

Massachusetts Department
of Public Health



Respiratory Pathogen Season Updates

October 7, 2026

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Massachusetts Department of Public Health

Time to Prepare for Respiratory Pathogen Season!

Respiratory pathogen season starts in the fall, builds through the winter, typically peaking in January or February before tapering off in spring



Public health burden of seasonal respiratory infections

- **High incidence of illness** - Millions of people infected annually (influenza, RSV, COVID-19, others).
- **Severe outcomes** - Respiratory viruses account for an estimated 1.7 million hospitalizations and 110,000 deaths in the US each year*
- **Risk of long-term complications** - Beyond the burden of acute illness, long-term health consequences can also result from influenza virus, RSV, and SARS-CoV-2 infection--cardiovascular and pulmonary complications, worsening of existing chronic conditions, increased frailty, and reduced life expectancy.



*VIRUSES AND VIRAL DISEASES [Volume 93, Issue 2](#) August 2026

Respiratory Disease Morbidity and Mortality

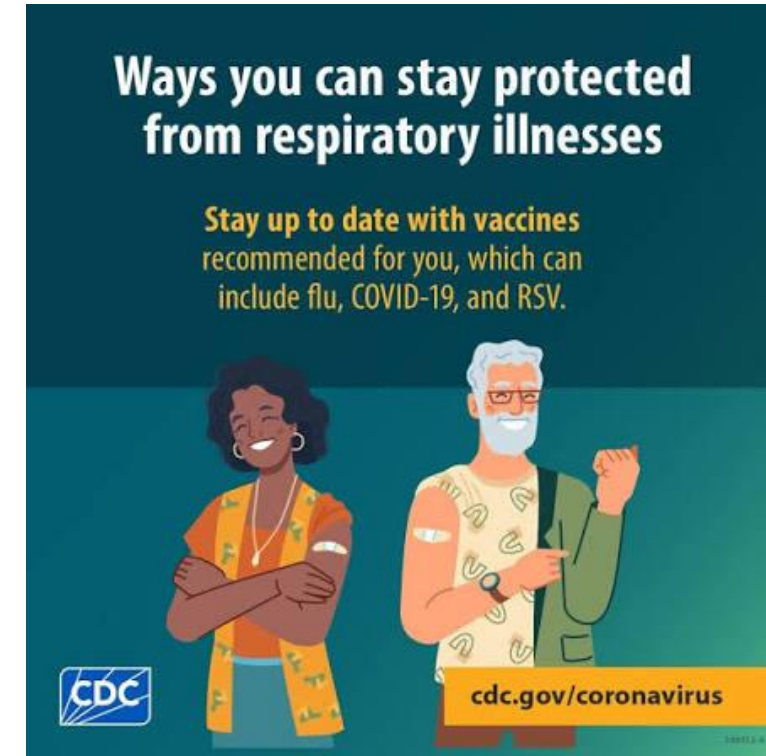
- **Healthcare system strain** - Seasonal surges overwhelm clinics, EDs, hospitals.
 - **Economic burden** Billions of dollars spent annually in direct medical costs + lost productivity.
- Certain vulnerable populations experience disproportionate impact:
- Older adults
 - Young children
 - Persons with chronic diseases
 - Immunocompromised populations
- Vaccine-preventable fraction: Influenza, COVID-19, RSV vaccines can significantly reduce severe outcomes.



Vaccine Recommendations

Vaccines Are the Foundation for Disease Control

- Safe and effective vaccines are available to prevent influenza, COVID-19 and RSV!
- Overall population impact of vaccines for respiratory pathogens varies year-to-year and is related to factors such as circulation of the pathogen, effectiveness of the vaccine, the subpopulation assessed and vaccine uptake.
- Public health impact of vaccines:
 - Prevent disease and reduce incidence
 - Reduce severity of disease
 - Reduces healthcare burden - By preventing illnesses and hospitalizations, vaccines help reduce the strain on healthcare systems.



National Immunization Recommendation Process

- Then → Advisory Committee on Immunization Practices/CDC



National Immunization Recommendation Process

- Then → Advisory Committee on Immunization Practices/CDC



- Now → Medical Societies



Medical Societies Respiratory Vaccines Recommendations

VACCINES & IMMUNIZATIONS

Join

Renew

Member Benefits

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American Academy of Family Physicians

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

VACCINE INTEGRITY PROJECT

ACOG
American College of Obstetricians & Gynecologists

IDSA

QUICK REFERENCE

Consolidated respiratory virus immunization recommendations

This resource includes the current flu, COVID-19, and RSV immunization recommendations from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians and Gynecologists, and the Infectious Diseases Society of



DPH Adopted Recommendations of the Medical Societies

- Multiple groups, including the federal government have put forth opinions about vaccine policy
 - Perception of confusion, lack of consensus among experts
- Attempt to avoid multiple recommendations
- Present unity around immunization recommendations



Influenza

Influenza Public Health Burden 2025-2026

Since October 1, 2025, CDC estimates there have been between:

**32 Million -
57 Million**



**Flu
Illnesses**

**15 Million -
25 Million**



**Flu
Medical Visits**

**390,000 -
800,000**



**Flu
Hospitalizations**

**24,000 -
81,000**



**Flu
Deaths**

Based on data from October 1, 2025, through May 23, 2026

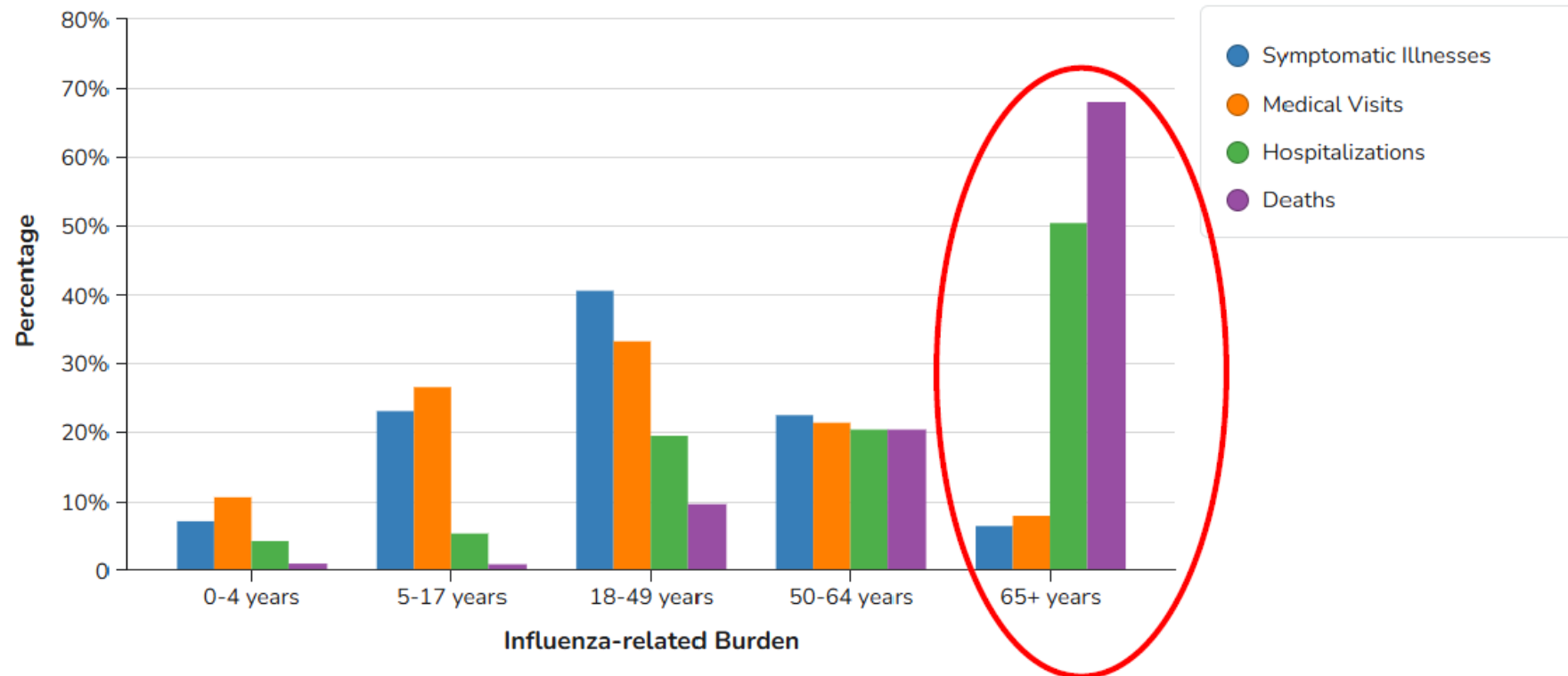
Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated

FluVIEW



Influenza Public Health Burden

Estimated Influenza-associated Disease Burden by Age Group, 2023-2024 Season, U.S.



<https://www.cdc.gov/flu-burden/php/data-vis/2023-2024.html>

Vaccine Effectiveness for 2025-2026 (CDC)

- VE for 2025 to 2026 respiratory season was lower compared to other seasons → likely driven by genetic drift in the dominant circulating strain of the virus
- VE estimate against influenza-associated emergency department or urgent care encounters was 35% (95% CI, 33%-38%) and against hospitalizations 27% (95% CI, 21%-34%)
- Vaccination can have significant population health benefits even when the vaccine strain does not match the circulating strain very well and/or the VE is relatively low.

Vaccine Effectiveness against Pediatric Mortality

- Influenza-associated deaths occur annually in pediatric populations-incidence varies depending on the season.
- During the 2025-2026 influenza season, 9 pediatric influenza-associated deaths were reported in Massachusetts, with 191 pediatric influenza-associated deaths reported nationwide.

Pediatric Influenza Deaths		
	National	Massachusetts
2022-2023	187	8
2023-2024	211	5
2024-2025	298	10
2025-2026	191	9

Vaccine Effectiveness against Pediatric Mortality

A case-cohort study was conducted which compared influenza vaccination among children who died of influenza with vaccination coverage in comparison pediatric cohorts -- found that influenza vaccination reduced the risk of fatal influenza by 80% among children with or without known underlying medical conditions

PEDIATRICS®

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RESEARCH | JULY 06 2026

Influenza Vaccine Effectiveness Against Pediatric Death in the United States: 2016–2025

Jerome S. Leonard, MD, MPHTM; Katie Reinhart, PhD, MPH; Peng-Jun Lu, MD, PhD;
Tammy A. Santibanez, PhD; Anup Srivastav, PhD; Mei-Chuan Hung, PhD; Anurag Jain, MS;
Alicia Budd, MPH; Stacy Huang, MPH; Krista Kniss, MPH; Ashley M. Price, MPH; Erin Burns, MS;
[Sascha Ellington, PhD, MSPH](#); Brendan Flannery, PhD 

Influenza Vaccine Options

Vaccine Type	Key Features	Age Group / Indication
Egg-based standard inactivated	Traditional intramuscular shot	≥6 months
Cell-based inactivated	Egg-free alternative	≥6 months
High-dose inactivated	~4× antigen dose	≥65 years (and certain immunosuppressed <65)
Adjuvanted inactivated	Contains adjuvant to enhance immune response	≥65 years (and certain immunosuppressed <65)
Recombinant inactivated	Egg-free, high antigen content	≥9 years; preferred for ≥65 years
Live attenuated (nasal spray)	Needle-free, live-attenuated virus	Ages 2-49 years, without contraindications
mRNA	Superior to standard-dose adverse reactions were more frequent with mRNA vaccine	≥50 years

Influenza Vaccine Recommendations

DPH recommends annual influenza vaccination of all children starting at 6 months of age if without medical contraindications.



Case

Steven, a 72-year-old man with hypertension and diabetes presents in September for his annual influenza vaccination. Several influenza vaccines are available in the clinic, including a standard-dose inactivated vaccine, a high-dose inactivated vaccine, an adjuvanted inactivated vaccine, and a recombinant vaccine.

Which is the best recommendation?

- A. He should receive the standard-dose vaccine because enhanced vaccines are recommended only for adults ≥ 75 years.
- B. He should receive only the recombinant vaccine.
- C. A high-dose, recombinant, or adjuvanted influenza vaccine is preferentially recommended for adults ≥ 65 years.
- D. He should receive two doses of influenza vaccine because of his age.
- E. Influenza vaccination is not recommended because his medical conditions are stable.



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COVID-19

COVID-19 Public Health Burden 2025-2026

Preliminary 2025-2026 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2025 through August 29, 2026, there have been:

