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What's New with the Flu, COVID and RSV Too: 2025-2026

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Adult Immunization Coordinator

December 5, 2025

Agenda

- Influenza 2024-2025 Season
- Updated New York State Department of Health respiratory surveillance report
- COVID and RSV disease surveillance data
- 2024-2025 influenza, COVID, and RSV vaccine effectiveness
- 2024-2025 influenza, COVID, and RSV vaccination coverage
- 2025-2026 recommendations for influenza, COVID-19, and RSV vaccines
- New York State COVID Resources
- New York State influenza vaccine requirements
- Influenza vaccination coverage for healthcare personnel

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Influenza 2024-2025 Season

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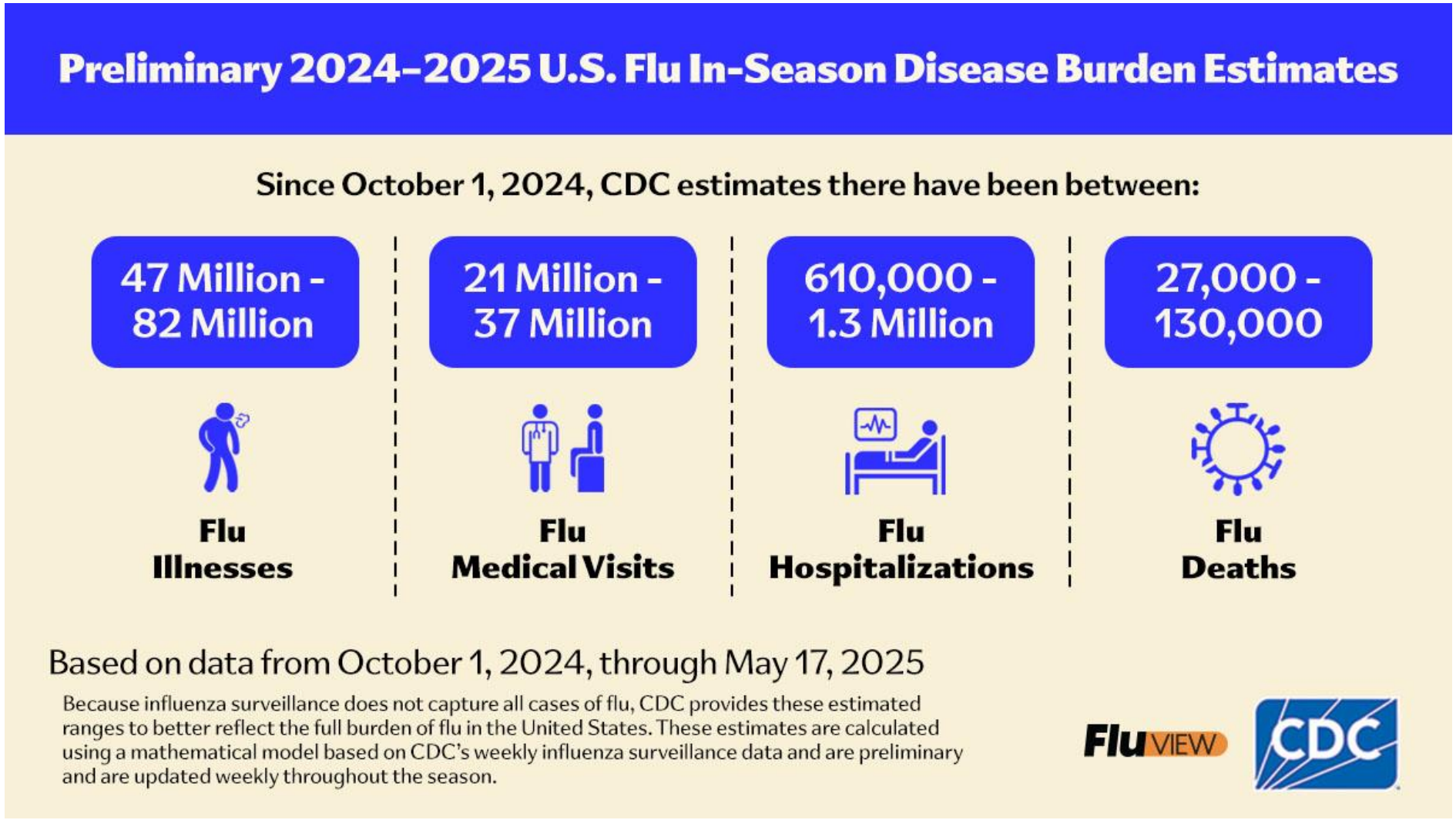
2024-2025 Influenza Season, U.S.



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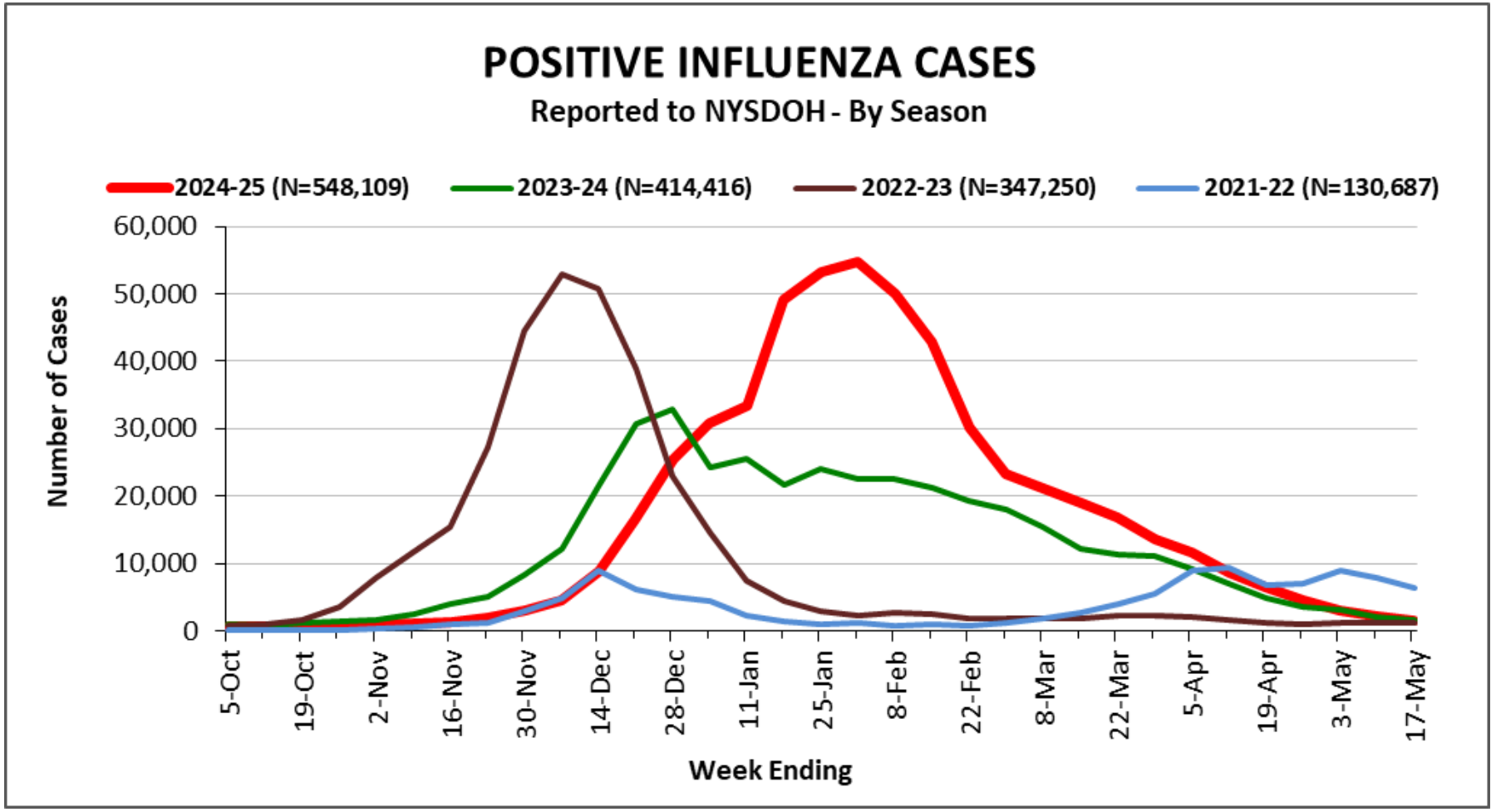
Source: [Preliminary Estimated Flu Disease Burden 2024-2025 Flu Season | Flu Burden | CDC]

Positive Influenza Laboratory Results, NYS: Week Ending 5/17/2025



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Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

Severity of 2024-2025 Influenza Season

- CDC Preliminary severity assessment for the 2024-2025 influenza season reported on May 23, 2025
  - High severity with the following indicators high across all age groups:
    - Rates of influenza-like illness
    - Rates of hospitalizations
    - Rates of influenza deaths
  - As of week ending September 19th, 280 pediatric deaths have been reported to the CDC for last year's influenza season
    - This is the highest number of reported in any non-pandemic influenza season since influenza-associated pediatric deaths became reportable in 2004

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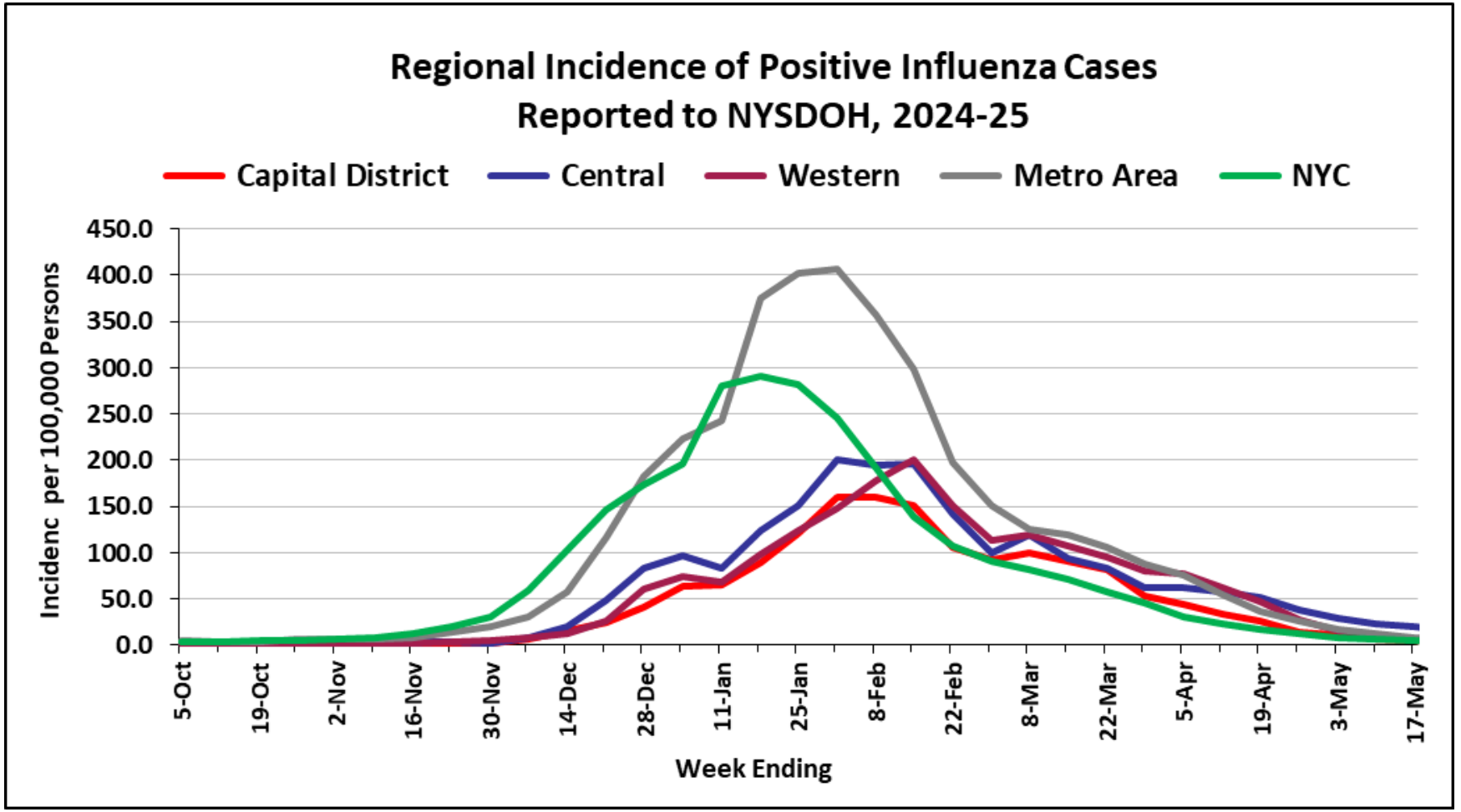
Sources: 2024-2025 United States Flu Season: Preliminary In-Season Severity Assessment | Influenza (Flu); CDC; FluView | FluView | CDC

Incidence of Positive Influenza Laboratory Results by Region: Week Ending 5/17/2025



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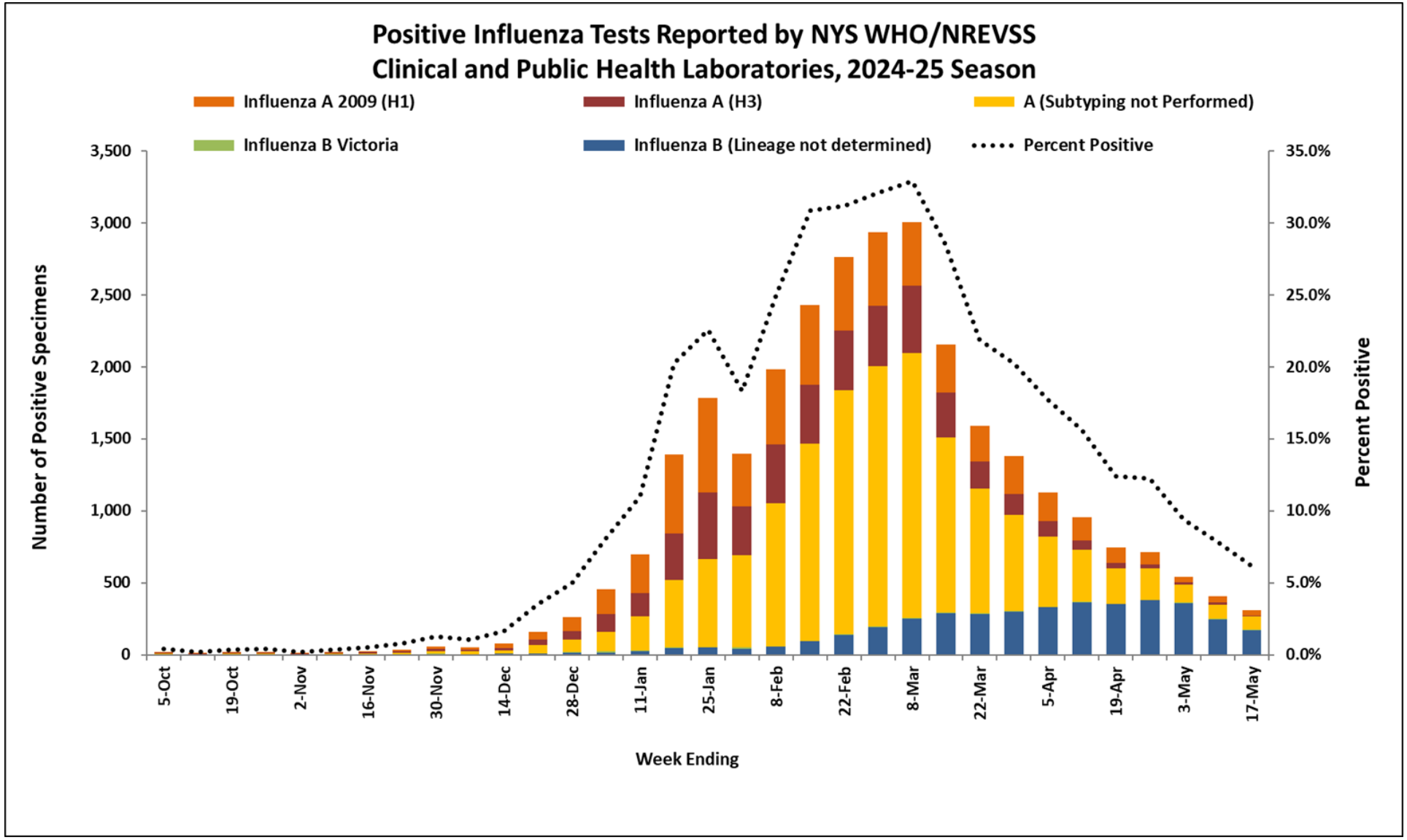

Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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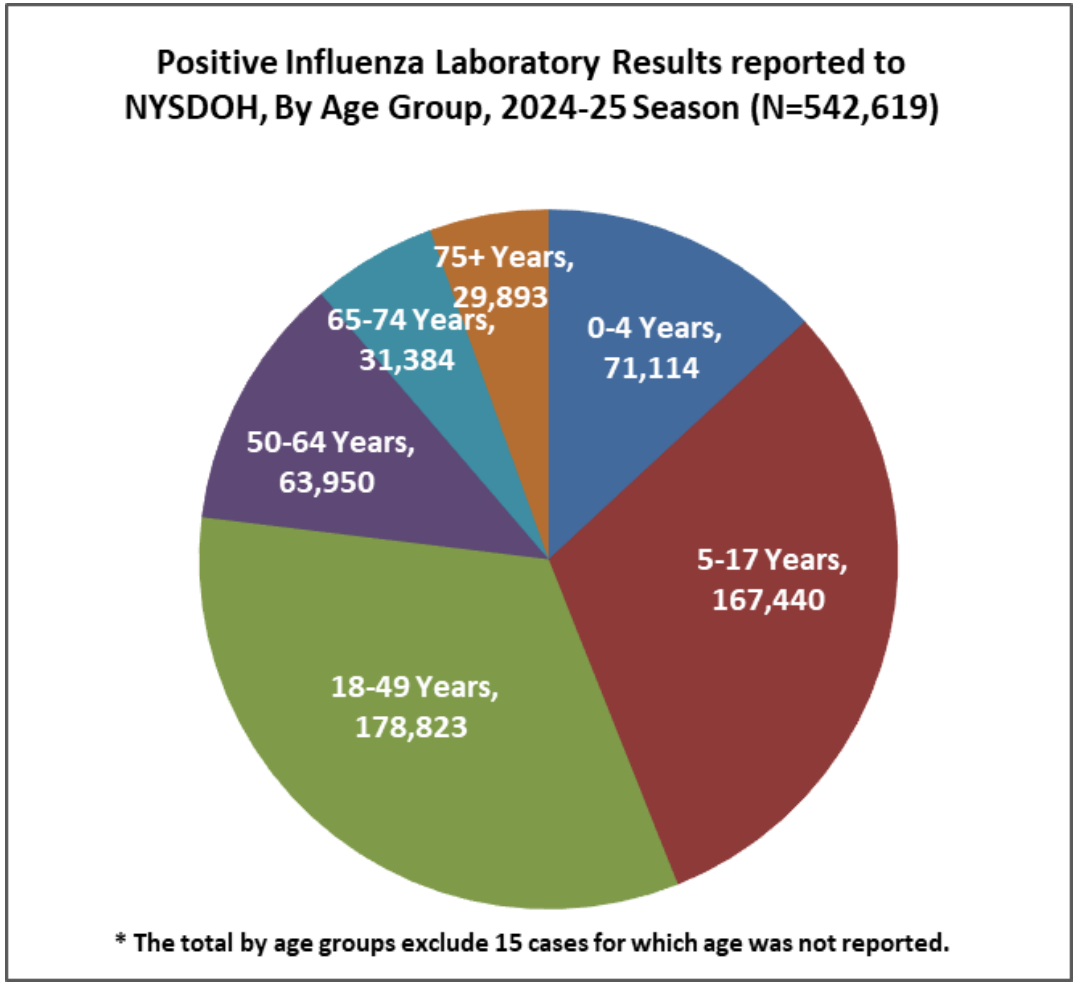
NYS Laboratory Confirmed Influenza by Age: Week Ending 5/17/2025



Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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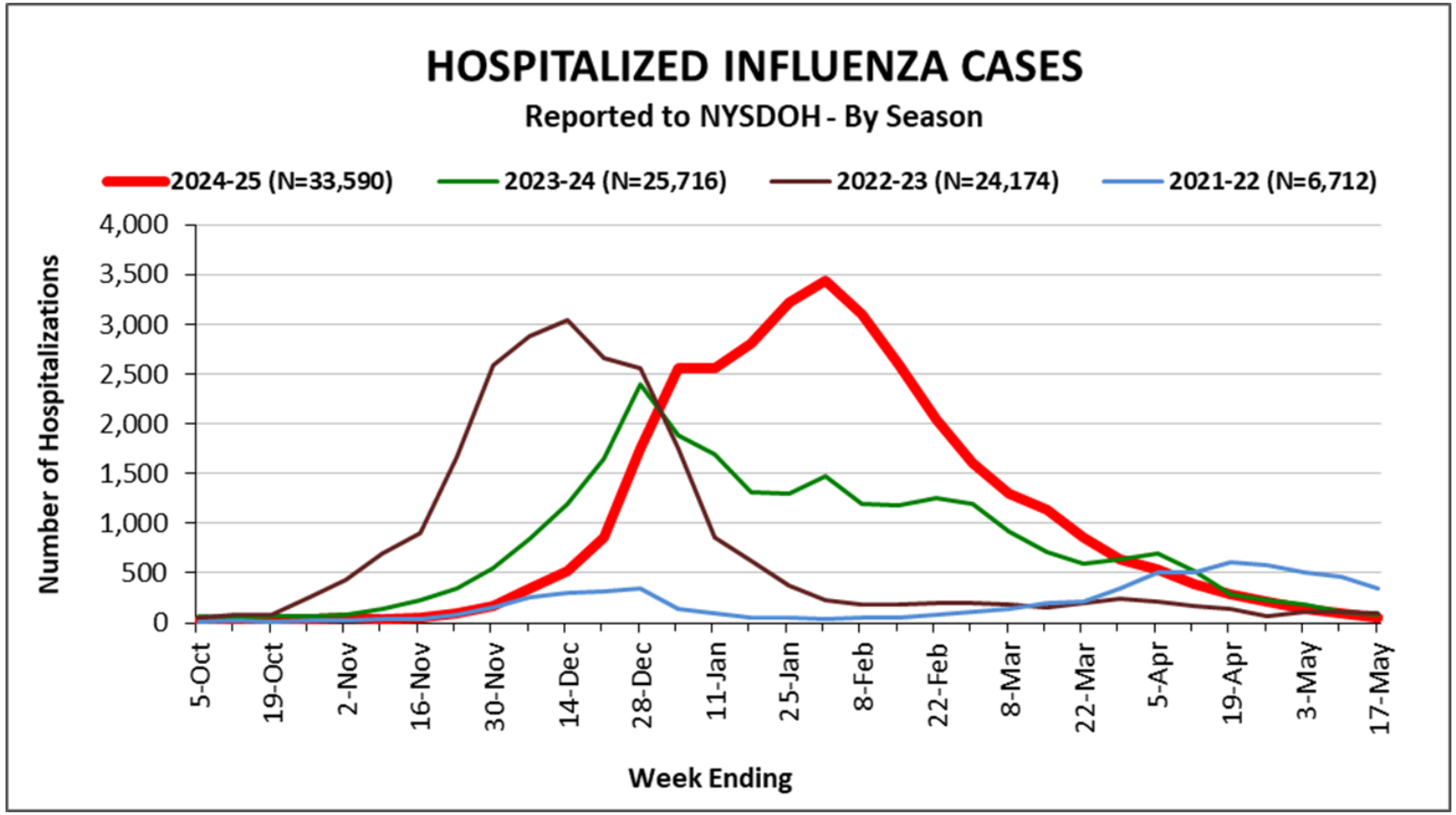
Patients Hospitalized with Lab Confirmed Influenza: 2024-2025



Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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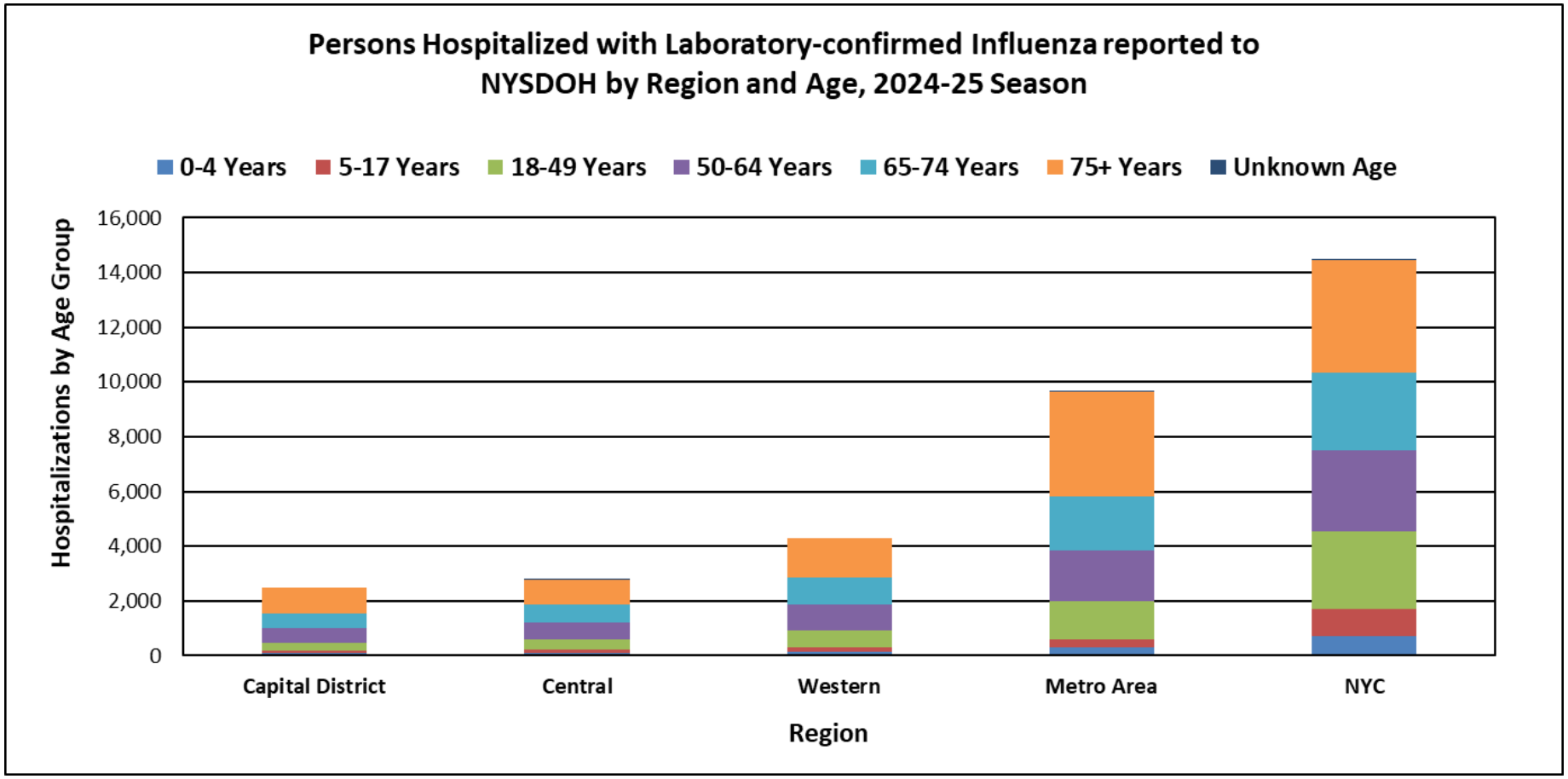
Patients Hospitalized with Lab Confirmed Influenza by Region and Age: Week Ending 5/17/2025



Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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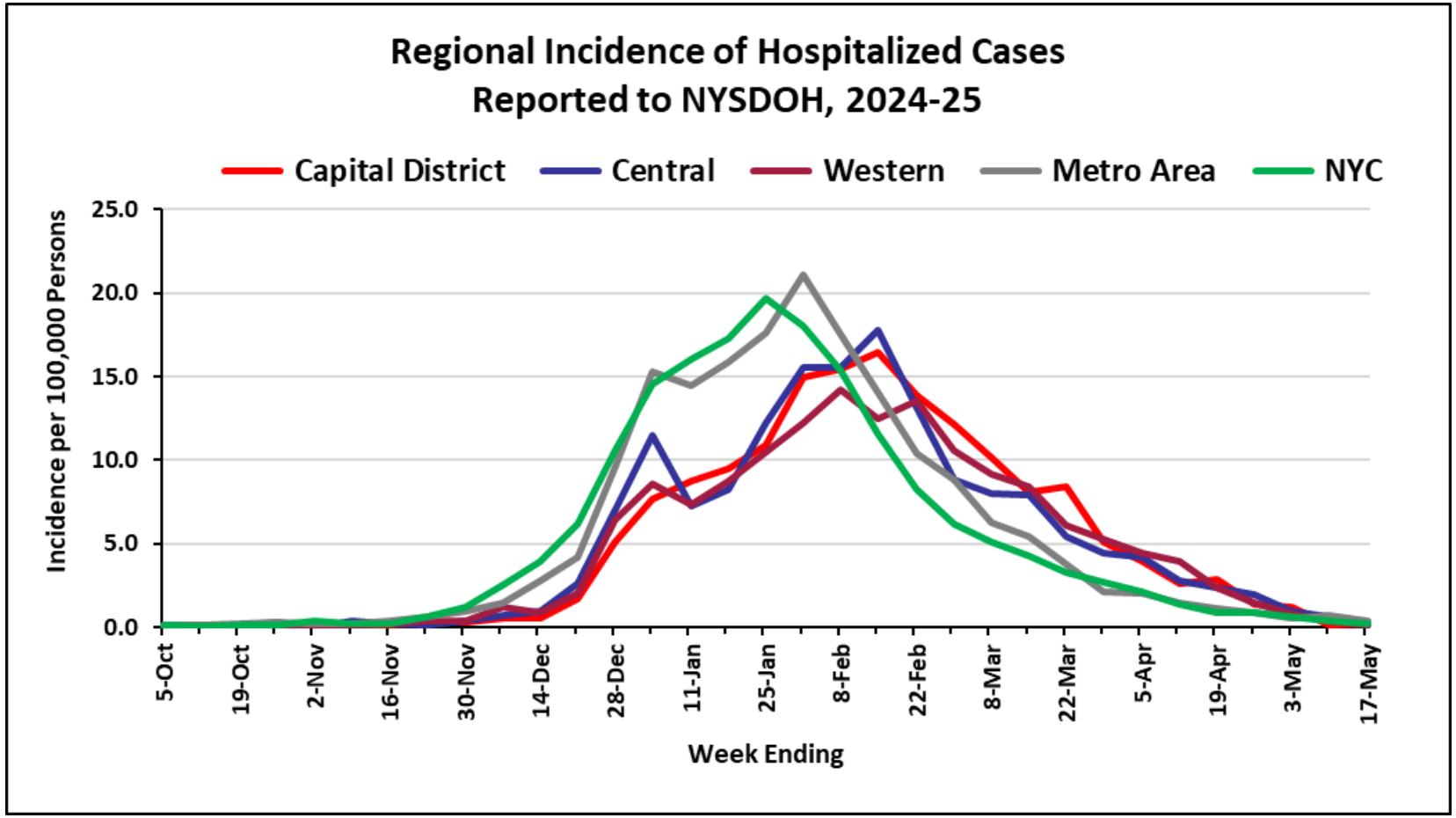
Incidence of Hospitalizations with Lab Confirmed Influenza by Region: Week Ending 5/17/2025



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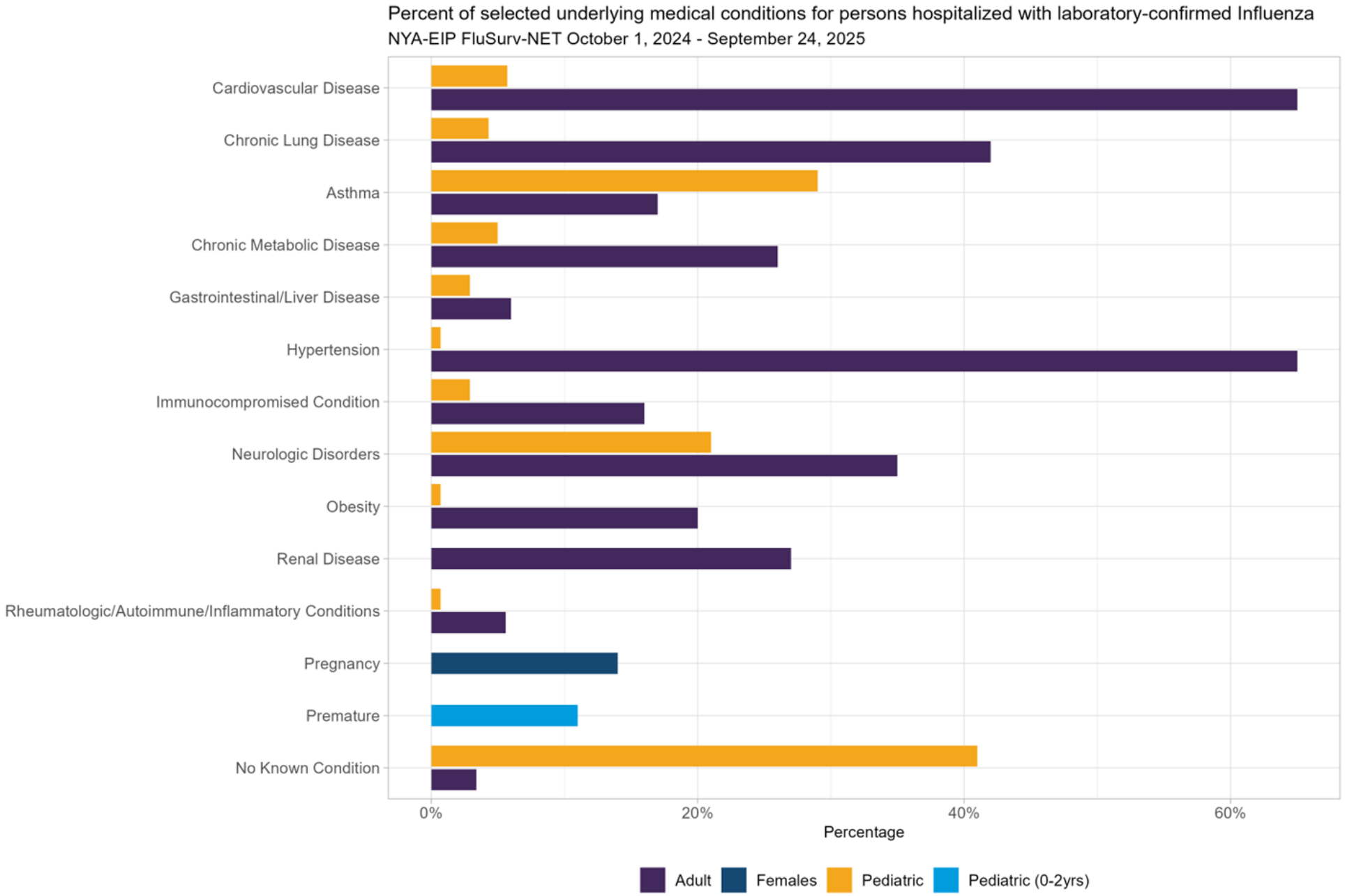

