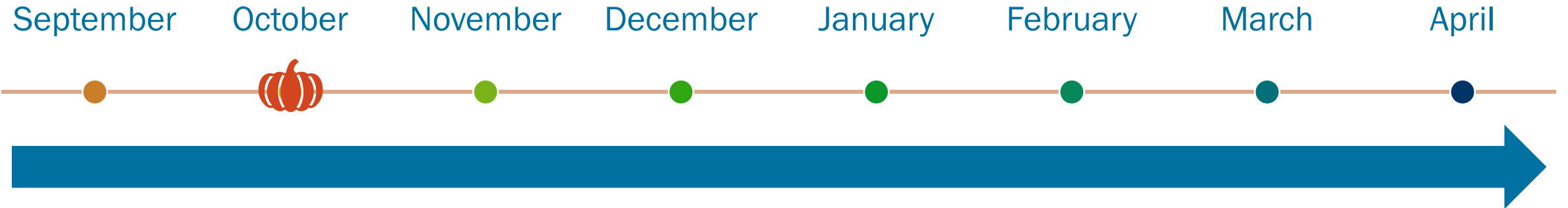
Options for adults ≥ 65 years include¹⁷⁻²¹:

- **Fluzone® high dose (HD-IIV3):** Four times the antigen of a standard dose.
- **Fluad® adjuvanted (aIIV3):** Contains MF59 adjuvant to elicit a stronger immune response.
- **Flublok® recombinant (RIV3):** Egg-free; higher antigen concentration.
- **mFlusiva® (mRNA):** Egg-free; first flu vaccine using messenger RNA (mRNA) technology, the same technology as the COVID-19 vaccines.

[AAFP 2026-2027 Influenza, RSV and COVID-19 Immunization Recommendations](#)

Influenza Vaccine Timing

Vaccinate any time during influenza season

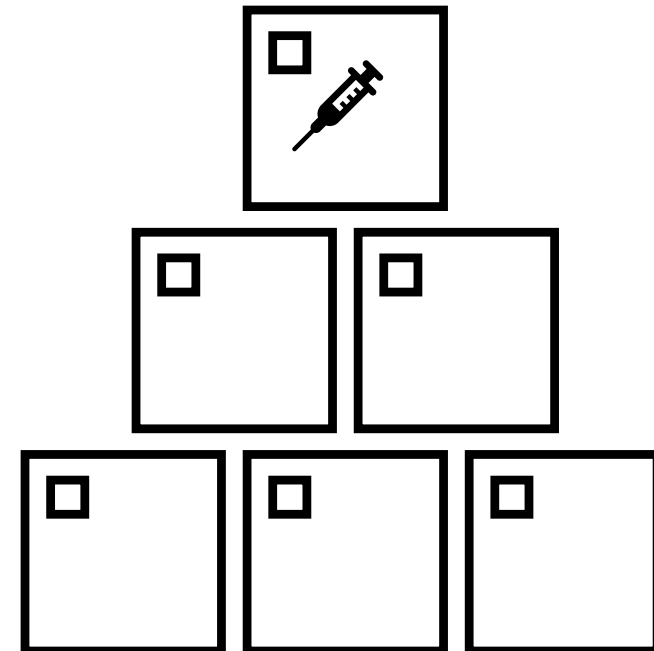


Influenza Vaccine Recommendations Summary

Population	Recommendation	Recommending Body
6 months - 18 years	Any age-appropriate product for children	AAP
19 - 64 years	Recommended for all without medical contraindications	AAFP
65+ years	Preferential recommendation for an enhanced influenza vaccine (high dose, adjuvanted or recombinant or mRNA) when available but don't delay vaccination to obtain one.	AAFP
Immunocompromised	Recommend vaccination; high-dose or adjuvanted flu vaccines may be beneficial	IDSA
Pregnant or lactating	Recommend vaccination for pregnant persons in any trimester, and for individuals who are postpartum and/or lactating.	ACOG
Healthcare workers	Annual flu vaccination	AAFP

Product Updates

- All U.S. 2026-27 influenza vaccines are trivalent
- Composition updated:
 - [H1N1, H3N2 and B/Victoria-lineage virus](#)
- New option: mFlusiva for adults



What is mFlusiva?

- First FDA approved messenger RNA influenza vaccine for adults 50+
 - [Package Insert and Information for Patients – MFLUSIVA](#)
- Single dose, prefilled syringe
 - 0.38mL intramuscular dose
 - Preservative-free, egg free
- Contains polyethylene glycol (PEG)

Pronounced “em-floo-SEE-vuh”

Among adults 50 and older,
mFlusiva was

27%

more effective against
symptomatic disease
compared to standard dose

FluMist Access

1

Provider Office



- Ordered through VCVF for administration at provider offices for people 2-18 years

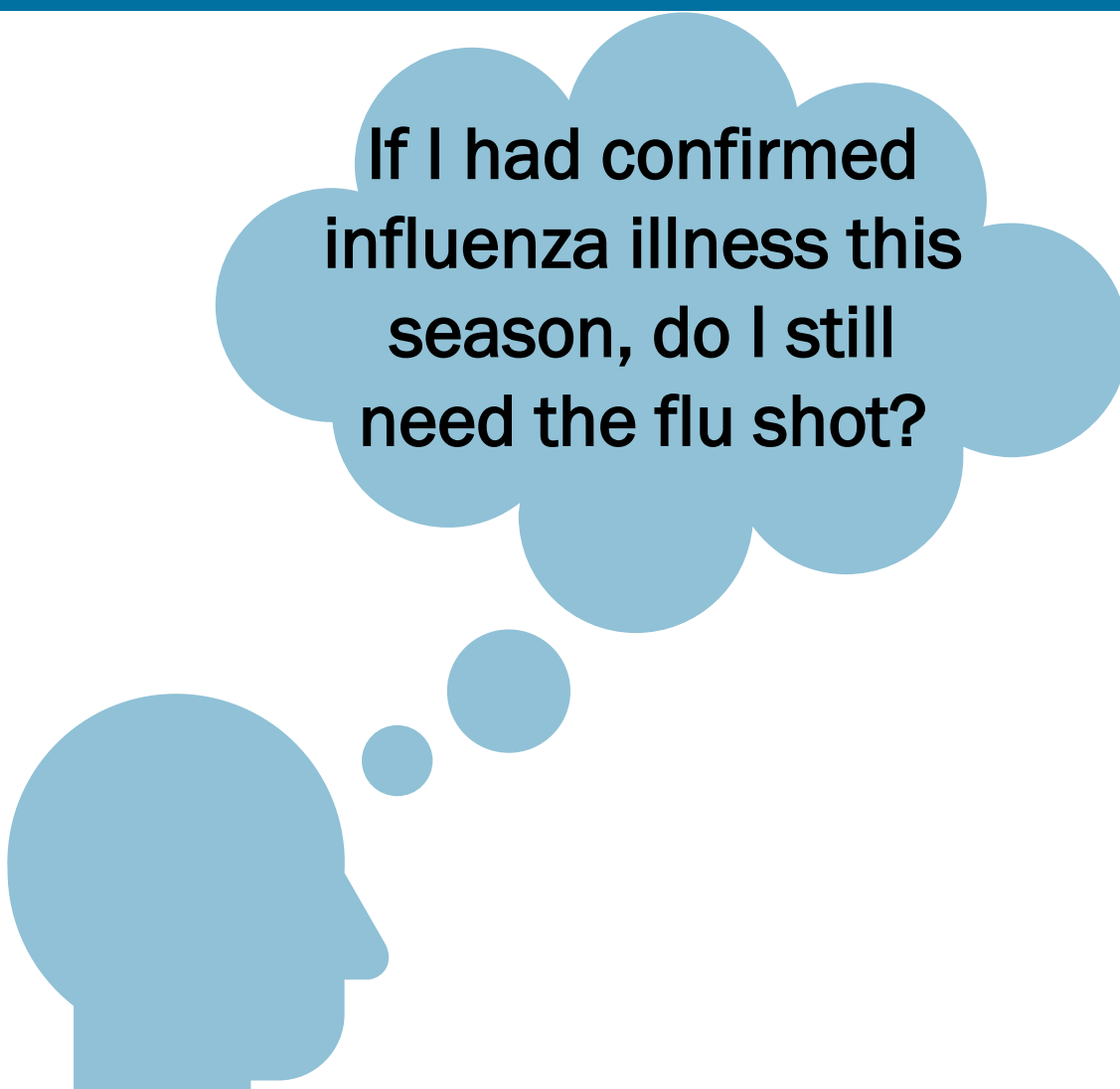
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FluMist at Home



- [Ordered online](#)- shipped directly home for self or caregiver administration
- Children 2-17 years; caregiver administration
- Adults 18-49 years; self administration
- Not available through the Vermont Vaccine Program

Commonly Asked Questions: Had Flu Already This Season

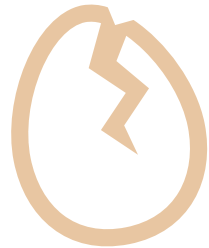


If I had confirmed influenza illness this season, do I still need the flu shot?

Yes- annual flu vaccination is still recommended.

Commonly Asked Questions: Egg Allergy

**My patient is allergic to eggs,
what product should they
receive?**



- Egg allergy alone is not a contraindication to flu vaccination.
- Any age-appropriate flu vaccine can be used, including egg-based vaccines.
- No additional precautions are needed.

Influenza Vaccine Recap



Recommend Vaccination for Everyone Eligible

Use an age and health appropriate 2026-2027 influenza vaccine.



Some Children May Need Two Doses

*Children 6 months -8
years; depending on
vaccine history*



Adults >65 Should Receive Enhanced Vaccine

High dose, recombinant, mRNA, or adjuvanted flu vaccine, when available

COVID-19 Vaccine Recommendations

2026-2027 Respiratory Vaccine Recommendations

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HealthVermont.gov/SeasonalVaccines

2025-26 COVID-19 Disease Burden Estimates in the U.S.



4.6-12.9 Million
Illnesses



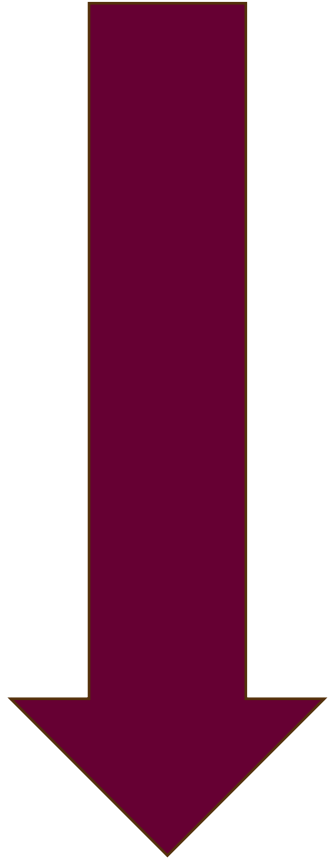
140,000-240,000
Hospitalizations



15,000-42,000
COVID-19 deaths

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

Impact of COVID-19 Vaccination



76%

reduction in COVID-related pediatric emergency department visits (in children 9 months – 4 years).