4.7 million -
13.5 million



COVID-19
Illnesses

960,000 - 2.5
million



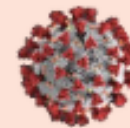
COVID-19
Outpatient Visits

150,000 -
260,000



COVID-19
Hospitalizations

15,000 - 44,000



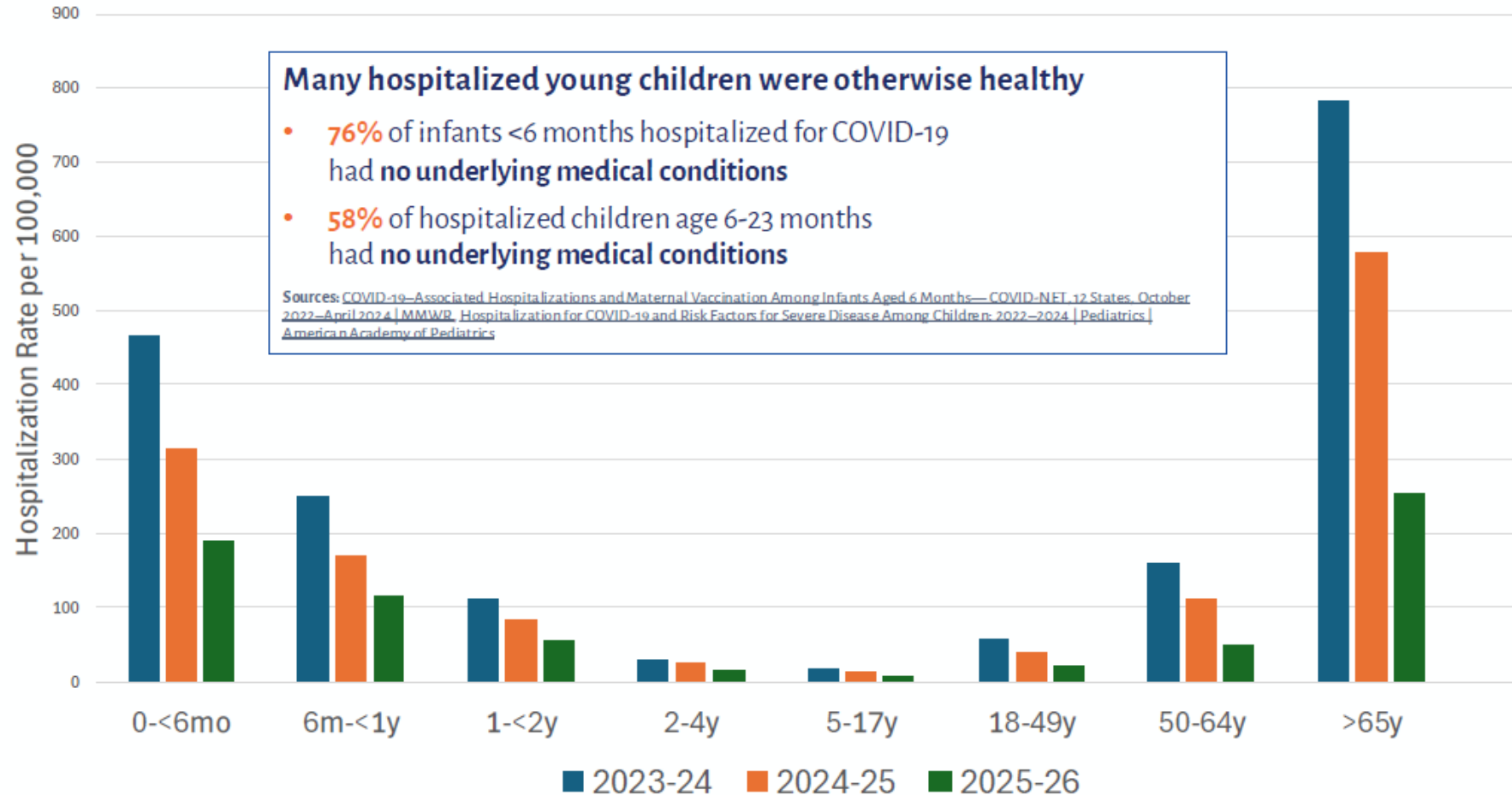
COVID-19
Deaths

*Based on data from September 28, 2025 through August 29, 2026.

[Download Data](#)

COVID-19 Public Health Burden

COVID Hospitalization Rates by Age Group, 2023-26



COVID-19 Vaccine Impact

CDC analysis shows updated COVID-19 vaccines were associated with:

- VE against COVID-19 hospitalization in older adults (≥ 65 years) - 53.0% in 2025-2026 season (95% CI, 37.0%-65.0%)
- VE against COVID-19 hospitalization in all adults 55.0% in 2025-2026 season (95% CI, 41%-66%;

COVID-19 Vaccine Options

Vaccine Type	Platform	Available Formulations (2025-2026)	Age / Target Group
mRNA	Pfizer-BioNTech	Comirnaty	Licensed for 5+ yrs
	Moderna	Spikevax	Licensed for 6 months+
		mNEXSPIKE	Licensed for 12 yrs+
Protein subunit	Novavax	Nuvaxovid	12+ yrs+

COVID-19 Vaccine Recommendation

- All adults 19 and older are recommended to receive an annual updated COVID-19 vaccine.
- All adults 65 and older should get an annual updated COVID-19 vaccine, followed by a second dose 6 months later (with a minimum interval of 2 months).
- All immunocompromised individuals aged ≥ 6 months should receive at least one dose of the current season's COVID-19 vaccine, with additional doses based on prior vaccination history and clinical judgment.
- People who are pregnant, contemplating pregnancy, recently pregnant, or lactating should receive one dose.
- Healthcare personnel should receive one dose.

COVID-19 Vaccine Recommendation

All infants 6 through 23 months old should receive COVID-19 vaccine

Children 2 through 18 years old should receive COVID-19 vaccine if they:

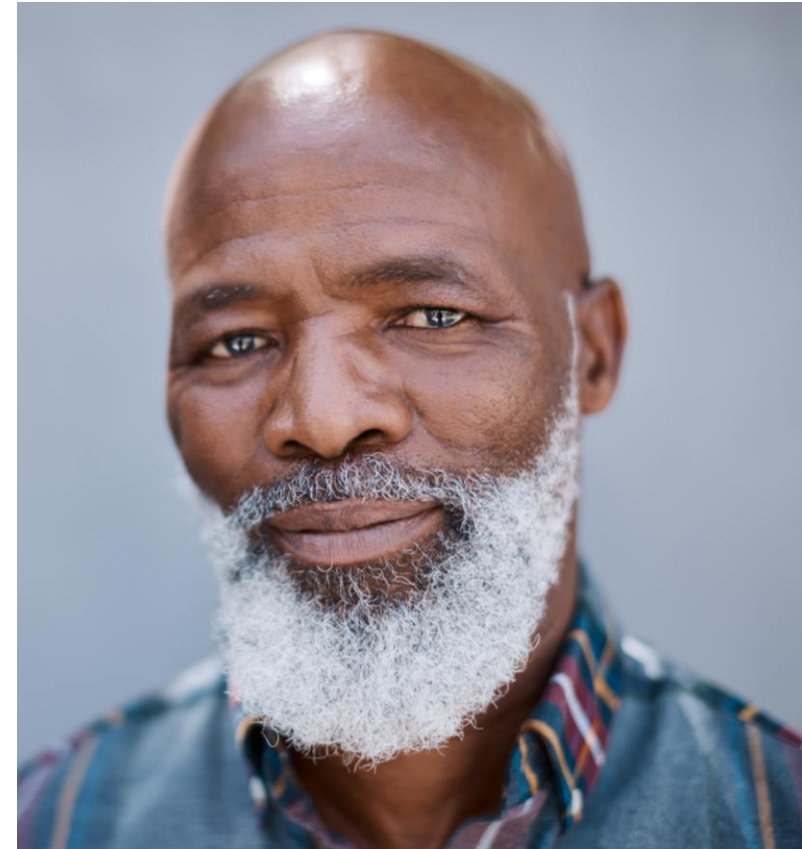
- are at high risk of severe COVID-19 because of medical conditions
- residents of long-term care facilities or other congregate settings
- have never been vaccinated against COVID-19
- have household contacts at high risk for severe COVID-19
- are not in a risk group above but parent/guardian desires protection against COVID-19

Case

Joseph, is a 63-year-old man with history of stable hypertension, hypercholesterolemia and coronary artery disease who presents in September for a routine visit. A COVID-19 vaccine is recommended to him but he is concerned, because he heard that COVID-19 vaccination can cause myocarditis.

Which of the following is the most appropriate response?