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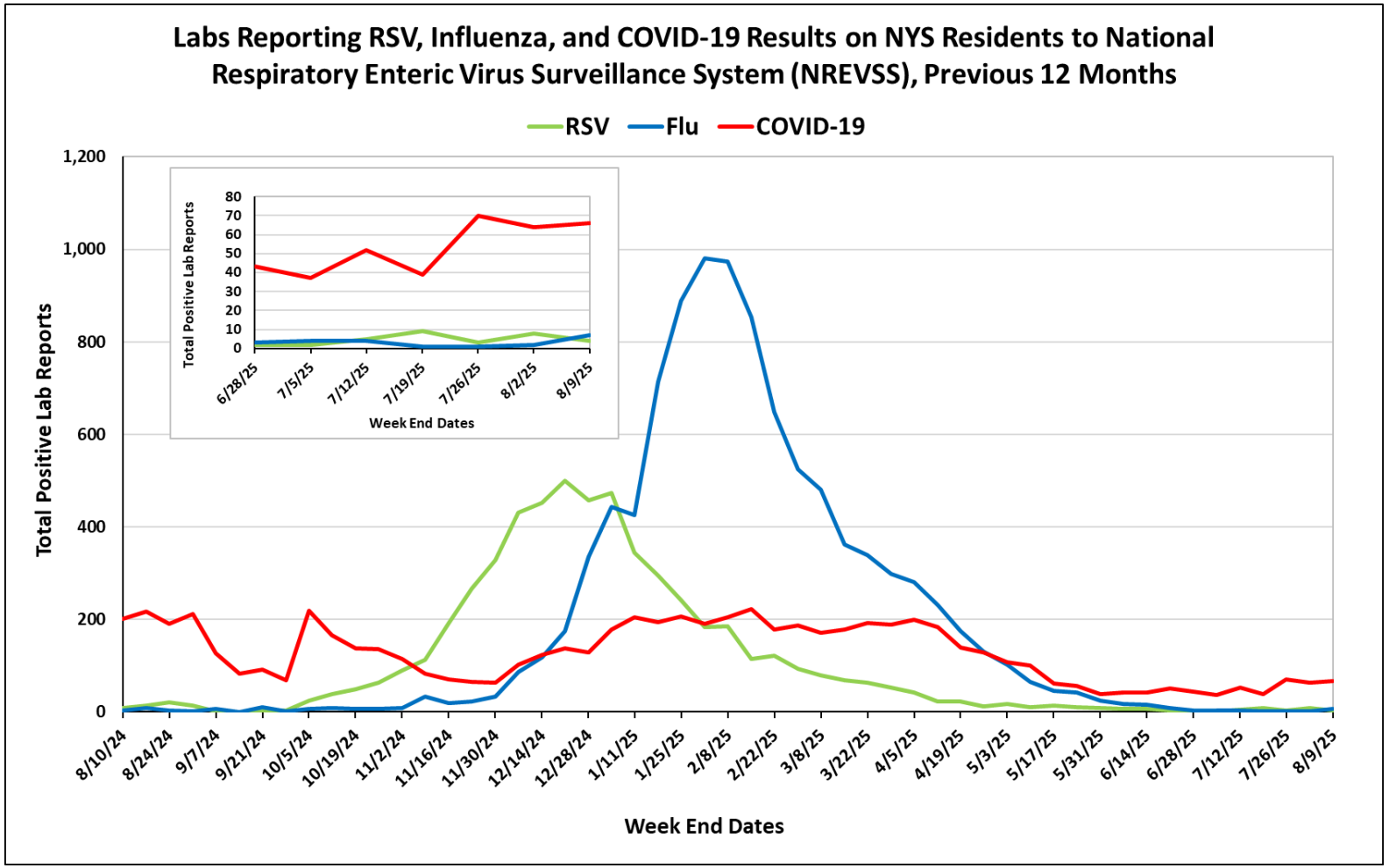
Positive RSV, Influenza, and COVID Results: Through Week Ending 08/09/2025



Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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Updated NYSDOH Respiratory Surveillance Report

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Previous Report: Influenza Only

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New York State Influenza Surveillance Report

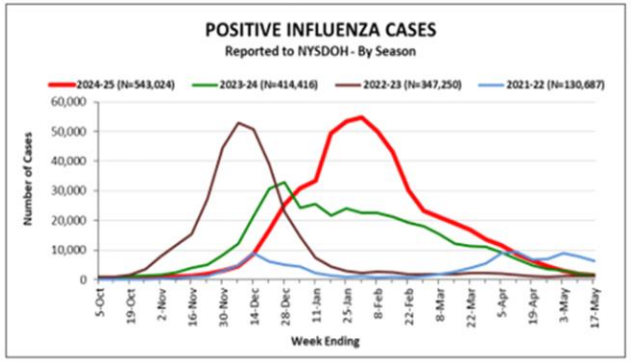
The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year-round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May)[1]. Data are provisional and subject to change.

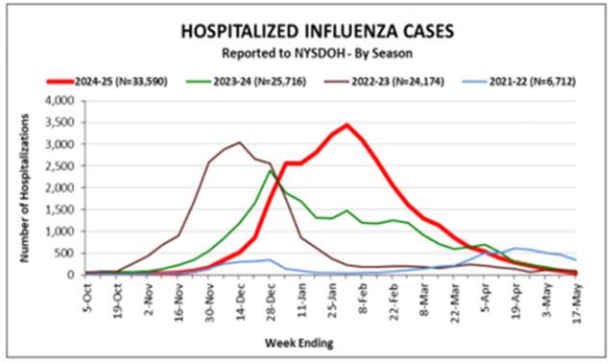
During the week ending May 17, 2025

- Influenza activity was categorized geographically local[2]. This is the first week at local activity after 22 consecutive weeks of widespread activity.
- Laboratories tested 21,372 specimens for influenza, of which 1,458 (7%)[3] were positive, a 29% decrease in positive cases compared with the previous week.
- The number of patients hospitalized with laboratory-confirmed[4] influenza was 51, a 43% decrease in hospitalized cases compared with the previous week.
- Of the 3,712 specimens submitted to WHO/NREVSS laboratories, 98 (2.64%) were positive. 23 were positive for influenza A and 75 for influenza B.
- The percent of patient visits for influenza-like illness (ILI[5]) from ILINet providers was 1.68%, below the epidemic threshold[6] of 4.20%.
- There was 1 outbreak reported in hospitals and 1 outbreak reported in nursing homes, no change in the percentage of hospital and nursing home outbreaks compared with the previous week. Season to date, a total of 1,029 outbreaks have been reported from hospitals and nursing homes in NYS.
- There were no influenza-associated pediatric deaths reported this week. 25 influenza-associated pediatric deaths have been reported this season.

Laboratory-confirmed Influenza Reports and Influenza Hospitalizations (including NYC)

Clinical laboratories report weekly the number of lab-confirmed test results. Hospitals report weekly the number of hospitalized patients with laboratory-confirmed influenza. County, regional, age group, and multi-season comparison graphs are available on the NYS Flu Tracker dashboard at https://nyshc.health.ny.gov/web/nyapd/new-york-state-flu-tracker.





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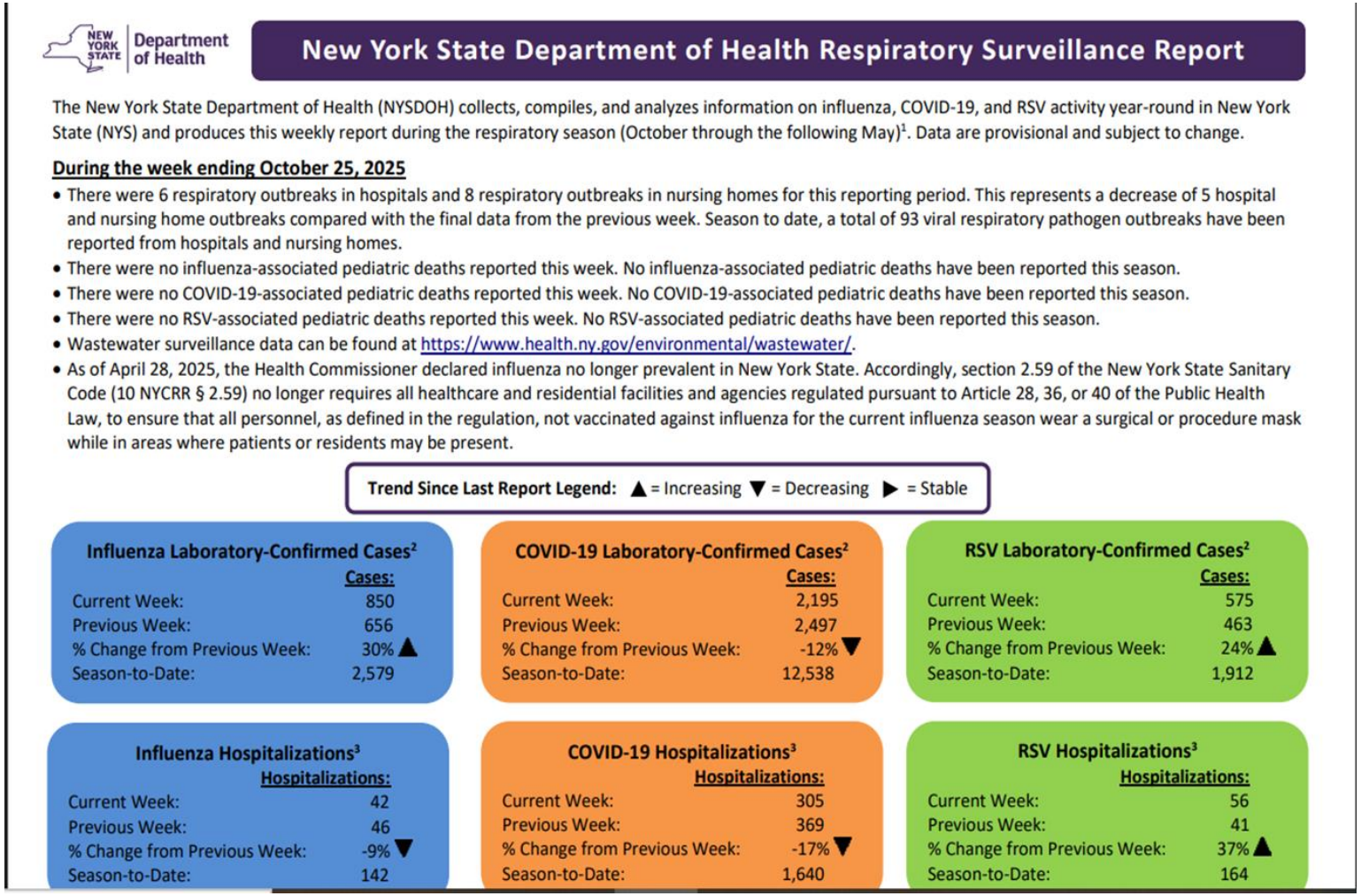
Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

New Report Includes Influenza, COVID, and RSV



New York State Department of Health Respiratory Surveillance Report

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza, COVID-19, and RSV activity year-round in New York State (NYS) and produces this weekly report during the respiratory season (October through the following May)[1]. Data are provisional and subject to change.

During the week ending October 25, 2025

- There were 6 respiratory outbreaks in hospitals and 8 respiratory outbreaks in nursing homes for this reporting period. This represents a decrease of 5 hospital and nursing home outbreaks compared with the final data from the previous week. Season to date, a total of 93 viral respiratory pathogen outbreaks have been reported from hospitals and nursing homes.
- There were no influenza-associated pediatric deaths reported this week. No influenza-associated pediatric deaths have been reported this season.
- There were no COVID-19-associated pediatric deaths reported this week. No COVID-19-associated pediatric deaths have been reported this season.
- There were no RSV-associated pediatric deaths reported this week. No RSV-associated pediatric deaths have been reported this season.
- Wastewater surveillance data can be found at https://www.health.ny.gov/environmental/wastewater/.
- As of April 28, 2025, the Health Commissioner declared influenza no longer prevalent in New York State. Accordingly, section 2.59 of the New York State Sanitary Code (10 NYCRR § 2.59) no longer requires all healthcare and residential facilities and agencies regulated pursuant to Article 28, 36, or 40 of the Public Health Law, to ensure that all personnel, as defined in the regulation, not vaccinated against influenza for the current influenza season wear a surgical or procedure mask while in areas where patients or residents may be present.

Trend Since Last Report Legend: ▲ = Increasing ▼ = Decreasing ▶ = Stable

Influenza Laboratory-Confirmed Cases[2]	Cases:
Current Week:	850
Previous Week:	656
% Change from Previous Week:	30% ▲
Season-to-Date:	2,579

COVID-19 Laboratory-Confirmed Cases[2]	Cases:
Current Week:	2,195
Previous Week:	2,497
% Change from Previous Week:	-12% ▼
Season-to-Date:	12,538

RSV Laboratory-Confirmed Cases[2]	Cases:
Current Week:	575
Previous Week:	463
% Change from Previous Week:	24% ▲
Season-to-Date:	1,912

Influenza Hospitalizations[3]	Hospitalizations:
Current Week:	42
Previous Week:	46
% Change from Previous Week:	-9% ▼
Season-to-Date:	142

COVID-19 Hospitalizations[3]	Hospitalizations:
Current Week:	305
Previous Week:	369
% Change from Previous Week:	-17% ▼
Season-to-Date:	1,640

RSV Hospitalizations[3]	Hospitalizations:
Current Week:	56
Previous Week:	41
% Change from Previous Week:	37% ▲
Season-to-Date:	164

Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

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COVID-19 Cases

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NYS COVID-19 Vaccination Update

(Press Release – Nov 4, 2025)

Vaccination Uptake Remains Low

- Statewide COVID vaccinations down 30% vs. same period in 2024
- Adults 65+: doses down 25%

Clinical Impact

- COVID continues to cause more severe outcomes than flu
- 2024: *2,775 COVID deaths vs. 766 flu*
- 2024: *50,000+ COVID hospitalizations vs. 21,000 flu*

Urgent Need Ahead of Holidays

- Increased indoor gatherings & travel expected
- Updated vaccination remains best protection against severe illness and death

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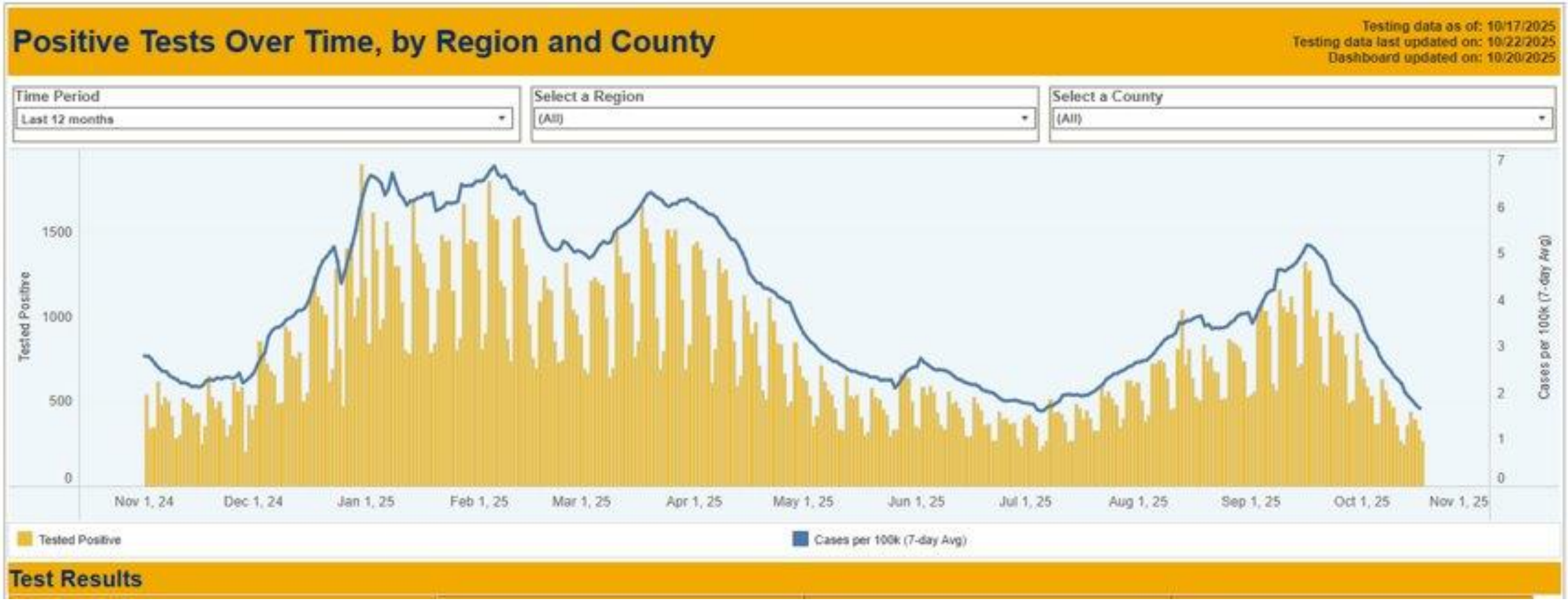
Scan QR Code to read full Press Release or visit: https://health.ny.gov/press/releases/2025/2025-11-04_covid19_vaccinations.htm

Positive COVID-19 Tests, NYS



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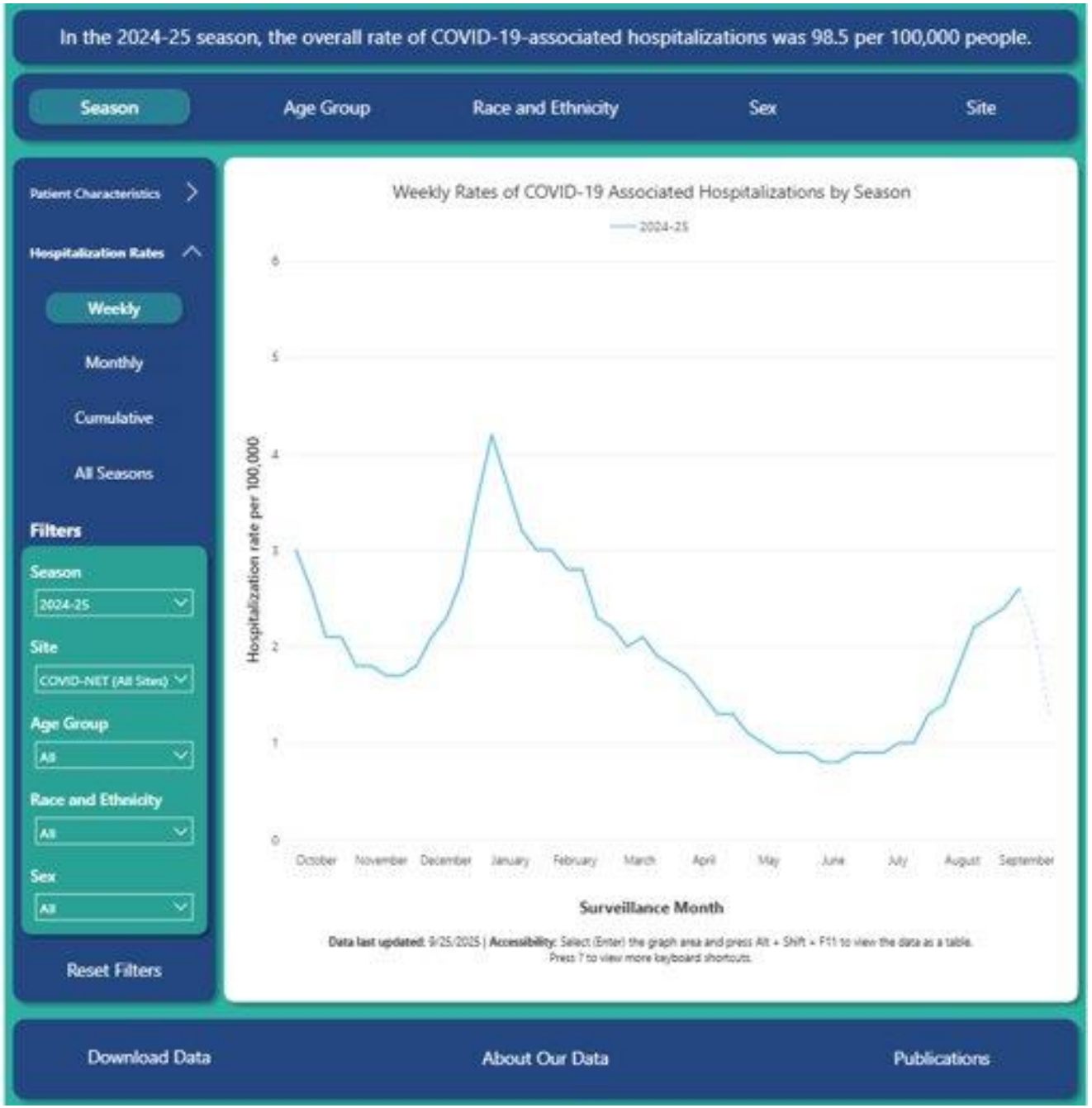
Source: [Positive Tests Over Time, by Region and County | Department of Health]