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

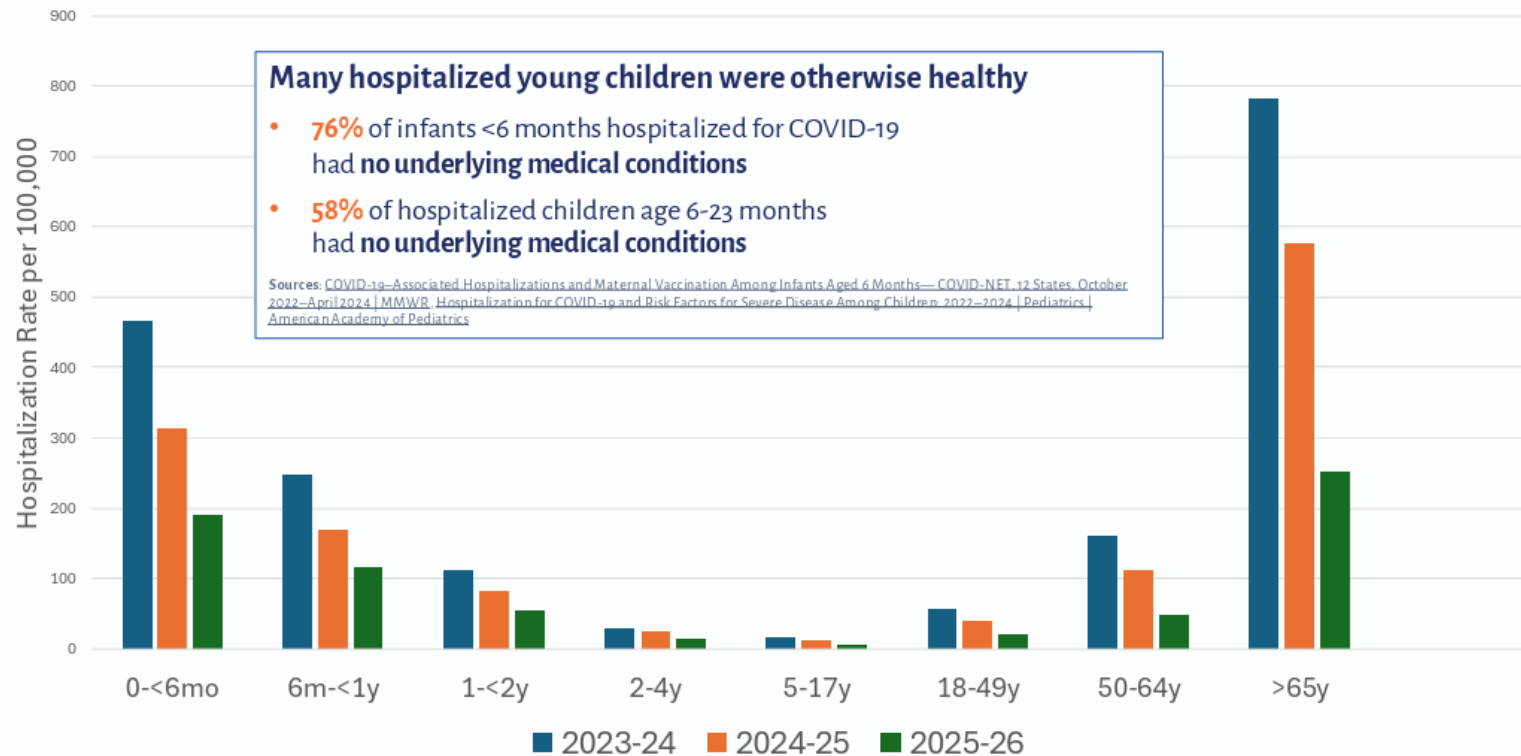
53%

reduction in risk of hospitalization for adults 65 years and older.

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

Visualizing the Risk Burden Across the Lifespan

COVID Hospitalization Rates by Age Group, 2023-26



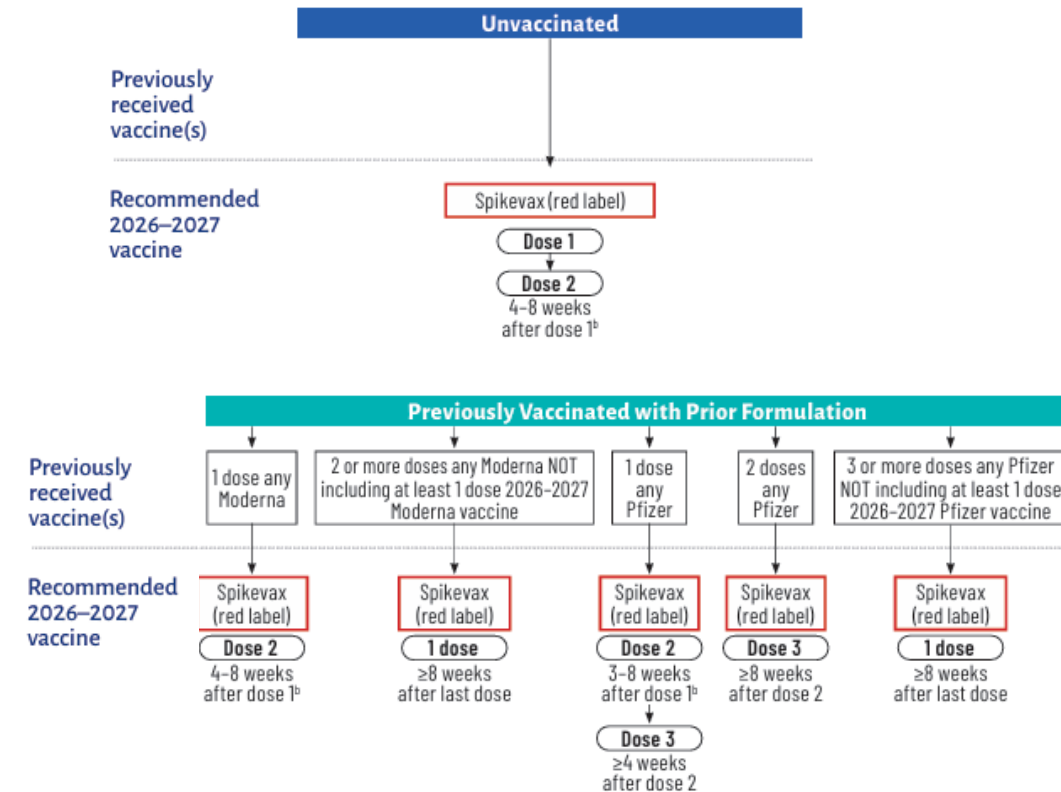
Graphs depict surveillance data starting at week 18 of year 1 and concluding in week 17 of year 2

Recommendation: Infants and Children 6-23 months



Universal recommendation: 6-23 months

- Recommended to receive a two-dose series with at least one dose of 2026-2027 Moderna Spikevax vaccine.
 - Those who have previously completed their initial series should receive a single dose of 2026-2027 Spikevax vaccine.
 - Three doses for any infant who received initial Pfizer series in summer 2025.



[COVID Vaccine Dosing Quick Reference.pdf](#)

Recommendations for Children 2-18 Years

Children 2-18 Years

Children 2-18 years with certain risk factors or if desired should receive age-appropriate 2026-2027 COVID-19 vaccine

- Risk-based recommendation for:
 - Persons at high risk of severe COVID-19
 - Residents of long-term care facilities or other congregate settings
 - Persons who have never been vaccinated against COVID-19
 - Persons whose household contacts are at high risk for severe COVID-19

→ [AAP Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027](#)

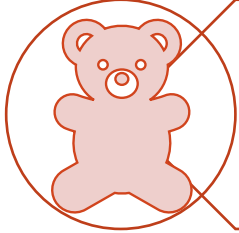
Children at High Risk of Severe COVID-19

Underlying conditions with common examples

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	Body mass index (BMI) $\geq$ the 95 th percentile in children
Neurologic and neurodevelopmental conditions	Cerebral palsy; epilepsy; intellectual developmental disorder; compromised mobility (e.g., wheelchair dependent)
Immunosuppressive conditions	In alignment with conditions identified by IDSA
Rheumatologic, autoimmune disease	Systemic lupus erythematosus; juvenile idiopathic arthritis

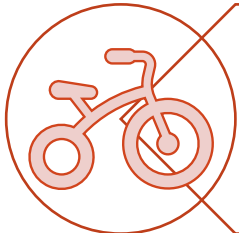
COVID-19 Dosing Schedule

Unvaccinated



2 - 4 years

1 dose Spikevax (red label)



5-11 years

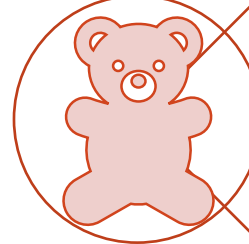
1 dose Spikevax (red label) or
Comirnaty (blue cap)



12 -18 years

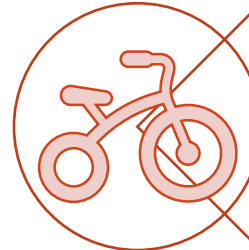
1 dose of Spikevax (blue label), mNexspike,
Comirnaty (gray label), or Nuvaxovid

Previously Vaccinated with Prior Formulation



2 - 4 years

1 dose Spikevax (red label)
At least 8 weeks after last dose



5-11 years

1 dose Spikevax (red label) or Comirnaty (blue
cap)
At least 8 weeks after last dose



12 -18 years

1 dose of Spikevax (blue label)*, mNexspike**,
Comirnaty (gray label)*, or Nuvaxovid*

**At least 8 weeks after last dose*

***At least 12 weeks after last dose*

Myocarditis Risk for Adolescents

Myocarditis has been identified as a rare adverse event casually associated with mRNA COVID-19 vaccination through post-vaccination surveillance and observational studies primarily among males 12 years and older within pediatric populations.

Risk shown to be highest after 2nd dose of the primary series, with lower risks observed after first dose and booster doses.

COVID-19 vaccine associated myocarditis in adolescents has generally been characterized by milder clinical presentations.

Recent evidence suggest lower rates with newer formulations

What to know more?



Read AAP's [Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Technical Report](#)

Read about a [recent study](#) comparing vaccination risk with infection-associated risk

Clinical Considerations for All Adult Populations



All adults are recommended to receive a 2026-2027 COVID-19 vaccine.



Any of the four age-appropriate, licensed COVID-19 products may be used



Coadministration with other recommended vaccines is appropriate.

Recommendations for Pregnant or Lactating Adults

Pregnant or Lactating

**All should receive
2026-27 COVID-19
vaccine**

At any point in pregnancy

- Vaccinate during any trimester
- Vaccination during pregnancy provides protection to both the pregnant person and to the infant.
- Safety data shows no increased risk of adverse maternal, fetal, or neonatal outcomes associated with COVID-19 vaccination in pregnancy.

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

Recommendations for Adults 19-64 Years

Adults 19-64 Years

**All should receive
2026-27 COVID-19
vaccine**

- Vaccinate as soon as updated product is available
- AAFP places particular emphasis on vaccinating those at increased risk for severe COVID-19 and those who have never been vaccinated.
 - High risk conditions identified by AAFP include: moderate to severe immunocompromising conditions; chronic kidney disease; chronic lung disease; diabetes; obesity; cardiovascular disease; cancer; neurologic conditions; and individuals who currently smoke or formerly smoked.

[AAFP 2026-2027 influenza RSV and COVID guidance.pdf](#)

Recommendations for Adults 65 Years and Older

Adults 65 Years and Older

All should receive two doses of the 2026-27 COVID-19 vaccine

Administer the second dose 6 months after first dose.

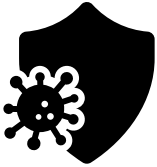
- Vaccinate as soon as updated product is available
- Administer first dose now and second dose 6 months later.
- Refer to a pharmacy if your practice is not privately purchasing COVID-19 vaccine for 65 years+

[AAFP 2026-2027 influenza RSV and COVID guidance.pdf](#)

COVID-19 Products

1

Messenger RNA (mRNA)



- Comirnaty (Pfizer)
- Spikevax (Moderna)
- mRNAexspike (Moderna)

2

Recombinant protein-based



- Nuvaxovid (Sanofi)

Both types of vaccines are monovalent and formulated for JN.1-lineage XFG variant

COVID-19 Products: Comirnaty (Pfizer)

Comirnaty (Pfizer) for 5-11 years

Dosage	10 mcg/0.3 mL
Presentation	SDVs (blue caps, blue bordered labels) 
Ordering	Minimum order of 10 SDVs
Storage	Refrigerator: BUD 10 weeks No dilution needed.

