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What's New with the Flu, COVID and RSV Too: 2026-2027

Sarah Hershey, RN
Adult Immunization Coordinator
Bureau of Vaccine Confidence

October 27, 2026

Agenda

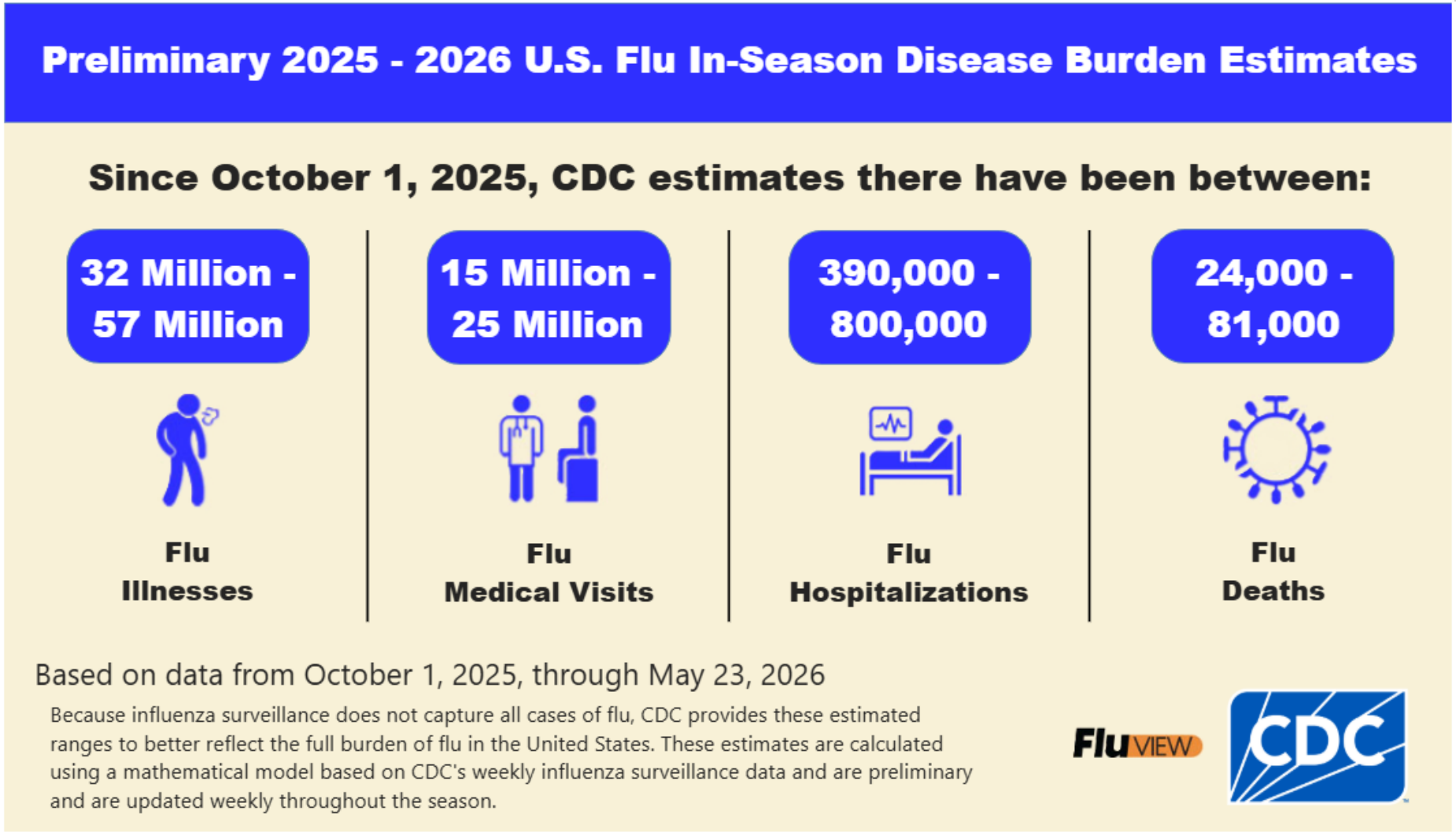
- Review of the 2025-2026 respiratory season
- Vaccine safety and effectiveness review for the 2026-2027 respiratory season
- 2025-2026 vaccination coverage estimates
- 2026-2027 respiratory vaccine recommendations
- mFlusiva influenza vaccine overview
- New York State influenza vaccine requirements
- Influenza vaccination coverage for healthcare personnel
- Resources

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2025-2026 Respiratory Season Review

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2025-2026 Influenza Season, U.S.



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Source: https://www.cdc.gov/flu-burden/php/php/data-vis/2025-2026.html

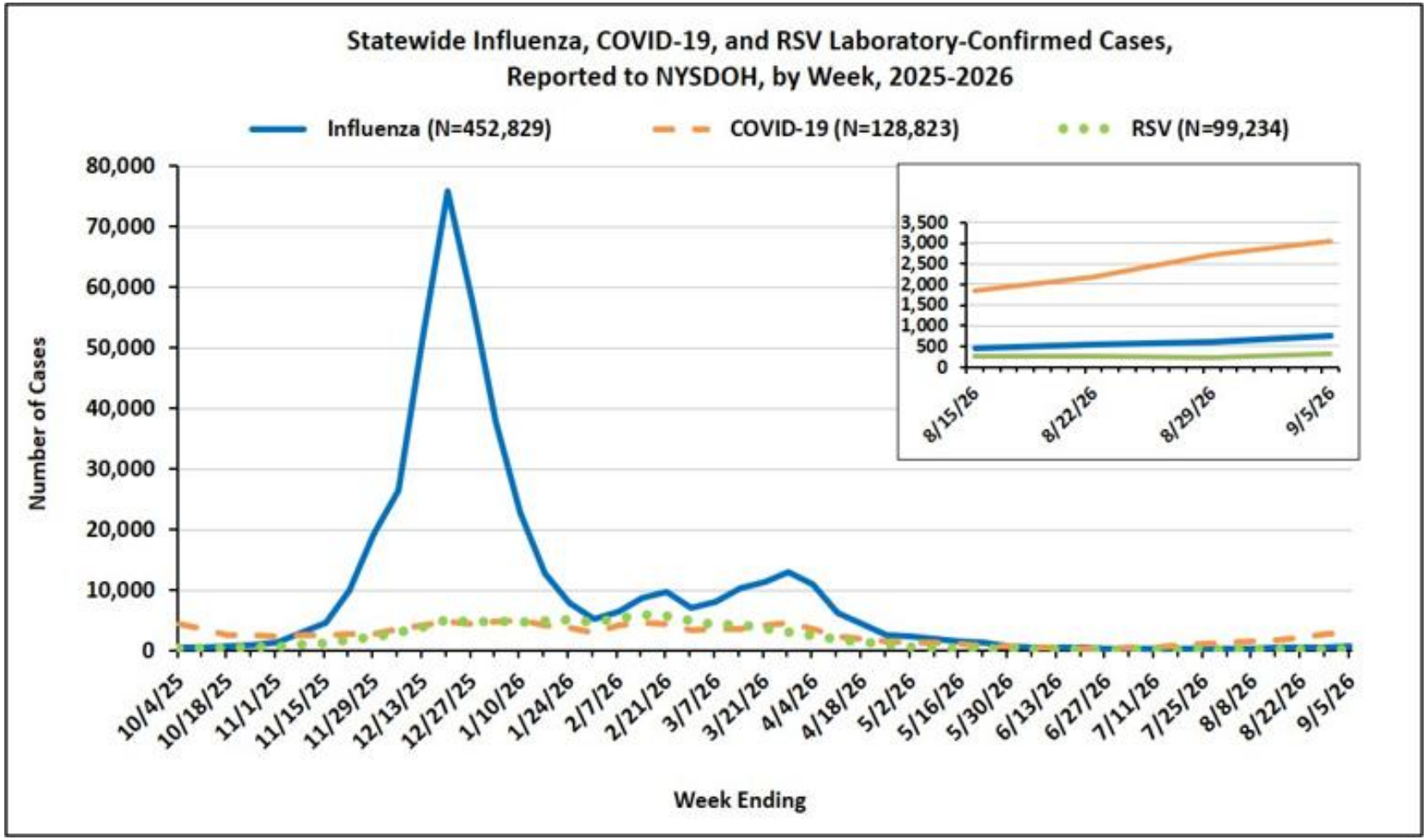
Severity of 2025-2026 Influenza Season

- CDC preliminary severity assessment for the 2025-2026 influenza season reported on May 1, 2026
  - Moderate severity across all age groups:
    - High severity for influenza-like illness rates
    - Moderate severity for hospitalization rates
    - Moderate severity for rates of influenza deaths
- A total of 195 influenza-associated pediatric deaths were reported to the CDC for the 2025-2026 influenza season as of weekending September 19, 2026.

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Sources: https://www.cdc.gov/flu-burden/php/surveillance/in-season-severity.html and https://www.cdc.gov/fluview/surveillance/2026-week-35.html

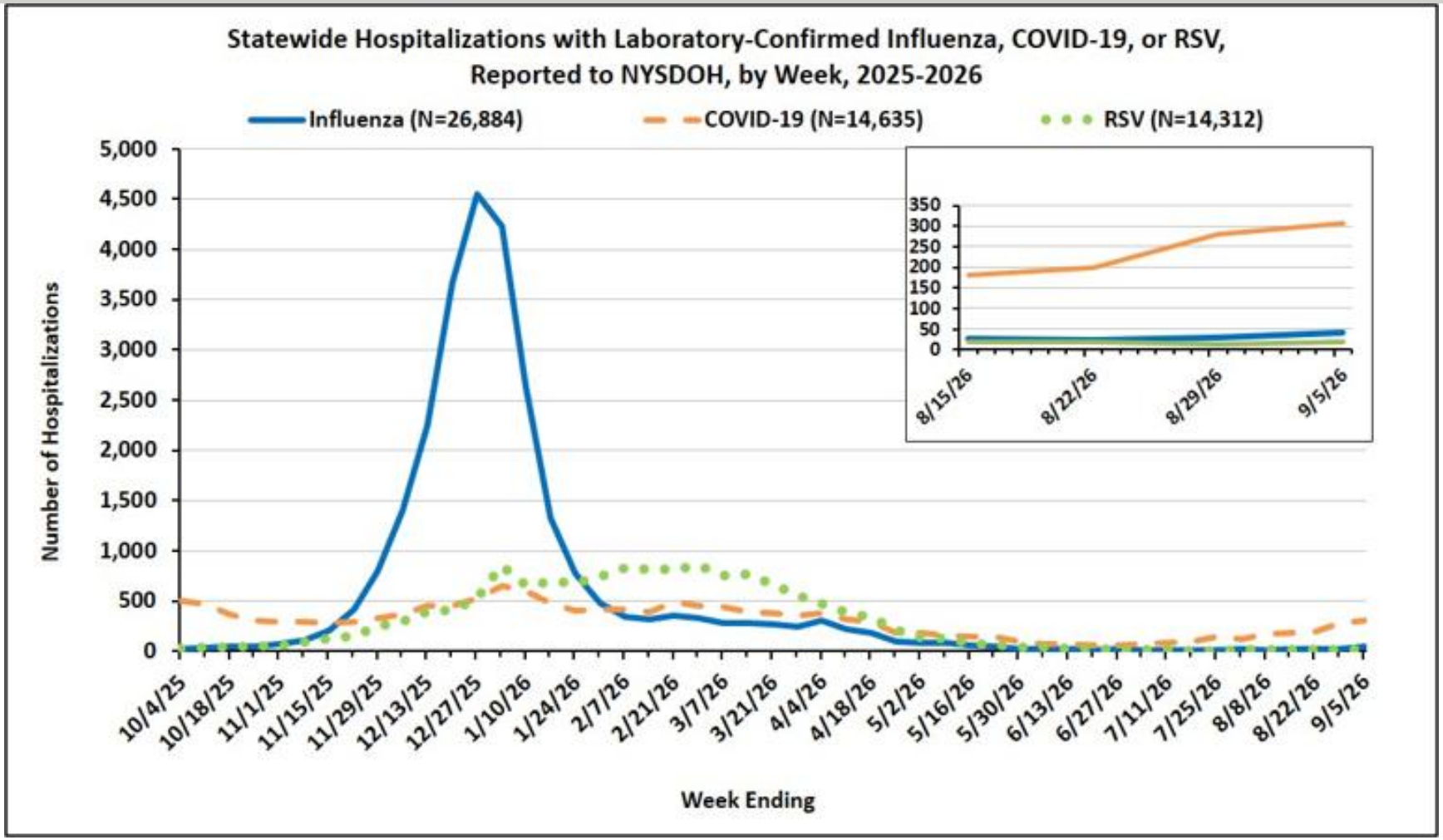
Positive Laboratory Results, NYS: 2025-2026 Respiratory Season