COVID-19 ASSOCIATED HOSPITALIZATIONS, NATIONAL

Source: https://www.cdc.gov/covid/php/covid-net/index.html



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RSV Cases

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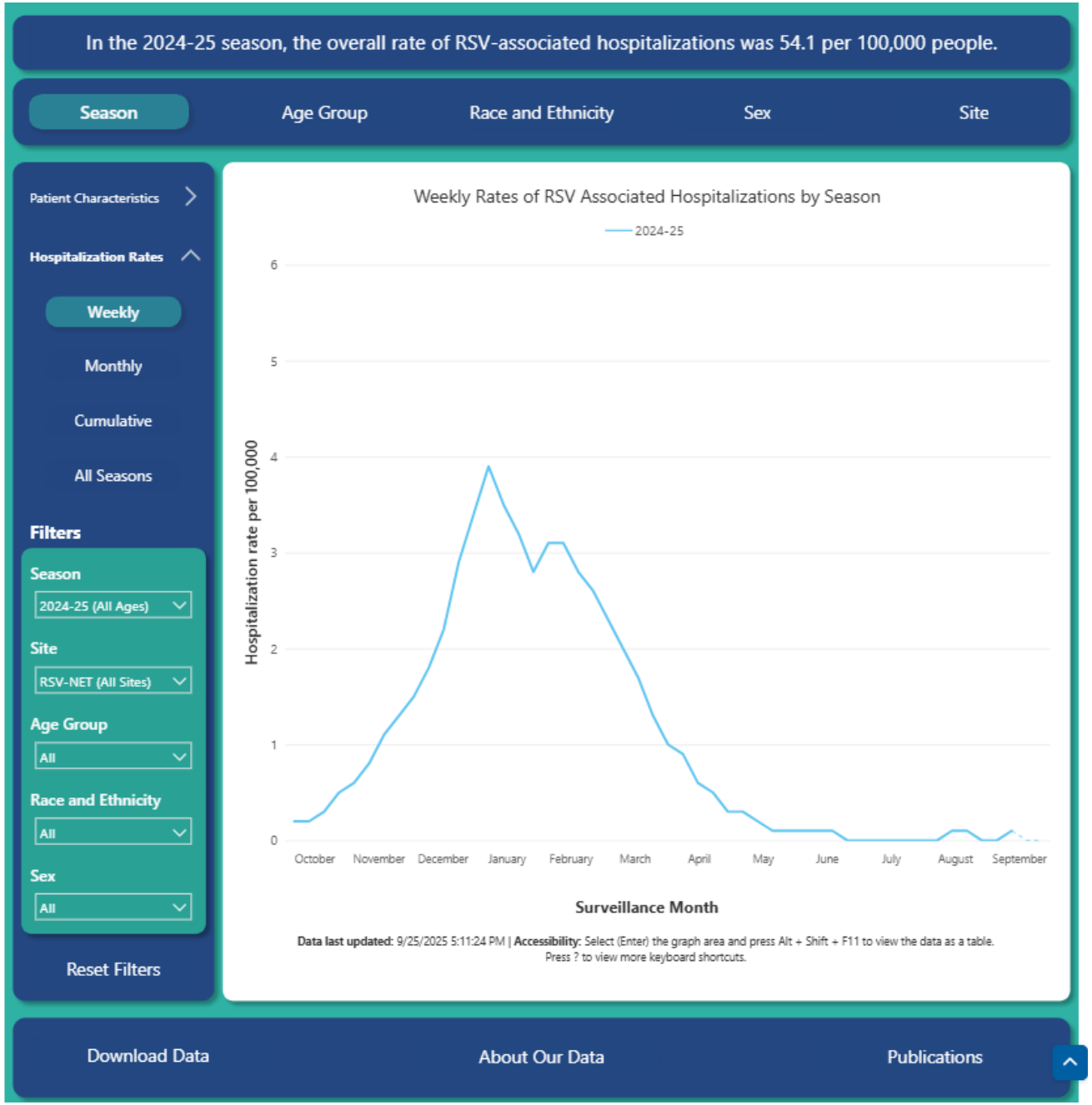
RSV Associated Hospitalizations, National

Source: [RSV-NET | RSV | CDC]



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Interim Influenza Vaccine Effectiveness Estimates for 2024-2025 Season

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Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness October 2024–February 2025

TABLE 2. Number and percentage of children and adolescents* aged <18 years and adults aged ≥18 years receiving seasonal influenza vaccine, number and percentage with a positive or negative influenza test result, and vaccine effectiveness,† by influenza type and subtype§ — four vaccine effectiveness networks, United States, 2024–25 influenza season

Return

Network (setting)	Influenza test result by influenza vaccination status, no. vaccinated/Total (%)		VE (95% CI)¶
	Influenza-positive	Influenza-negative	
All ages			
Any** influenza			
VISION (outpatient)	6,953/35,574 (20)	31,785/103,984 (31)	56 (54 to 58)
U.S. Flu VE (outpatient)	166/692 (24)	848/2,652 (32)	42 (29 to 54)

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Source: Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025 | MMWR

Network (setting)	Influenza test result by influenza vaccination status, no. vaccinated/Total (%)		VE (95% CI)[¶]
	Influenza-positive	Influenza-negative	
All children and adolescents aged <18 yrs			
Any influenza**			
NVSN[††] (outpatient[§§])	100/482 (21)	855/2,487 (34)	59 (47 to 68)
U.S. Flu VE (outpatient)	54/217 (25)	256/917 (28)	32 (1 to 54)
VISION (outpatient)	1,322/9,563 (14)	5,943/27,356 (22)	60 (56 to 63)
NVSN (inpatient)	28/119 (24)	613/1,523 (40)	63 (41 to 76)
VISION (inpatient)	16/157 (10)	406/1,481 (27)	78 (60 to 89)
Influenza A(H1N1)pdm09			
NVSN (outpatient)	32/224 (14)	855/2,487 (34)	72 (59 to 81)
U.S. Flu VE (outpatient)	9/50 (18)	256/917 (28)	53 (3 to 79)
NVSN (inpatient)	13/60 (22)	613/1,523 (40)	63 (30 to 81)
Influenza A(H3N2)			
NVSN (outpatient)	62/218 (28)	855/2,487 (34)	42 (19 to 58)
U.S. Flu VE (outpatient)	29/107 (27)	256/917 (28)	16 (–34 to 49)
NVSN (inpatient)	12/44 (27)	613/1,523 (40)	55 (14–77)[¶¶]

Source: Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025 | MMWR

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Source: Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025 | MMWR

Network (setting)	Influenza test result by influenza vaccination status, no. vaccinated/Total (%)		VE (95% CI)[¶]
	Influenza-positive	Influenza-negative	
All adults aged ≥18 yrs			
Any[¶] influenza			
U.S. Flu VE (outpatient**)	112/475 (24)	592/1,735 (34)	36 (16 to 51)
VISION (outpatient)	5,631/26,011 (22)	25,842/76,628 (34)	54 (52 to 56)
IVY (inpatient)	211/675 (31)	873/2,500 (35)	41 (28 to 52)
VISION (inpatient)	905/2,959 (31)	10,869/28,074 (39)	55 (51 to 59)
Influenza A(H1N1)pdm09			
U.S. Flu VE (outpatient)	36/118 (31)	592/1,735 (34)	42 (8 to 64)
IVY (inpatient)	12/50 (24)	873/2,500 (35)	39 (–14 to 67)
Influenza A(H3N2)			
U.S. Flu VE (outpatient)	56/230 (24)	592/1,735 (34)	25 (–6 to 48)
IVY (inpatient)	28/110 (26)	873/2,500 (35)	51 (22 to 69)

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Network (setting)	Influenza test result by influenza vaccination status, no. vaccinated/Total (%)		VE (95% CI)[¶]
	Influenza-positive	Influenza-negative	
Adults aged 18–64 yrs			
Any Influenza			
U.S. Flu VE (outpatient)	84/419 (20)	397/1,403 (28)	37 (16 to 53)
VISION (outpatient)	3,056/20,280 (15)	10,864/49,103 (22)	56 (53 to 58)
IVY (inpatient)	61/334 (18)	282/1,187 (24)	48 (28 to 63)
VISION (inpatient)	212/1,062 (20)	1,966/8,803 (22)	51 (41 to 59)
Adults aged ≥65 yrs			
Any influenza			
U.S. Flu VE (outpatient)	28/56 (50)	195/332 (59)	18 (–69 to 60)
VISION (outpatient)	2,575/5,731 (45)	14,978/27,525 (54)	51 (47 to 54)
IVY (inpatient)	150/341 (44)	591/1,313 (45)	38 (19 to 52)
VISION (inpatient)	693/1,897 (37)	8,903/19,271 (46)	57 (52 to 61)

Source: Interim Estimates of 2024–2025 Seasonal Influenza Vaccine Effectiveness — Four Vaccine Effectiveness Networks, United States, October 2024–February 2025 | MMWR

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COVID-19 Vaccine Effectiveness as presented by the CDC at the 9/19/2025 ACIP meeting

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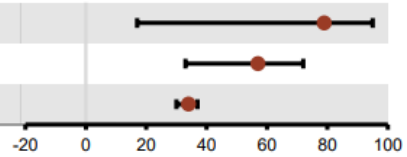
VE of 2024-2025 COVID-19 vaccine doses against *emergency department/urgent care encounters* — VISION

September 2024 – May 2025

Age group | COVID-19 vaccination status	Total encounters	SARS-CoV-2-test-positive, N (%)	Median interval since last dose among those vaccinated, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
No updated 2024-2025 COVID-19 vaccine dose*				
9 months-4 years	31,060	809 (3)	392 (282-662)	**Ref**
5-17 years	38,870	926 (2)	972 (710-1,116)	**Ref**
≥18 years	200,933	12,927 (6)	1,068 (742-1,224)	**Ref**
2024-2025 COVID-19 dose received 7-179 days earlier				
9 months-4 years	393	2 (1)	64 (30-98)	**79 (17 to 95)**
5-17 years	2,208	22 (1)	81 (44-122)	**57 (33 to 72)**
≥18 years	40,043	1,694 (4)	89 (50-129)	**34 (30 to 37)**



CDC, unpublished data

* Includes all individuals who did not receive a 2024-2025 COVID-19 vaccine. For those aged ≥5 years, this includes unvaccinated persons and persons who were vaccinated with ≥1 original monovalent or bivalent COVID-19 doses. For those aged <5 years, children with a partial initial series were excluded. The 2024-2025 dose could have been part of the initial series or in addition to the initial series.

Vaccine effectiveness was calculated by comparing the odds of COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. The odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region.

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Source: [COVID-19 vaccine effectiveness update]

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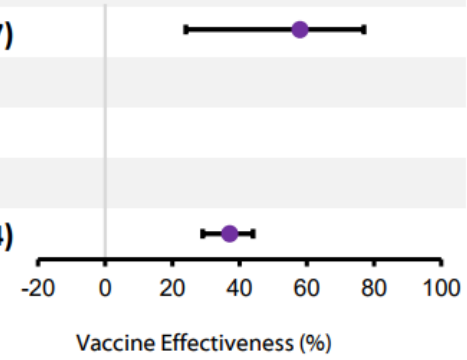
VISION: VE of *2023-2024* COVID-19 vaccination against COVID-19–associated *emergency department/urgent care encounters* among immuno*competent* women aged 18-45 years, by pregnancy status — VISION

September 2023 – August 2024

Vaccine Dosage Pattern	Total tests	SARS-CoV-2-test-positive, N (%)	Median interval since last dose, days (IQR)	Adjusted VE (95% CI)
Pregnant at CLI encounter				
No 2023-2024 dose (ref)	5058	709 (14)	797 (648, 931)	**Ref**
Most recent 2023-2024 dose received 7-179 days	229	13 (6)	77 (44, 120)	**58 (24-77)**
Not pregnant at CLI encounter				
No 2023-2024 dose (ref)	76,636	8,052 (11)	794 (641, 931)	**Ref**
Most recent 2023-2024 dose received 7-179 days	5,079	313 (6)	83 (45, 126)	**37 (29-44)**



VE=vaccine effectiveness; CLI = COVID-19-like illness

Vaccine effectiveness was calculated by comparing the odds of COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. The odds ratio was adjusted for: age, ethnicity, race, underlying medical conditions, gestational age at encounter, site, Medicaid status, day of encounter, site facility urbanicity

CDC unpublished data

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Source: [COVID-19 vaccine effectiveness update]

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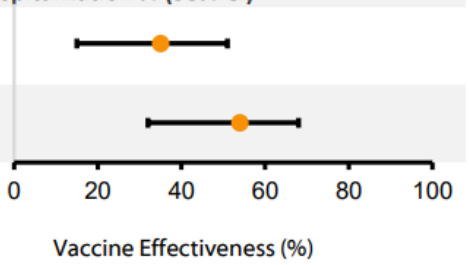
Overcoming COVID-19: Effectiveness* of maternal vaccination† in prevention of COVID-19–associated *hospitalization* among infants§

March 9, 2022 – May 31, 2023

Age group of infant	No. vaccinated/Total no. (%) Case-patients	Control patients	Interval between last vaccine dose and infant hospitalization, days (IQR)	Effectiveness of Maternal Vaccination against Infant Covid-19 Hospitalization % (95% CI)
0-5 months	82/377 (22)	94/339 (28)	236 (185–300)	**35 (15–51)**
0-2 months	43/227 (19)	63/214 (29)	219 (152–264)	**54 (32–68)**



Simeone & Zambrano et al., MMWR, 2023: https://www.cdc.gov/mmwr/volumes/72/wr/mm7239a3.htm.

* VE estimates were based on odds of maternal vaccination during pregnancy in case-patients versus control patients, adjusted for U.S. Census Bureau region, admission date (monthly), age (in months), sex, and race and ethnicity (non-Hispanic Black or African American, non-Hispanic White, non-Hispanic other, Hispanic or Latino of any race, or unknown). Study site was included as a repeated effect. VE was calculated as (1 – adjusted odds ratio) x 100%.

† Maternal vaccination status was based on the last date of a COVID-19 mRNA vaccine dose: unvaccinated was defined as mothers who had not received any vaccine dose before or during pregnancy, and vaccinated was defined as mothers who received their last dose of a COVID-19 mRNA vaccine between the first day of pregnancy and 14 days before delivery. Among those vaccinated during pregnancy, mothers could have received ≥1 dose during pregnancy. Mothers could receive 1 dose of Ad.26.CoV2.S (Janssen [Johnson & Johnson]) vaccine before or during pregnancy and 1 dose of an mRNA vaccine during pregnancy. Mothers who received only 1 dose of an mRNA vaccine were considered partially vaccinated and were excluded from the analysis. Mothers whose last vaccine dose occurred before pregnancy were excluded from the analysis.

§ Infants were excluded from analysis if they were born to mothers who had received their most recent dose before pregnancy, received only 1 dose of an mRNA vaccine, received their most recent vaccine dose within 14 days of delivery, received only 1 dose of a viral vector vaccine, or whose vaccination status could not be verified or whose timing of vaccination was unknown.

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Source: COVID-19 vaccine effectiveness update

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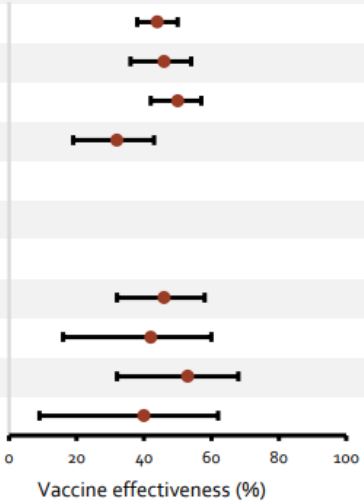
Effectiveness of *2024–2025 COVID-19 vaccination* against COVID-19–associated *hospitalization* among *immunocompetent* adults aged ≥65 years — VISION and IVY Networks

September 2024 – May 2025

Network/2024-2025 COVID-19 vaccination status/days since dose	COVID-19 case-patients N (Col %)	COVID-19 control-patients N (Col %)	Median interval since last dose among vaccinated*, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
VISION				
No 2024-2025 COVID-19 dose (Ref)	2,943 (85)	34,900 (74)	958 (508-1,187)	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	515 (15)	12,043 (26)	92 (51-132)	**44 (38-50)**
2024-2025 COVID-19 dose, 7–59 days earlier	155 (4)	3,604 (8)	34 (20-47)	**46 (36-54)**
2024-2025 COVID-19 dose, 60–119 days earlier	207 (6)	4,509 (10)	90 (75-104)	**50 (42-57)**
2024-2025 COVID-19 dose, 120–179 days earlier	153 (4)	3,930 (8)	147 (133-162)	**32 (19-43)**
IVY				
No 2024-2025 COVID-19 dose (Ref)	822 (88)	1,824 (79)	Not available	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	110 (12)	499 (21)	92 (55–130)	**46 (32-58)**
2024-2025 COVID-19 dose, 7–59 days earlier	43 (5)	124 (5)	32 (20–46)	**42 (16-60)**
2024-2025 COVID-19 dose, 60–119 days earlier	37 (4)	205 (9)	89 (73–103)	**53 (32-68)**
2024-2025 COVID-19 dose, 120–179 days earlier	30 (3)	170 (7)	146 (130–161)	**40 (9-62)**



Updated from: Link-Gelles, et al. MMWR: https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm

Vaccine effectiveness was calculated by comparing the odds of 2024–2025 COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. For VISION, the odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region. For IVY, the odds ratio was adjusted for age, sex, race and ethnicity, geographic region (U.S. Department of Health and Human Services Region) and calendar time (biweekly intervals). The "no 2024–2025 dose" group included all eligible persons who did not receive a 2024–2025 COVID-19 vaccine dose, regardless of number of previous COVID-19 vaccine doses. VISION data go through May 2025; IVY data go through April 2025.

