STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH
BUREAU FOR PUBLIC HEALTH
Office of Epidemiology and Prevention Services

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DATE: **October 1, 2025**

TO: **Public Health Partners**

FROM: **Shannon McBee, MPH, CHES**
State Epidemiologist

RE: **Updated Respiratory Virus Vaccine Guidance**

COVID-19, influenza, and respiratory syncytial virus vaccines remain the front line of defense and protection against each of the viruses they target. The following document summarizes vaccine recommendations for the 2025-26 respiratory season.

Seasonal Flu Vaccine:
It is recommended that everyone 6 months and older who does not have a contraindication receive a 2025- 2026 flu vaccine. This includes children, pregnant individuals, and adults. This year's flu vaccines are trivalent and provide protection against H1N1, H3N2, and B/Victoria strains.

High dose, recombinant or adjuvanted flu vaccine is preferred for people ages 65 and older and for some high-risk adults aged 18-64.

Respiratory Syncytial Virus (RSV) Products:
There are RSV products to help protect older adults and infants.

Protection for infants:

- Vaccination during pregnancy with Abrysvo given between 32-36 weeks gestation between September and January.
- Monoclonal antibody (nirsevimab or clesrovimab) given to infants less than 8 months old who are born during or who are entering their first RSV season.

Abrysvo is only authorized for use once. If a person has previously received Abrysvo and is currently pregnant, the infant should receive a monoclonal antibody after birth.
Immunization during pregnancy or administration of an RSV monoclonal antibody is sufficient for infant protection with few exceptions.

Nirsevimab can be given to infants younger than 8 months old born during or entering their first RSV season, and children ages 8 months through 19 months who are at increased risk of severe RSV disease and entering their second RSV season.

Clesrovimab can be given to infants younger than 8 months old born during or entering their first RSV season.

Protection for older adults:
There are three vaccines currently authorized for use in older adults: Arexvy, Abrysvo, and mResvia. A single lifetime dose of an RSV vaccine is recommended for adults age 75 and older and adults 50-74 who are at increased risk of severe RSV. RSV vaccine is not currently an annual vaccine; eligible adults should only receive one lifetime dose.

COVID-19 Vaccine:
The CDC Advisory Committee on Immunization Practices (ACIP) has recommended that administration of 2025-2026 COVID-19 vaccines to persons ≥6 months old be based on shared clinical decision-making. It has emphasized that, for persons <65 years old, the benefits of vaccination against COVID-19 most greatly outweigh the risks in those who are at elevated risk for severe disease. 1

The American Academy of Family Physicians (AAFP) recommends that all adults, including pregnant and lactating women, and all children 6-23 months old receive a COVID-19 vaccine this season. They recommend vaccination of persons 2-18 years old who are at increased risk of severe COVID-19. 2

The American Academy of Pediatrics (AAP) has recommended that all children 6-23 months old and all children who have never been vaccinated against COVID-19 receive a 2025-2026 vaccine (not just those with risk factors for severe disease); it also recommends vaccination of children who reside in long-term care facilities or other congregate settings and those with household contacts who are at high risk for severe COVID-19. 3

The American College of Obstetricians and Gynecologists (ACOG) has recommended that all pregnant and breastfeeding women be vaccinated against COVID-19. 4

Requested Action:
Discuss the risks and benefits of respiratory virus vaccines, including for COVID-19, influenza and respiratory syncytial virus (RSV), with your patients. Anyone can get a respiratory virus infection, but some people are at higher risk for serious illness.

The use of standing orders in healthcare facilities is an evidence-based strategy for improving vaccine accessibility and improving immunization rates. Standing orders enable nurses, pharmacists, and other trained healthcare staff to assess patient immunization status and administer appropriate vaccines using an order protocol that is approved by an authorized practitioner in advance. For more information about standing orders, including links to

examples/templates and extensive research on their effectiveness, please review this informational guide for healthcare workers, created by Immunize.org.

Current recommendations on Flu, COVID-19, and RSV immunizations can be found here. Most people can still receive COVID-19 vaccines at no cost through their private health insurance, Medicare, or Medicaid plans.