Comirnaty (Pfizer) for 12+ years

Dosage	30 mcg/0.3 mL
Presentation	Pre-filled syringes (gray labels) 
Ordering	Minimum order of 10 PFS Order pediatric and/or adult intent
Storage	Refrigerate. Use until expiration date (no BUD).

COVID-19 Products: Spikevax (Moderna)

Spikevax (Moderna) for 6 months-11 years

Dosage	25 mcg/0.25 mL
Presentation	Pre-filled syringes (red labels) 
Ordering	Minimum order of 10 PFS
Storage	Refrigerator: BUD 60 days Do not refreeze once thawed Store in freezer: Until expiry

Spikevax (Moderna) for 12+ years

Dosage	50 mcg/0.5 mL
Presentation	Pre-filled syringes (blue labels) 
Ordering	Minimum order of 10 PFS Order pediatric and/or adult intent
Storage	Refrigerator: BUD 60 days Do not refreeze once thawed Freezer: Until expiry

COVID-19 Products: mNexspike (Moderna)

mNEXSPIKE (Moderna) for 12+ years	
Dosage	10 mcg/0.2 mL
Presentation	Pre-filled syringes (teal label) 
Ordering	Minimum order of 10 PFS Order pediatric and/or adult intent
Storage	Store in refrigerator; do not freeze. No Beyond Use Date (BUD) – use appropriately stored vaccine until expiry

[mNEXSPIKE
Implementation Guide
2026-2027](#)

COVID-19 Products: Nuvaxovid (Sanofi)

Nuvaxovid (Sanofi) for 12+ years	
Dosage	0.5 mL
Presentation	Pre-filled syringes (dark cyan label) 
Ordering	Minimum order of 10 PFS Order pediatric and/or adult intent
Storage	Store in refrigerator. Do not freeze. No BUD; use until expiration.

[NUVAXOVID™ Vaccine Information](#)

Scenario Check-in

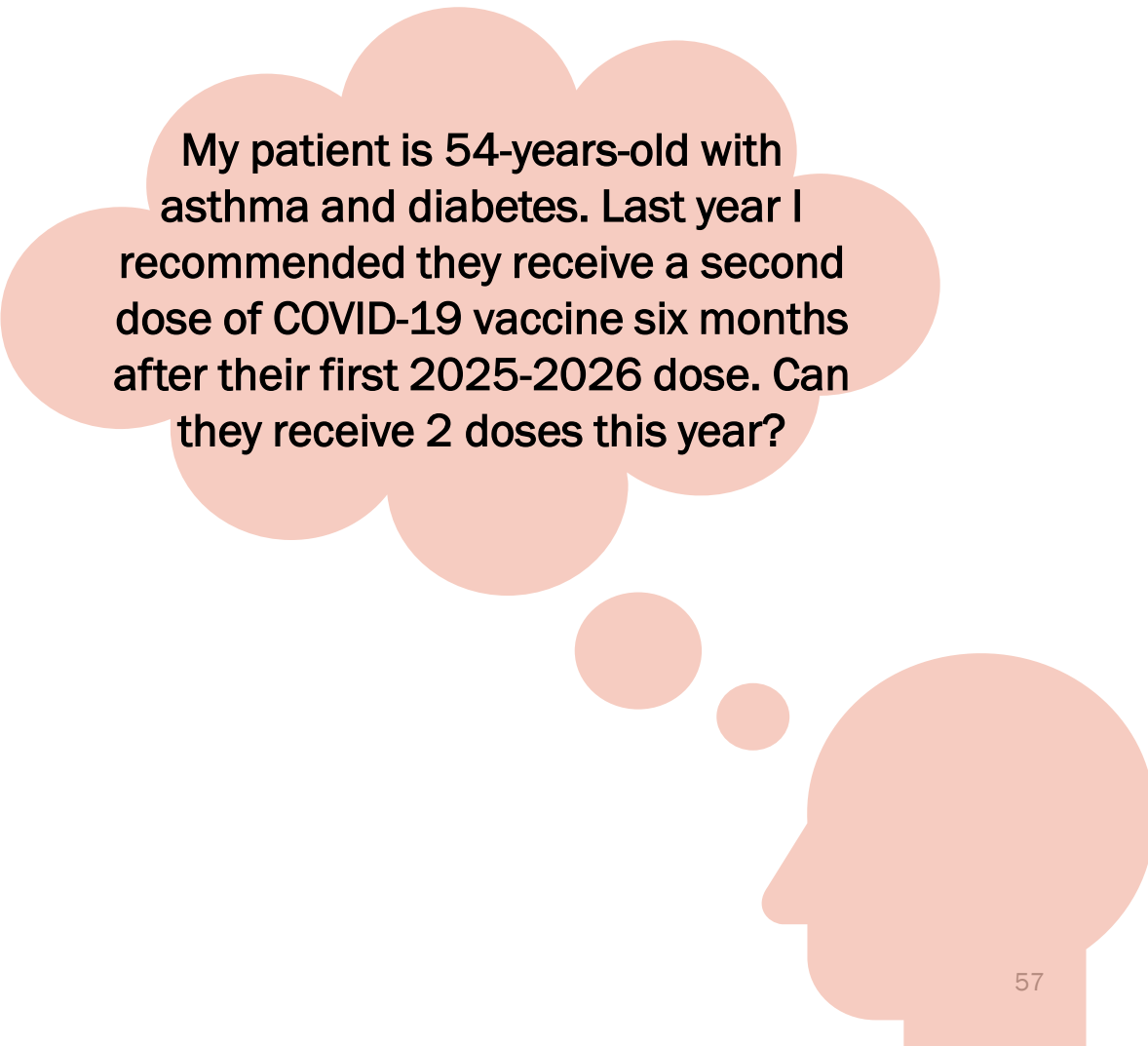


What is your recommendation for Ava?

- a) No recommendation to vaccinate – she is a healthy six-year-old
- b) Discuss vaccination with father (eligible if parent/guardian desires)
- c) Make a strong recommendation for vaccination

Commonly Asked Questions: Second Dose for High-Risk Adults

- Unlike last year, AAFP does not recommend a second dose for high-risk populations this year.
- The Immunization Program recognizes the need for provider discretion to assess appropriate respiratory virus immunization risks and needs.
- COVID-19 continues to be a 'novel' respiratory virus disease with data shifting and emerging on the epidemiology and the best vaccination strategies.



My patient is 54-years-old with asthma and diabetes. Last year I recommended they receive a second dose of COVID-19 vaccine six months after their first 2025-2026 dose. Can they receive 2 doses this year?

COVID-19 Vaccine Recap



Everyone can still receive vaccine

Use an age and health appropriate 2026-2027 COVID-19 vaccine.



Some people need 2 doses

Children 6-23 months need two doses if they do not have a completed primary series. Adults 65 years and older need two doses.



Give a strong recommendation to high-risk people

Identify those with chronic conditions and living arrangements that increase risk of severe disease.

RSV Immunization Recommendations

2026-2027 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 Children 2-18 years with certain risk factors, or if desired	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>Abrysvo (Pfizer) only; given between September 1 & March 1</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, mRNA, 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>

Review IDSA recommendations for people who are immunocompromised at [IDSociety.org](https://www.idsociety.org)
Refer to the American Medical Association for more information at [SpreadtheFacts.org](https://www.ama-assn.org)

HealthVermont.gov/SeasonalVaccines

RSV Burden in Infants and Children

Each year in the U.S., RSV contributes to a substantial disease burden among children under 5.



~520,000
emergency
department visits



58,000-80,000
hospitalizations



100-300
deaths

[AAP 2026-2027 RSV Technical Report](#)

RSV Immunizations Reduce Severe Illness and Hospitalization Risk



51-70% reduction in infant RSV hospitalization risk with maternal vaccination.



63.6-93% reduction in RSV-related hospitalization risk with nirsevimab in infants during their first RSV season.



69-83% vaccine effectiveness against hospitalization for adults ≥ 60 .

[2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project](#)

RSV Immunization Pathways for Infant Protection After Birth

1

**Maternal
Vaccination
(Abrysvo)**

Antibodies passed to infant

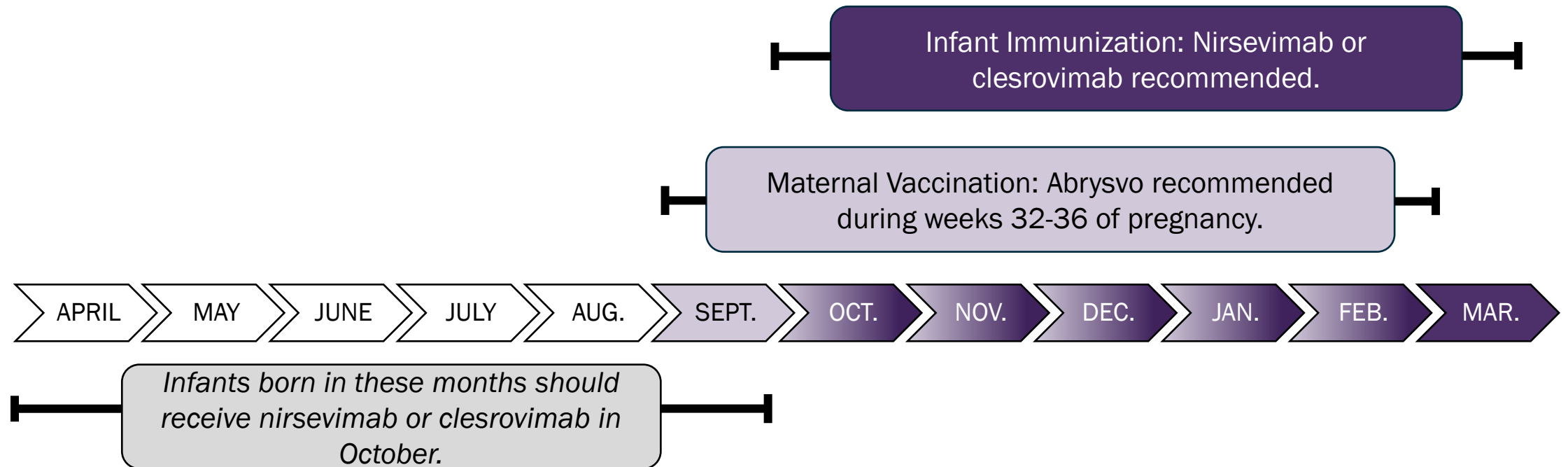
OR

2

**Infant RSV
Monoclonal Antibody**

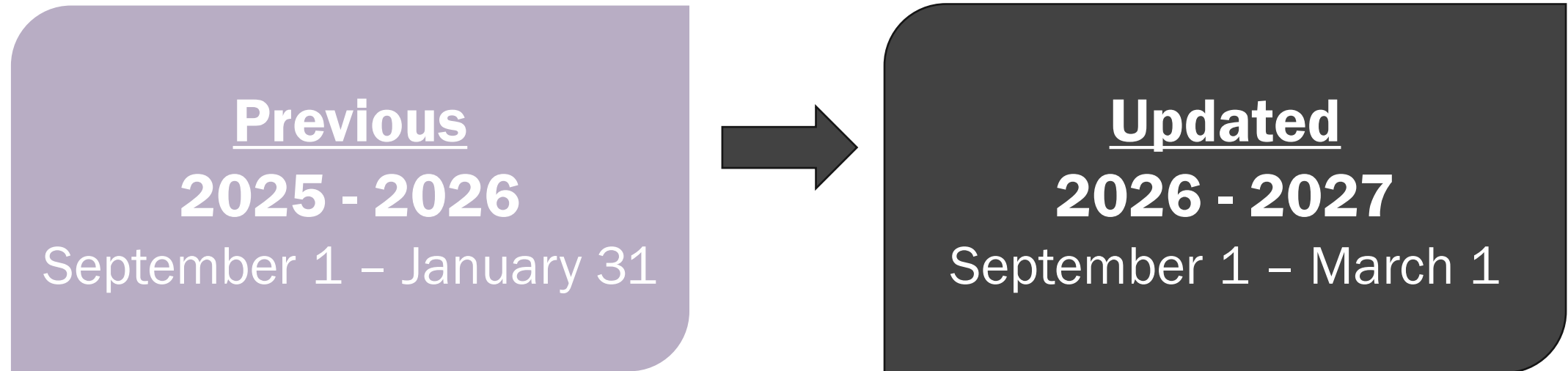
*Direct passive protection of
infant*

Seasonal Recommendations



What's new? ACOG has extended recommended timeframe for administration of RSV vaccine to pregnant individuals.