*Time since vaccination is for most recent dose, which could have been an original monovalent, bivalent, 2023-2024, or 2024-2025 COVID-19 vaccine.

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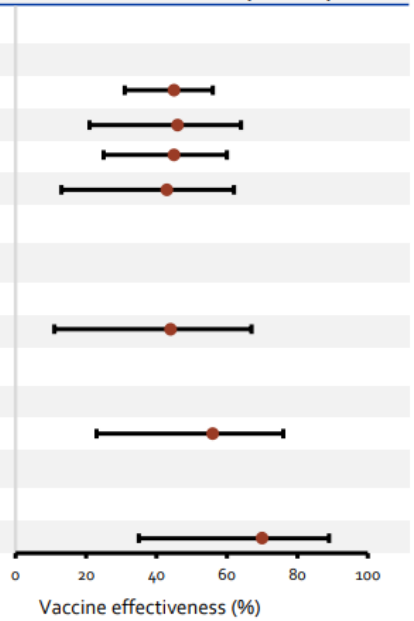
Source: COVID-19 vaccine effectiveness update

Effectiveness of *2024–2025 COVID-19 vaccination* against COVID-19–associated *critical illness* among *immunocompetent* adults aged ≥65 years — VISION and IVY Networks

September 2024 – May 2025

2024-2025 COVID-19 vaccination status/days since dose	COVID-19 case-patients N (Col %)	COVID-19 control-patients N (Col %)	Median interval since last dose among vaccinated*, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
VISION				
No 2024-2025 COVID-19 dose (Ref)	558 (85)	34,900 (74)	961 (510-1,189)	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	97 (15)	12,043 (26)	92 (51-132)	**45 (31-56)**
2024-2025 COVID-19 dose, 7–59 days earlier	28 (4)	3,604 (8)	34 (20-47)	**46 (21-64)**
2024-2025 COVID-19 dose, 60–119 days earlier	44 (7)	4,509 (10)	90 (75-104)	**45 (25-60)**
2024-2025 COVID-19 dose, 120–179 days earlier	25 (4)	3,930 (8)	147 (133-162)	**43 (13-62)**
IVY				
Acute respiratory failure				
No 2024-2025 COVID-19 dose (Ref)	158 (88)	1,817 (78)	Not available	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	21 (12)	498 (22)	96 (59-131)	**44 (11-67)**
ICU admission or death				
No 2024-2025 COVID-19 dose (Ref)	141 (91)	1,824 (79)	Not available	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	14 (9)	499 (21)	96 (60-133)	**56 (23-76)**
Invasive mechanical ventilation or death				
No 2024-2025 COVID-19 dose (Ref)	74 (94)	1,824 (79)	Not available	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	5 (6)	499 (21)	97 (60-133)	**70 (35-89)**



Based on methods in: Link-Gelles, et al. MMWR: https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm

Vaccine effectiveness was calculated by comparing the odds of 2024–2025 COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. For VISION, the odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region. For IVY, the odds ratio was adjusted for age, sex, race and ethnicity, geographic region (U.S. Department of Health and Human Services Region) and calendar time (biweekly intervals). The "no 2024–2025 dose" group included all eligible persons who did not receive a 2024–2025 COVID-19 vaccine dose, regardless of number of previous COVID-19 vaccine doses. VISION data go through May 2025; IVY data go through April 2025.

For VISION, critical illness is defined as admission to the intensive care unit or in-hospital death. For IVY, acute respiratory failure was defined as new receipt of high-flow nasal canula, noninvasive ventilation, or invasive mechanical ventilation.

*Time since vaccination is for most recent dose, which could have been an original monovalent, bivalent, 2023-2024, or 2024-2025 COVID-19 vaccine.

ICU = intensive care unit

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Source: COVID-19 vaccine effectiveness update

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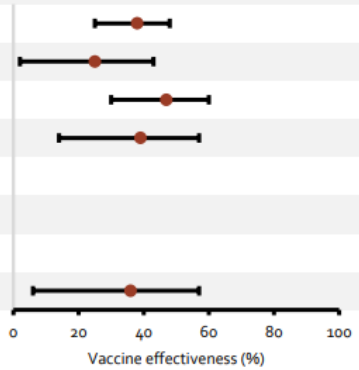
Effectiveness of *2024–2025 COVID-19 vaccination* against COVID-19–associated *hospitalization* among *immunocompromised* adults aged ≥65 years — VISION and IVY Networks

September 2024 – May 2025

Network/2024-2025 COVID-19 vaccination status/days since dose	COVID-19 case-patients N (Col %)	COVID-19 control-patients N (Col %)	Median interval since last dose among vaccinated*, days (IQR)	Adjusted vaccine effectiveness % (95% CI)
VISION				
No 2024-2025 COVID-19 dose (Ref)	719 (81)	10,035 (69)	882 (451-1,166)	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	164 (19)	4,432 (31)	93 (53-133)	**38 (25-48)**
2024-2025 COVID-19 dose, 7–59 days earlier	62 (7)	1,247 (9)	35 (20-47)	**25 (2-43)**
2024-2025 COVID-19 dose, 60–119 days earlier	61 (7)	1,689 (12)	89 (75-104)	**47 (30-60)**
2024-2025 COVID-19 dose, 120–179 days earlier	41 (5)	1,496 (10)	147 (133-163)	**39 (14-57)**
IVY				
No 2024-2025 COVID-19 dose (Ref)	214 (83)	670 (76)	Not available	**Ref**
Received 2024-2025 COVID-19 dose 7–179 days earlier	44 (17)	209 (24)	82 (48-133)	**36 (6-57)**



Updated from: Link-Gelles, et al. MMWR: https://www.cdc.gov/mmwr/volumes/74/wr/mm7406a1.htm

Vaccine effectiveness was calculated by comparing the odds of 2024–2025 COVID-19 vaccination in case-patients and control-patients using the equation: (1 – adjusted odds ratio) x 100%. Odds ratios were estimated by multivariable logistic regression. For VISION, the odds ratio was adjusted for age, sex, race and ethnicity, calendar day, and geographic region. For IVY, the odds ratio was adjusted for age, sex, race and ethnicity, geographic region (U.S. Department of Health and Human Services Region) and calendar time (biweekly intervals). The "no 2024–2025 dose" group included all eligible persons who did not receive a 2024–2025 COVID-19 vaccine dose, regardless of number of previous COVID-19 vaccine doses (if any) received. VISION data go through May 2025; IVY data go through April 2025.

* Time since vaccination is for most recent dose, which could have been an original monovalent, bivalent, 2023-2024, or 2024-2025 COVID-19 vaccine.

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Source: COVID-19 vaccine effectiveness update

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Conclusions: effectiveness of COVID-19 vaccines

- **For the respective year, compared to no in-season dose, COVID-19 vaccination provided additional protection against:**
  - COVID-19-associated **emergency department and urgent care* visits among children**; protection was similar across age groups.
  - COVID-19-associated **emergency department and urgent care visits among adults** (data included in back-up).
  - COVID-19-associated **hospitalizations among adults aged ≥65 years with and without immunocompromising conditions**.
  - COVID-19-associated **critical illness among adults aged ≥65 years**; protection appeared to be higher and more durable against critical illness compared to less severe outcomes.

- **VE should be interpreted as the added benefit of 2023–2024 or 2024–2025 COVID-19 vaccination in a population with high levels of infection-induced immunity, vaccine-induced immunity, or both.**
  - Prior SARS-CoV-2 infection contributes protection against future disease, though protection wanes over time.
  - An increase in SARS-CoV-2 circulation in the United States during late summer 2024, just before the 2024–2025 COVID-19 vaccines were approved and authorized, may have resulted in higher population-level immunity against JN.1-lineage strains, which could have resulted in lower measured VE than in a population with less recent infection.

* Due to lower baseline rates of severe disease and lower COVID-19 vaccine coverage, VE against hospitalization and critical illness in children could not be estimated.

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Source: [COVID-19 vaccine effectiveness update]

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RSV Vaccine Effectiveness for 2024-2025 Season

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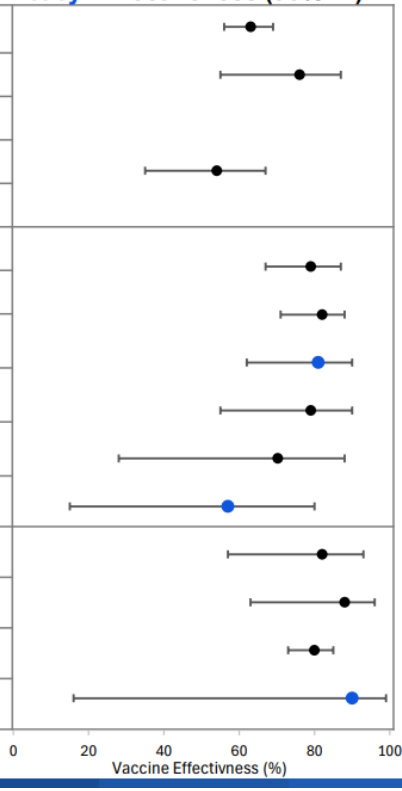
RSV Vaccine Effectiveness: 2024-2025 Season: as Presented at the June 25, 2025, ACIP meeting

Summary of RSV prevention product effectiveness (PE) among infants in their first RSV season, 2024–2025

Outcome	Product	CDC Network	Product Efficacy*/Effectiveness (95% CI)
RSV-associated ED visit	Nirsevimab	VISION	63 (56-69)
		NVSN	76 (55-87)
		Clinical Trial	Not Applicable
	Maternal Vaccine	VISION	54 (35-67)
		Clinical Trial	Not Applicable
RSV-associated hospitalization	Nirsevimab*	VISION	79 (67-87)
		NVSN	82 (71-88)
		Clinical Trial	81 (62-90)
	Maternal Vaccine†	VISION	79 (55-90)
		NVSN	70 (28-88)
		Clinical Trial	57 (15-80)
RSV-associated Intensive Care Unit (ICU) admission	Nirsevimab*	VISION	82 (57-93)
		NVSN	88 (63-96)
		Overcoming	80 (73-85)
		Clinical Trial	90 (16-99)



*Jones et al. *MMWR* 2023. Available: https://www.cdc.gov/mmwr/volumes/72/wr/mm7234a4.htm
†Kampmann et al. *NEJM* 2023. Available: https://www.nejm.org/doi/full/10.1056/NEJMoa2216480

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Source: US Pediatric RSV Surveillance and Monitoring of New Prevention Products

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RSV Vaccine Effectiveness: 2024-2025 Season: as Presented at the June 25, 2025, ACIP meeting

Product Effectiveness Conclusions

- Nirsevimab was effective against RSV-associated emergency department (ED) encounters, hospitalization, and critical illness among infants in their first RSV season during the 2024–2025 RSV season in the United States.
- Maternal vaccination was effective against RSV-associated ED encounters and hospitalization during the 2024–2025 RSV season in the United States.
- Ongoing monitoring of post-licensure nirsevimab and maternal RSV vaccine effectiveness will be necessary to assess additional outcomes.

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Source: US Pediatric RSV Surveillance and Monitoring of New Prevention Products

RSV Vaccine Effectiveness: 2024-2025 Season

- 10/2025 study in the *Clinical Infectious Diseases* journal looked at vaccine effectiveness (VE) for those ≥ **60 years** of age from the first post-licensure season:
  - Overall, VE for ED visits and hospitalization was 92%
  - VE for patients with high-risk conditions was also 92%
  - VE against critical outcomes was 90%
  - VE against severe disease was 92%

Source: Sara Y Tartof,, Estimated Vaccine Effectiveness for Respiratory Syncytial Virus–Related Acute Respiratory Illness in Older Adults: Findings From the First Postlicensure Season, *Clinical Infectious Diseases*, 2025;, ciaf496, https://doi.org/10.1093/cid/ciaf496

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Influenza Vaccination Coverage Estimates 2024-2025

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Influenza Vaccination Coverage Estimates 2024-2025

- Coverage estimates for children as of April 26, 2025 are 4.2% below same time last season; 49.2% compared with 53.9%
- Coverage estimates for all adults as of April 26, 2025 are like the same time last season; 46.7% compared with 47.4%
- Coverage estimates for pregnant persons as of March 29, 2025 are like the same time last season: 38.0% compare with 38.1%
- Coverage estimates for adults 65 years and older Medicare fee-for-service beneficiaries as of February 22, 2025 are 48.3%
    - Coverage from February 2024 for 65 years and older was 66.2% in CDC's FluVaxView

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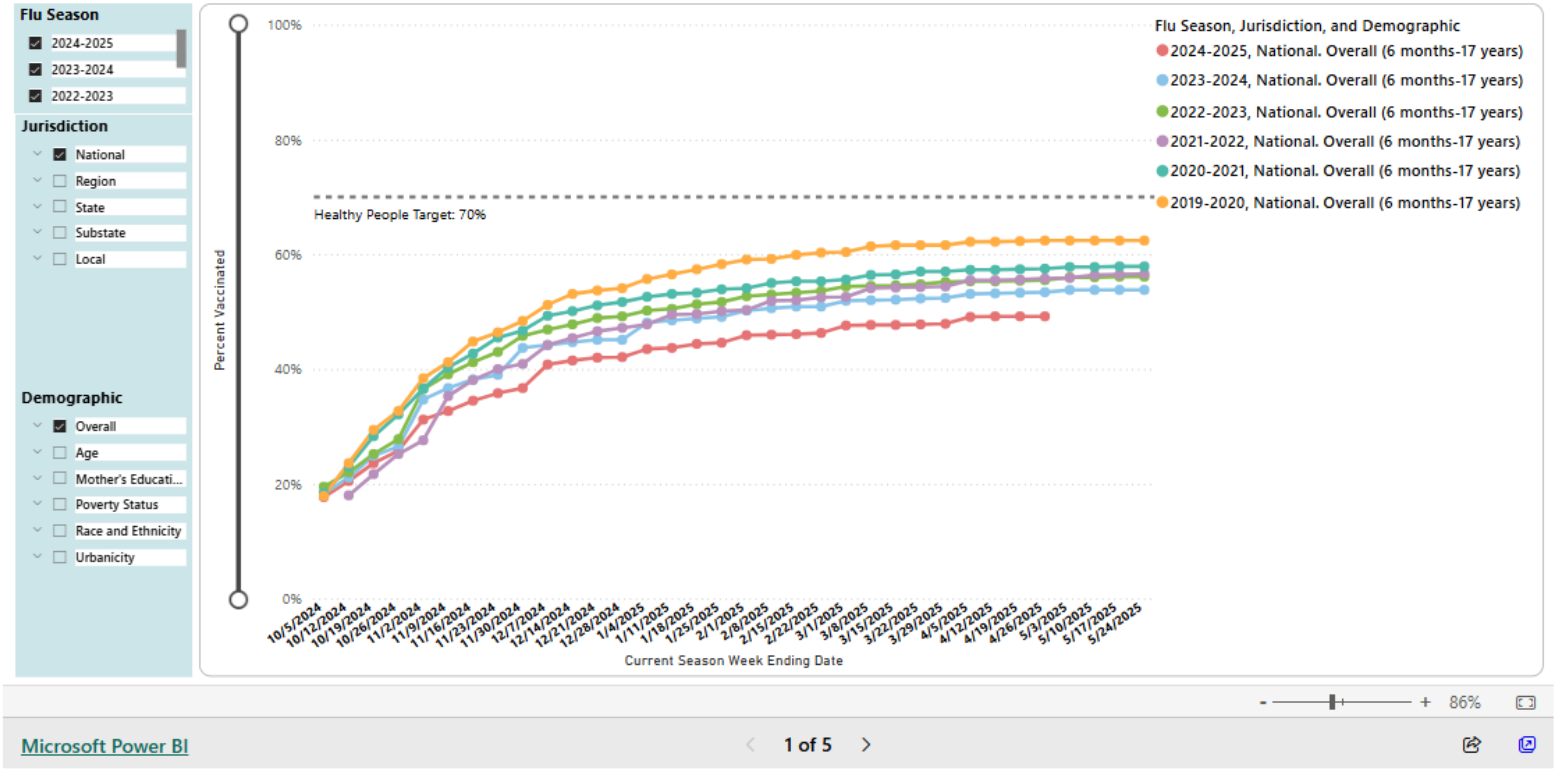
Source: Weekly Flu Vaccination Dashboard | FluVaxView | CDC and Influenza Vaccination Coverage for Persons 6 Months and Older | FluVaxView | CDC

Influenza Vaccination Coverage Estimates in Children 2024-2025

Figure 2A. Weekly Cumulative Influenza Vaccination Coverage*,†,‡, by Flu Season and Selected Demographics, Children 6 Months–17 Years, United States
Data Source: National Immunization Survey-Flu



Source: [Influenza Vaccination Coverage, Children 6 months through 17 years, United States | FluVaxView | CDC]