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

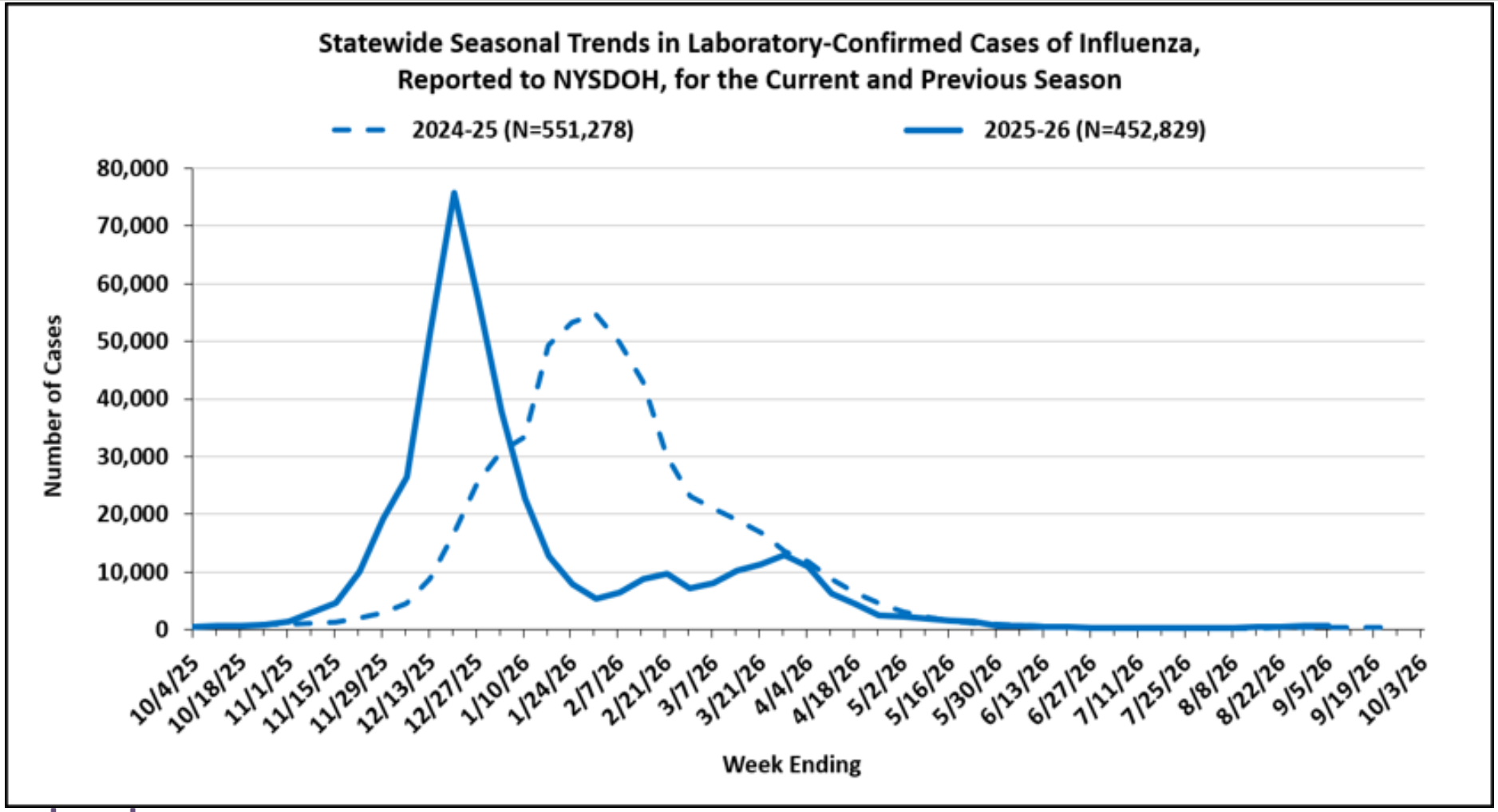
Hospitalizations with positive laboratory results: NYS 2025-2026 Respiratory Season



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

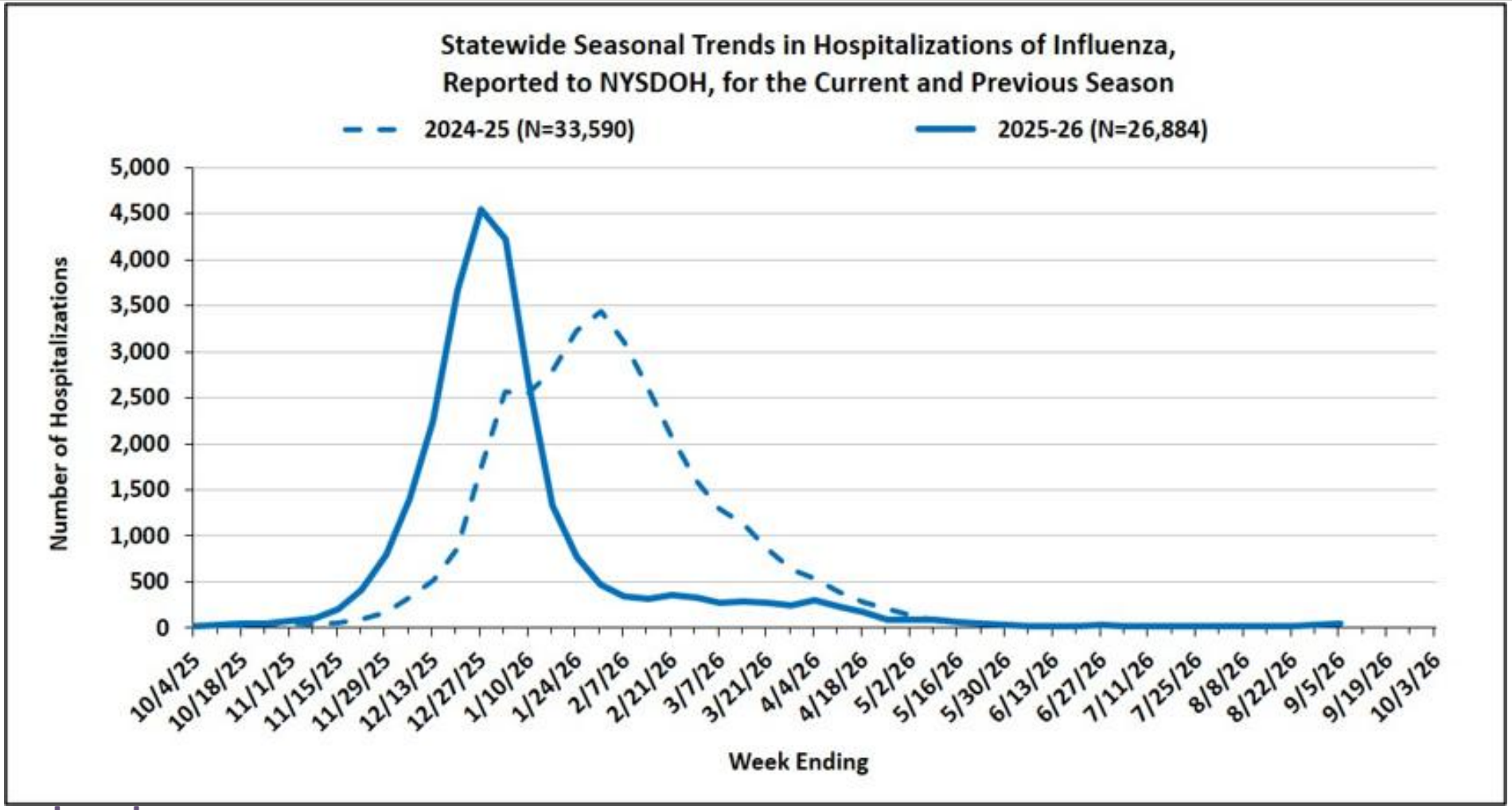
Influenza Cases Season Trend: NYS 2025-2026 and 2024-2025 seasons



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

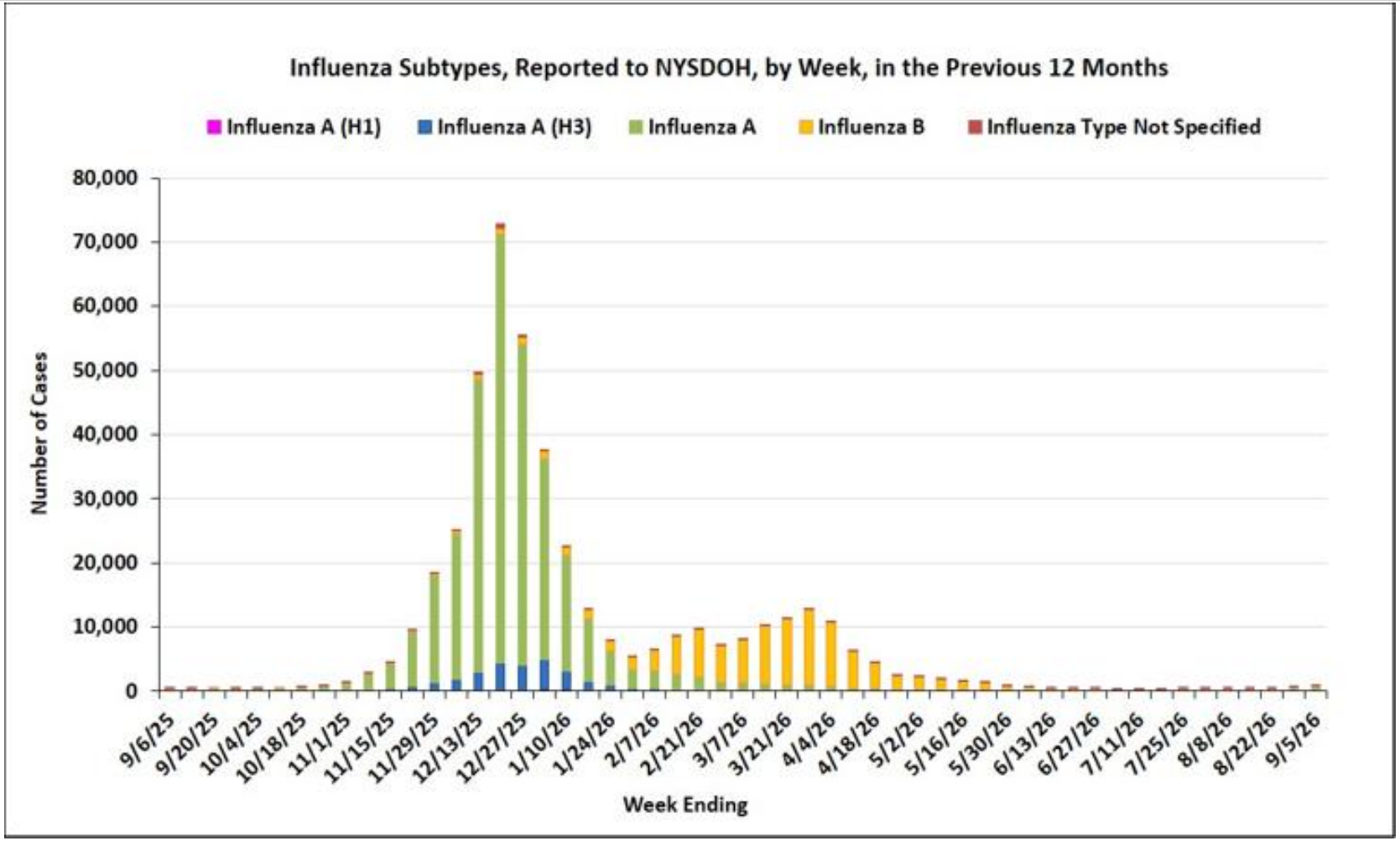
Influenza Hospitalizations Season Trend: NYS 2025-2026 and 2024-2025 seasons