- A. COVID-19 vaccination is contraindicated in males because of the risk of myocarditis.
- B. Myocarditis occurs frequently after COVID-19 vaccination and is more common than myocarditis following COVID-19 infection.
- C. The risk of myocarditis is eliminated by receiving an influenza vaccine instead of a COVID-19 vaccine.
- D. Myocarditis following COVID-19 vaccination is rare, occurs most often in adolescent and young adult males, and the risk of myocarditis is also associated with SARS-CoV-2 infection.
- E. The patient should undergo cardiac testing before receiving a COVID-19



Case

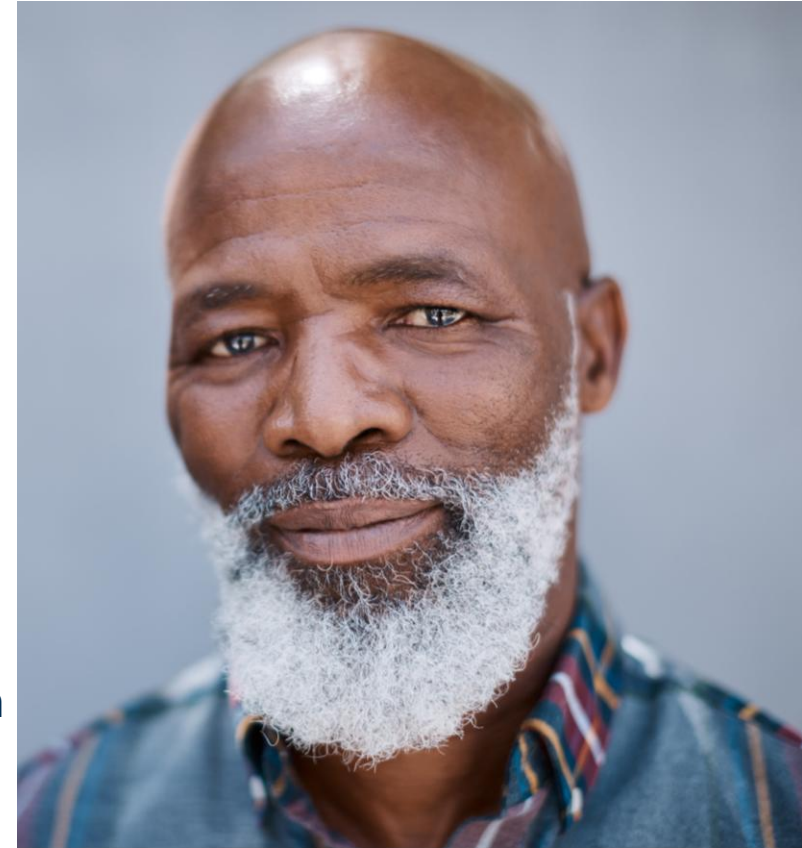
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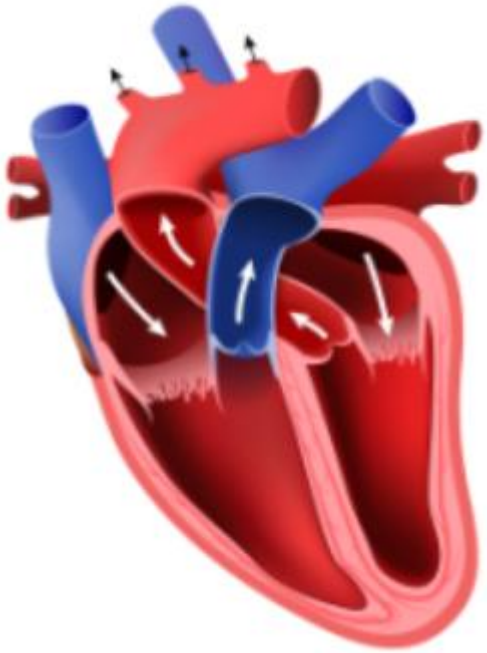
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Myocarditis after COVID-19 Vaccine



- Evidence suggests myocarditis is a rare side effect of COVID-19 vaccination
- Most frequent in adolescent and young adult males when receiving two doses of an mRNA COVID-19 vaccine 1 month apart
- Rate of myocarditis following the second dose dropped 80% lower when the dosing interval was extended to at least 8 weeks (compared with 30 days or less)
- 2023-2024 COVID-19 vaccine associated with an unadjusted incidence of **8 cases of myocarditis or pericarditis per million mRNA COVID-19 vaccine doses among persons 6 months through 64 years of age** and approximately **27 cases per million doses among males 12-24 years of age**.
- Risk of myocarditis following SARS-CoV-2 infection has generally been greater than the risk following COVID-19 vaccination

2023 AHA/ACC/ACCP/ASPC/NLA/PCNA Guideline for the Management of Patients With Chronic Coronary Disease: A Report of the American Heart Association/American College of Cardiology Joint Committee on Clinical Practice Guidelines

Developed in Collaboration With and Endorsed by the American College of Clinical Pharmacy, American Society for Preventive Cardiology, National Lipid Association, and Preventive Cardiovascular Nurses Association

Endorsed by the Society for Cardiovascular Angiography and Interventions

4.3.5. Immunizations

Recommendations for Immunizations Referenced studies that support the recommendations are summarized in the Online Data Supplement .		
COR	LOE	Recommendations
1	A	1. In patients with CCD, an annual influenza vaccination is recommended to reduce cardiovascular morbidity, cardiovascular death, and all-cause death. ¹⁻⁷
1	C-EO	2. In patients with CCD, coronavirus disease 2019 (COVID-19) vaccination is recommended per public health guidelines to reduce COVID-19 complications. ⁸⁻¹⁰
2a	B-NR	3. In patients with CCD, a pneumococcal vaccine is reasonable to reduce cardiovascular morbidity and mortality and all-cause death. ¹¹⁻¹³

JACC Journals > JACC > Archives > Just Accepted

FREE ACCESS | Concise Clinical Guidance | 5 August 2026

Adult Immunizations as Part of Cardiovascular Care: 2026 ACC Concise Clinical Guidance: A Report of the American College of Cardiology Solution Set Oversight Committee

Authors: Paul A. Heidenreich, Ankeet Bhatt, Noreen T. Nazir, William Schaffner, and Orly Vardeny | [AUTHORS INFO & AFFILIATIONS](#)

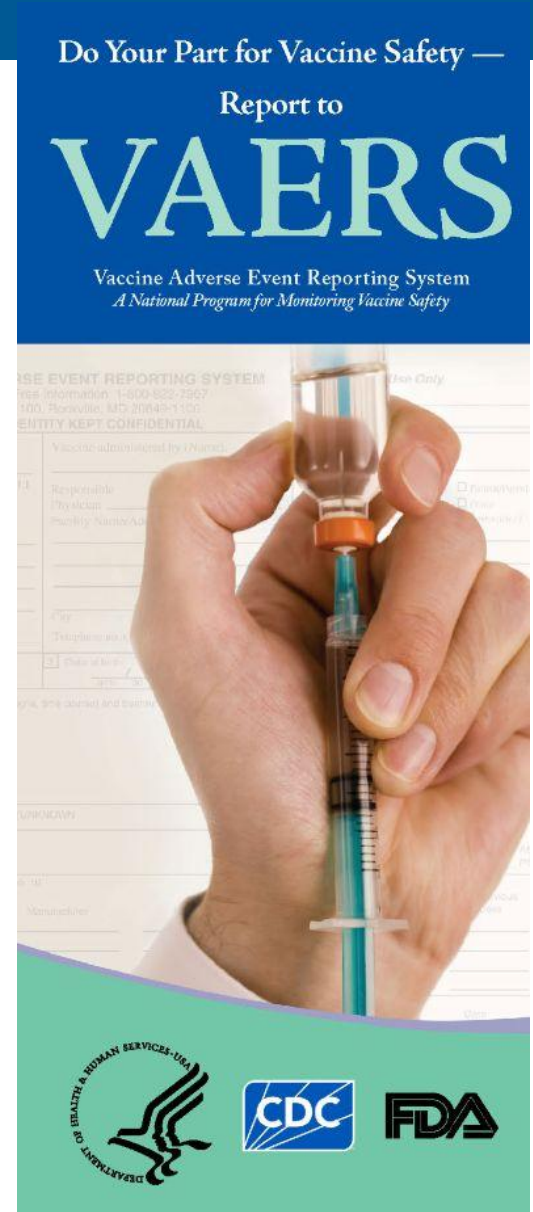
Publication: JACC • Just Accepted

ACC/AHA recommends that adults with chronic coronary artery disease receive vaccination for COVID-19 per public health guidance.