Eligibility for Maternal RSV Vaccine Extended



RSV Immunization: Maternal RSV Vaccine

1

Pregnancy

32-36 weeks pregnant

*Abrysvo (Pfizer) only; given
between
September 1 and March 1*

- Single dose for pregnant people 32 0/7 and 36 6/7 gestation
- Eligibility:
 - Did not receive maternal RSV vaccine during a previous pregnancy.
 - Do not have a planned delivery within 2 weeks
 - Are not planning to have their infant receive RSV monoclonal antibody

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

RSV Immunization: Infants & Children

2

Infants and Children

All infants under 8 months
(nirsevimab, clesrovimab)

Children 8-19 months with risk factors
(nirsevimab)

Infants <8 months of age born during or entering their first RSV season (October–March) if:

- Pregnant parent did not receive an RSV vaccine during this pregnancy
- Pregnant parent's vaccination status is unknown
- The infant was born within 14 days after the pregnant parent's RSV vaccination
- maternal RSV vaccination

[AAP 2026-2027 RSV Technical Report](#)

Risk Factors for Children 8-19 Months Entering Their Second RSV Season

Chronic lung disease of prematurity requiring recent medical support at any time during the 6-month period before the start of RSV season

Children with severe immunocompromise

Children with certain cases of cystic fibrosis

American Indian or Alaska Native children



What's new? Four new risk conditions.

Children born preterm (<32 weeks, 0 days gestation regardless of the need for medication or other support)

Children with hemodynamically significant congenital heart disease

Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease

Children with Down syndrome or other chromosomal differences placing them at higher risk for severe RSV disease

RSV Monoclonal Antibodies: Nirsevimab & Clesrovimab

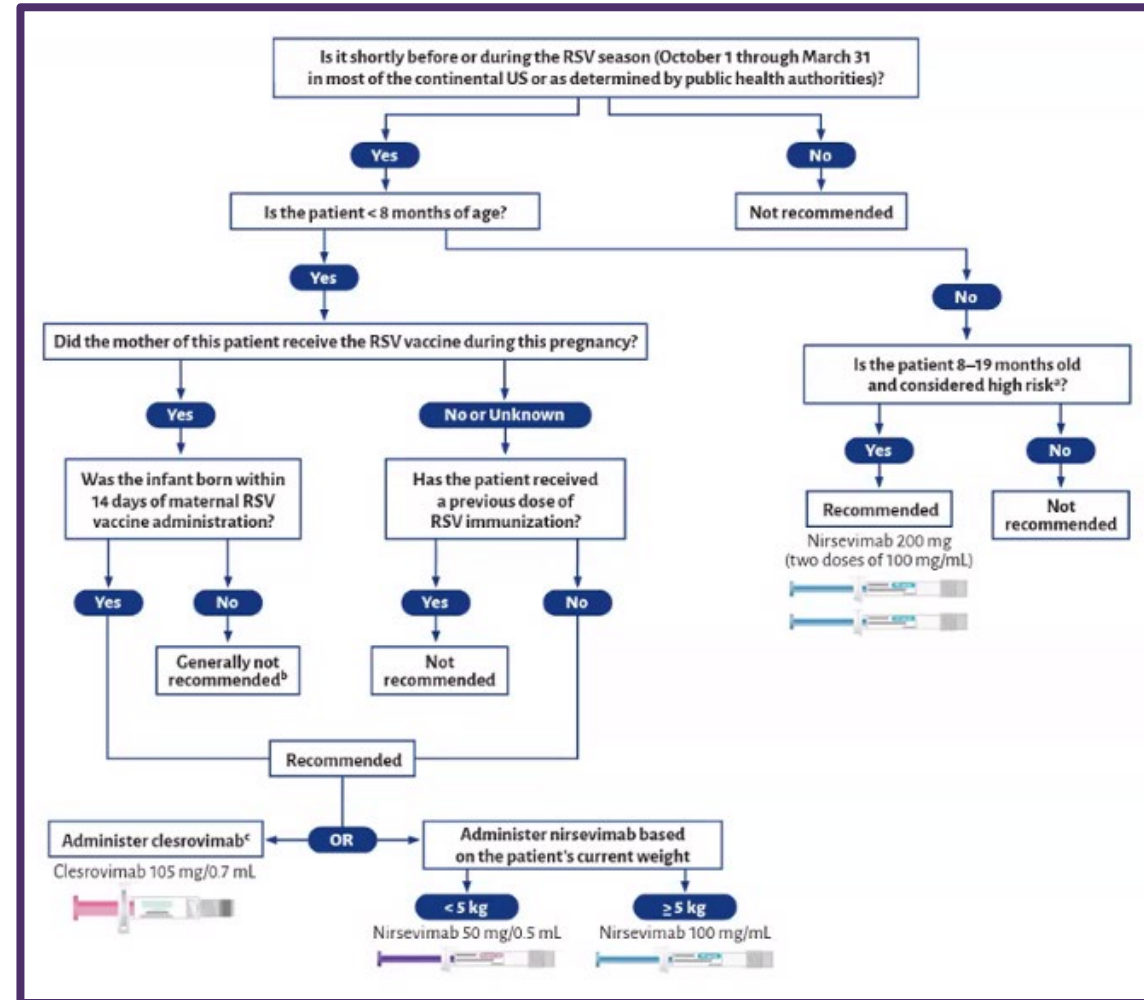
Product	Dosing for infants less than 8 months of age	Dosing for children at high risk during second RSV season
Nirsevimab (Beyfortus) *Weight based	• 50mg for infants weighing less than 5mg • 100mg for infants weighing 5 kg or more	200mg (two doses of the 100mg product)
Clesrovimab (Enflonsia) *Single fixed-dose	105mg for all newborns and infants regardless of weight	Cannot be administered to high-risk, second season children

Summary of RSV Products and Timing

Population	Product	Clinical Recommendation	Administration Window
Pregnant People	Abrysvo (maternal vaccine)	Single dose for individuals 32-36 weeks gestation and who haven't received RSV vaccine in a previous pregnancy.	September 1- March 1
Infants <8 Months	Nirsevimab or Clesrovimab	Single dose for infants born before or during 1 st RSV season whose mother did not receive the maternal RSV vaccine during pregnancy.	October 1- March 31
High-Risk Infants 8-19 Months	Nirsevimab	Single dose for high-risk infants entering their 2 nd RSV season, regardless of whether mother received maternal RSV vaccine during pregnancy. Clesrovimab is not currently indicated for season 2.	October 1- March 31

RSV Antibody Administration Visual Guide

AAP RSV Immunization Administration Visual Guide



RSV Vaccination: Adults 50 Years and Older

Adults 50+

**All 75+ and adults
50-74 with risk
factors**

One lifetime dose

- **Age 75 and older**
 - Unvaccinated: 1 dose (Arexvy or Abrysvo or mResvia).
 - Previously vaccinated: additional doses not recommended.
- **Special Situations; Age 50-74**
 - Unvaccinated and at increased risk: 1 dose (Arexvy or Abrysvo or mResvia).
 - Previously vaccinated: additional doses not recommended.

→ [AAFP 2026-2027 Influenza, RSV and COVID-19 Immunization Recommendations](#)

RSV Vaccine Products for Adults

AAFP's list of
available adult
RSV products



Currently available RSV vaccine products (U.S., 2026-2027)^{1,46-49}

Product (manufacturer)	Vaccine type/platform	FDA-approved indication	Practice notes
Arexvy (GlaxoSmithKline)	Protein subunit (prefusion F) + AS01E adjuvanted	≥60 years (all); 50-59 years at increased risk; *18-49 years at increased risk (added March 2026)	Single dose (0.5 mL IM). Not for use in pregnancy (product limitation). Postmarketing observational data prompted a Guillain-Barré syndrome (GBS) warning.
Abrysvo (Pfizer)	Protein subunit (bivalent prefusion F), adjuvant-free	≥60 years (all); 18-59 years at increased risk	Single dose IM. Also indicated for maternal immunization at 32-36 weeks gestational age (separate, non-adult indication). Postmarketing observational data prompted a GBS warning.
mResvia (Moderna)	mRNA (prefusion F), adjuvant-free	≥60 years (all); 18-59 years at increased risk	Single dose (0.5 mL IM).

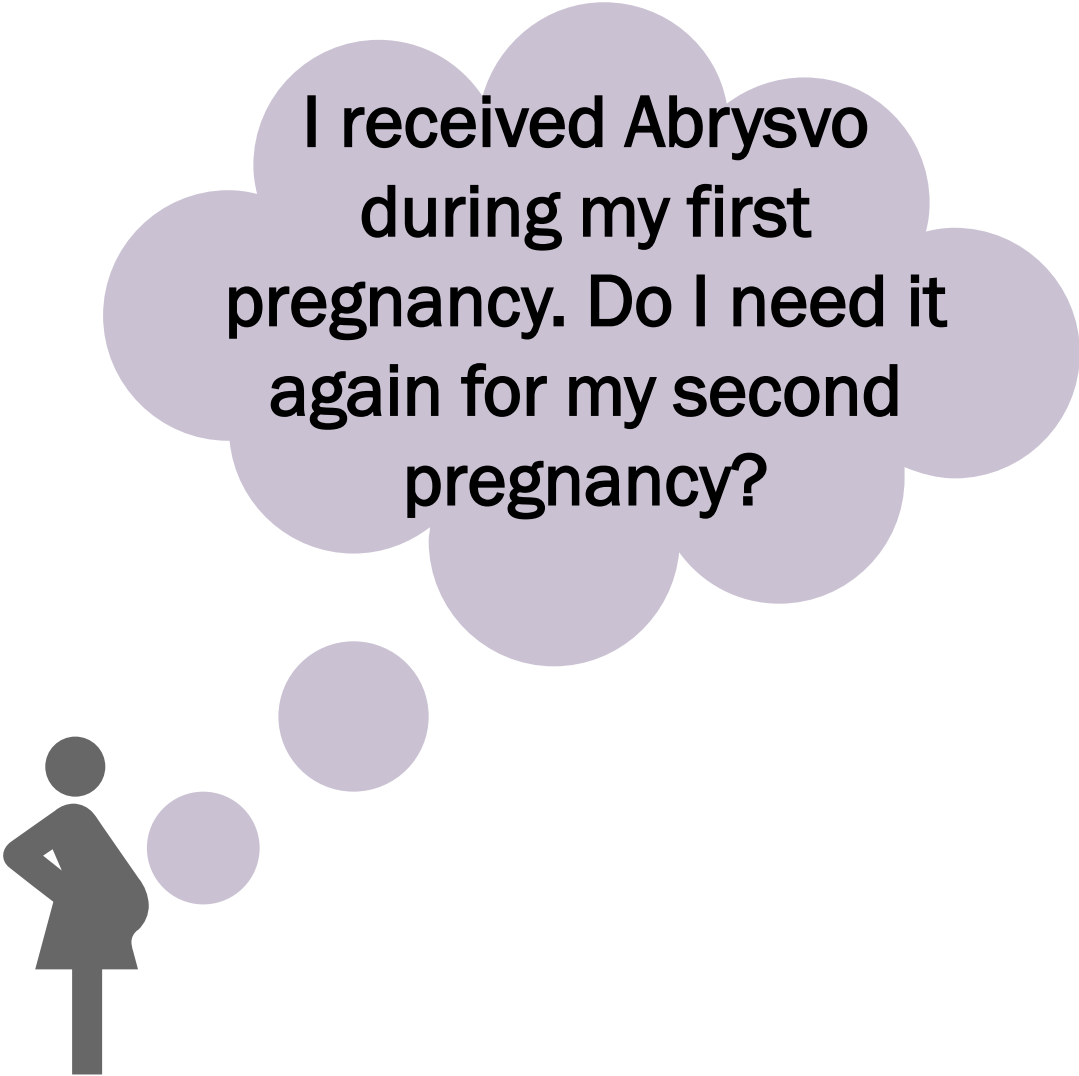
** See note in the green box on next page regarding age recommendation.*

[AAFP 2026-2027 Influenza, RSV and COVID-19 Immunization Recommendations](#)

Summary of Adult RSV Vaccine Recommendations

Population	Recommendation	Recommending Body
19-64 years	One-time vaccination of adults 50-65 years at increased risk of severe RSV	AAFP
65+ years	One-time vaccination of adults 66-74 years at increased risk of severe RSV and all adults 75 years and older	AAFP
Immunocompromised	Single dose for adults 18 years and older; shared clinical decision making for those younger than 18 yrs.	IDSA
Pregnant individuals	One-time vaccination (Abrysvo) in a single eligible pregnancy at 32-36 weeks administered between September 1 – March 1	ACOG
Healthcare workers	If appropriate via age and risk-based recommendations	AAFP

Commonly Asked Questions:



I received Abrysvo during my first pregnancy. Do I need it again for my second pregnancy?