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

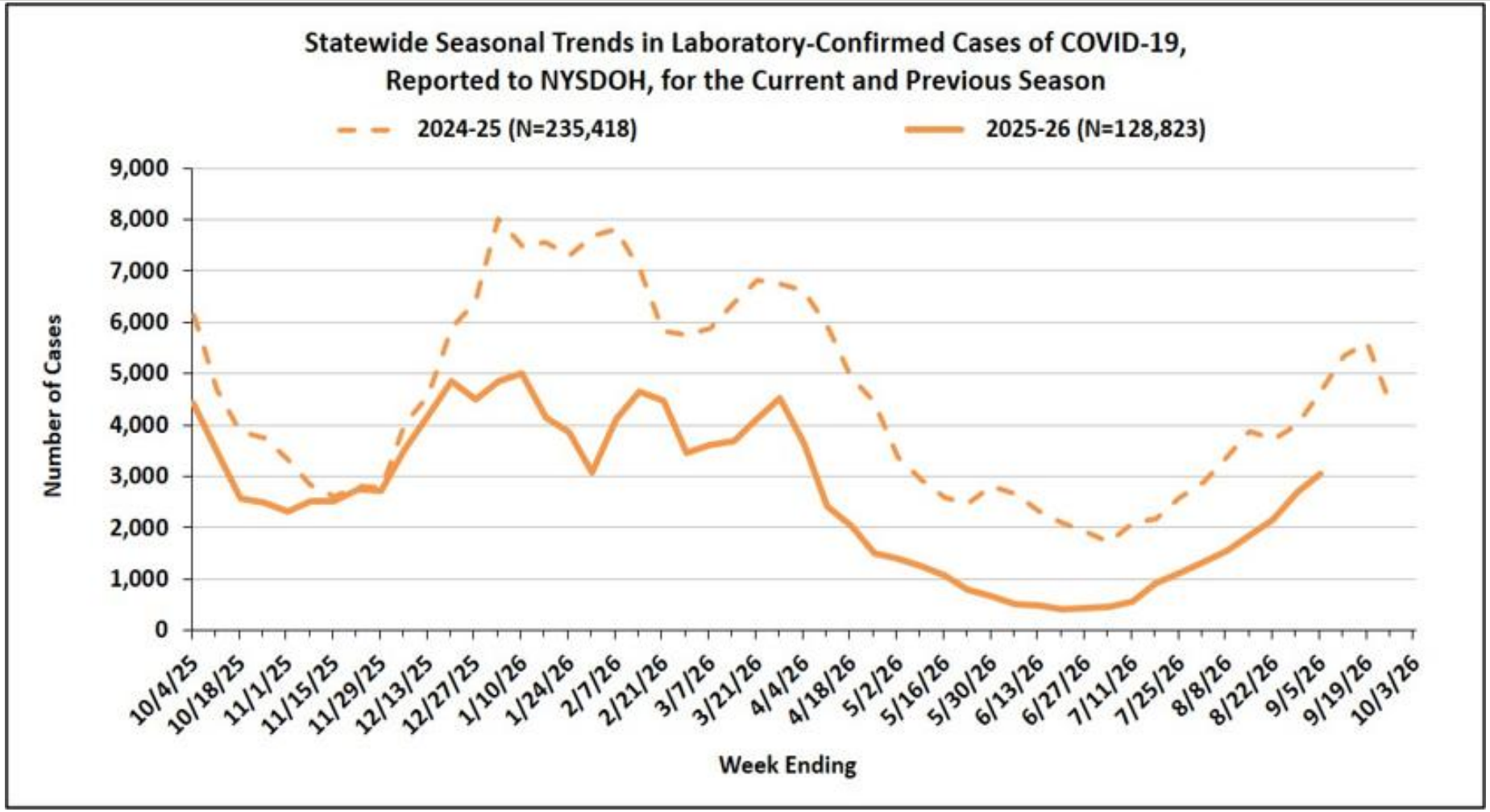
Influenza Subtypes by week: NYS 2025-2026 Season



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

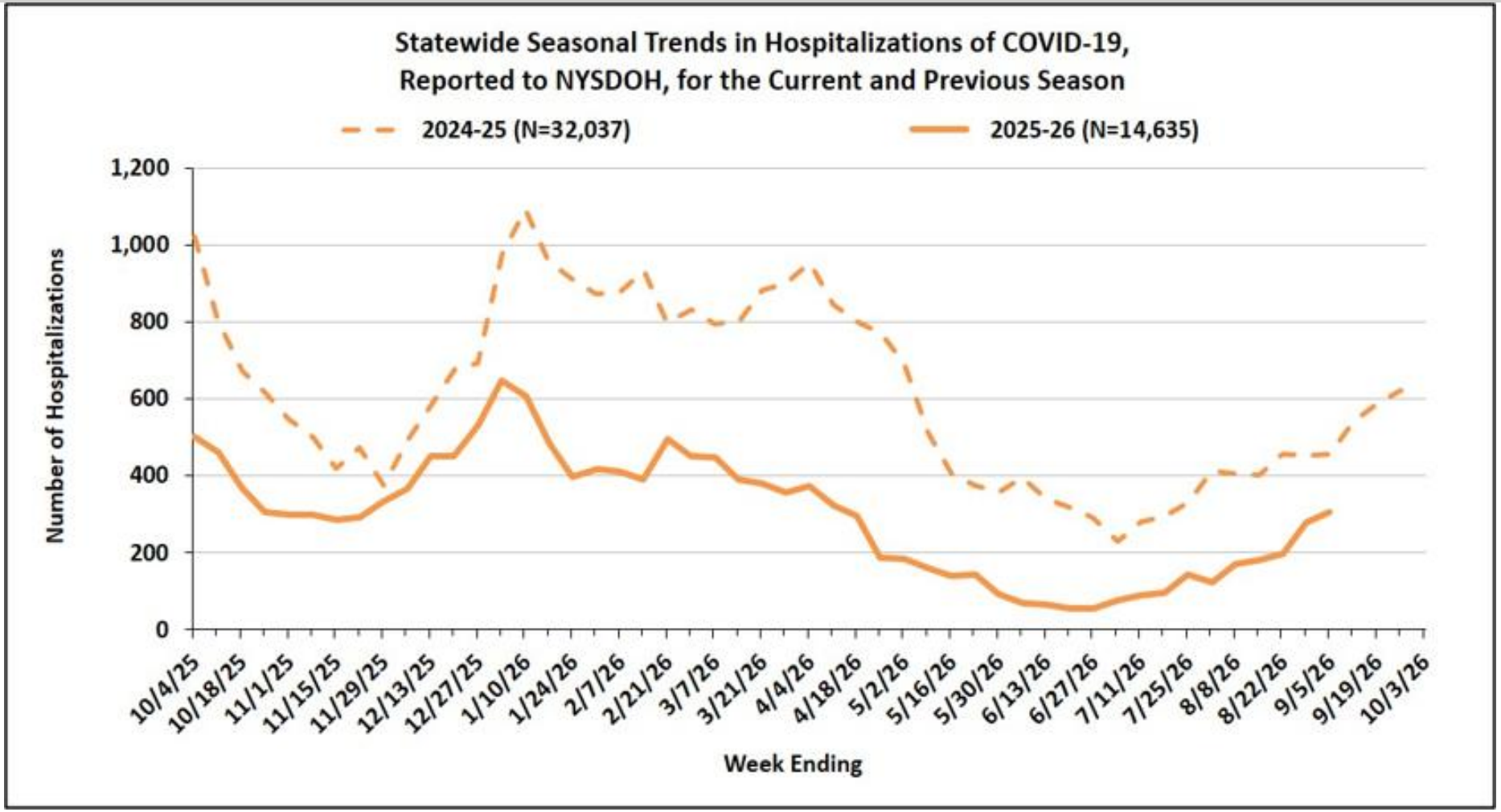
COVID-19 Cases Season Trend: NYS 2025-2026 and 2024-2025 Seasons



