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Department of HEALTH & HUMAN SERVICES

Respiratory Virus Immunization Updates

Key Points and Recommendations:

- Discuss risks and benefits of respiratory virus immunizations with patients and parents/guardians, and recommend immunizations based on risk and shared clinical decision making – immunizations are particularly important for persons at greater risk of severe disease.

- Be aware of recent changes to CDC's Advisory Committee on Immunization Practices (ACIP) which may impact the U.S. childhood and adult immunization schedules.

- Reference and utilize evidence-based recommendations from professional and expert medical organizations, such as the recently released American Academy of Pediatrics (AAP) immunization schedule.

COVID-19 Vaccines:

- Discuss risks and benefits of COVID-19 vaccination with all patients 6 months of age and older (or their parents/guardians), and recommend vaccination with the updated 2025-2026 COVID-19 vaccine based on risk and shared clinical decision making (including patient preference for vaccination). Vaccination is particularly important for persons at greater risk of severe disease including:
  - Children 6 – 23 months old who may have low/no pre-existing immunity
    - See data presented by CDC
    - See recent publication (Free et al. Pediatrics 2025) showing that 58% of children 6 – 23 months of age hospitalized for COVID-19 had no underlying medical conditions
  - Adults ≥65 years old
  - Persons 2-64 years old who have a medical condition that places them at higher risk of severe COVID-19

- Federal HHS/CDC currently has no recommendation for COVID-19 vaccination during pregnancy, but providers should continue to recommend COVID-19 vaccination for pregnant women based on national guidance from the American College of Obstetricians and Gynecologists (ACOG) and the Society for Maternal Fetal Medicine (SMFM).
  - Data supports COVID-19 vaccination during pregnancy as safe and effective at protecting mothers and infants in the first few months of life due to passive transfer of maternal antibodies.

  - Numerous observational studies have found no associations between mRNA COVID-19 vaccination during pregnancy and adverse maternal, fetal, or neonatal outcomes.[1-33]
  - Safety is also supported by multiple systematic reviews and meta-analyses.[34-38]
  - Vaccination during pregnancy is associated with a lower risk of neonatal death, severe neonatal morbidity, and other adverse pregnancy and maternal outcomes.[8,11,19,21,23,25,26,30]

- COVID-19 vaccines for the 2025-2026 season will be based on monovalent JN.1 lineage, and FDA advised manufacturers to preferentially use the LP.8.1 strain.

- Multiple FDA-licensed COVID-19 vaccine products continue to be available.
  - Moderna has released a new mRNA COVID-19 vaccine (mNEXSPIKE) in addition to their original SPIKEVAX formulation.
    - mNEXSPIKE contains modified spike protein mRNA that elicits a similar or greater immune response compared with SPIKEVAX but is given at one-fifth the mRNA dose compared to SPIKEVAX in persons 12 years of age and older (10 mcg vs. 50 mcg) – see recent publication by Chalkias et al. Lancet Infect Dis 2025.

Respiratory Syncytial Virus (RSV) Immunizations:

- Three RSV vaccines are currently available for use in older adults:
  - GSK's Arexvy
  - Pfizer's Abrysvo
  - Moderna's mResvia

- The following persons are recommended to receive a single lifetime dose of one of the RSV vaccines:
  - Adults ≥75 years old (based on age alone)
  - Adults 50-74 years old who are at increased risk of severe disease

- Infants are recommended to be protected against RSV through:
  - Maternal vaccination during weeks 32 through 36 of pregnancy using Pfizer's Abrysvo vaccine, which is the only RSV vaccine approved and recommended for use during pregnancy

    OR
  - Infant administration of a long-acting RSV monoclonal antibody (nirsevimab or clesrovimab) in infants <8 months old born during or entering their first RSV season

- Maternal RSV vaccination during pregnancy and infant administration of a monoclonal antibody are not both typically recommended, but there are a few exceptions.

- Clesrovimab is a new long-acting monoclonal antibody for use in infants <8 months old and is similar to nirsevimab.
  - Only nirsevimab is also recommended for children 8-19 months old who are at increased risk of severe RSV disease and entering their second RSV season; clesrovimab is not approved or recommended for this indication.

- For more information, see CDC's Clinical Guidance for RSV Immunizations and Vaccines and MMWR publication about Use of Clesrovimab for Prevention of Severe RSV-Associated Lower Respiratory Tract Infections in Infants.

Influenza Vaccines:

- All persons ≥6 months old who do not have a contraindication are recommended to receive the annual updated influenza vaccine.

- The influenza vaccine for the upcoming 2025-2026 respiratory virus season will be trivalent and include protection against H1N1, H3N2 (updated component), and B/Victoria strains.

- The high-dose inactivated, recombinant, and adjuvanted inactivated influenza vaccines continue to be preferentially recommended for persons ≥65 years old.

- Persons 18-64 years old who are solid organ transplant recipients and who are taking immunosuppressive medications may receive either high-dose or adjuvanted inactivated vaccines as acceptable options.

- For more information, see CDC's MMWR publication about Prevention and Control of Seasonal Influenza with Vaccines.

Monthly Healthcare Provider Webinar:

- NH Division of Public Health (DPH) continues to host a healthcare provider webinar on the 2nd Thursday of each month from 12:00–1:00 pm EST. The next webinar is on **Thursday, September 11th**. Login information can be accessed online.

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- For any questions regarding this notification, please call the NH DHHS, DPHS, Bureau of Infectious Disease Control at (603) 271-4496 during business hours (8:00 a.m. – 4:00 p.m.).
- If you are calling after hours or on the weekend, please call the New Hampshire Hospital switchboard at (603) 271-5300 and request the Public Health Professional on-call.
- To change your contact information in the NH Health Alert Network, please send an email to DHHS.Health.Alert@dhhs.nh.gov or visit https://nhhan.org/.

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Attachments: None