No, pregnant people who received a dose of RSV immunization during a previous pregnancy should not get it again. Instead, the baby should receive the RSV immunization.

RSV Immunizations Recap



Maternal RSV Vaccine Eligibility Extended

Abrysvo; September 1 - March 1



High-Risk Criteria Expanded for Children

8-19 Months

Four additional conditions added to second season eligibility



Adult Dosing is One Per Lifetime

Additional doses not recommended; no data available to inform additional doses

Immunocompromised Populations

IDSA Definition of Immunocompromised

- Solid organ transplant
- Hematologic malignancy
- HCT/CAR-T
- Solid tumor chemotherapy
- Primary immunodeficiency
- Autoimmune immunosuppression
- HIV

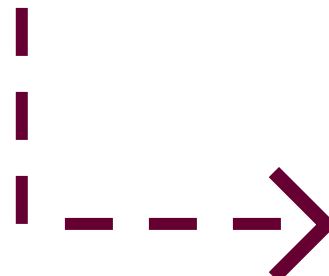
[Guidelines](#) include specific timelines and information for each vaccine recommendation



IDSA's Recommendations

	 Influenza (flu)	 Respiratory syncytial virus (RSV)	 COVID-19
 Immunocompromised	Annual flu vaccine for those ages ≥ 6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages ≥ 18 years and for those ages < 18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥ 6 months

Image: [Consolidated respiratory virus immunization recommendations](#) | AMA

 [IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#)

Guidance for Immunocompromised Populations

[IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#)

[AAP | Recommendations for Prevention and Control of Influenza, 2026-20217](#) (See pages 15-16)

[AAP | Recommendations for COVID-19 Vaccines: Policy Statement](#) (See pages 5, 10, & 11)

[AAP | Recommendations for COVID-19 Vaccines: Technical Report](#) (See pages 10-14, 20, and 43-44)

[AAP | COVID Vaccine Dosing Quick Reference](#) (See page 2)

[AAP | Recommendations for Prevention of RSV: Policy Statement](#) (See page 6)

[AAP | Recommendations for Prevention of RSV: Technical Report](#) (See pages 16-17)

Look here for guidance for adults

[IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#)

[AAFP | 2026-2027 Influenza, RSV and COVID Immunization Recommendations](#)

★ **Consult with specialty provider or infectious disease specialist** ★

Refer to these for pediatric guidance

IDSA Recommendations: Guidance on Timing

Table 3. Influenza Vaccination Guidance by Immunocompromised Population⁽¹⁻¹⁰⁾

Group	Suggested timing of 2026-2027 Influenza vaccine ^{*,**}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥1 months post-SOT, may give earlier if influenza season has started
Hematologic malignancy	- Optimal timing includes ≥2 weeks before starting treatment and ≥3 months after last infusion - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible based on influenza season, earlier administration reasonable (blunted immune response possible)
HCT/CAR-T	- Optimal timing includes ≥3 months after transplant or CAR-T treatment - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible based on influenza season, administer earlier (blunted immune response possible)
Solid tumor chemotherapy	Optimally at least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	- Optimal timing includes ≥2 weeks before starting treatment and ≥3 months after last infusion - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible based on timing of influenza season, earlier administration reasonable (blunted immune response possible)
Autoimmune immunosuppression	Align with preventive routine care
HIV	Align with preventive routine care

* Defer during most intense periods of acute transplant rejection treatment or severe/acute illness
 ** Since influenza vaccine is recommended annually, timing of vaccination is of particular concern. While response may be blunted if administered prior to the recommended interval, during the fall and winter months optimal timing of influenza vaccine in relation to immunosuppression will depend on local circulation of influenza virus. Vaccination should continue throughout the influenza season as long as influenza viruses are circulating and vaccine remains available.

Table 1. COVID-19 Vaccination Guidance by Immunocompromised Population⁽²⁻⁶⁾

Group	Suggested timing of 2026-2027 COVID-19 vaccine ^{*,**}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥3 months post-SOT
Hematologic malignancy	- Optimal timing includes ≥2 weeks before starting treatment and ≥3 months after last infusion - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HCT/CAR-T	- Optimal timing includes ≥3 months after transplant or CAR-T treatment - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
Solid tumor chemotherapy	At least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	Align with IVIG/SCIG or clinic access
Autoimmune immunosuppression	- Optimal timing includes ≥2 weeks before starting treatment and ≥3 months after last infusion - For B-cell depletion, consider ≥3-6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HIV	Align with preventive routine care

* Defer during acute transplant rejection treatment or severe/acute illness
 ** Use shared-decision making for early windows based on levels of community virus circulation

Table 5. RSV Vaccination Guidance by Immunocompromised Population⁽¹⁻⁵⁾

Group	Suggested timing of RSV vaccine ^{*,**}
Solid organ transplant	At least 2 weeks pre-SOT; or ≥6 months post-SOT, can be given as early as 1 month after transplant during RSV season
Hematologic malignancy	- Optimal timing includes ≥2 weeks before starting treatment and ≥6 months after last infusion - For B-cell depletion, consider ≥6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HCT/CAR-T	- Optimal timing includes ≥6 months after transplant or CAR-T treatment - For B-cell depletion, consider ≥6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
Solid tumor chemotherapy	Optimally at least 2 weeks before starting therapy; during/after is acceptable
Primary Immuno-deficiency	Align with IVIG/SCIG or clinic access
Autoimmune immunosuppression	- Optimal timing includes ≥2 weeks before starting treatment and ≥3-6 months after last infusion - For B-cell depletion, consider ≥6 months after last infusion - If optimal timing not feasible, administer during treatment (blunted immune response likely)
HIV	Align with preventive routine care

* Defer during acute transplant rejection treatment or severe/acute illness
 ** Use shared-decision making for early windows based on levels of community virus circulation

Influenza Timing Guidance

COVID-19 Timing Guidance

RSV Timing Guidance

Resources

AAP Immunization Fact Sheets for Families

Immunization Facts for Families

Influenza

Updated September 3, 2024

All children 6 months and older are recommended to receive an annual influenza (flu) vaccine (ideally by the end of October). The vaccine helps your child's immune system recognize and resist the virus so they can remain healthy.

The flu vaccine protects your child from:

- Symptoms such as fever, cough, sore throat, headache, chills, muscle aches, and fatigue
- Serious health issues such as inflammation of the heart, brain, and muscles, organ failure, pneumonia, and death.

Annual flu vaccination helps your child's immune system recognize and resist the virus so they can stay in school, go on playdates, and do the things kids love doing. Some people still get the flu after getting vaccinated, but they usually have a milder case. Each year, thousands of children under age 5 are hospitalized with flu complications. Roughly 90% of hospitalized children weren't vaccinated. The flu can be especially serious for kids under 5 or those with conditions like asthma or diabetes.

Who should receive the flu vaccine and when?

- All children 6 months of age and older during each flu season (ideally by the end of October). Children getting the flu vaccine for the first time will need 2 doses, unless they are 9+ years old.

There are 2 types of flu vaccines:

- A shot (injection), recommended for children 6 months and older.
- A nasal spray, which is available for children at least 2 years old and healthy.

Children can still receive the vaccine if they have a minor illness, like a cold, on the day of vaccination. Tell your child's doctor or care team about any symptoms of illness, medical conditions and medications that they take.

How does flu spread?

Influenza viruses can spread rapidly through communities. When an infected person coughs or sneezes, others around them can inhale the virus through the nose or mouth. The virus can also spread when a person touches a contaminated surface, such as a door handle, and then

puts their hands or fingers in their nose or mouth or rubs their eyes. In the United States, flu most often spreads from fall through spring.

Flu viruses change over time, and different strains circulate each year. The flu vaccine is updated every year to keep up with these changes. That's why kids (and adults) need a new flu shot every year.

What are the side effects of the vaccine?

Common side effects of the flu shot may include soreness, redness, and swelling where the shot was given, as well as fever, muscle aches, and headache. There may be a very small increased risk of Guillain-Barré Syndrome (GBS), a condition that can cause numbness and muscle weakness. The risk of experiencing GBS after influenza infection is higher than the risk of GBS after influenza vaccination. If your child has a history of GBS, talk with their doctor about the flu vaccine.

Although most flu vaccines contain small amounts of egg proteins, children with egg allergies can safely receive them without an increased risk of allergic reaction.

Learn more
If you have questions about vaccines and keeping your child healthy, talk with your pediatrician. Visit www.healthychildren.org/flu for more information on flu vaccines from the AAP. View and download AAP Immunization Fact Sheets at www.aap.org/IZFactSheets.

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from the American Academy of Pediatrics

Immunization Facts for Families

Respiratory Syncytial Virus (RSV)

Updated September 3, 2024

There are two ways to protect babies from severe RSV disease. An immunization can be given to pregnant people near the end of pregnancy, or an RSV immunization can be given to babies. Either choice is very effective at preventing severe RSV disease.

The RSV immunization protects your child from:

- Respiratory Syncytial Virus (RSV), a common virus that causes symptoms like a runny nose, decreased appetite, cough, sneezing, fever, and wheezing.
- Severe RSV disease, which can make it hard for your child to breathe and get enough oxygen.
- Hospitalization caused by a severe RSV infection, which can involve intensive care and needing a ventilator.

Why is RSV immunization recommended?

Infants are at highest risk for severe RSV during their first 6 months of life. RSV is the leading cause of infant hospitalization in the United States, with about 2–3 out of every 100 unimmunized infants who are younger than 3 months hospitalized each year.

RSV immunization is highly effective—about 90% effective at preventing hospitalization in infants.

Who should receive the RSV immunization and when?

All babies who are younger than 8 months old should get protection from RSV using one of these options:

Option 1: RSV immunization for the pregnant person

- In most of the US, RSV immunization for pregnant people is only administered between September and March.
- This immunization is given between 32–36 weeks of pregnancy.
- Pregnant people who received a dose of RSV immunization during a previous pregnancy should not get it again. Instead, the baby should receive the RSV immunization (see Option 2).
- Antibodies from the pregnant person are passed to the baby before birth.

Option 2: RSV immunization for babies

- In most parts of the US, RSV immunization for babies is only administered between October and March.

Learn more
If you have questions about immunizations and keeping your child healthy, talk with your pediatrician. Visit www.healthychildren.org/RSV for more information on RSV immunizations from the AAP. View and download AAP Immunization Fact Sheets at www.aap.org/IZFactSheets.