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

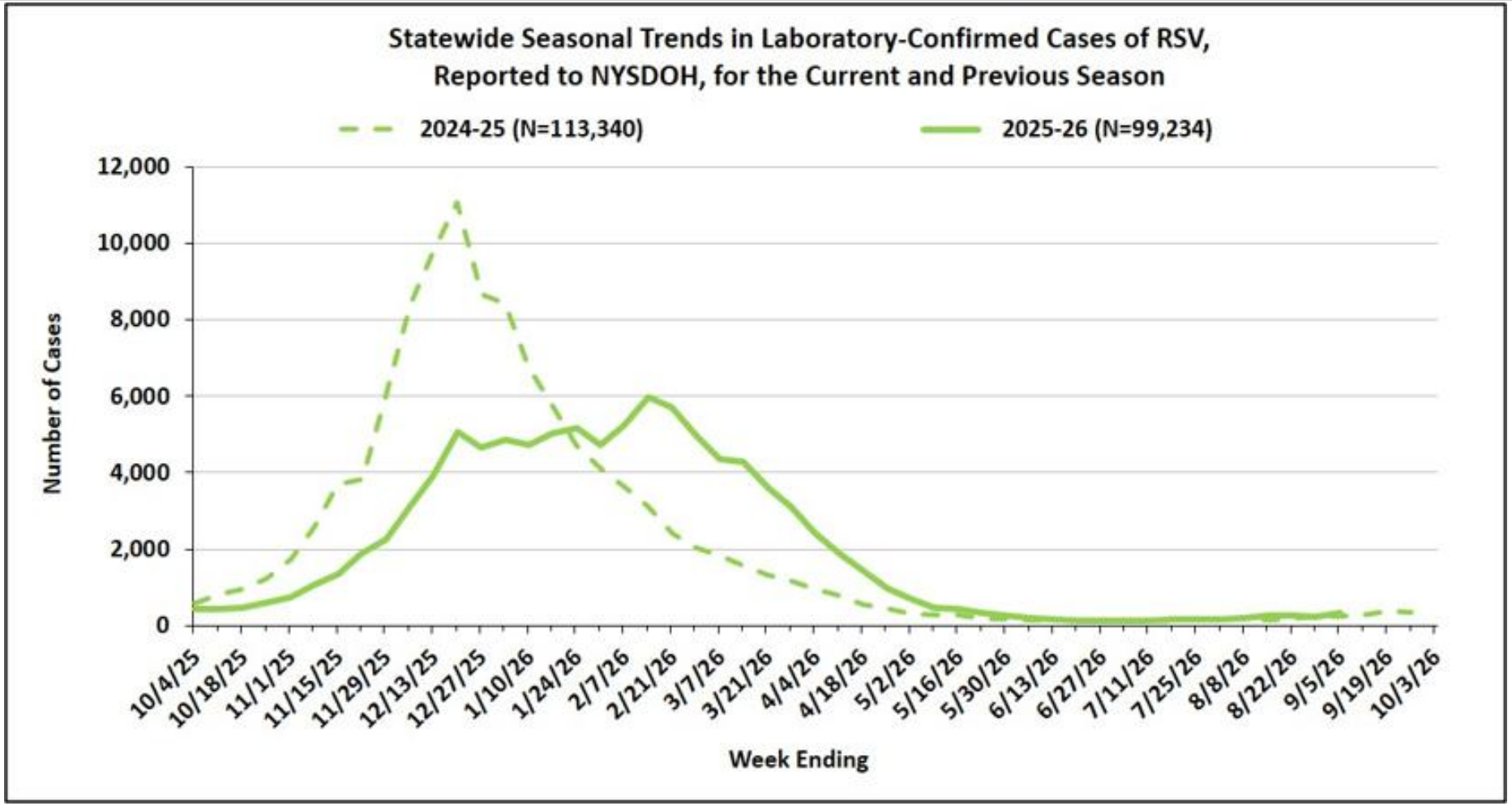
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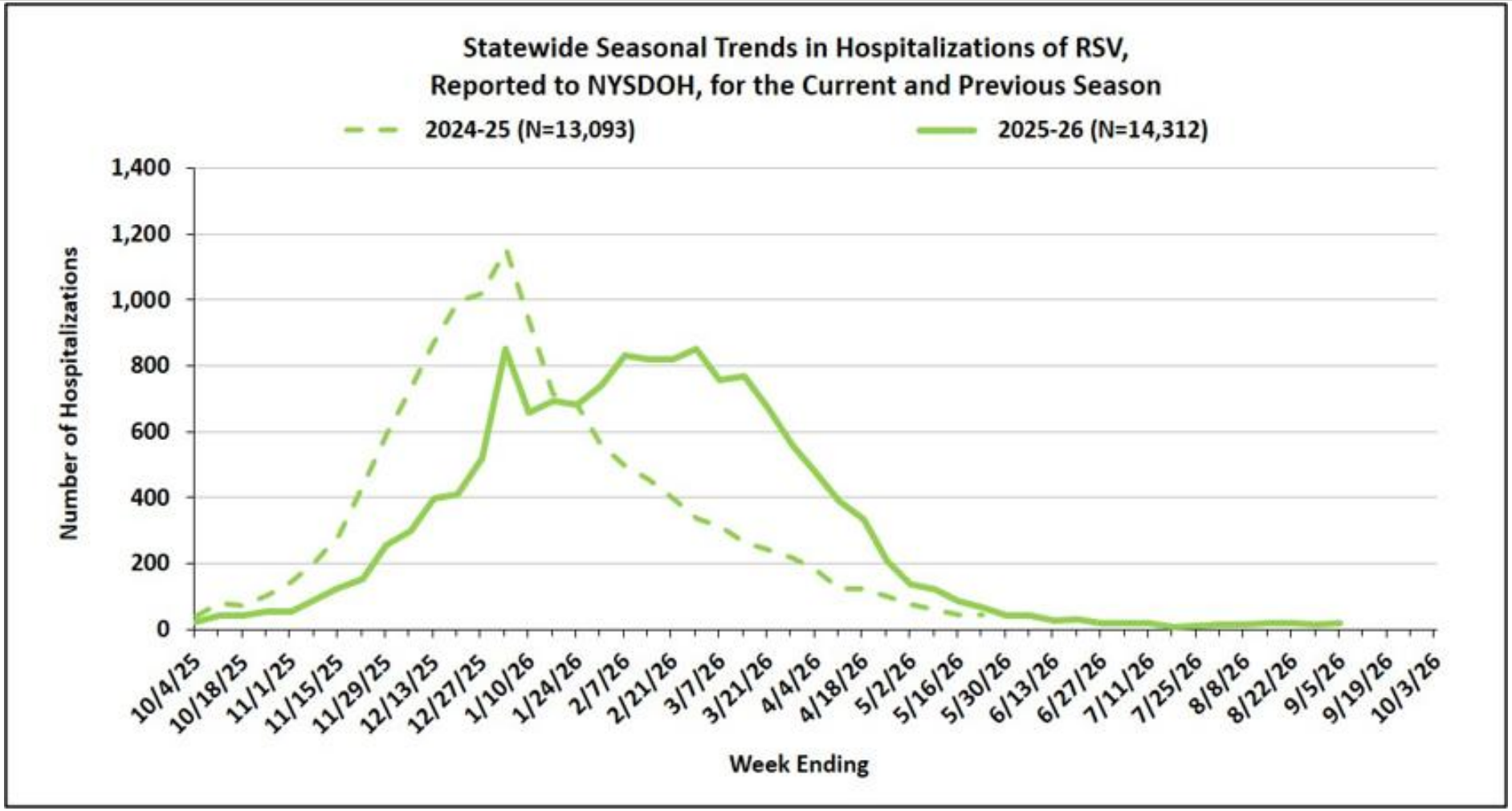
RSV Cases Season Trend: NYS 2025-2026 and 2024-2025 Seasons



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

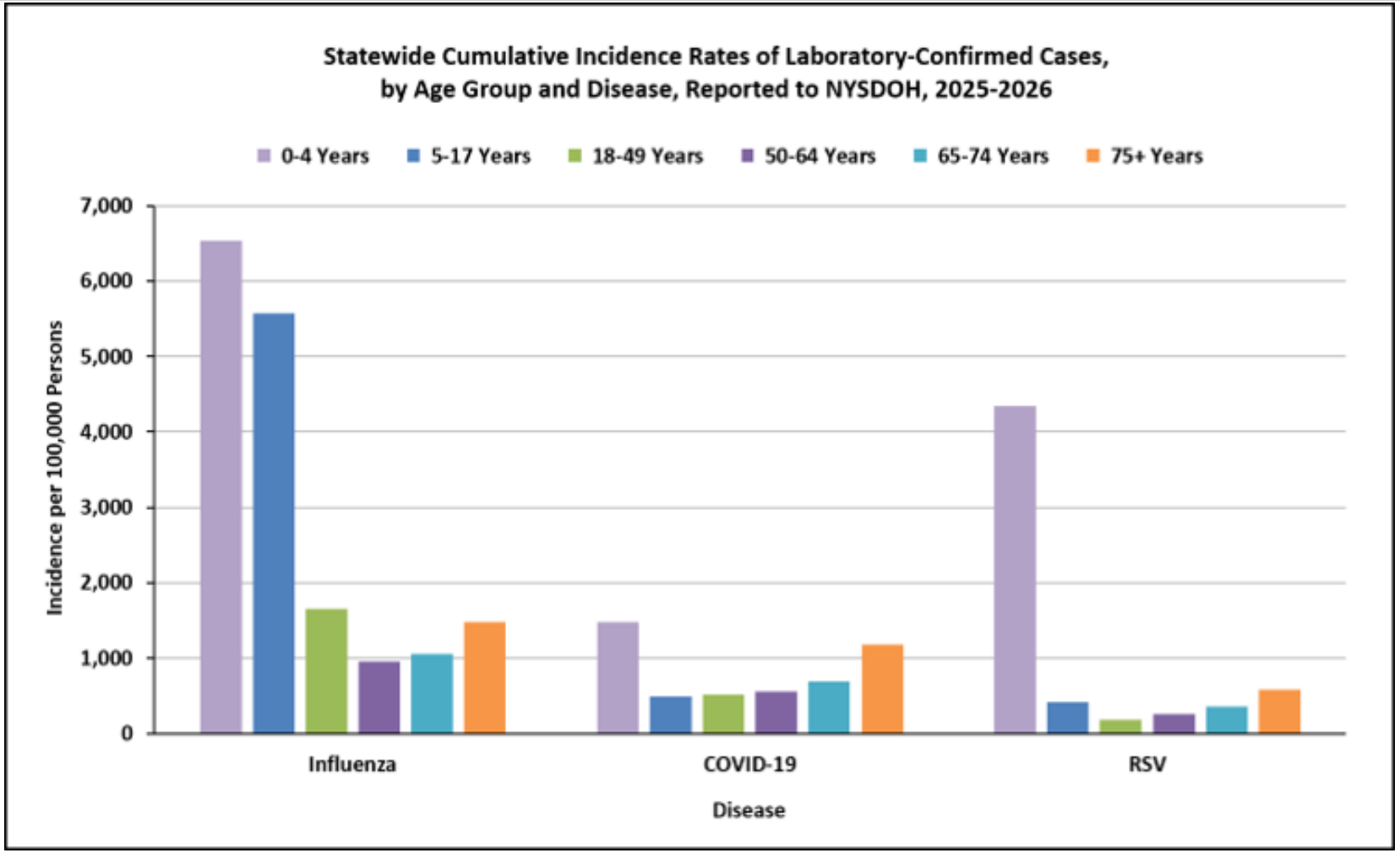
RSV Hospitalizations Season Trend: NYS 2025-2026 and 2024-2025 Seasons