How Vaccine Safety Is Monitored in the United States

Multiple complementary surveillance systems provide ongoing monitoring of vaccine safety.

- **VAERS – Vaccine Adverse Event Reporting System**
 - Early signal detection
 - Accepts reports from healthcare professionals, vaccine manufacturers, and the public
 - Detects potential safety signals
 - Reports do not establish that a vaccine caused an event
- **VSD – Vaccine Safety Datalink**
 - Active surveillance & hypothesis testing
 - Links vaccination and medical-record data from participating healthcare systems
 - Enables comparison of adverse event rates in vaccinated and unvaccinated populations
 - Can rapidly investigate specific safety concerns
- **FDA BEST (Biologics and Effectiveness Safety) system**
 - Large data network used to monitor and study the safety of vaccines and other biological products.



Respiratory Syncytial Virus – Older Adults

RSV Public Health Burden 2025-2026

Preliminary 2025-2026 U.S. RSV Burden Estimates

CDC estimates* that, from October 1, 2025 through June 6, 2026, there have been:

2.8 million -
5.8 million



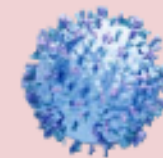
RSV
Outpatient Visits

170,000 -
340,000



RSV
Hospitalizations

9,900 -
25,000

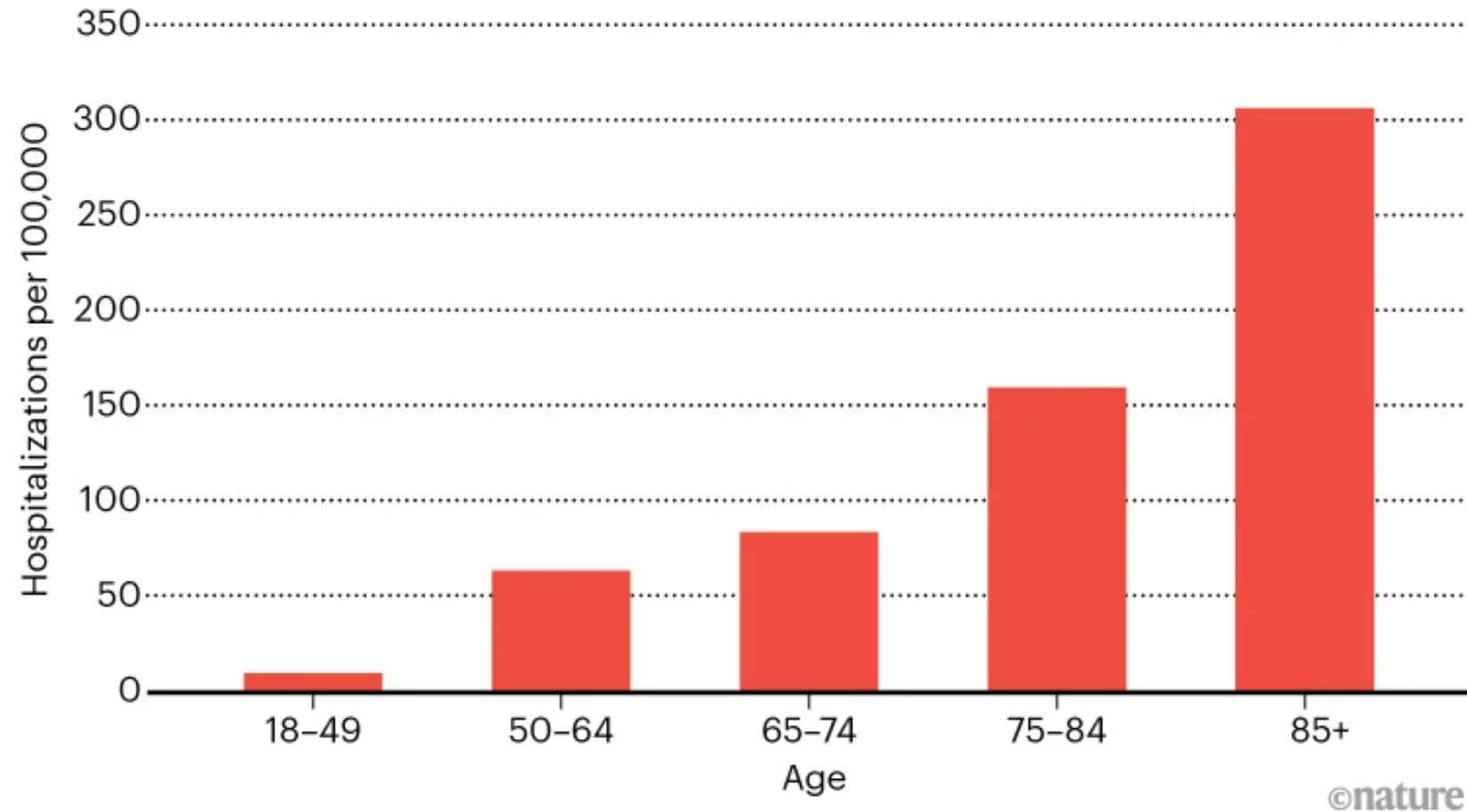


RSV
Deaths

*Based on data from September 28, 2025 through June 6, 2026.

[Download Data](#)

RSV Public Health Burden



Source: A. R. Branche *et al. Clin. Infect. Dis.* **74**, 1004–1011 (2022)

RSV Vaccine Impacts

- Modeling study found that RSV vaccination of older adults would prevent an **estimated 60%** of RSV hospitalizations in US if the uptake of the RSV vaccine were similar to influenza vaccine uptake.¹
- Case control study found that older adults who receive a respiratory syncytial virus vaccine are **75% less likely** to be hospitalized from RSV compared to those who did not.²

¹Du Z, Pandey A, Moghadas SM, Bai Y, Wang L, Matrajt L, Singer BH, Galvani AP. Impact of RSVpreF vaccination on reducing the burden of respiratory syncytial virus in infants and older adults. Nat Med. 2025 Feb;31(2):647-652. doi: 10.1038/s41591-024-03431-7.