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Immunization Facts for Families

COVID-19

Updated September 3, 2024

Millions of children and teens have received COVID vaccines. The COVID vaccine helps prevent illness or reduce symptoms, so kids can focus on growing up happy and healthy.

Getting the COVID vaccine can keep your family healthy and:

- Prevent COVID-19 disease
- Reduce the severity of COVID symptoms
- Reduce the number of sick days or missed activities from COVID
- Lower children's risk of hospitalization and death from COVID
- Prevent long COVID in children

Under 2 years old
45% of all children hospitalized for COVID were 6–23 months old. <5% of these children were up to date on COVID vaccination.

5–17 years old
56% of COVID-19-related emergency department and urgent care visits prevented by vaccines.

Who is at greatest risk of complications from COVID?

The AAP also recommends the COVID vaccine for children who are not in these risk groups if their parent or guardian wants them to have protection.

Certain people are at higher risk for severe COVID than others, including children under age 2 years. Studies of children who were hospitalized with COVID showed about 45% were only 6 to 23 months old. Fewer than 5% of those children were up to date on COVID vaccination. For children ages 5–17 years, COVID vaccination is estimated to prevent up to 56% of emergency and urgent care visits. While the vaccine doesn't prevent every case, it does prepare your child's immune system to respond right away and more effectively.

Who should receive the COVID vaccine?

The American Academy of Pediatrics (AAP) recommends the COVID vaccine for:

- All children ages 6 months through 23 months because they are at high risk for severe COVID illness and hospitalization
- Children and teens ages 2 through 18 years with these risk factors:
 - Health conditions that increase their risk of severe COVID
 - Living in long-term care facilities or other group settings
 - Never having been vaccinated against COVID
 - Having household contacts who are at high risk for severe COVID

What are the side effects of the vaccine?

Most children have no side effects after COVID vaccination. If side effects happen, they are usually mild and short-lived, such as pain or swelling at the injection site, headache, chills, or a low fever.

Rarely, heart swelling has been reported after COVID vaccination in adolescents and young adults. This risk is up to six times higher after getting COVID than after vaccination. If you have concerns, talk with your child's pediatrician.

Learn more
If you have questions about vaccines and keeping your child healthy, talk with your pediatrician. Visit www.healthychildren.org/covid-19 for more information on COVID vaccines from the AAP. View and download AAP Immunization Fact Sheets at www.aap.org/IZFactSheets.

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Immunization Fact Sheets

AMA Respiratory Virus Hub: Resources

Influenza (flu) Vaccines: Myths and Facts



- #1 MYTH**
Flu vaccines can cause flu.
- FACT**
Flu shots are made with dead (inactivated) virus or small parts of the virus, so they cannot make you sick with the flu. The nasal spray vaccine uses a weakened virus. It can grow in the nose, but not in the lungs. That means it also cannot cause the flu. It typically takes 2 weeks for the flu vaccine to become effective, and, during those 2 weeks, it is still possible for a vaccinated individual to get flu or another respiratory virus.
- #2 MYTH**
Flu vaccination is not necessary every year.
- FACT**
Immunity from the flu vaccine declines over time, so annual vaccination is critical to provide the best protection. And since the vaccine may change each year to match circulating flu viruses, it is important to get vaccinated annually.
- #3 MYTH**
Healthy people do not need a flu vaccine.
- FACT**
Anyone can get the flu, even young, healthy people. Getting vaccinated each year is important for everyone aged 6 months and older. And vaccination can help prevent the spread of the virus to others who may be vulnerable to flu and related complications.
- #4 MYTH**
The flu is nothing more than just a bad cold.
- FACT**
Flu is not the same as a common cold—it can be far more serious. It can cause high fever, headaches and body aches, chills, and severe fatigue for up to 2 weeks or more. Flu can also lead to more serious complications, even death. On average, flu causes millions of illnesses, hundreds of thousands of hospitalizations, and tens of thousands of deaths in the US each year.
- #5 MYTH**
You can't spread flu if you're feeling well.
- FACT**
Approximately 20% to 30% of people carrying influenza virus have no symptoms.
- #6 MYTH**
Chicken soup will speed up your recovery from flu.
- FACT**
Hot liquids can soothe a sore throat and provide much needed fluids. But chicken soup has no other specific qualities that can help fight flu.

Scan here to access additional helpful vaccine and immunization resources at www.SpreadTheFacts.org

Consolidated respiratory virus immunization recommendations | AMA

Influenza (flu) Vaccines: Myths and Facts

Respiratory Virus Immunization Recommendations

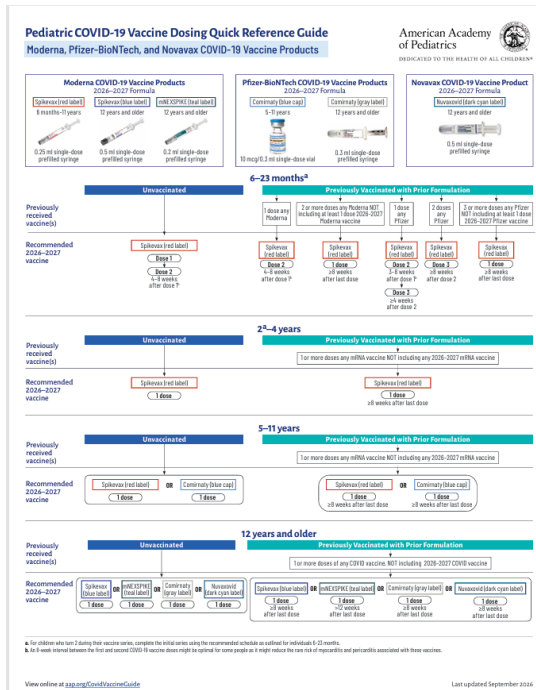
ALIGNED WITH EVIDENCE AND GUIDANCE FROM:



	Influenza (flu)	Respiratory syncytial virus (RSV)	COVID-19
 Children and Adolescents 0-18 years	Annual flu vaccine for all children 6 months+	All infants <8 months, if no protection from RSV vaccine during pregnancy and children 8-19 months in certain risk groups	All young children ages 6-23 months and children 2-18 years in certain risk groups or if desired
 Pregnancy	Annual flu vaccine (avoid nasal spray flu vaccine)	One-time RSV vaccine in first eligible pregnancy if 32-36 weeks pregnant, given between September 1 and March 1	Annual updated COVID-19 vaccine
 Adults 19-64 years	Annual flu vaccine for all adults ages 19+	One-time RSV vaccine for adults ages 50-74 at increased risk of severe RSV	Annual updated COVID-19 vaccine
 Older Adults 65+ years	Annual flu vaccine for all adults, high dose for 65+, if possible	One-time RSV vaccine recommended for adults ages 50-74 at increased risk and all adults age 75+	Annual updated COVID-19 vaccine for adults 65+, followed by a second dose 6 months later to boost protection
 Immunocompromised	Annual flu vaccine for those ages ≥6 months (avoid nasal spray flu vaccine)	Single dose of RSV vaccine for those ages ≥18 years and for those ages <18 years, administration should be guided by shared decision making	Annual updated COVID-19 vaccine for those ages ≥6 months
 Healthcare Personnel	Annual flu vaccine	Follow age- and risk-based RSV vaccine recommendations	Annual updated COVID-19 vaccine

Scan here to access additional helpful vaccine and immunization resources at www.SpreadTheFacts.org

Professional Organizations: Guidance & Resources



AAP COVID Vaccine Dosing Quick Reference

All Maternal Vaccines

For Patients

Safe and recommended vaccines for pregnant patients:

- COVID-19
- Flu
- RSV
- Tdap

Talk with your health care professional about getting vaccinated today to protect you and your baby from serious illness.

ACOG

Download Graphic

Post 1

The Tdap, RSV, flu, and COVID-19 vaccines are all safe and recommended for pregnant patients. After receiving a vaccine while pregnant, your body produces antibodies that can pass through the placenta, offering your baby protection from serious illness after birth. Learn more: <http://bit.ly/3EMmEcn>

Associated Resource: [Get Your Recommended Vaccines During Pregnancy \(Video\)](#)

Post 2

Curious about getting vaccinated during pregnancy? Hear from expert Maura Jones Pullins, MD, an ob-gyn and parent, on why she chose to get vaccinated during her pregnancy and how maternal vaccines keep pregnant patients healthy and protect babies after birth: <https://bit.ly/3QIH4FC>

Associated Resource: [My Vaccine Choice: How Getting My Shots Protected Me and My Baby \(Expert View\)](#)

2026–2027 Respiratory vaccine recommendations for adults ≥19 years

INFLUENZA VACCINE	COVID-19 VACCINE	RSV VACCINE
Who - All adults ≥19 years: Annual influenza vaccine. - Adults ≥65 years: Preferentially receive an enhanced influenza vaccine (high dose, adjuvanted, recombinant, or mRNA) when available but do not delay vaccination while waiting for a preferred product.	Who All adults ≥19 years: Receive an updated COVID-19 vaccine, with particular emphasis on adults ≥65 and those at increased risk.	Who - Adults ≥75 years: Single dose of any age-appropriate FDA-licensed RSV vaccine. - Adults 50–74 years at increased risk: Single dose of any age-appropriate vaccine.
Dose One dose annually	Dose - Adults ≥65 years: two doses each season 1st dose at month 0 2nd dose 6 months later	Dose One-time dose; revaccination is not currently recommended
Timing September–October is the general target window	Timing Offer as soon as the updated formulation is available. Do not delay for a preferred product.	Timing Late summer to early fall is optimal.
Product guidance - Any age-appropriate licensed influenza vaccine is acceptable for most adults. - Adults ≥65: Prefer an enhanced product when available. - FluMist is an option for eligible non-pregnant people ages 19–49.	Product guidance - No preferential recommendation among licensed COVID-19 products. - Novavax is available as a non-mRNA option. - AAPF recommendations may be broader than FDA-approved product indications; verify current labeling and coverage.	Product guidance No preferential recommendation among licensed RSV vaccines.
KEY POINTS FOR VACCINE IMPLEMENTATION AND ACCEPTANCE		
Recommend confidently and early Use a prescriptive recommendation, then brief shared decision-making.	Offer coadministration Give influenza, COVID-19 and RSV at the same visit when indicated.	Use every encounter as a vaccine opportunity Use previsit planning, standing orders and EHR prompts.
Maintain continuity Document promptly in the EHR/immunization information system.	Stay up to date Use AAPF.org for current recommendations and product details.	
This guidance applies to non-pregnant, immunocompetent adults ≥19 years. For pregnant individuals, immunosuppressed individuals, and children 0–18 years, see guidance from ACOG, IDSA, and AAP.		
Source: AAPF 2026–2027 influenza, RSV and SARS-CoV-2 immunization recommendations for adults ≥19 years.		

AAPF 2027 Recommendations

Maternal Immunization Social Media Toolkit | ACOG

2026-2027 Respiratory Virus Season State Supplied Vaccines



People aged 65 and older are not eligible for any state-supplied vaccines.