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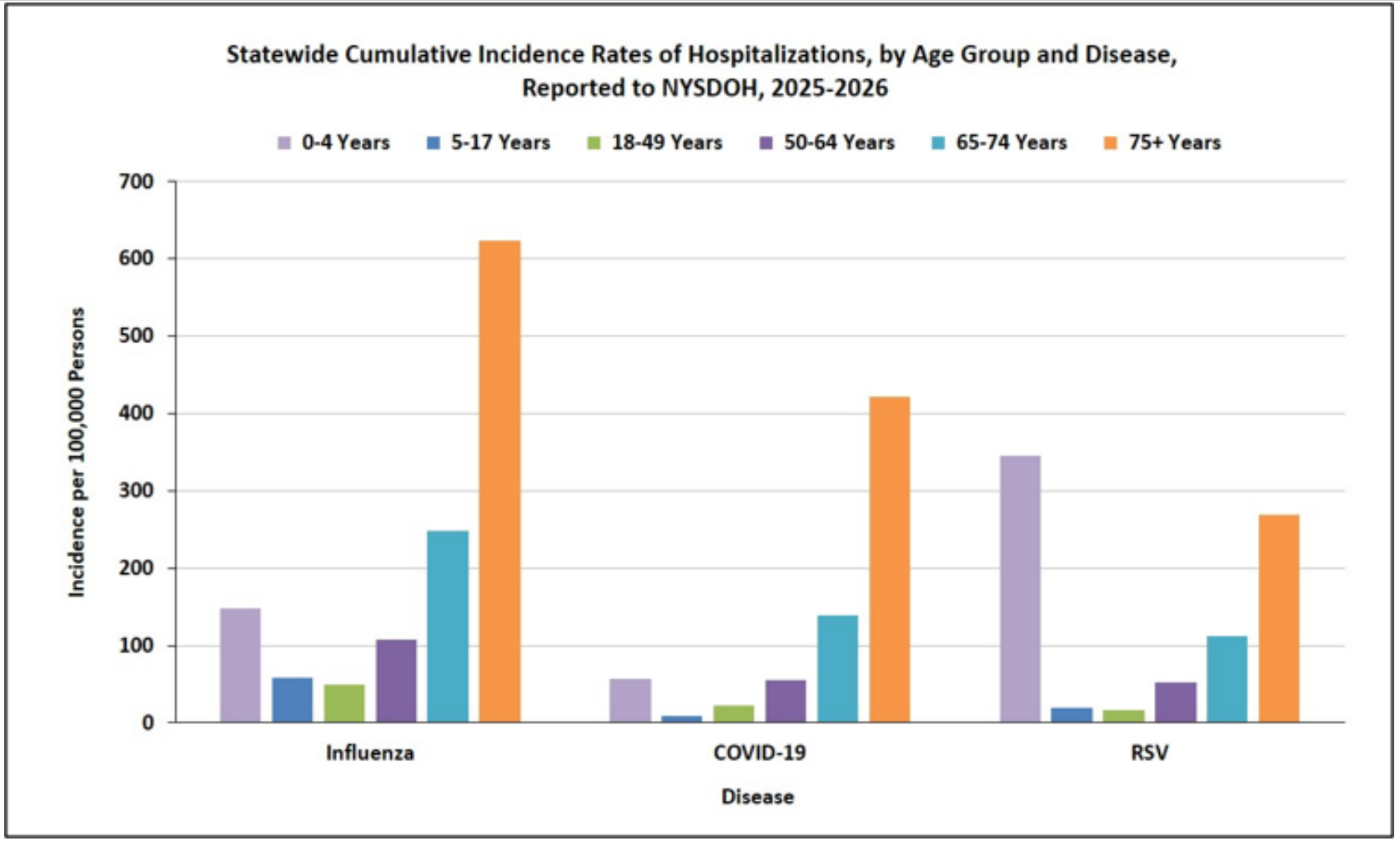
NYS Cumulative Incidence Rates of Cases by Age Group: 2025-2026 Season



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

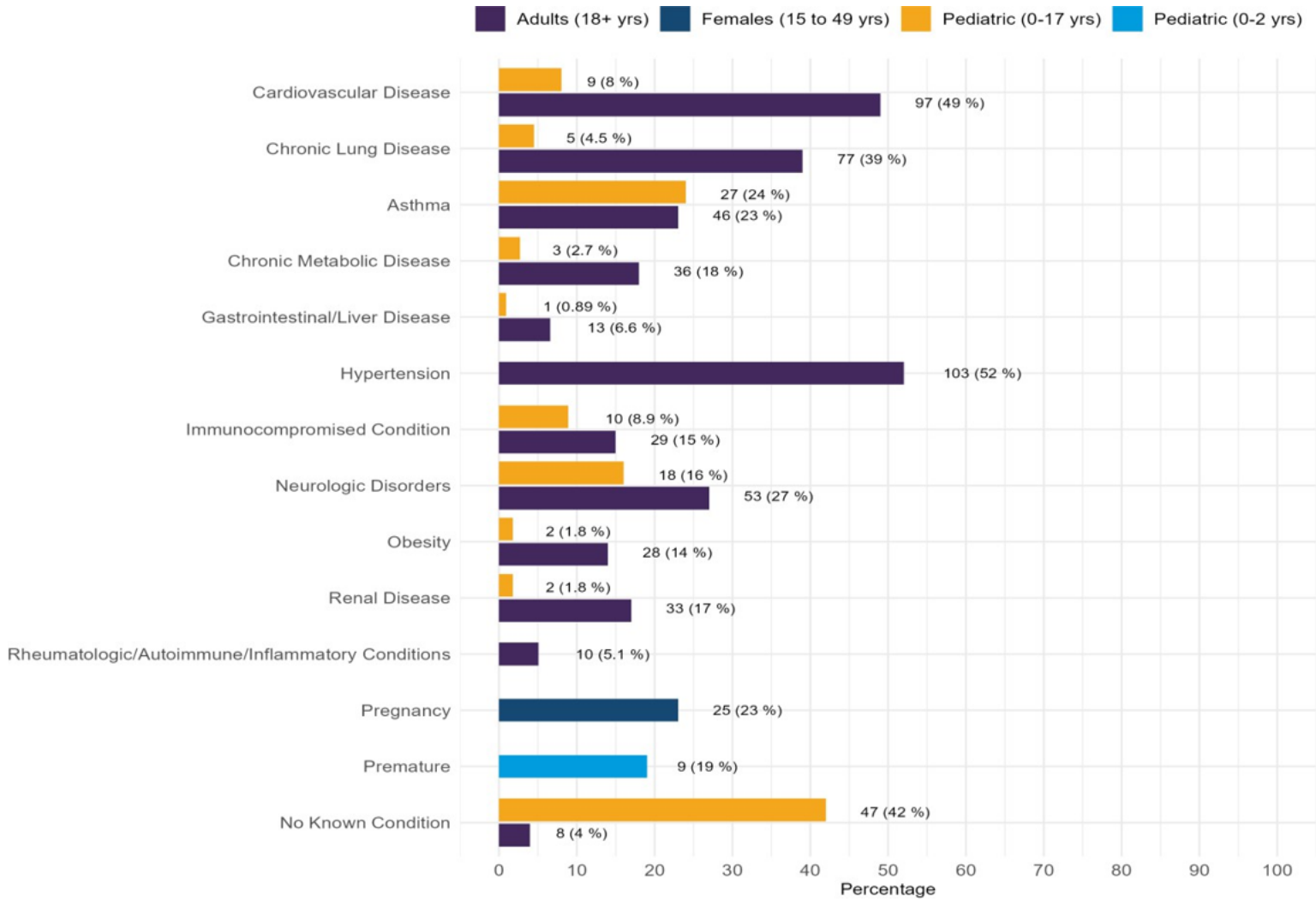
NYS Cumulative Incidence Rates of Hospitalizations by Age Group: 2025-2026 Season



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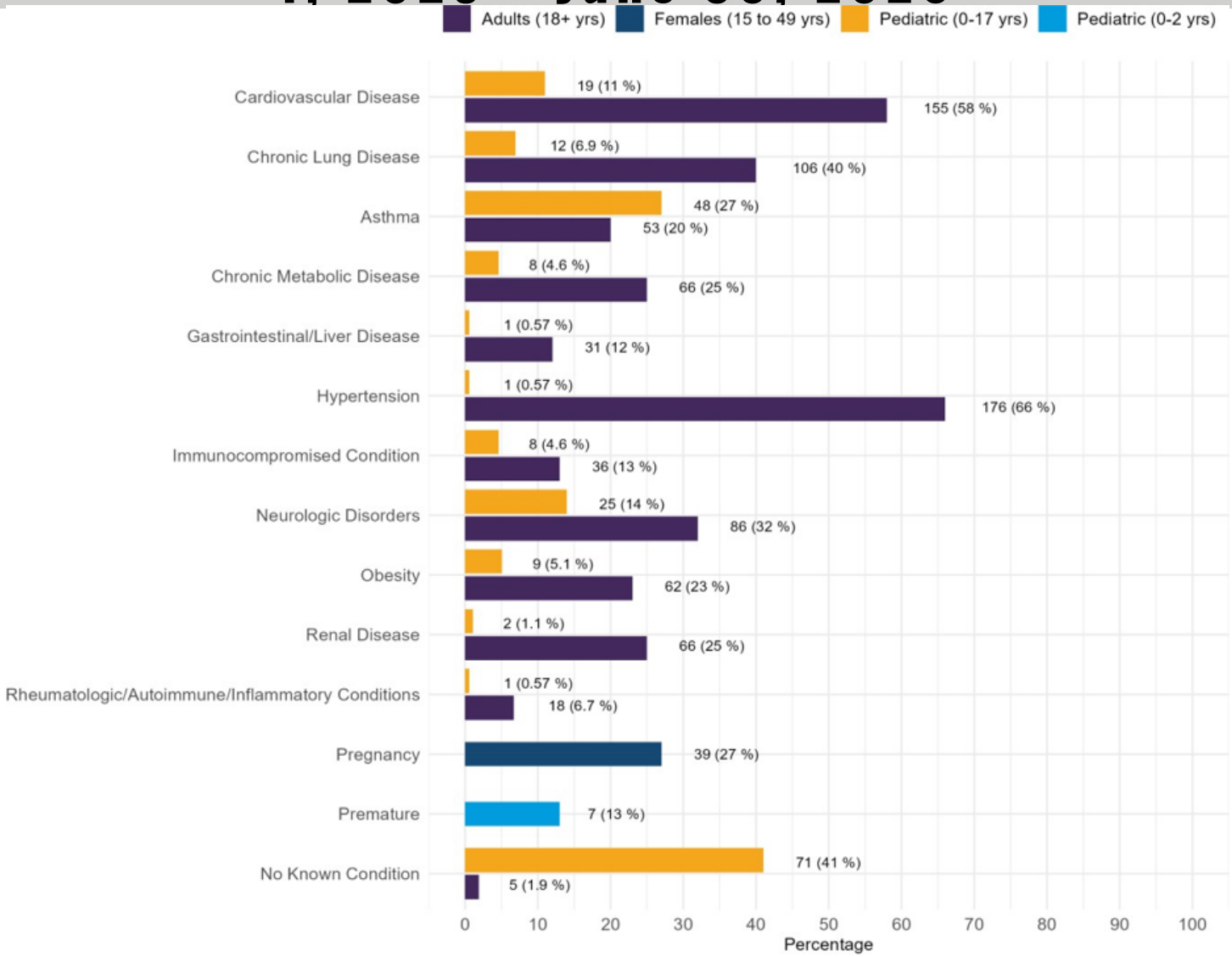
Source: https://www.health.ny.gov/diseases/communicable/influenza/surveillance/

Selected underlying medical conditions in patients hospitalized with Influenza NYSEIP FluSurv-NET NY Albany Catchment Area, October 1, 2025 - June 30, 2026