²Surie D, Self WH, Zhu Y, et al. RSV Vaccine Effectiveness Against Hospitalization Among US Adults 60 Years and Older. JAMA. 2024;332(13):1105-1107. doi:10.1001/jama.2024.15775

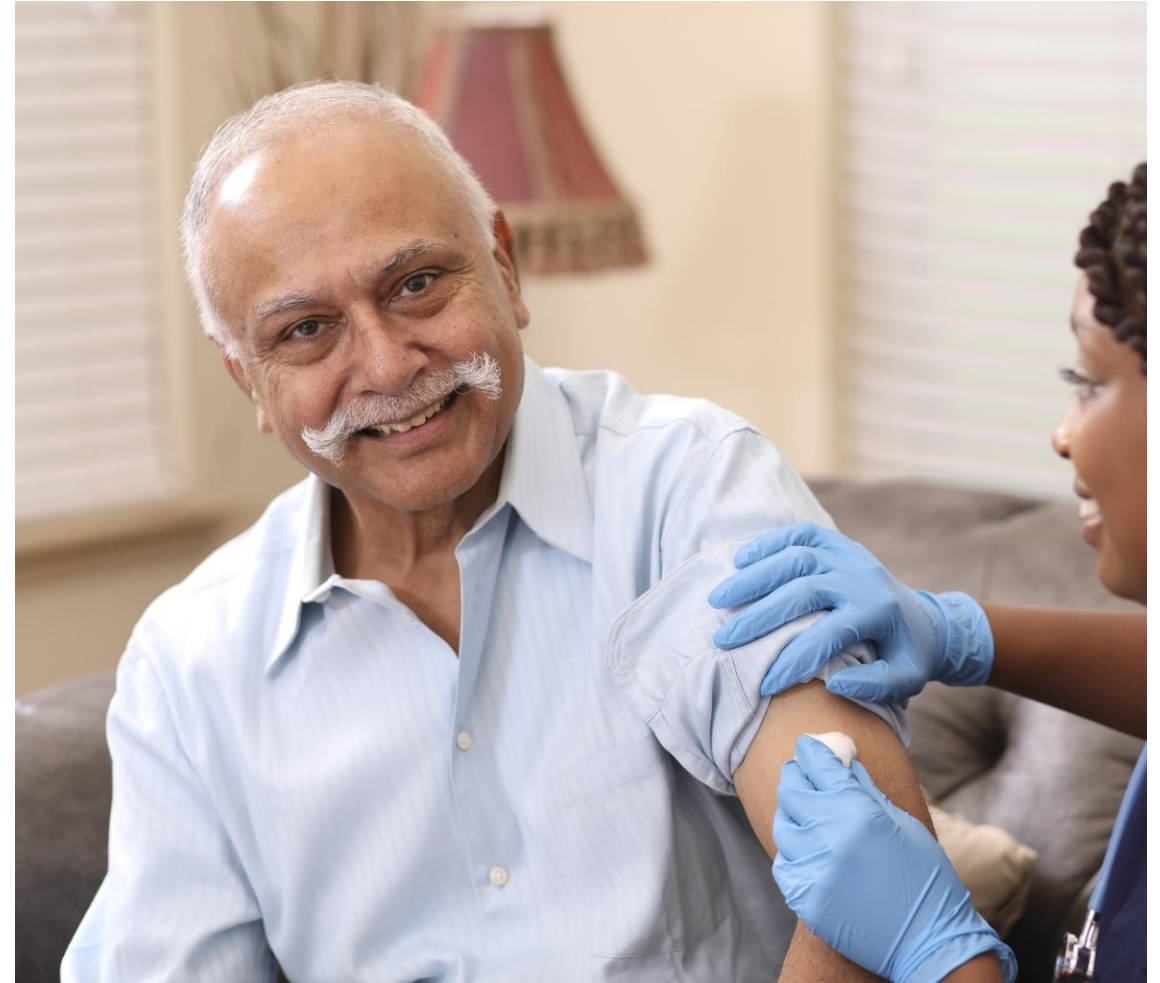
RSV Vaccines

Vaccine	Platform Type	Age Group / Indication
Arexvy (GSK)	Recombinant + adjuvant (protein subunit)	60+ years; 50-59 high-risk
Abrysvo (Pfizer)	Recombinant (bivalent protein subunit)	60+ years; 18-59 high-risk; maternal use
mRESVIA (Moderna)	mRNA (encoding prefusion F protein in LNP)	60+ years; 18-59 high-risk

RSV Vaccine Recommendations

Everyone aged 75 years and older should receive one lifetime dose of RSV vaccine.

People ages 50-74 who are at increased risk of severe RSV, meaning they have certain chronic medical conditions, such as lung or heart disease, or they live in nursing homes, should receive one lifetime dose of RSV vaccine.



Respiratory Syncytial Virus - Infants

RSV Pediatric Public Health Burden

- RSV is the most common cause of infant hospitalization in the U.S -- estimates suggest that 2-3% of all infants under 3 months of age are hospitalized with RSV infection every year
- ~60,000 - 80,000 children age < 5 years are hospitalized with RSV every year in the U.S.
- ~100 to 300 U.S. children die annually