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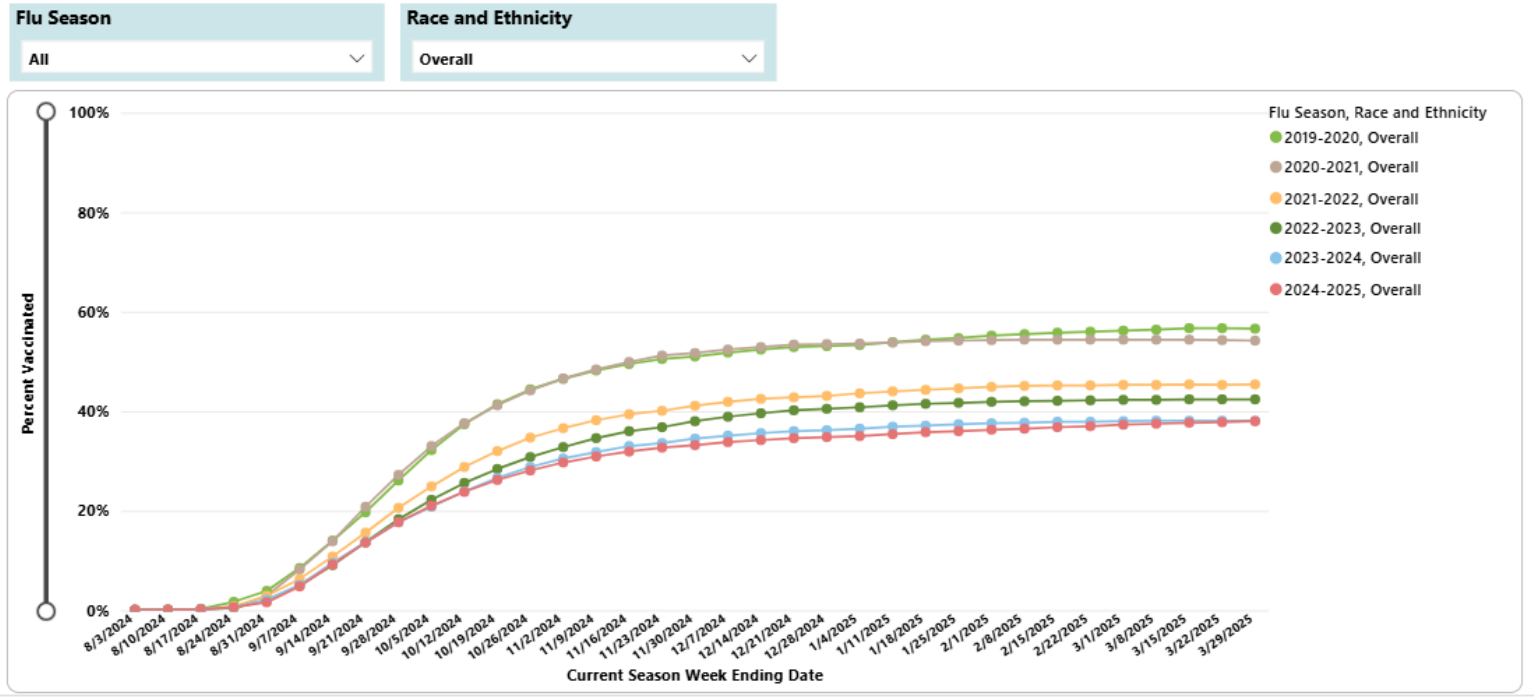
Influenza Vaccination Coverage Estimates in Pregnancy 2024-2025

Figure 3A. Percent of Pregnant Women Ages 18–49 Years Who Have Received an Influenza Vaccine Overall, by Race and Ethnicity, and Season
Data Source: Vaccine Safety Datalink



Source: [Influenza Vaccination Coverage, Pregnant Women, United States | FluVaxView | CDC]

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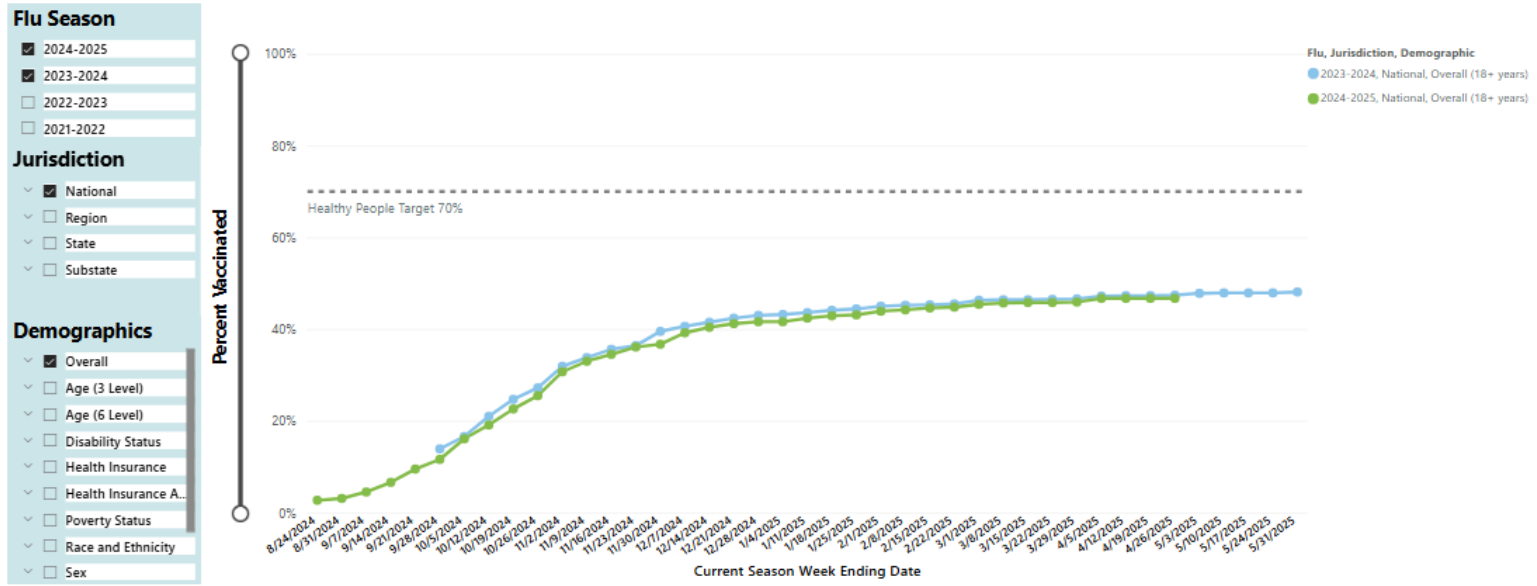
Influenza Vaccination Coverage Estimates in Adults 2024-2025

Figure 4A. Influenza Vaccination Coverage, Overall by Selected Demographics, 2024-25 and Jurisdiction, Among Adults 18 Years and Older *,†,‡,§,±

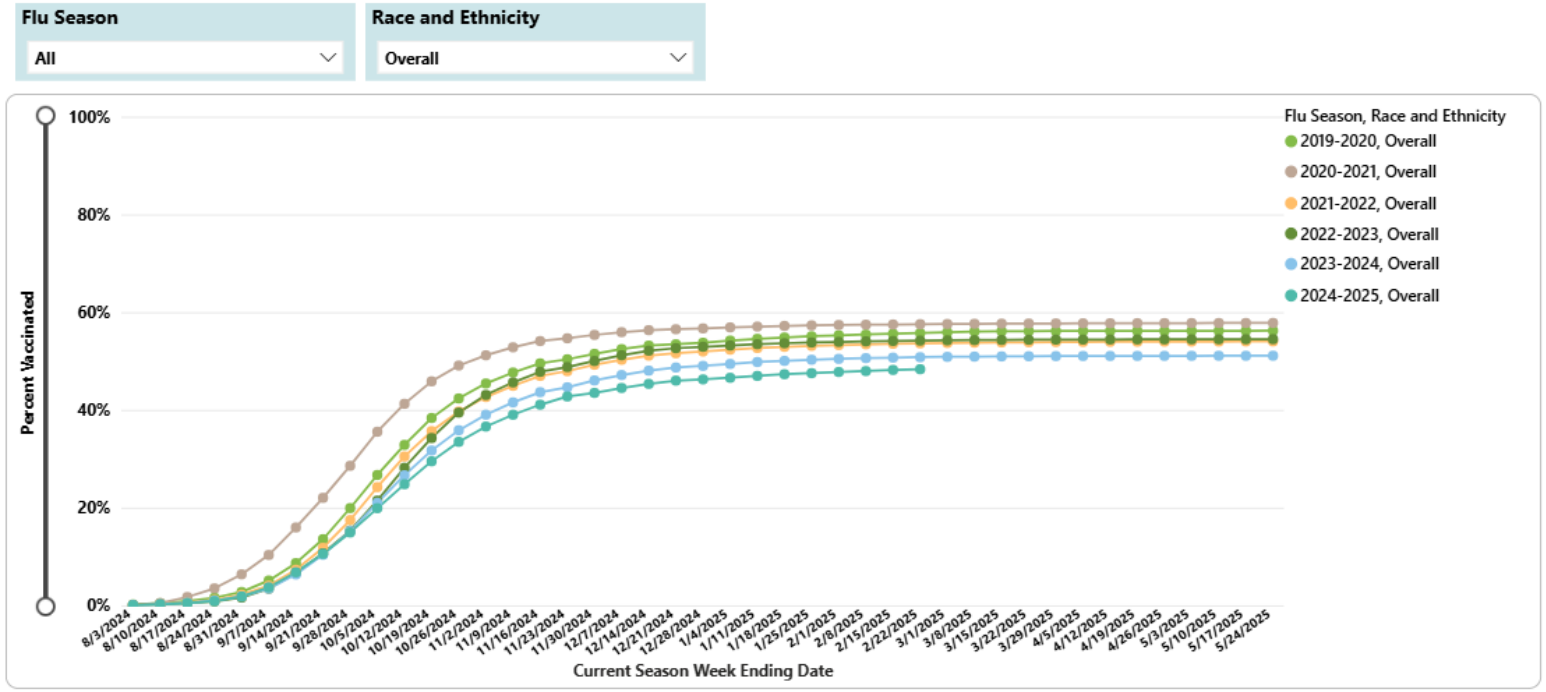
Data Source: National Immunization Survey–Adult COVID Module



Source: [Influenza Vaccination Coverage and Intent for Vaccination, Adults 18 Years and Older, United States | FluVaxView | CDC]

Influenza Vaccination Coverage Estimates in Adults ≥65 years 2024-2025

Figure 6. Weekly Cumulative Influenza Vaccination Coverage*, by Flu Season and Race and Ethnicity, Medicare Fee-For-Service Beneficiaries aged ≥65 years, United States
Data Source: Centers for Medicare & Medicaid Services Chronic Conditions Warehouse



Source: Influenza Vaccination Coverage and Intent for Vaccination, Adults 18 Years and Older, United States | FluVaxView | CDC

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COVID Vaccination Coverage Estimates 2024-2025

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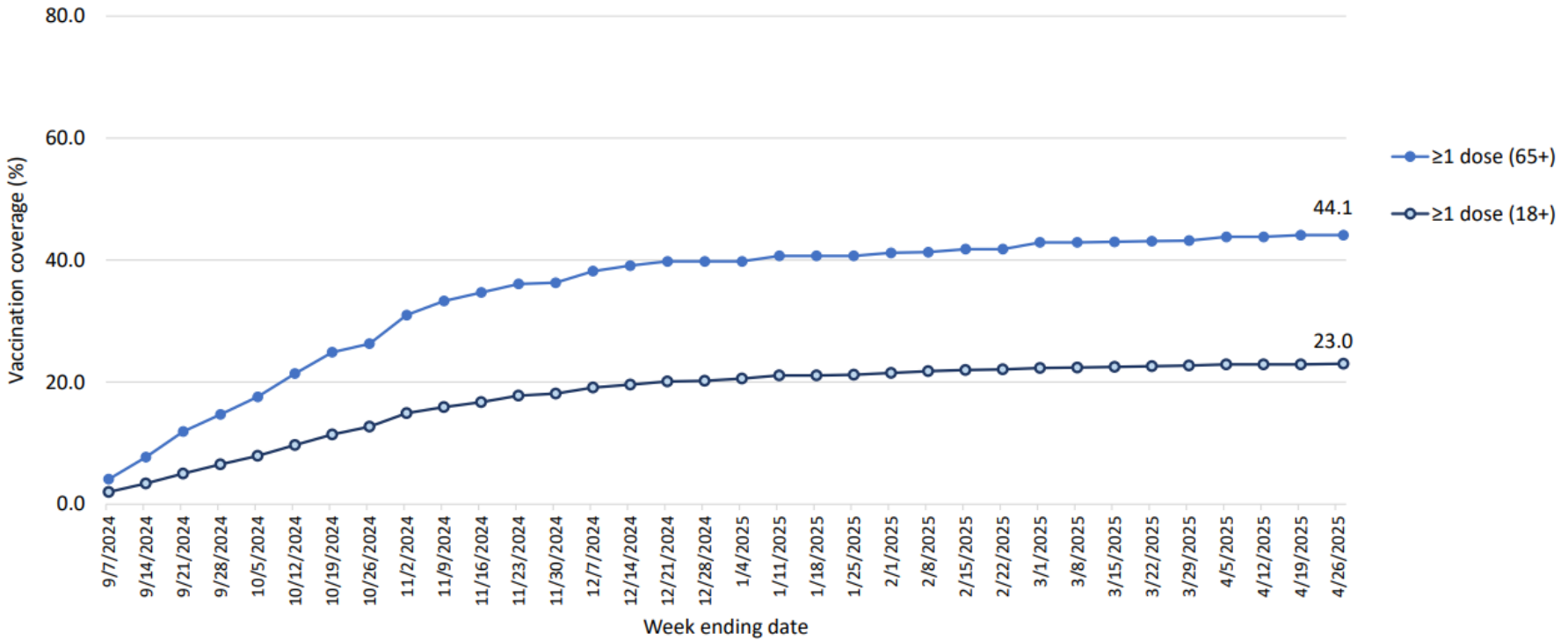
COVID Vaccination Coverage Estimates 2024-2025 as Presented at June 25, 2025 ACIP Meeting

COVID-19 Vaccination Coverage (≥1 Dose) Among Adults 18 Years and Older and 65 Years and Older, 2024-2025

National Immunization Survey-Fall Respiratory Virus Module



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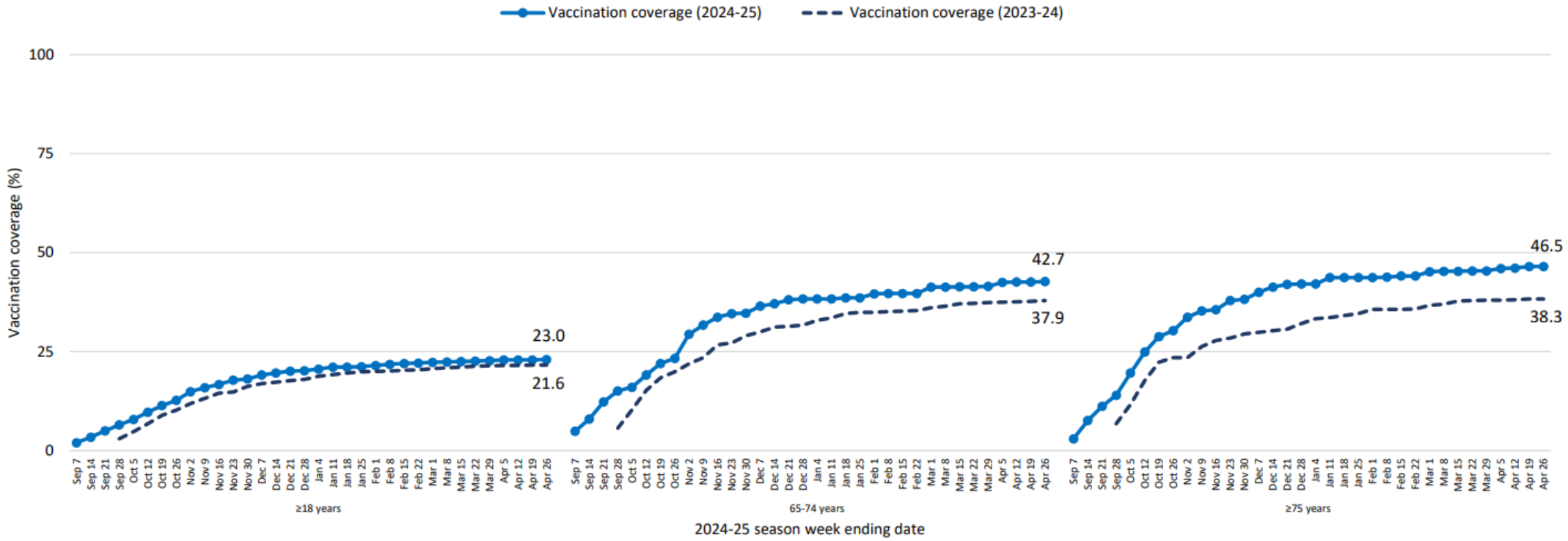
Source: COVID-19 Vaccination Coverage (≥1 Dose and ≥2 Doses) Among Adults 65 Years and Older, 2023-2024 National Immunization Survey-Adult COVID Module (NIS-ACM)

COVID Vaccination Coverage Estimates 2024-2025 as Presented at June 25, 2025 ACIP Meeting

COVID-19 Vaccination Coverage Among Adults ≥18 Years, 65-74 Years, and ≥75 Years, 2023-24 and 2024-25

National Immunization Survey-Fall Respiratory Virus Module



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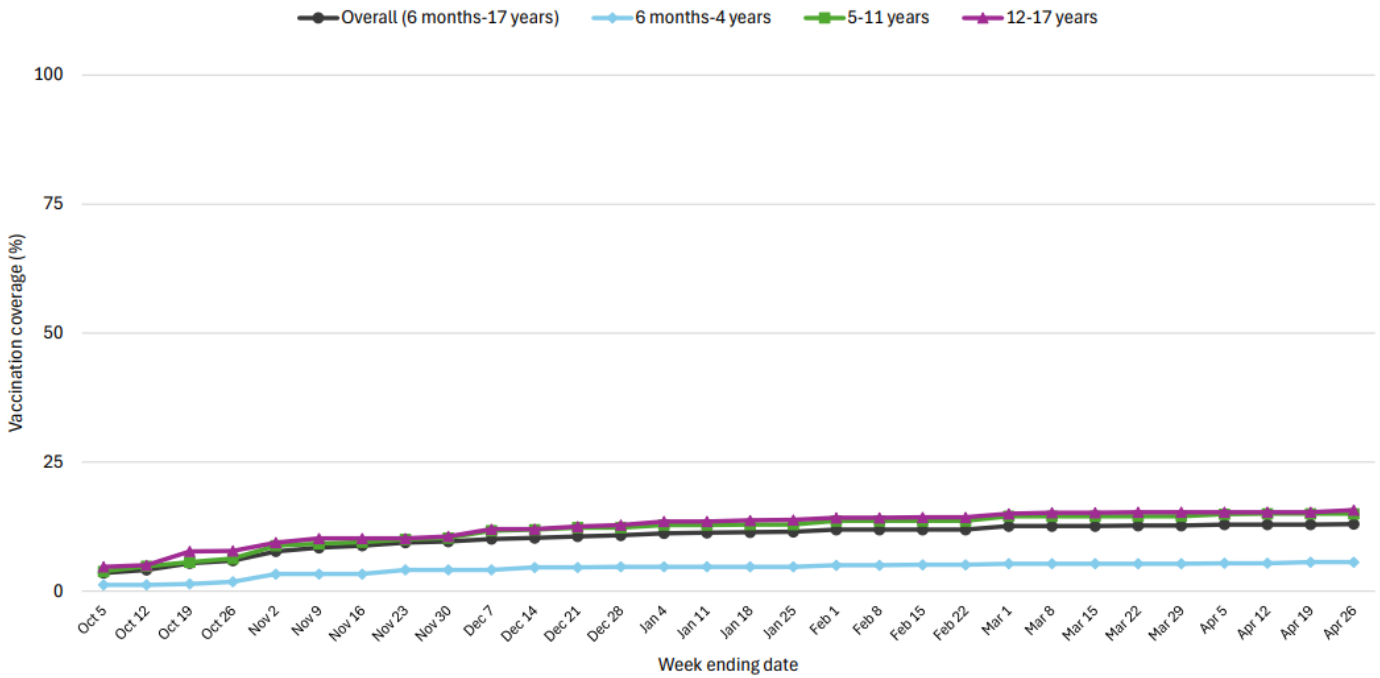
Source: [COVID-19 Vaccination Coverage (≥1 Dose and ≥2 Doses) Among Adults 65 Years and Older, 2023-2024 National Immunization Survey-Adult COVID Module (NIS-ACM)]

COVID Vaccination Coverage Estimates 2024-2025 as Presented at June 25, 2025 ACIP Meeting

COVID-19 Vaccination Coverage* Among Children 6 Months–17 Years of Age, October 2024–April 2025, NIS-Flu



* Up-to-date with the updated 2024–25 COVID-19 vaccine is defined as receipt of at least one vaccination since August 22, 2024, for children ≥5 years; for children <5 years, up-to-date status was defined based on the current recommendations that also take into account number of doses and brand of vaccine. Up-to-date status was determined by survey questions on month and year of most recent COVID-19 vaccine, and for children <5 years, total number of COVID-19 vaccinations received and brand of most recent COVID-19 vaccine.