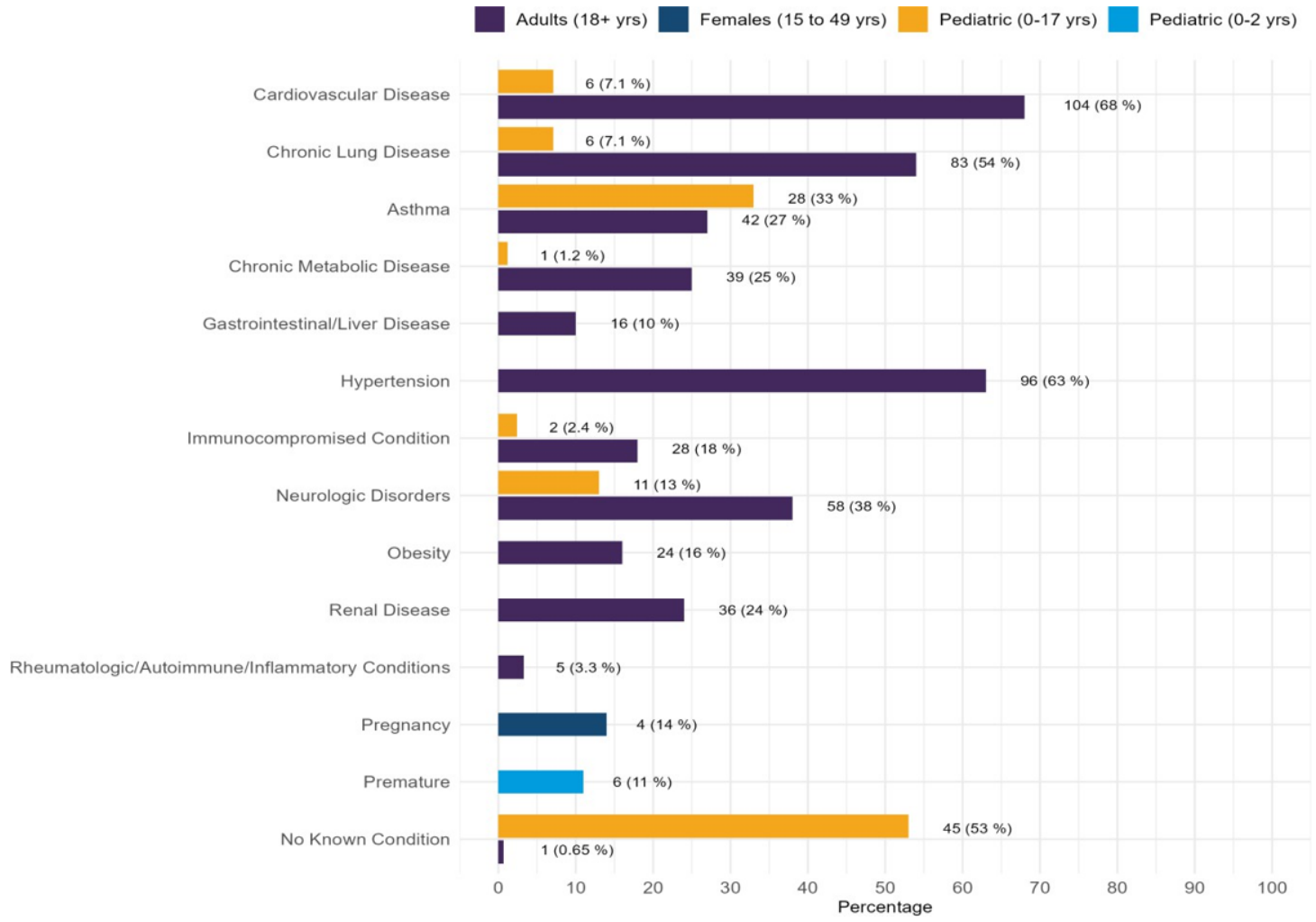
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Selected underlying medical conditions in patients hospitalized with Influenza NYSEIP FluSurv-NET NY Rochester Catchment Area, October 1, 2025 - June 30, 2026



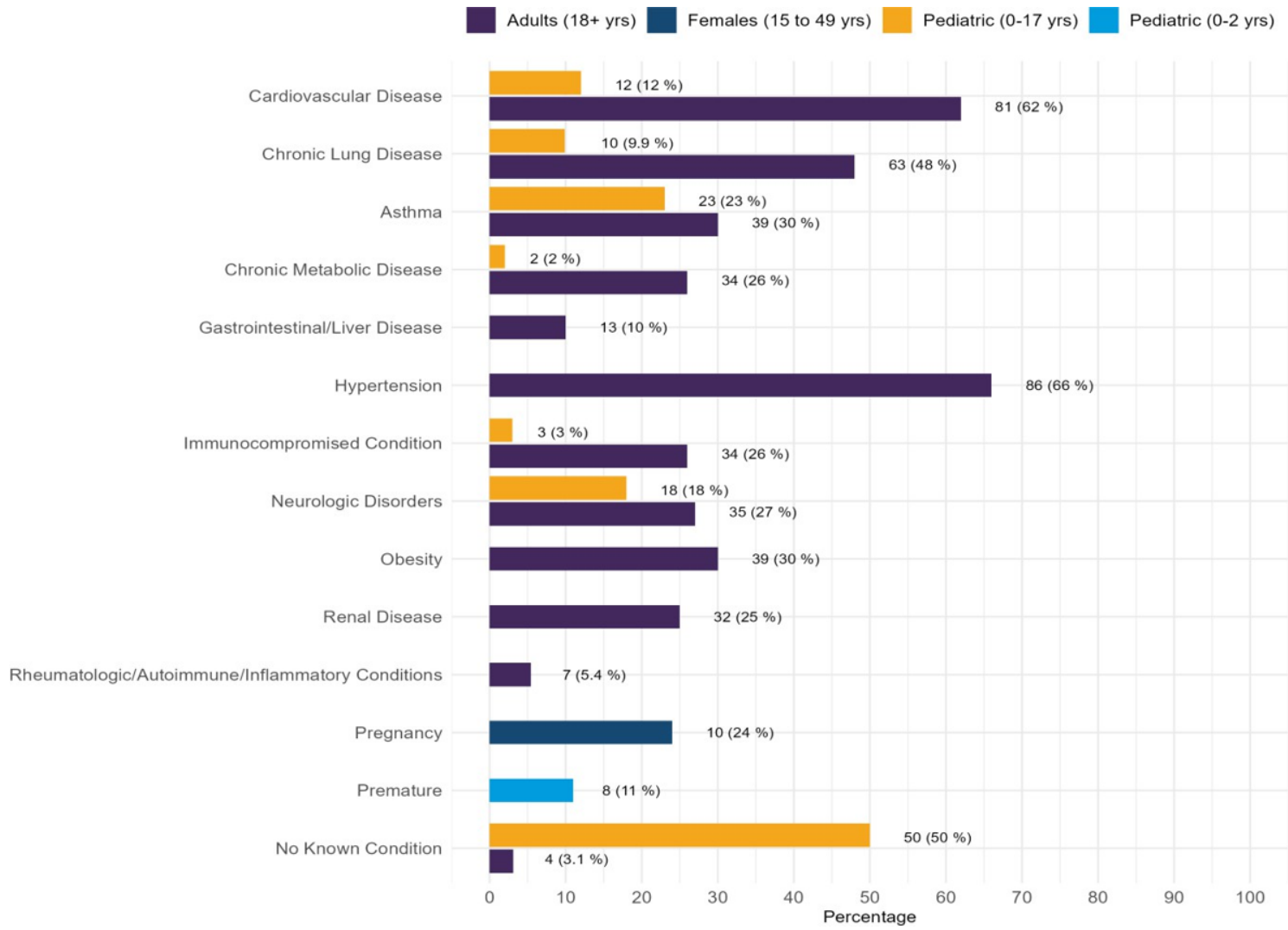
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Selected underlying medical conditions in patients hospitalized with RSV NYSEIP RSV-NET NY Albany Catchment Area, October 1, 2025 - June 30, 2026



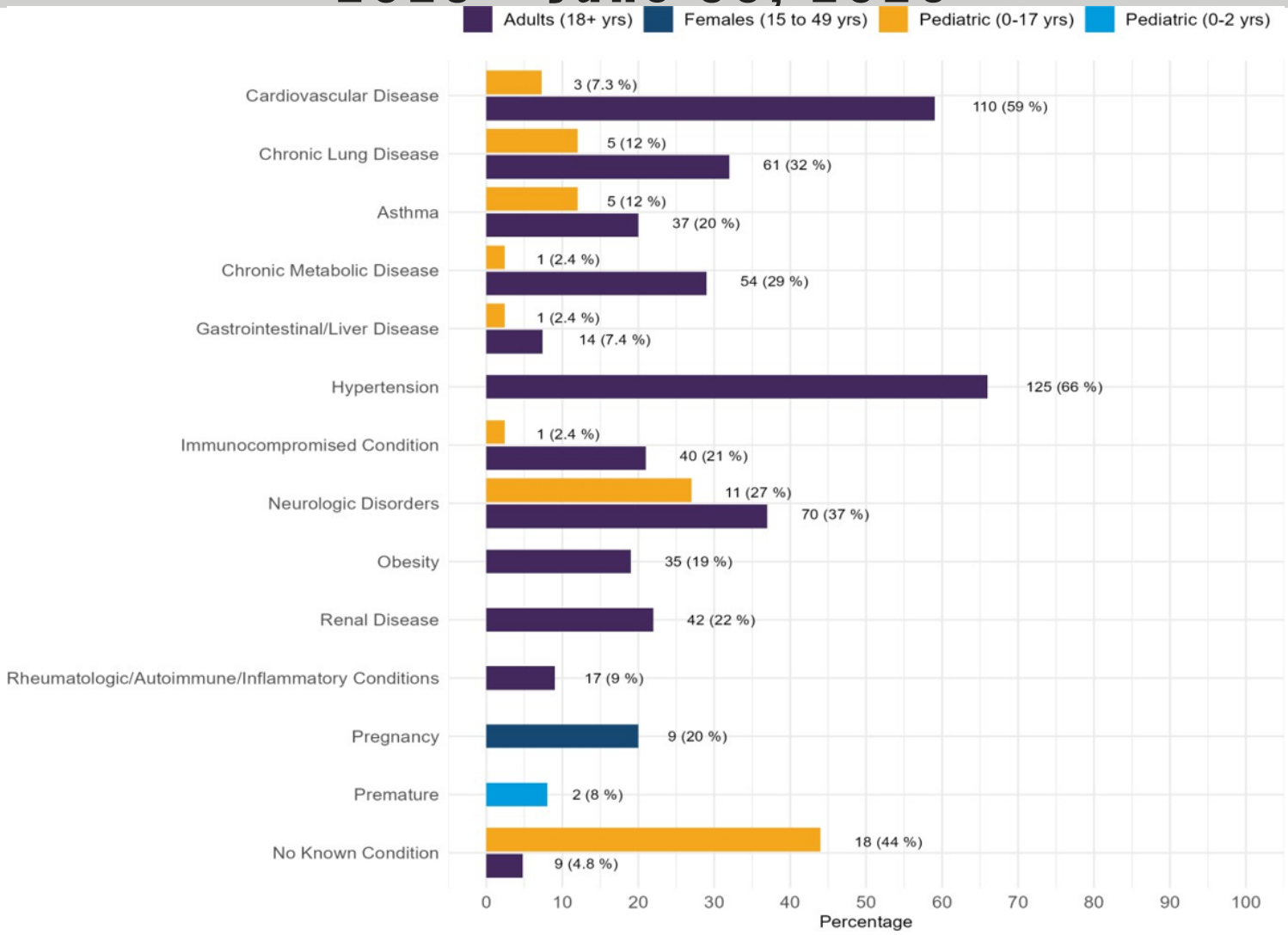
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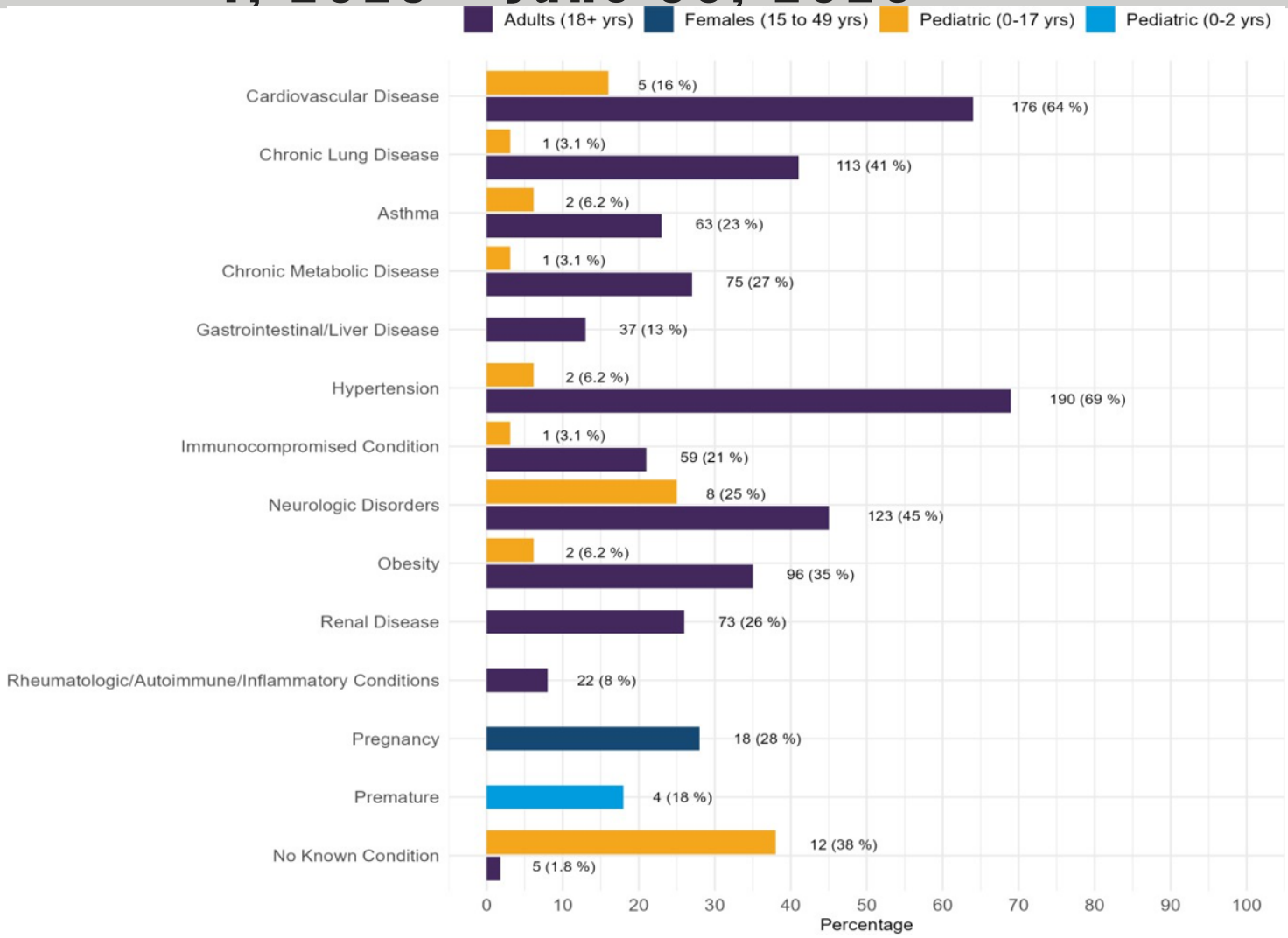
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Selected underlying medical conditions in patients hospitalized with COVID-19 NYSEIP COVID-NET NY Albany Catchment Area, October 1, 2025 - June 30, 2026