Key

MDV: Multi-Dose Vials

PFS: Prefilled Syringes

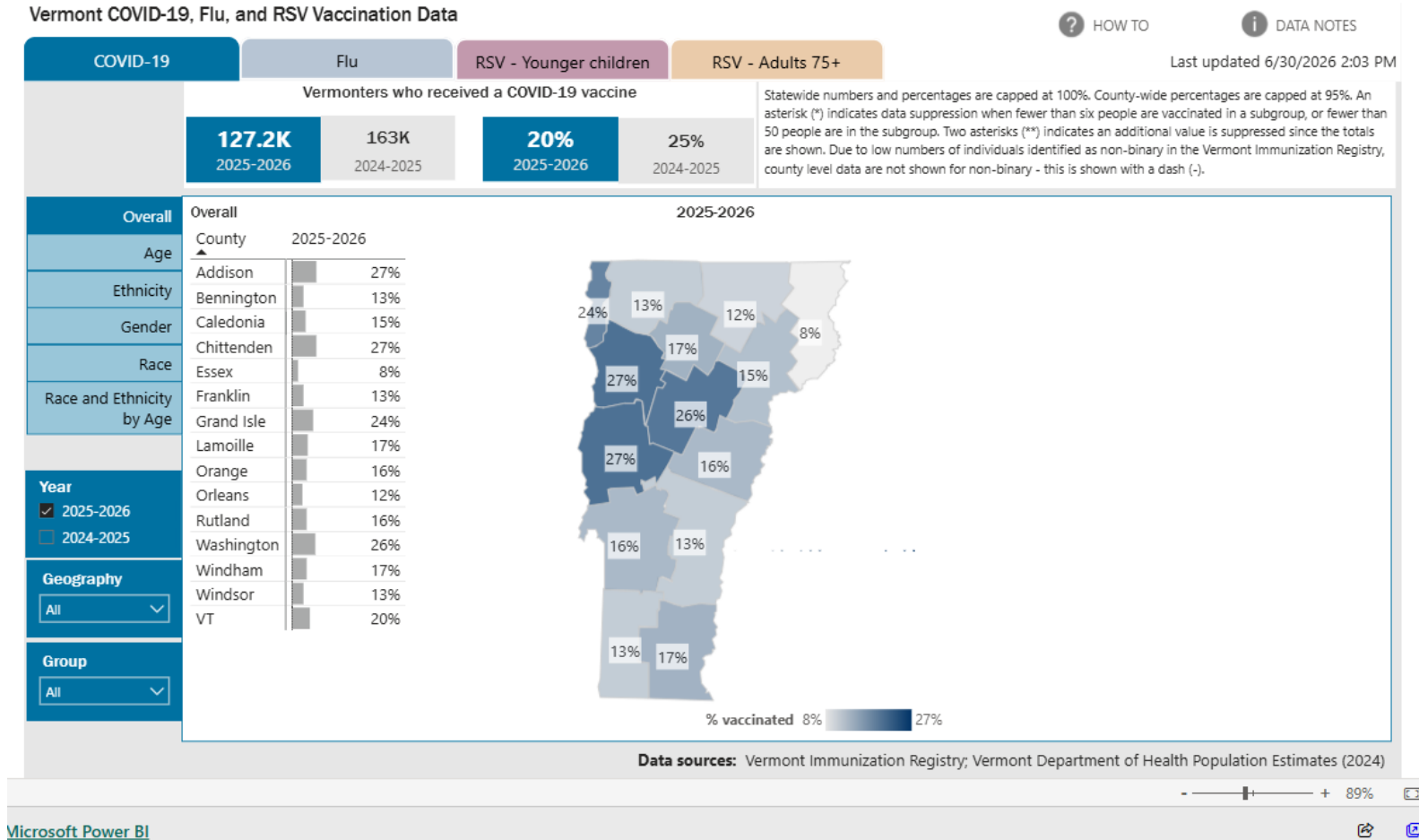
SDV: Single Dose Vials

BUD: Beyond Use Date (the date a vaccine is viable through, once removed from permanent storage)

Flu (Seasonal)	Age: 6 months and up Timing: September and October are preferred Brands: FluZone (Sanofi), FluLaval (GSK), Flucelvax (Seqirus) FluMist (AstraZeneca): Intranasal spray, age 2-49 years Storage: Refrigerate until expiration		
COVID-19 (2026-2027 Formulation)	Comirnaty  Dosage: 0.3mL Route: Intramuscular (IM) Age: 5-years-old to 11-years-old (SDV) Storage: Shipped on dry ice. Place in standard refrigerator with a BUD 10 weeks. Age: 12-years-old and older (PFS) Storage: Refrigerate until expiration	Spikevax:  6 months to 11-years-old (PFS) Dosage & Route: 0.25mL / IM 12-years-old and older (PFS) Dosage & Route: 0.5mL / IM Storage: Place in standard freezer until expiration. Once moved to the refrigerator, <u>60-day BUD</u> Never refreeze. mNexspike: 12-years-old and older (PFS) Dosage & Route: 0.2 mL / IM Storage: Refrigerate until expiration	 Nuvaxovid™ (COVID-19 Vaccine, Adjuvanted) Protein subunit COVID vaccine Age: 12-years-old and older (PFS) Dosage: 0.5mL Route: Intramuscular (IM) Storage: Refrigerate until expiration
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 first RSV season: 200 mg dose Brand: Clesrovimab (Merck): Monoclonal Antibody Dosage: Single fixed dose of 105mg (NOT weight-based)	Age: 50-74 years-old (risk-based) and 75 years and older (universal recommendation) Brands: Abrysvo (Pfizer) and Arexvy (GSK) Storage: Refrigerate until expiration Brands: mRESVIA (mRNA) (Moderna) 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 Pregnant people during gestation period: 32 weeks, 0 days to 36 weeks, 6 days Brand: Abrysvo only (Pfizer) Timing: September 1 – March 1 Storage: Refrigerate until expiration	

2026-2027
Respiratory Virus
Season

Respiratory Virus Immunization Dashboard



- Goes live in mid to late October
- Access at [Respiratory Virus Vaccination Data | Vermont Department of Health](#)

Immunization Registry (IMR) Aligns with AAP and AAFP

COVID-19



For pediatric clients, this reflects the move away from the universal recommendation for all ages.

- Forecaster will recommend COVID-19 vaccine for any infant 6-23 months not up to date.

RSV

- If an infant received an RSV monoclonal antibody earlier (e.g., 9/25/26), the dose would show up as accepted/valid.
 - The Forecaster will not recommend an additional dose.

Communication Materials for Respiratory Illness Season

HealthVermont.gov/StayHealthyResources

Download fact sheets, posters, and social media toolkits to help prepare and protect communities during respiratory illness season

Simple graphic with vaccine recommendations

2026-2027 Respiratory Vaccine Recommendations

Flu Vaccine	RSV Vaccine
Everyone 6 months old and up Especially important for people with certain risk factors	Protection for Infants • All infants under 8 months old • Children 8-19 months old with risk factors
COVID-19 Vaccine • Children 6-23 months old • Children 2-18 years with certain risk factors or if desired • Adults and pregnant people	OR • People who are 32-36 weeks pregnant
	Older Adults • All adults age 75+ • Age 50-74 with risk factors

Aligned with evidence and guidance from:

AAFP American Academy of Pediatrics AMA VACCINE INTEGRITY PROJECT ACOG IDSA

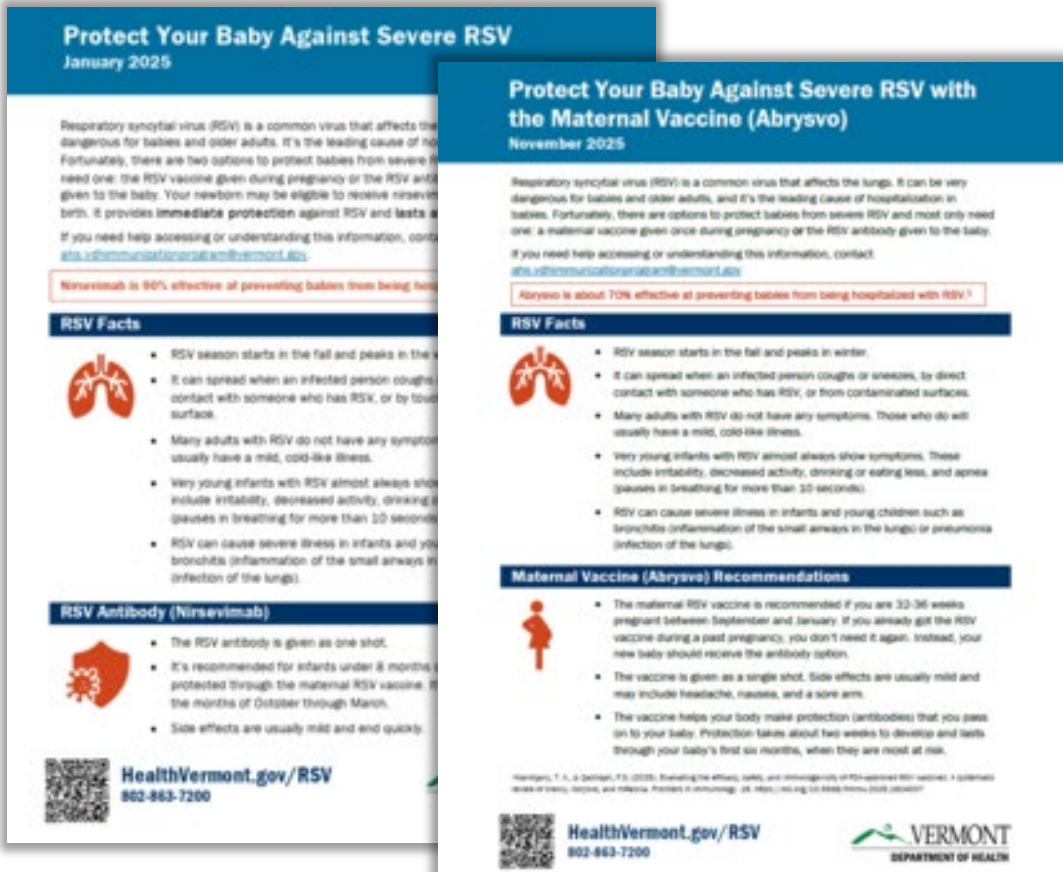
HealthVermont.gov/SeasonalVaccines VERMONT DEPARTMENT OF HEALTH

- For adults, older adults, pregnant people, parents
- Available as a PDF for printing or as an image file for sharing digitally
- Additional translated versions will be available on the website in the coming days

Click on image to follow link

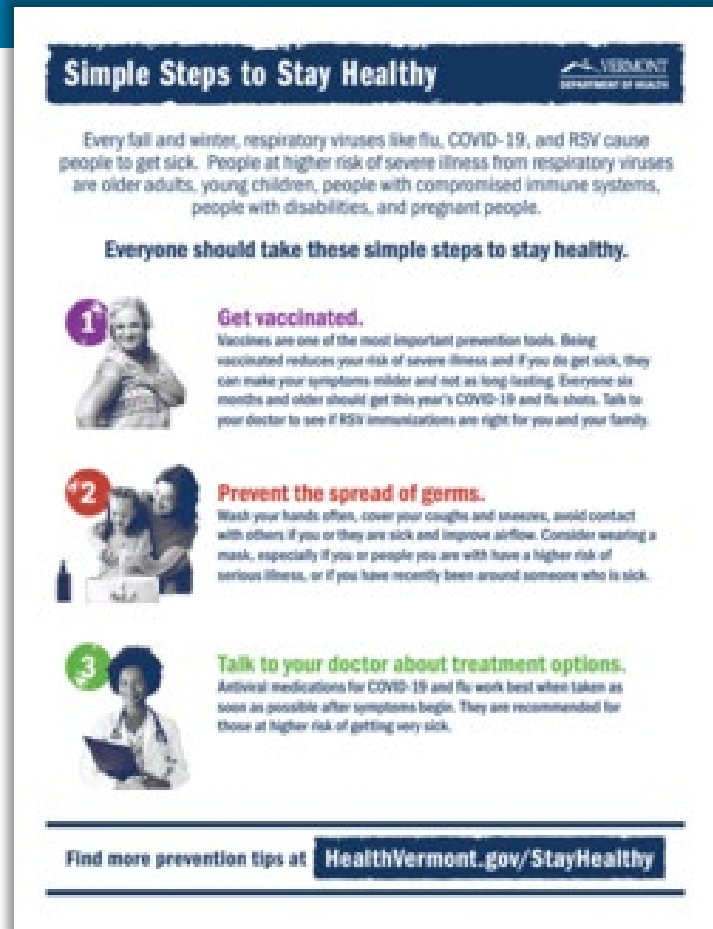
Two RSV immunization fact sheets

- For pregnant people and parents of infants
- Maternal vaccine (Abrysvo)
- Antibody for infants (Nirsevimab or Clesrovimab)
- Available now in multiple translations on website