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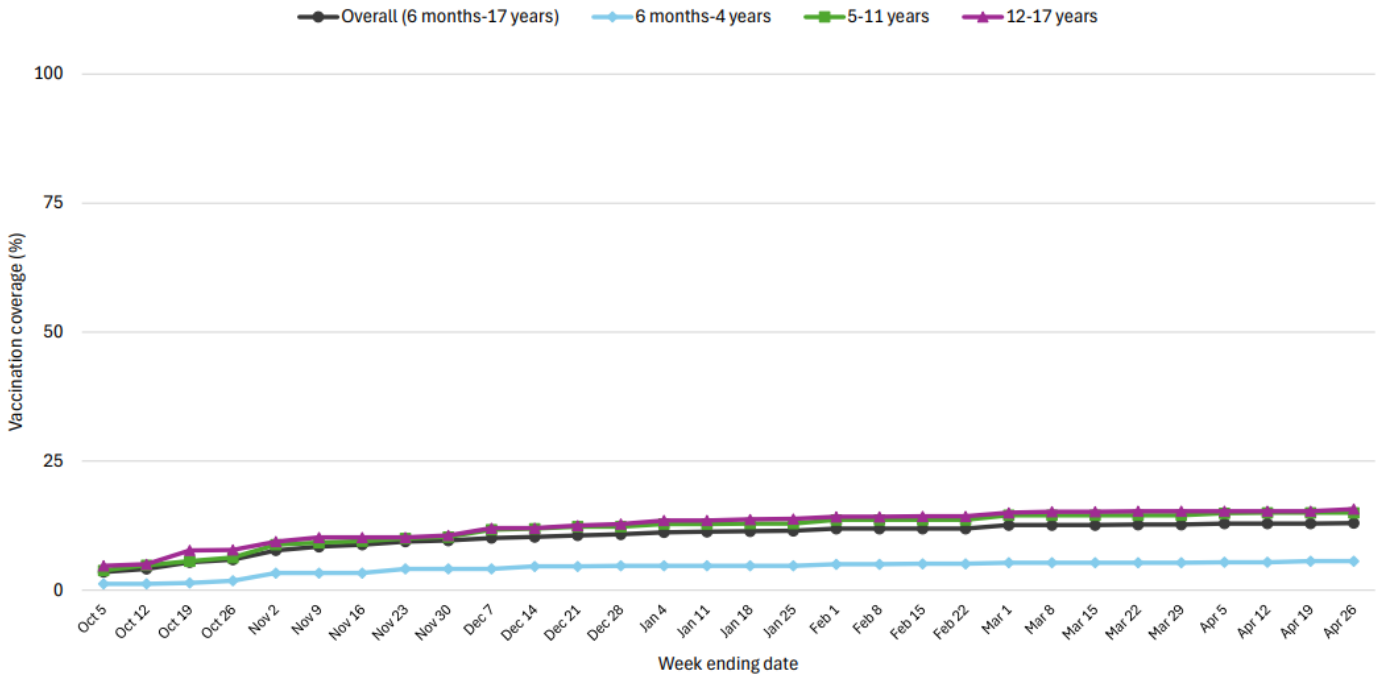
Source: COVID-19 Vaccination Coverage (≥1 Dose and ≥2 Doses) Among Adults 65 Years and Older, 2023-2024 National Immunization Survey-Adult COVID Module (NIS-ACM)

COVID Vaccination Coverage Estimates 2024-2025 as Presented at June 25, 2025 ACIP Meeting

COVID-19 Vaccination Coverage* Among Children 6 Months–17 Years of Age, October 2024–April 2025, NIS-Flu



* Up-to-date with the updated 2024–25 COVID-19 vaccine is defined as receipt of at least one vaccination since August 22, 2024, for children ≥5 years; for children <5 years, up-to-date status was defined based on the current recommendations that also take into account number of doses and brand of vaccine. Up-to-date status was determined by survey questions on month and year of most recent COVID-19 vaccine, and for children <5 years, total number of COVID-19 vaccinations received and brand of most recent COVID-19 vaccine.

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Source: [COVID-19 Vaccination Coverage (≥1 Dose and ≥2 Doses) Among Adults 65 Years and Older, 2023-2024 National Immunization Survey-Adult COVID Module (NIS-ACM)]

COVID Vaccination Coverage Estimates 2024-2025 as Presented at June 25, 2025 ACIP Meeting

Summary

- COVID-19 vaccination coverage for older adults improved in 2024-2025 compared to the previous season, but vaccination coverage for all adults ≥ 18 years was similar between the 2023-2024 and 2024-2025 seasons.

- Approximately 13% of children between 6 months and 17 years of age were up to date with COVID vaccination at the end of April 2025.

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Source: COVID-19 Vaccination Coverage (≥1 Dose and ≥2 Doses) Among Adults 65 Years and Older, 2023-2024 National Immunization Survey-Adult COVID Module (NIS-ACM)

RSV Vaccination Coverage Estimates 2024-2025

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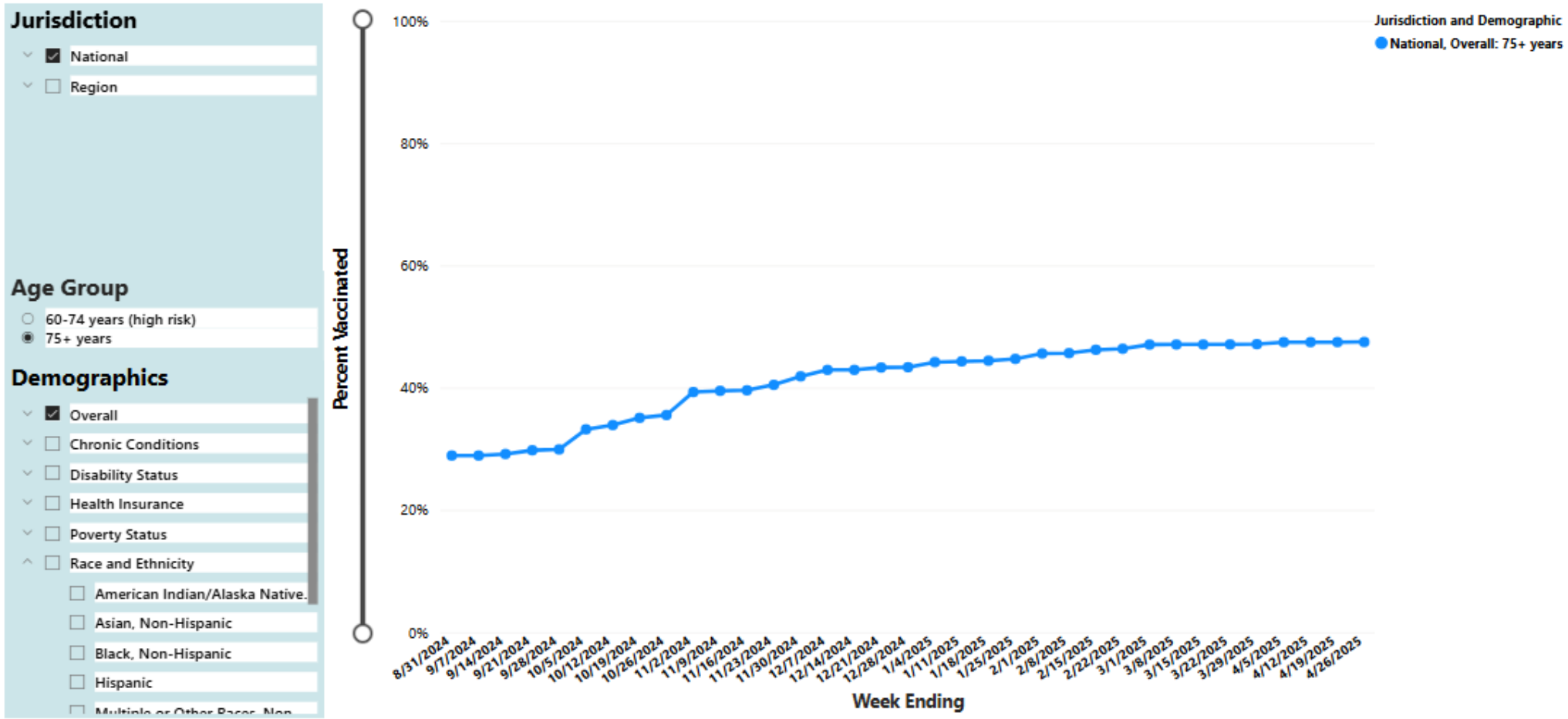
Figure 1A. Cumulative Percentage of Adults 75 Years and Older and Adults 60–74 Years with High-Risk Conditions Ever Vaccinated with RSV Vaccine, 2024—2025*,†,‡,§,^

Data Source: National Immunization Survey–Adult COVID Module



Source: [Respiratory Syncytial Virus (RSV) Vaccination Coverage and Intent for Vaccination, Adults 75 Years and Older and Adults 60–74 Years with High-Risk Conditions*, United States | RSVVaxView | CDC]

2025-2026 Influenza Vaccine

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Influenza Vaccine Recommendations: 2025-2026

- Influenza vaccine continues to be recommended for everyone 6 months and older.
- **New for the 2025-2026 influenza season**:
  - FluMist has been approved for self-administration by people 18 years and older and for administration by a caregiver who is 18 years and older for children 2-17 years.
  - The Food and Drug Administration expanded the approval for Flublock down to 9 years of age. It was previously approved for people 18 years and older.
  - Advisory Committee on Immunization Practices made a recommendation for children, pregnant persons, and adults to receive only influenza vaccines in single-dose preparations that are free of thimerosal.
    - Due to this recommendation, there is no Afluria presentation for children 6 to 35 months of age. This is because the dose for that age is 0.25 mL and single dose presentations are only available in the 0.5 mL dose. Children 6-35 months of age can receive one of the other 4 vaccines approved for their age and available in single dose preparations.

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Source: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season | MMWR

Influenza Vaccine Recommendations: 2025-2026

- **Reminders of recommendation updates from recent influenza seasons:**
  - Preferential recommendation for persons 65 years and older to receive either the high-dose, recombinant, or adjuvanted influenza vaccine.
  - Off-label recommendation for persons aged 18-64 years who are solid organ transplant recipients can receive either the high-dose or adjuvanted vaccine. However, this is not a preferential recommendation over age-appropriate influenza vaccines.

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Source: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season | MMWR

2025-26 Influenza Vaccine Composition

- WHO and FDA recommended composition of influenza virus vaccines for use in the 2025-2026 Northern Hemisphere Influenza Season:

Egg-based IIV4 and LAIV4	Cell-culture-based IIV4 and RIV4
A/Victoria/4897/2022 (H1N1)pdm09-like	A/Wisconsin/67/2022 (H1N1)pdm09-like
A/Croatia/10136RV/2023 (H3N2)-like	A/District of Columbia/27/2023 (H3N2)-like
B/Austria/1359417/2021 (Victoria lineage)-like	B/Austria/1359417/2021 (Victoria lineage)-like

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Source: Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season | MMWR

COVID Vaccine Recommendations 2025-2026

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FDA APPROVALS OF 2025-2026 COVID-19 VACCINES

- **Moderna:**
  - Spikevax: https://www.fda.gov/vaccines-blood-biologics/spikevax
    - mRNA vaccine
    - Approved for those 65 years and older, or
    - 6 months to 64 years with at least one underlying condition putting them at high risk for severe outcomes from COVID-19
  - MNEXSPIKE: https://www.fda.gov/vaccines-blood-biologics/mnexspike
    - mRNA vaccine
    - Approved for those 65 years and older, or
    - 12 years to 64 years with at least one underlying condition putting them at high risk for severe outcomes from COVID-19

FDA APPROVALS OF 2025-2026 COVID-19 VACCINES

- **Pfizer:** https://www.fda.gov/vaccines-blood-biologics/comirnaty
  - mRNA vaccine
  - Approved for those 65 years and older, or
  - 5 years to 64 years with at least one underlying condition putting them at high risk for severe outcomes from COVID-19

- **Novavax:** https://www.fda.gov/vaccines-blood-biologics/vaccines/nuvaxovid
  - Protein subunit vaccine
  - Approved for those 65 years and older, or
  - 12 years to 64 years with at least one underlying condition putting them at high risk for severe outcomes from COVID-19

CDC COVID-19 Vaccine Recommendations

CDC updated adult schedule for those under 65 years:

- **1 or more** doses for those under 65 years
- "Vaccination based on individual-based decision-making— with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk according to the CDC list of COVID-19 risk factors"

COVID-19 vaccination history before 2025–2026 vaccine*	Number of 2025–2026 doses indicated	Recommended 2025–2026 vaccine† and interval between doses
Unvaccinated: • Administer 1 dose of 2025–2026 vaccine		
Unvaccinated	1	**2025–2026 Dose 1** (Moderna, Novavax, or Pfizer-BioNTech): Day 0
Previously vaccinated before 2025–2026 vaccine: • Administer 1 dose of 2025–2026 vaccine		
1 or more doses any COVID-19 vaccine (Moderna, Novavax, or Pfizer-BioNTech)	1	**2025–2026 Dose 1** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): At least 8 weeks after last dose; (Moderna [mNexspike]): At least 3 months after last dose‡

Box above is from Table 1; ages 12-64 years of age not immunocompromised

Source: 2025–2026 COVID-19 Vaccination Guidance | Covid | CDC

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CDC COVID-19 Vaccine Recommendations

CDC updated adult schedule for ages 65 years and older:

- **2 or more** doses for those 65 years and older; the 2nd dose of the 2025-2026 COVID vaccine should be given 6 months after the first dose of 2025-2026 COVID vaccine
- "Vaccination based on individual-based decision-making—with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk according to the CDC list of COVID-19 risk factors"

COVID-19 vaccination history before 2025–2026 vaccine*	Number of 2025–2026 doses indicated	Recommended 2025–2026 vaccine† and interval between doses
Unvaccinated: • Administer 2 doses of 2025–2026 vaccine		
Unvaccinated	2	**2025–2026 Dose 1** (Moderna, Novavax, or Pfizer-BioNTech): Day 0 **2025–2026 Dose 2** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1; (Moderna [mNexspike]): 6 months (minimum interval 3 months)‡ after 2025–2026 Dose 1
Previously vaccinated before 2025–2026 vaccine: • Administer 2 doses of 2025–2026 vaccine		
1 or more doses any COVID-19 vaccine (Moderna, Novavax, or Pfizer-BioNTech)	2	**2025–2026 Dose 1** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): At least 8 weeks after last dose; (Moderna [mNexspike]): At least 3 months after last dose‡ **2025–2026 Dose 2** (Moderna [Spikevax], Novavax, or Pfizer-BioNTech): 6 months (minimum interval 2 months) after 2025–2026 Dose 1; (Moderna [mNexspike]): 6 months (minimum interval 3 months)‡ after 2025–2026 Dose 1

Box above is from Table 1; ages 65 years of age and above, not immunocompromised

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Source: 2025–2026 COVID-19 Vaccination Guidance | Covid | CDC

Recommendations for Immunocompromised Individuals

- Immunocompromised individuals 6 months and older who have completed the initial series before the 2025-2026 season should receive 2 doses of 2025-2026 vaccines spaced 6 months apart.
- Immunocompromised individuals 6 months and older who have not received a COVID vaccine prior to the 2025-2026 season should receive the initial 3 dose series, then a 4th dose 6 months after dose 3.
- Additional doses are no longer recommended beyond the doses mentioned in the first 2 bullets.
- Further dosing information for immunocompromised individuals please see https://www.cdc.gov/covid/hcp/vaccine-considerations/immunocompromised.html

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CDC COVID-19 Vaccine Recommendations