RSV can be very serious for infants and some young children



RSV Associated Hospitalizations Among Children <5 Years Old: 2016 to 2020

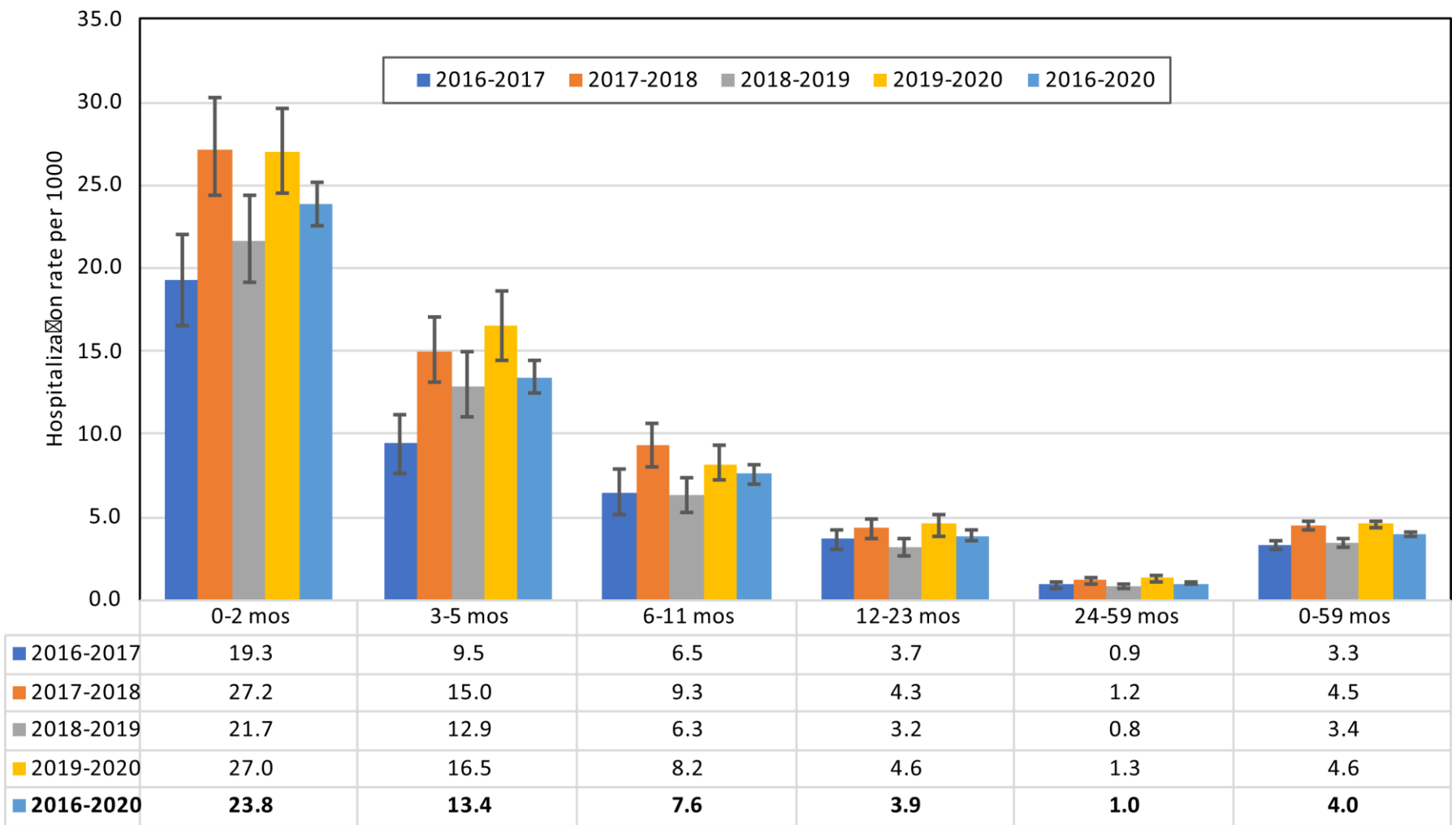


Figure Legend: RSV-associated hospitalization rate per 1000 children by age group and season among children <5 years old, New Vaccine Surveillance Network, December 2016 through September 2020.

RSV Immunization Effectiveness - Vaccine Integrity Project

- Maternal vaccination - effectiveness against RSV-related infant hospitalization ranged from 51.0% to 74.0% (across three studies)
- Infant monoclonal antibodies - effectiveness against infant RSV-associated hospitalization ranged from 63.6% (95% CI, 26.9%-81.9%) to 93.0% (95% CI, 83.0%-97.0%)



RSV Infant Immunization Recommendations



DPH recommends RSV immunization for **all infants under 8 months of age born during or entering their first RSV season** (with either prenatal maternal vaccination or administration of infant monoclonal antibodies).

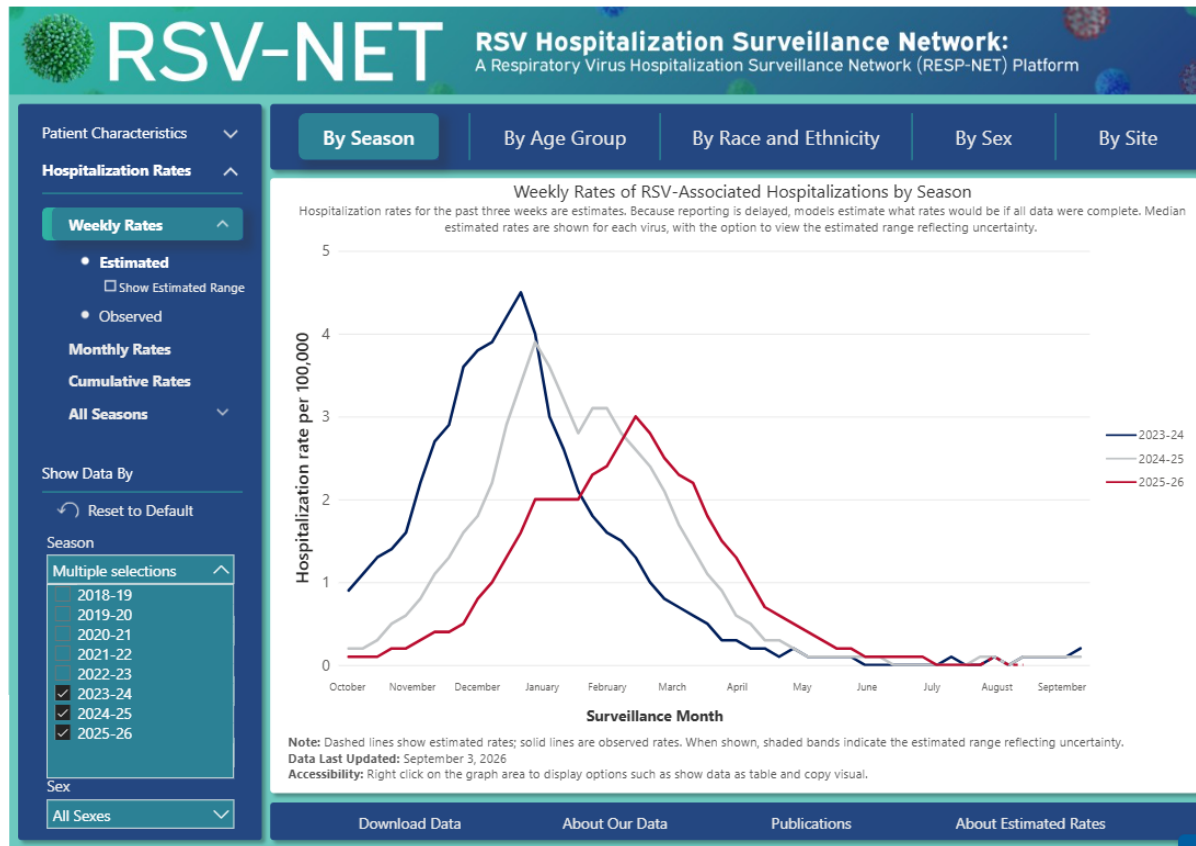
DPH recommends administration of monoclonal antibody to **infants and children 8 through 19 months of age with medical conditions that put them at high risk of severe RSV disease** and entering their second RSV season.

Updates to Prior RSV Infant Immunization Recommendations

- Pregnant individuals are eligible to receive the maternal RSV vaccine (Abrysvo) from **September 1 through March 1** (previously September 1 through January 31) to provide adequate protection during the time of circulation of RSV.
- The eligibility criterion for children 8 months through 19 months of age to receive long-acting monoclonal antibodies entering their second RSV season has been expanded.

RSV Vaccine Recommendations

RSV season



RSV for Pregnant people

- Eligible to receive the maternal RSV vaccine from **September 1 - March 1**, (change from September 1 - January 31).
- RSV season historically occurred from October through March. Recent seasons have seen disease peaks moving later into the spring.
- 2025-2026 season peaked in March, with active disease lasting through May.