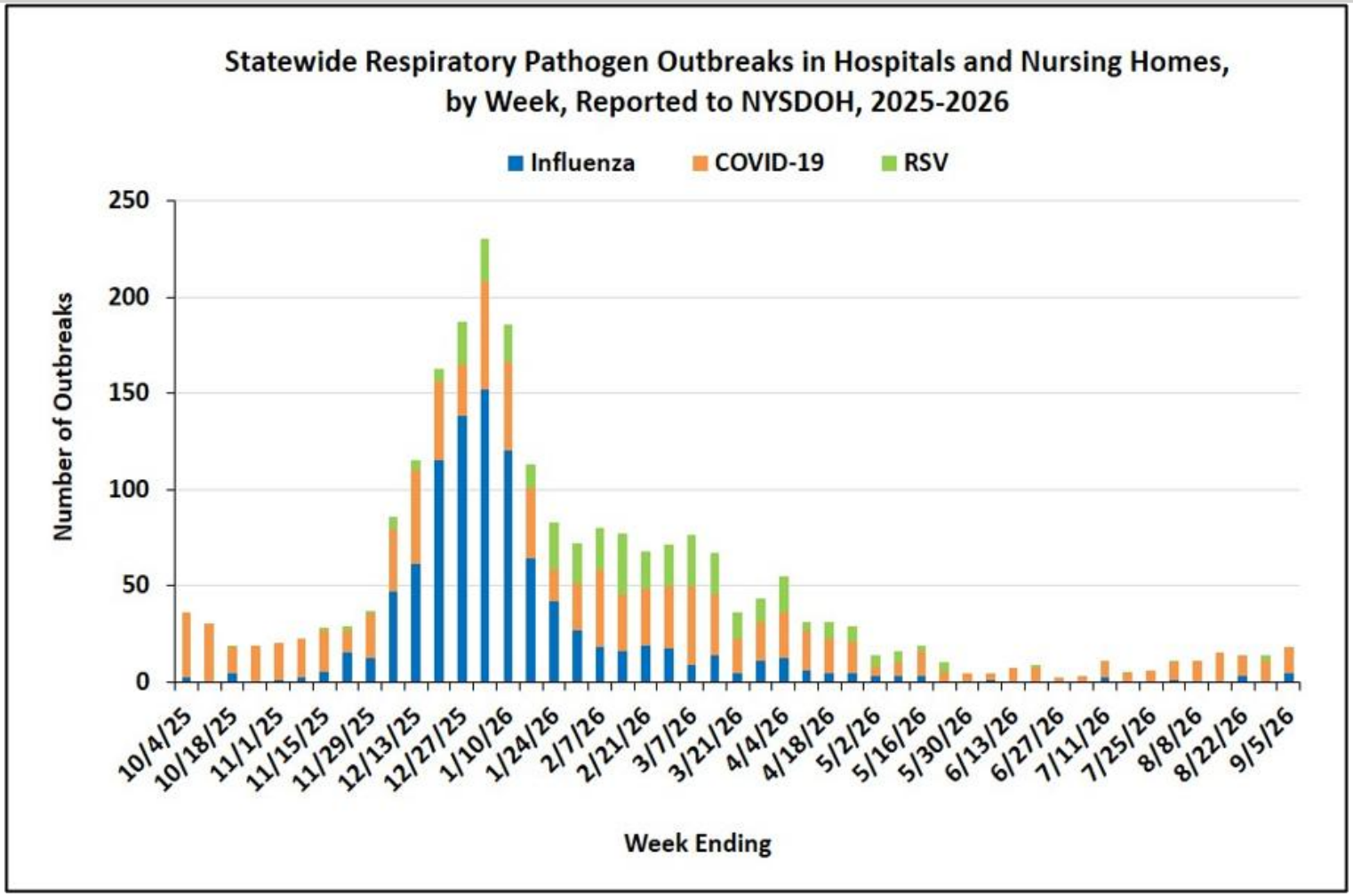
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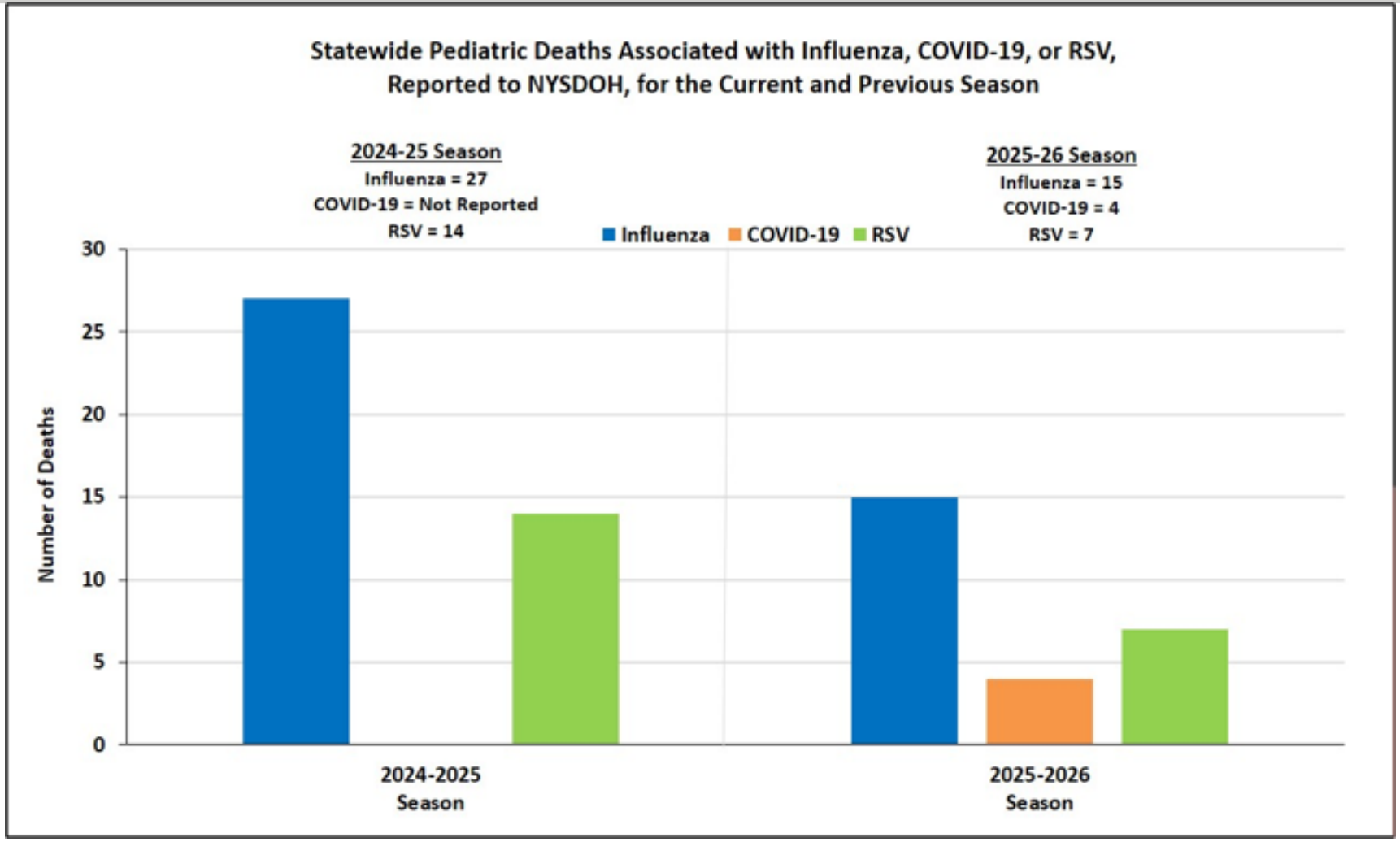
Respiratory Pathogen Outbreaks in Hospitals and Nursing Homes: NYS 2025-2026 Season



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

Pediatric Mortality: NYS 2024-2025 and 2025-2026 Seasons



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

Weekly Respiratory Surveillance Report

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 May 23, 2026

- There was one respiratory outbreak in a hospital and eight respiratory outbreaks in nursing homes for this reporting period. Season to date, a total of 2,193 viral respiratory pathogen outbreaks have been reported from hospitals and nursing homes.
- Influenza B is the predominant influenza virus circulating, accounting for 84% of all positive cases, followed by influenza A at 14%. Among the influenza A specimens subtyped this season, 90% have been influenza A/H3 and 10% have been influenza A/H1.
- There were no influenza-associated pediatric deaths reported this week. Sixteen influenza-associated pediatric deaths have been reported this season.
- There were no COVID-19-associated pediatric deaths reported this week. Four COVID-19-associated pediatric deaths have been reported this season.
- There were no RSV-associated pediatric deaths reported this week. Seven RSV-associated pediatric deaths have been reported this season.
- Wastewater surveillance data can be found at https://www.health.ny.gov/environmental/wastewater/.
- On April 23, 2026, the Health Commissioner declared influenza no longer prevalent. Accordingly, individuals not vaccinated against influenza for the current influenza season are no longer required to wear a surgical or procedure mask while in areas where patients or residents may be present. Additional information can be found at https://www.health.ny.gov/diseases/communicable/influenza/seasonal/providers/prevention_of_influenza_transmission/.