- CDC updated immunization schedules continued:
  - Child and adolescent schedule:
    - "Vaccination based on individual-based decision-making— with an emphasis that the risk-benefit of vaccination is most favorable for individuals who are at an increased risk for severe COVID-19 disease and lowest for individuals who are not at an increased risk according to the CDC list of COVID-19 risk factors"
- List of high-risk underlying conditions available here: https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html

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Source: https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-notes.html#note-covid-19

Medical Associations' Recommendations

- **American Academy of Pediatrics** released a full childhood immunization schedule that includes updates to influenza, RSV, and COVID vaccines: https://www.aap.org/en/news-room/news-releases/aap/2025/the-american-academy-of-pediatrics-releases-its-own-evidence-based-immunization-schedule/
- **American College of Obstetricians and Gynecologists** updated their guidance for COVID, influenza, and RSV vaccines: https://www.acog.org/news/news-releases/2025/08/acog-releases-updated-maternal-immunization-guidance-covid-influenza-rsv
- **American Academy of Family Physicians** released guidance for COVID, RSV, and Influenza vaccines: https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines.html

Medical Associations' Recommendations

- **American College of Cardiology** released guidance for influenza, pneumococcal, COVID, RSV, and shingles vaccines: https://www.acc.org/About-ACC/Press-Releases/2025/08/26/13/46/American-College-of-Cardiology-Issues-Vaccine-Guidance-for-Adults-with-Heart-Disease
- **Infectious Diseases Society of America** releases guidelines for COVID vaccines for people who are immunocompromised. The guidelines are available here: IDSA releases COVID-19 vaccine guidelines for people who are immunocompromised
- **America's Health Insurance Plans** announced that Health plans will continue to cover all ACIP-recommended immunizations that were recommended as of September 1, 2025, including updated formulations of the COVID-19 and influenza vaccines, with no cost-sharing for patients through the end of 2026. The announcement is available here: https://www.ahip.org/news/press-releases/ahip-statement-on-vaccine-coverage

New York State COVID Resources

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New York State COVID Resources

- EO 52 authorizes pharmacists to prescribe **patient specific** COVID-19 vaccinations to individuals three years or older; renewed three times; new expiration date is 12/25/2025: No. 52.3: Extending the Declaration of a Disaster in the State of New York Due to Federal Actions Related to Vaccine Access | Governor Kathy Hochul
  - It also authorizes pharmacists to administer non-patient specific COVID-19 vaccinations via standing orders
  - This authorizes pharmacists to administer COVID-19 vaccines for individuals outside of the standing order indications, which can allow them to include those who aren't at high risk
- Standing orders signed by Commissioner McDonald for pharmacists have been posted and are available here: https://www.health.ny.gov/prevention/immunization/providers/standing_orders.htm

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New York State COVID Resources

- Several guidance documents have been provided by the NYSDOH available here: https://coronavirus.health.ny.gov/covid-19-guidance-repository
  - Recommendations in collaboration with the Northeast Public Health Collaborative
    - Press release about the collaborative is available here: https://www.governor.ny.gov/news/governor-hochul-issues-covid-19-vaccine-guidance-new-yorkers-partnership-northeast-public
  - Guidance for children
  - Guidance for pregnant people
  - Guidance for adults
  - Guidance for pharmacists

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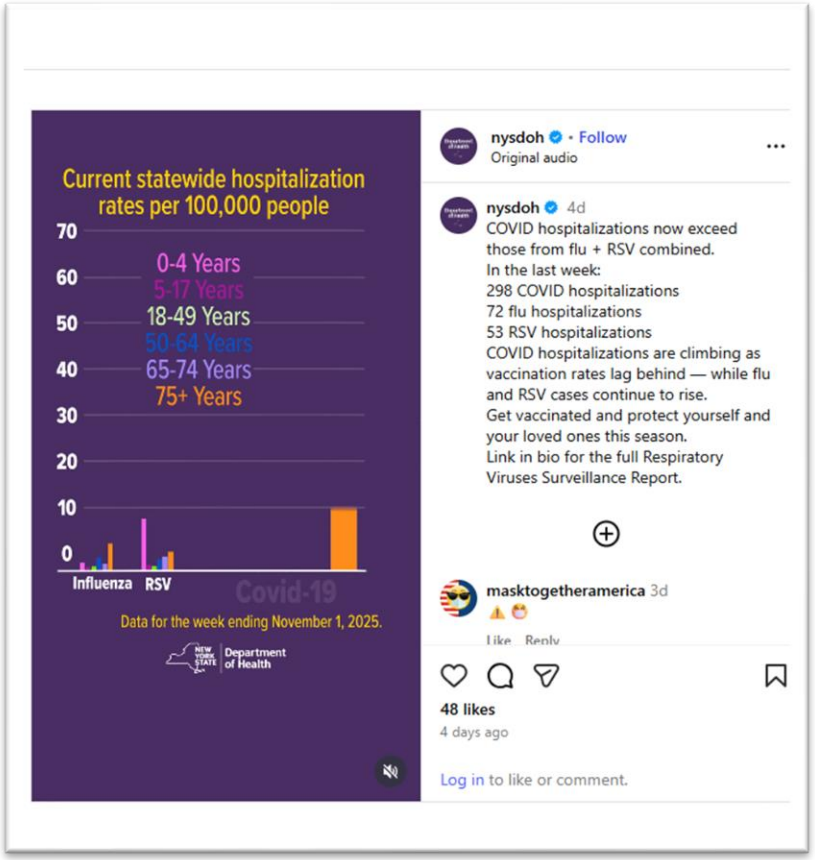
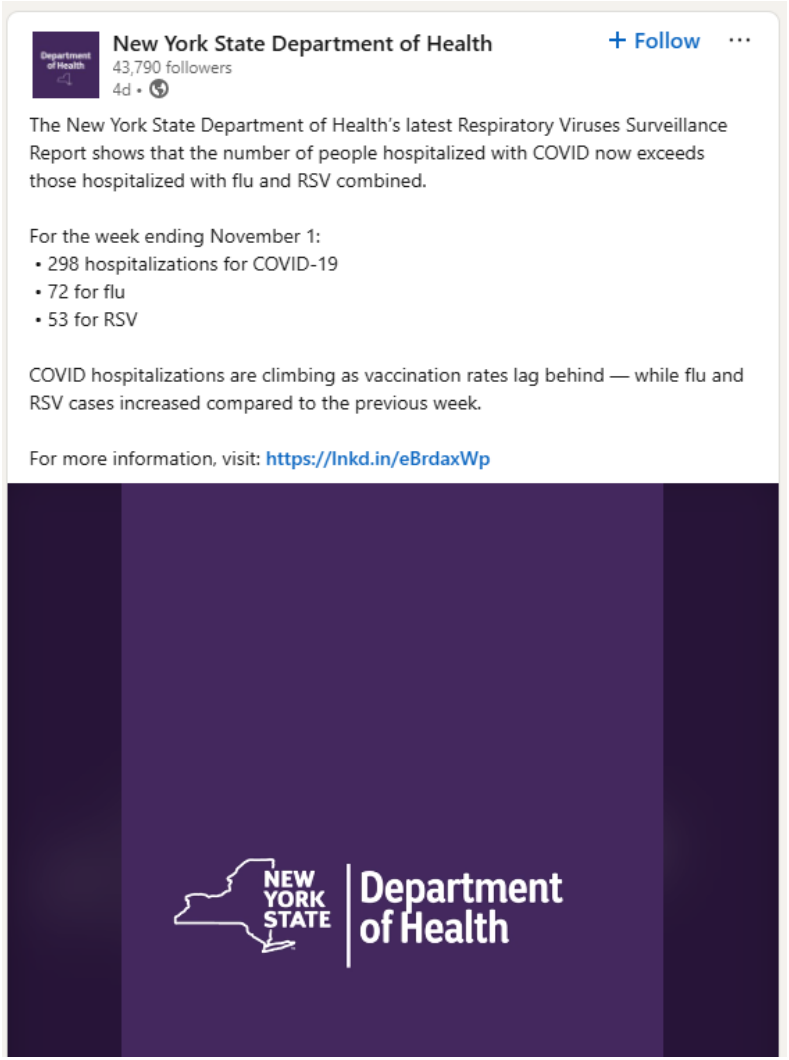
NYSDOH Social Media Posts on RSV, Flu & COVID-19

Instagram



LinkedIn



was Twitter

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RSV Vaccine Recommendations

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RSV Vaccine Recommendations: Infants

- RSV Vaccines – Infants (monoclonal antibodies [mAb]: Beyfortus [nirsevimab], Enflonsia [clesrovimab])
  - Infants < 8 months born during or entering their first RSV season:
    - Mother did not receive RSV vaccine or vaccine status is unknown, administer 1 dose within 1 week of birth – ideally during birth hospitalization
    - Mother received RSV vaccine less than 14 days before birth, administer 1 dose within 1 week of birth – ideally during birth hospitalization
    - Mother received RSV vaccine at least 14 days prior to birth, mAb is not needed but can be considered in rare circumstances at the discretion of the health care provider

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Source: AAP-Immunization-Schedule.pdf

RSV Vaccine Recommendations: Infants continued

- RSV Vaccines – Infants (monoclonal antibodies [mAb]: Beyfortus [nirsevimab], Enflonsia [clesrovimab])
  - Infants 8-19 months in high-risk categories:
    - 1 dose before the start of their second RSV season.
  - High-risk categories:
    - Chronic lung disease of prematurity requiring medical support
    - Severe immunocompromise
    - Cystic fibrosis with <10th percentile weight for length or severe lung disease
    - American Indian or Alaska Native

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Source: AAP-Immunization-Schedule.pdf

RSV Vaccine Recommendations - Adults

- RSV Vaccines – Adults
  - Adults 75 years of age and older receive a single dose of RSV vaccine.
  - Adults 50–74 years of age and older who are at increased risk of severe RSV disease receive a single dose of RSV vaccine.
  - Pregnant people at 32 weeks and 0 days through 36 weeks and 6 days gestation from September through January in most of the continental U.S. should receive 1 dose of Abrysvo vaccine
  - RSV vaccination is recommended as a single lifetime dose only. Persons who have already received RSV vaccination are NOT recommended to receive another dose.
  - These recommendations supplant the current recommendation that adults 60 years of age and older may receive RSV vaccination, using shared clinical decision-making. Adults 50–74 years of age who are not at increased risk of severe RSV disease are NOT recommended to receive RSV vaccination.

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Source: https://www.cdc.gov/vaccines/hcp/imz-schedules/adult-age.html

BOX. Risk factors for severe respiratory syncytial virus disease among adults aged 60–74 years*

- Chronic cardiovascular disease (e.g., heart failure, coronary artery disease, or congenital heart disease [excluding isolated hypertension])
- Chronic lung or respiratory disease (e.g., chronic obstructive pulmonary disease, emphysema, asthma, interstitial lung disease, or cystic fibrosis)
- End-stage renal disease or dependence on hemodialysis or other renal replacement therapy
- Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy, or other end-organ damage, or requiring treatment with insulin or sodium-glucose cotransporter-2 (SGLT2) inhibitor
- Neurologic or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness (e.g., poststroke dysphagia, amyotrophic lateral sclerosis, or muscular dystrophy [excluding history of stroke without impaired airway clearance])
- Chronic liver disease (e.g., cirrhosis)
- Chronic hematologic conditions (e.g., sickle cell disease or thalassemia)
- Severe obesity (body mass index ≥40 kg/m^2)
- Moderate or severe immune compromise†
- Residence in a nursing home
- Other chronic medical conditions or risk factors that a health care provider determines would increase the risk for severe disease due to viral respiratory infection (e.g., frailty,§ situations in which health care providers have concern for presence of undiagnosed chronic medical conditions, or residence in a remote or rural community where transportation of patients with severe RSV disease for escalation of medical care is challenging¶)

Source: https://www.cdc.gov/mmwr/volumes/73/wr/pdfs/mm7332-H.pdf

NYS Flu Vaccine Requirements

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New York State Requirements

- **Pharmacists as immunizers:**
- New York State (NYS) Public Health Law (PHL) Section 2112: https://www.health.ny.gov/regulations/public_health_law/section/2112/information_for_physicians/
- NYS PHL Section 2805-h: https://www.health.ny.gov/regulations/public_health_law/section/2805/docs/2805-h.pdf
- NYS Article 21-A: https://www.health.ny.gov/prevention/immunization/ltc_act/
- Regulation for Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel (AKA: Flu Mask Regulation): https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/

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New York State Public Health Law Section 2112

Scan QR code to read more about New York State Public Health Law Section 2112

- NYSDOH Flu Vaccine Supply Declaration: appears that there will be an adequate supply of vaccine that complies with PHL 2112 for the 2024-25 season
- Therefore, healthcare providers vaccinating pregnant women and children < 3 years should seek out and administer vaccine that complies with PHL 2112
    - i.e., single-dose vials or prefilled syringes of influenza vaccine

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Thimerosal and Vaccine Safety

- Methylmercury can be found in certain fish and is toxic to humans at high doses
- Thimerosal contains ethylmercury, which is rapidly cleared from the human body and does not build up to harmful levels
- Thimerosal was removed from all childhood vaccines aside from multidose vials of influenza vaccine in 2001
- Multiple well-conducted studies have failed to find a causative link between thimerosal-containing vaccines and autism or other safety concerns
    - Rates of autism continued to rise after thimerosal was removed from vaccines

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Influenza Vaccination Coverage for Healthcare Personnel

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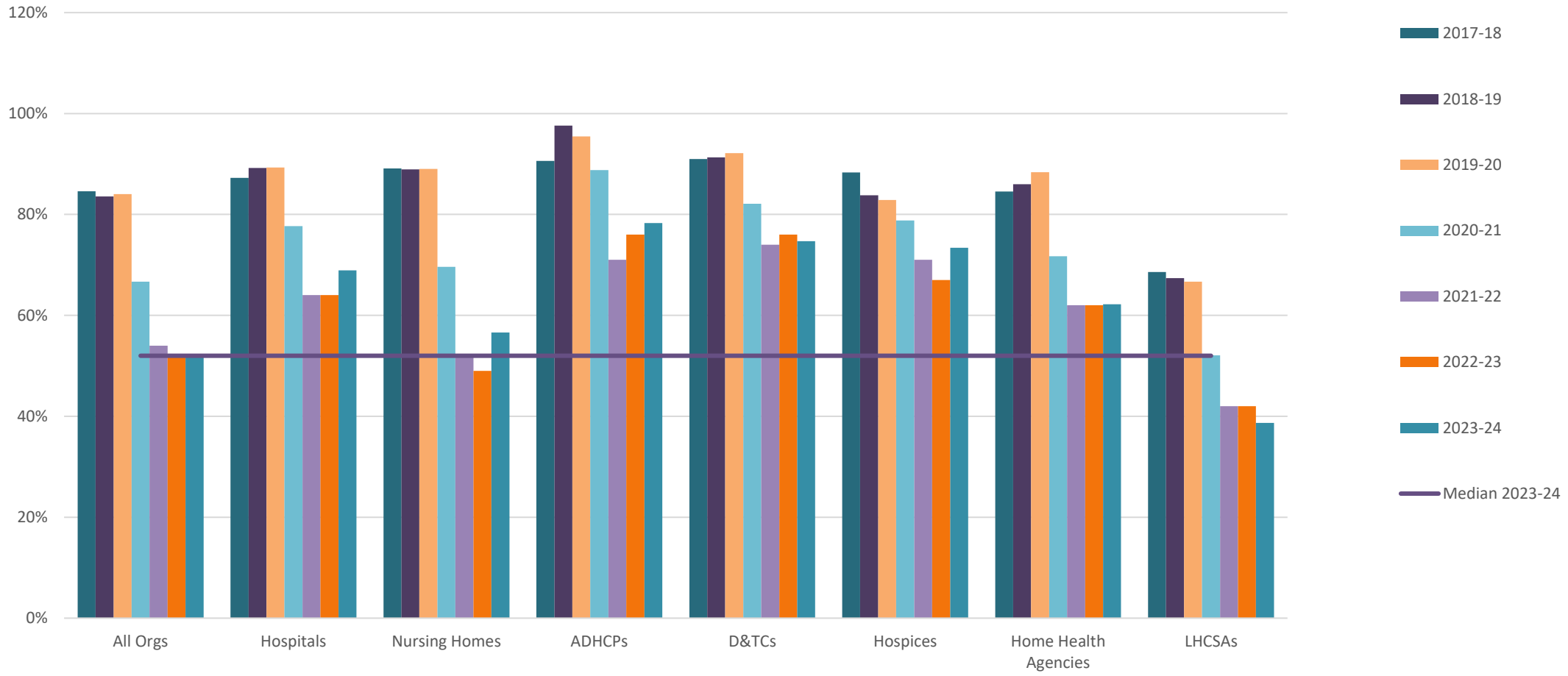
Healthcare Personnel Influenza Vaccination Rates by Year and Facility/Agency Type, 2017-2024



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**Data from the annual NYSDOH healthcare personnel influenza vaccination survey*

Importance of Influenza Vaccination for Healthcare Personnel

- Healthcare professionals are trusted messengers for health information including influenza vaccine
- Healthcare professionals should lead by example and receive the influenza vaccine each year
- Influenza vaccination is important for patient safety as healthcare personnel infected with influenza can spread the virus to vulnerable patients/residents, and coworkers
- Annual influenza vaccination of healthcare personnel offers several benefits:
  - Prevents severe illnesses and deaths
  - Protects those they come in contact with including patients/residents, coworkers, and family members
  - Can decrease the use of sick time

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Importance of Influenza Vaccination for Healthcare Personnel (continued)

- Even healthy people can get severely sick with influenza, but those at highest risk include:
  - Infants and children younger than 5 years
  - Adults 65 years and older
  - Pregnant women
  - Those with certain medical conditions
  - Specific racial and ethnic groups

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Source: https://www.nfid.org/infectious-diseases/flu-and-healthcare-professionals/

Resources for Influenza Vaccination of Health Care Workers

- **National Foundation for Infectious Diseases (NFID):**
  - "6 Tips to Increase Healthcare Personnel Immunization Rates"
- **National Adult and Influenza Immunization Summit:**
  - "Vaccinating Healthcare Personnel"
- **Centers for Disease Control and Prevention (CDC):**
  - "Infection Prevention and Control Strategies for Seasonal Influenza in Healthcare Settings"
- **Occupational Safety and Health Administration (OSHA):**
  - "Employer Guidance Reducing Healthcare Workers' Exposure to Seasonal Flu Virus"

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Questions?
Immunize@health.ny.gov

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