Unchanged Criteria for Second Season RSV mAB

Children age 8 months through 19 months entering their second RSV season with history of:

- Chronic lung disease attributable to prematurity or to other significant neonatal conditions who required medical support at any time during the 6-month period before the start of the second RSV season
- Severe immunocompromise
- Cystic fibrosis who have either manifestations of severe lung disease or weight-for-length that is less than the 10th percentile
- American Indian or Alaska Native children (due to social drivers of health)



Children Newly Eligible for Second Season RSV mAB

Children age 8 months through 19 months entering their second RSV season with history of:

- Prematurity (<32 weeks, 0 days' gestation-regardless of the need for medication or other support)
- Hemodynamically significant congenital heart disease
- Anatomic pulmonary or neuromuscular disorders that put them at risk for severe RSV disease



Case

Aiden, a 6-month-old healthy infant is seen in October for a routine visit. The infant was born in April to a mother who received RSV vaccine (Abrysvo) at 34 weeks' gestation, approximately 6 weeks before delivery. The infant has no chronic medical conditions and is not at increased risk for severe RSV disease.

The parents ask whether Aiden should receive nirsevimab or clesrovimab before the upcoming RSV season.

Which of the following is the most appropriate recommendation?

- A. Administer nirsevimab because all infants younger than 8 months should receive monoclonal antibody protection before their first RSV season.
- B. Administer clesrovimab because it provides protection regardless of maternal RSV vaccination status.
- C. Administer either nirsevimab or clesrovimab because maternal RSV vaccination provides only partial protection.
- D. Do not routinely administer an RSV monoclonal antibody because infant was appropriately immunized entering his first RSV season. The infant's mother received RSV vaccine more than 14 days before delivery.
- E. Administer nirsevimab because the infant is younger than 7 months.



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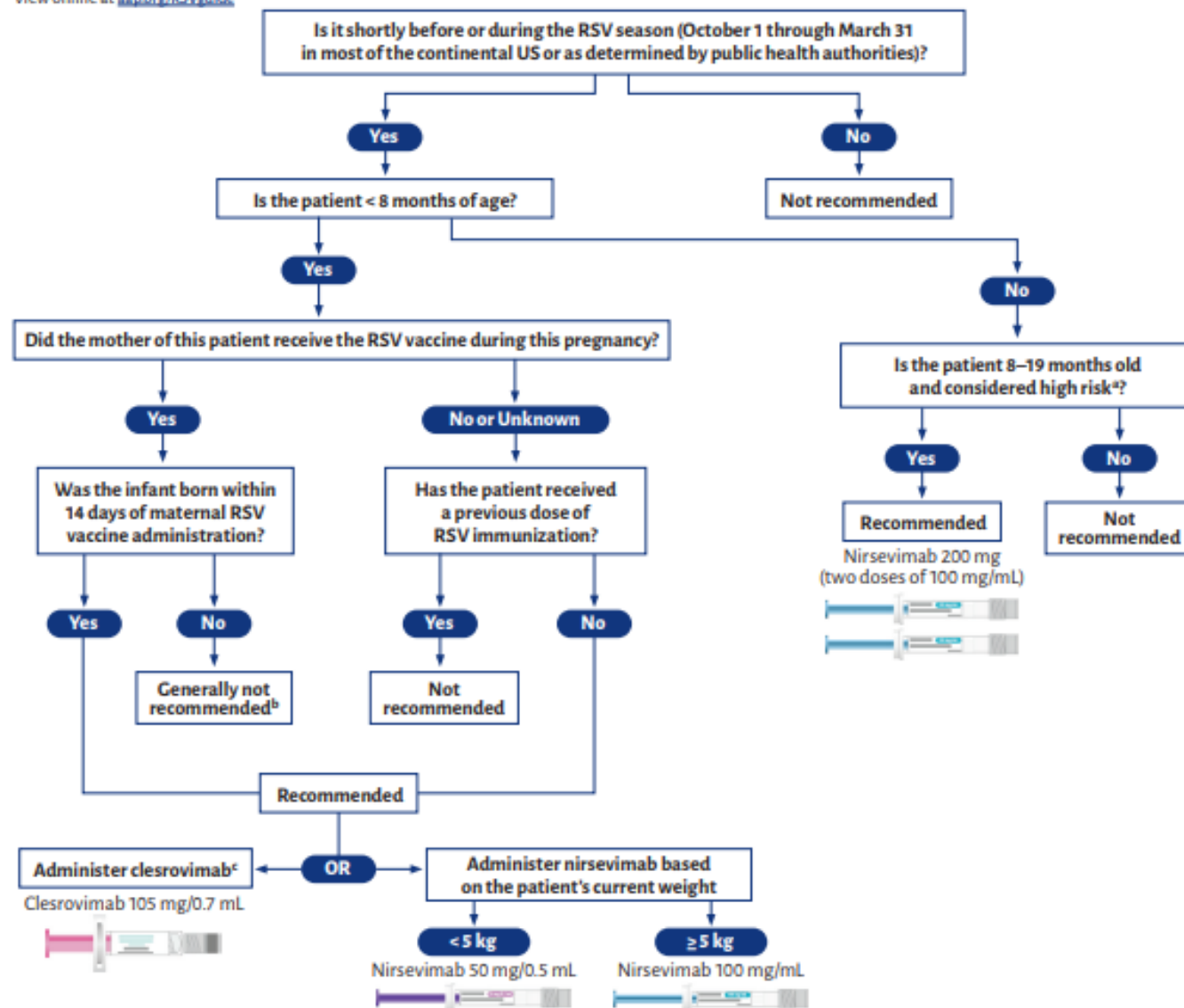
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- E. Administer nirsevimab because the infant is younger than 7 months.



RSV Immunization Administration: Visual Guide

Last updated September 3, 2026
View online at aap.org/RSVguide



DPH Recommended Vaccines

Download current recommendations from the Massachusetts Department of Public Health (DPH).

TABLE OF CONTENTS

- [Respiratory Virus Season Immunization Recommendations](#)
- [Hepatitis B recommendations for infants and children](#)
- [Measles, Mumps, Rubella, Varicella \(MMRV\) vaccine recommendations](#)
- [Pediatric immunization recommendations](#)
- [Adult immunization recommendations](#)

Respiratory Virus Season Immunization Recommendations

COVID-19, Influenza (Flu), and Respiratory Syncytial Virus (RSV)

DPH recommendations for the 2026-2027 respiratory illness season for COVID-19 vaccine, flu vaccine, and RSV immunization:

[2026-27 DPH COVID-19 vaccine recommendations](#)

[2026-27 DPH Influenza vaccine recommendations](#)

[Respiratory Syncytial Virus \(RSV\)](#)

National Medical Organization Recommendations

DPH 2026–2027 immunization recommendations are informed by leading physician professional organizations, including the American Medical Association (AMA), American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), the American Academy of Family Physicians (AAFP), and the Infectious Diseases Society of America (IDSA).

For additional clinical guidance and evidence summaries, please see:

Vaccine Recommendations

Respiratory Virus Immunization Recommendations

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Respiratory virus season immunization recommendations

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ALIGNED WITH EVIDENCE AND GUIDANCE FROM:

AAFP

American Academy of Pediatrics

VACCINE INTEGRITY PROJECT

ACOG

IDSAS

QUICK REFERENCE

Consolidated respiratory virus immunization recommendations

This resource includes the current flu, COVID-19, and RSV immunization recommendations from the American Academy of Family Physicians, American Academy of Pediatrics, American College of Obstetricians & Gynecologists, and the Infectious Diseases Society of America into a single printable reference for you and your patients.

Download Now (PDF)



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, enhanced flu vaccine (high dose, adjuvanted, recombinant, or mRNA) 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



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