Click on image to follow link

Stay Healthy 8.5x11 poster



- For general use
- Simple steps to stay healthy: get vaccinated, prevent the spread of germs, talk to your doctor about treatment options

Click on image to follow link

Social media posts and images, newsletter/email blurbs

 Respiratory Virus Prevention & Vaccines Social Media Toolkit		
Customize and share these posts and images to your social media, newsletter, email list or other communication channels to help promote respiratory virus prevention tips, including reminders about flu, COVID, and RSV vaccines.		
Find more resources at www.HealthVermont.gov/StayHealthy .		
#	Post Text	Image Text
Facebook and Instagram		
Post 1 - Vaccines	Everyone 6 months and older can protect themselves against severe flu and COVID this season by getting vaccinated. Infants, pregnant people, and older adults may also be eligible for RSV shots. Now's the time to get protected—learn more at HealthVermont.gov/StayHealthy	 Click to Download Image
Post 2 - Vaccines	Flu and COVID don't take a holiday. Everyone 6 months and older can protect themselves by getting vaccinated this season. RSV immunizations are available for infants, pregnant people, and older adults. These can reduce your risk of serious illness—and if you do get sick, symptoms may be milder and shorter. Learn more at HealthVermont.gov/StayHealthy	 Click to Download Image

Click on image to follow link

Customize and share these posts and images to your social media, newsletter, email list or other communication channels to help promote respiratory virus prevention tips, including reminders about flu, COVID, and RSV vaccines

Preview: NEW Vaccine Confidence Materials and Resources for Partners

Preview: NEW Vaccine Personas

- Personas are research-informed profiles that reflect common patterns in beliefs, concerns, and behaviors related to vaccines
- The Vermont Vaccine Coalition, Vermont Department of Health and Hark, a local marketing agency, have developed six vaccine personas
- These personas can help providers understand patients' perspectives and have more natural, supportive conversations about vaccines
- It also includes sample responses to use as conversation starters and examples of supportive vaccine communication



Introduction Vaccine Personas

Background

The Vermont Vaccine Coalition, Vermont Department of Health agency, have collaborated to better understand how different groups of parents—experience vaccine hesitancy, and how those beliefs influence their decisions.

As part of this work, we've created six vaccine personas to support conversations between providers and patients. They are designed to help understand where patients are coming from and respond in a clear, empathetic way.

Personas are research-informed profiles that reflect common patterns and behaviors related to vaccines. We recognize they are simplified perspectives, and are most useful as a starting point—not a complete picture. Always be paired with clinical judgment and individual patient conversations.

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First-Time Parent

"I want to be careful and make the best possible decisions for my baby."

A first-time parent overwhelmed by information and afraid of making the wrong choice. Often delays decisions while seeking reassurance about vaccine safety and timing.

Background

- First child
- Pregnancy or birth is a major emotional moment
- Highly engaged in parenting decisions
- Actively researching
- Often making vaccine decisions beginning in the prenatal period

Common Influences

Beliefs & Identity

- Generally supportive of vaccines, but hesitant about making the wrong choice
- Sees careful research and active decision-making as part of being a good parent
- Concerns tend to be rooted in perceived safety, rather than ideological opposition

Trusted Sources

- Pediatrician and OB/GYNs (when trust is established)
- Evidence-based parenting experts
- Peer networks (e.g., friends, family, other parents)
- Prenatal providers and educators

Key Signals

Common Language

- "Can we space these out?"
- "I'm not anti-vaccine, I just want to go slower."
- "Do they really need all of these this early?"
- "I want to do more research first."
- "Is it safe to give multiple vaccines at once?"

Common Concerns

- Vaccines overwhelming their child's immune system
- Side effects or adverse reactions could cause harm
- Multiple vaccines at once may not be safe
- General overwhelm as a new parent

Engagement Strategies

They Respond Well To:

- Acknowledging their intention to be careful
- Acknowledging how confusing today's health information environment can feel
- Normalizing their questions
- Sharing a brief, personal experience when appropriate

Common Action

- Asks about or compares schedules
- Asks detailed, specific questions
- Accepts some information from others
- Continues research
- Defers vaccine decisions until later

They Don't Respond Well To:

- Dismissing concerns or minimizing
- Overloading with technical details
- Framing the schedule as non-negotiable
- Implying they are overreacting or that sources are unreliable

What They Need to Move Forward

- Confidence in vaccine safety
- A strong recommendation from a trusted provider
- Reassurance that their questions and concerns are valid
- Clear, digestible explanations
- Awareness-building and preparation in the prenatal period

Vaccine Personas Sample Questions & Responses

These sample responses are intended to be used as conversation starters and examples of supportive vaccine communication. Providers should adapt language based on their communication style, clinical judgment, and relationship with each family. Listening first and maintaining trust are essential.

Universal Concerns

- "I'm feeling a little overwhelmed. Can we just wait?"**
"I hear you. There's a lot of information and opinions out there. The reason we recommend vaccines on this schedule is because babies and young children are most vulnerable to certain illnesses early in life. My recommendation is to vaccinate today, and I'm happy to talk through any concerns you have."
- "I'm not prepared to make this decision today."**
"That's understandable. There's a lot of conflicting information out there. We're recommending vaccines on this schedule because babies and young children are most at risk from these illnesses early in life. I'm happy to answer questions or talk through what's making you hesitant."
- "Can we wait until he's a little older in case there's a reaction?"**
"I can see why that feels safer. The challenge is that babies and young children are actually most vulnerable to these illnesses early on, which is why vaccines are recommended so young. Serious reactions are very rare, and most side effects are mild and temporary—things like soreness or a low-grade fever."
- "Is it really safe to give multiple vaccines at once?"**
"When parents ask this, it's usually because they've heard that vaccines are tested to make sure they're safe and effective. When children get multiple vaccines at once, it's because their immune systems are built to handle many exposures through normal activities like eating, crawling, and being around other people."
- "Can we read through the vaccines and follow a delayed schedule?"**
"If clinics allow for a delayed schedule, I understand wanting to slow things down. The recommended schedule is designed to protect children as early as possible, when they're most vulnerable. It's been carefully studied for safety and effectiveness. Spacing vaccines out usually means more visits, more shots overall and a longer period without full protection. That's why we recommend staying on schedule."



Preview: NEW Childhood Vaccine Confidence Toolkit

Ready-to-use materials that help partners:

- Reassure families that Vermont's childhood vaccine recommendations have not changed
- Support families who feel confused by recent national messaging
- Reinforce that vaccination remains the norm
- Direct families to trusted, evidence-based information
- Help partners respond to parents' questions and concerns

What to Know About Childhood Vaccines



It's normal to have questions about vaccines. Your child's doctor can help you find information and make decisions with confidence. Here's what to know:

- Vaccines help protect children from serious illness and complications
- They also help protect babies, older adults and others in the community
- Children's immune systems can safely handle multiple vaccines at once.
- Vermont's vaccine recommendations are reviewed regularly and updated based on the latest science
- Schools and daycares have vaccine requirements to keep children healthy
- Most Vermont children are vaccinated as part of routine care
- Vaccines are covered by insurance
- Planning to travel outside the U.S.? Your child may need some vaccines earlier to stay protected from diseases more common in other countries.

What to Know About Childhood & Teen Vaccines

Vaccines help provide protection against serious illnesses that can spread quickly in group settings

Most Vermont families choose recommended vaccines as part of routine care

Why it's important to follow the recommended schedule

The schedule is designed to protect children when they are most vulnerable. Getting vaccines on time helps protect them early and reduces the risk of serious illness. Children's immune systems can safely handle multiple vaccines at once.

Where to find reliable vaccine information

Talk with your child's doctor or visit HealthyChildren.org (@HealthyChildren) a resource from the American Academy of Pediatrics, for reliable vaccine information



Scan here

Learn more at HealthVermont.gov/KidVax

Share Your Voice to Promote Vaccines

A guide for pediatric healthcare professionals

More and more parents are getting their health information online, and a short, authentic video from a trusted healthcare professional can go a long way to help build confidence in childhood vaccines. Use this guidance to create short videos for your social media channels. No special equipment, skills, or editing are needed. You can easily record on your phone.

Share your video and tag @HealthVermont so we can celebrate your work and help amplify your message.

1 Quick Tips for Filming

- Record in a quiet, well-lit space
- Keep it conversational. A script isn't needed.
- Speak like you would with a parent or family member (calm, friendly)
- Frame yourself from the chest up, with your face centered
- Look at the camera
- Use your phone to record and hold it vertically (up and down)
- It's OK if it's not perfect. Authentic is better than polished
- Keep the video about 30-45 seconds long (Even just 20 seconds works)
- Choose one question or concern to address; not everything

2 A Simple Way to Structure Your Video:

1. Share a common question or concern from parents
2. Give 1-2 key points or share a personal story
3. End with where people can learn more

3 Helpful Starting Phrases:

- "I get a lot of questions about vaccines..."
- "Parents often ask me..."
- "If you've been wondering about vaccines, you're not alone."

Common Questions

Why is it important to follow the recommended vaccine schedule? The schedule is designed to protect children when they are most vulnerable. Getting vaccines on time helps protect them early and reduces the risk of serious illness. Children's immune systems can safely handle multiple vaccines at once.

Do vaccine recommendations change over time? Yes, vaccine recommendations are updated as new scientific evidence becomes available.

Are vaccines required for school and child care? Yes, school and child care have vaccine requirements to help prevent outbreaks and keep children safe.

How do I know if information is reliable? There's a lot of information out there. When deciding what to trust:

- **Check the source.** Does it come from a medical professional or a trusted health organization?
- **Look for evidence.** Reliable information is based on scientific research, like the guidance from the American Academy of Pediatrics at HealthyChildren.org (@HealthyChildrenAAP).
- **Watch for red flags.** Content that feels alarming, or tries to make you feel afraid may not be trustworthy.



Planning to travel outside the U.S.? Your child may need some vaccines earlier to stay protected from diseases more common in other countries.

Stay up to date and learn more at HealthVermont.gov/KidVax

Scan here



VERMONT
DEPARTMENT OF HEALTH

Childhood Vaccine Toolkit | Social Media Posts

July 2026

Customize and share these ready-to-use posts and graphics through your social media, newsletter, email list or other communication channels to help build confidence in childhood vaccines and encourage families to stay up to date on recommended immunizations.

#	Post Text	Image Text
FACEBOOK & INSTAGRAM		
Post 1 - Reassurance	If you're feeling unsure about vaccines, you're not alone. There's a lot of information to sort through. Vaccine recommendations are based on the best available medical evidence and are reviewed regularly. Vaccines remain one of the best ways to protect our kids from serious illness, complications and hospital stays. It's OK to have questions. Talk with your child's doctor to learn what's recommended. Learn more at HealthVermont.gov/KidVax	 Have questions about childhood vaccines? You're not alone. Link to Download
Post 2 - Confidence	Most Vermont families choose to vaccinate as part of routine care. Vaccines don't just protect our kids from serious illness, complications and hospital stays, they help keep schools and communities healthy. Plus, they are widely available and covered by insurance. Your child's doctor can help you find information and make decisions with confidence. You can also visit HealthVermont.gov/KidVax	 Most Vermont families choose to vaccinate as part of routine care. Link to Download

Wrapping it up

2026-2027 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 Children 2-18 years with certain risk factors, or if desired	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>Abrysvo (Pfizer) only; given between September 1 & March 1</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, mRNA, 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>

Review IDSA recommendations for people who are immunocompromised at [IDSociety.org](https://www.idsociety.org)
Refer to the American Medical Association for more information at [SpreadtheFacts.org](https://www.spreadthefacts.org)

HealthVermont.gov/SeasonalVaccines

Questions





Thank you!

Let's stay in touch

Email: AHS.VDHIimmunizationProgram@vermont.gov

Web: healthvermont.gov

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