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

Influenza Laboratory-Confirmed Cases[2]	Cases:
Current Week:	1,373
Previous Week:	1,614
% Change from Previous Week:	-15% ▼
Season-to-Date:	445,545

COVID-19 Laboratory-Confirmed Cases[2]	Cases:
Current Week:	724
Previous Week:	1,080
% Change from Previous Week:	-33% ▼
Season-to-Date:	110,470

RSV Laboratory-Confirmed Cases[2]	Cases:
Current Week:	320
Previous Week:	428
% Change from Previous Week:	-25% ▼
Season-to-Date:	96,515

Influenza Hospitalizations[3]	Hospitalizations:
Current Week:	44
Previous Week:	59
% Change from Previous Week:	-25% ▼
Season-to-Date:	26,545

COVID-19 Hospitalizations[3]	Hospitalizations:
Current Week:	144
Previous Week:	141
% Change from Previous Week:	2% ▲
Season-to-Date:	12,634

RSV Hospitalizations[3]	Hospitalizations:
Current Week:	67
Previous Week:	84
% Change from Previous Week:	-20% ▼
Season-to-Date:	13,998

Source: https://www.health.ny.gov/diseases/communicable/respiratory_viruses/activity/2025-2026/docs/current_respiratory_report.pdf

Vaccine Safety and Effectiveness Review for the 2026-2027 Respiratory Season

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2026-2027 Respiratory Season Evidence Review by the Vaccine Integrity Project and the American Medical Association

- A systematic evidenced review was completed, and results were published in the Journal of the American Medical Association (JAMA).
  - Purpose: to provide the public with the information they need to inform vaccine decisions and to provide the needed information for medical associations to make vaccine recommendations for the 2026-2027 fall respiratory season.
  - Key findings:
    - Respiratory viruses continue to cause substantial illness
    - Influenza vaccines continued to reduce hospitalizations and mortality for those at increased risk for severe disease.
    - High dose influenza vaccine provided greater protection from hospitalization for older adults than standard dose vaccines.

Source: https://vaxintegrity.cidrap.umn.edu/2026-27-respiratory-season-evidence-review

2026-2027 Respiratory Season Evidence Review by the Vaccine Integrity Project and the American Medical Association

- Key findings continued:
  - COVID-19 vaccines continue to provide meaningful protection against hospitalizations, ICU admission, and death, especially for older adults and those at increased risk of severe outcomes.
  - RSV vaccination of older adults and pregnant people as well as immunization of infants substantially reduced severe illness and hospitalization.
  - More data is needed to determine if RSV vaccine boosters are needed. One study showed higher effectiveness against hospital infection and lab confirmed illness during first season after vaccination as opposed to 12-18 months later, but a second study showed no difference.
  - No new safety signals were identified for influenza, COVID-19, or RSV vaccines.

Source: https://vaxintegrity.cidrap.umn.edu/2026-27-respiratory-season-evidence-review

Vaccination Coverage Estimates 2025-2026

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CDC Influenza Vaccination Coverage Estimates 2025-2026

- Coverage estimates for children as of May 9, 2026 were similar to 2024-2025 season (49.3% and 49.8% respectively)
- Coverage estimates for adults 18 years and older as of February 22, 2026 are slightly improved from 2024-2025 season (46.5 and 45.1 % respectively)
- Coverage estimates for pregnant persons as of April 4, 2026 are similar to 2024-2025 season (37.7% and 38.0% respectively)
- Coverage estimates for adults 65 years and older
  - Medicare fee-for-service beneficiaries as of March 28, 2026 are 48.4%
    - Coverage from February 2026 for 65 years and older was 69.0% in CDC's FluVaxView

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Source: Weekly Flu Vaccination Dashboard | FluVaxView | CDC and https://www.cdc.gov/fluvaxview/dashboard/adult-coverage.html

CDC COVID-19 Vaccination Coverage Estimates 2025-2026

- Coverage estimates for children 18 years and younger as of May 9, 2026, 9.7% were reported to be up to date.
- Coverage estimates for adults 18 years and older who received the 2025-2026 COVID-19 vaccine as of February 22, 2026 were 17.5%
- Coverage estimates for pregnant persons who received the 2025-2026 COVID-19 vaccine as of May 9, 2026 were 11.1%
- Coverage estimates for adults 65 years and older Medicare fee-for-service beneficiaries as of March 28, 2026 were 22.6%

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Source: https://www.cdc.gov/covidvaxview/weekly-dashboard/index.html

CDC RSV Vaccination Coverage Estimates 2025-2026

- Coverage estimates for adults 50 years and older as of February 22, 2026:
  - 75 years and older, 43.2% reported ever receiving an RSV vaccine
  - 50-74 years with high-risk conditions, 32.8% reported ever receiving an RSV vaccine
- As of January 31, 2026, among women who were pregnant and at least 32 weeks' gestation since September 1, 2025, overall coverage with the RSV vaccine was 41.6%.
- As of February 2026, among females with an infant born since April 1, 65.1% of infants were reported to be protected against RSV through either maternal immunization only (9.4%) or receipt of monoclonal antibody (55.7%)

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Source: https://www.cdc.gov/rsvvaxview/dashboard/index.html

2026-2027 Respiratory Season Vaccine Recommendations

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New York State Department of Health Endorsements

New York State Department of Health endorses immunization recommendations for the 2026-2027 season from the following medical associations based on evidence review by the Vaccine Integrity Project and the American Medical Association:

- American Academy of Pediatrics
- American Academy of Family Physicians
- American College of Obstetricians and Gynecologists
- Infectious Disease Society of America

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NYSDOH Press Releases

- 9/09/2026: Statement From the Northeast Public Health Collaborative Reaffirms Support for Respiratory Vaccines and Applauds Digital Resource Hub for Patients and Health Care Providers
- 9/10/2026: New York State and New York City Health Departments Endorse 2026–2027 Respiratory Virus Season Immunization Recommendations

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American Academy of Pediatrics

- Influenza:
  - All children and adolescents 6 months and older who do not have a contraindication
- COVID:
  - All children 6-23 months who do not have a contraindication.
  - Children 2-18 years at increased risk
- RSV:
  - Monoclonal antibodies are recommended for:
    - All infants under 8 months of age entering their first RSV season who do not have documented protection through vaccination of pregnant parent.
    - Infants and children 8-19 months of age who are at high risk of severe RSV entering their second RSV season.

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American Academy of Family Physicians

- Influenza:
  - Everyone 6 months and older who does not have a contraindication
  - Adult 65 years and older should preferentially receive either the high dose, adjuvanted, recombinant, or mRNA vaccine if available. However, vaccination should not be delayed if one of these are not available
- COVID:
  - All children 6-23 months
  - Children and adolescents aged 2-18 years at increased risk.
  - AAFP supports access to for anyone wanting to receive a COVID vaccine.
  - All adults, especially those 65 years older, at increased risk for severe COVID-19, and those who have never received a COVID-19 vaccine.
  - Vaccination during any trimester of pregnancy including during lactation

Source: https://www.aafp.org/media-center/press-releases/aafp-announces-fall-immunization-recommendations-to-protect-patients-and-communities

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American Academy of Family Physicians Continued

- RSV:
  - Adults 75 years and older should receive a one-time dose
  - Adults 50-74 years at increased risk should receive a one-time dose
  - September-March, pregnant people are advised to receive the Abrysvo vaccine at 32-36 weeks gestation.
  - Children under 8 months without protection of vaccination of the pregnant parent should receive monoclonal antibody (nirsevimab or clesrovimab) preferably at birth. Those 8-19 months at high risk entering their second RSV season should receive nirsevimab.

Source: https://www.aafp.org/media-center/press-releases/aafp-announces-fall-immunization-recommendations-to-protect-patients-and-communities

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American College of Obstetricians & Gynecologists

- Influenza:
  - Pregnant patients should receive an inactivated or recombinant vaccine as soon as it is available.
  - Vaccine can be received anytime influenza is circulating in a community, but ideally at the onset of circulation.
  - Vaccine can be safely administered with other vaccines that are recommended during pregnancy.
  - If vaccine was not received during pregnancy, it should be encouraged to receive vaccine postpartum
- COVID:
  - All pregnant and lactating individuals should receive an updated COVID-19 vaccine
  - Vaccination may occur during any trimester and receipt should be as soon as possible to maximize maternal and fetal health.
  - Vaccine can be administered at the same time as other vaccines.

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American College of Obstetricians & Gynecologists

RSV:

- A single dose of **Pfizer's bivalent RSVpreF vaccine, Abrysvo** during RSV season for pregnant individuals meeting the following criteria:
  - 32 0/7 to 36 6/7 weeks of gestation,
  - Do not have a planned delivery within 2 weeks
  - Did not receive the vaccine during a previous pregnancy, **AND**
  - Are not planning to have their infant receive a monoclonal antibody, nirsevimab or clesrovimab
- For most of the continental United States, pregnant patients are eligible to receive RSV vaccine from September 1 through March 1 based on the RSV season.
  - This can vary in jurisdictions within and outside of the continental United States.
  - Health care professionals should follow state, local, territorial RSV epidemiology and guidance.

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Infectious Disease Society of America

For people with a compromised immune system:

- Influenza:
  - Everyone 6 months and older
  - Some may benefit from high-dose or adjuvanted vaccines
  - Live-attenuated vaccines should not be given to people who are immunocompromised
- COVID-19:
  - Everyone 6 months and older
  - An additional dose may provide longer protection and should be discussed based on an individual risk and local COVID-19 activity.
- RSV:
  - immunocompromised adults and adolescents based on individual risk

Source: https://www.idsociety.org/news--publications-new/articles/2026/idsa-recommends-respiratory-vaccines-for-people-with-weakened-immune-systems/

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Infectious Disease Society of America Continued

For people with a compromised immune system:

- Influenza, COVID-19, and RSV vaccine can be given at the same visit.
- When possible, vaccination should occur prior to treatments that suppress the immune system.
- Family members and other close contacts should stay up- to date with vaccines.

Source: https://www.idsociety.org/news--publications-new/articles/2026/idsa-recommends-respiratory-vaccines-for-people-with-weakened-immune-systems/

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mFlusiva Influenza Vaccine

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mFlusiva Efficacy

On August 5, 2026, the FDA approved mFlusiva, a mRNA influenza vaccine, for use in adults 50 years and older.

- Phase 3 clinical trial testing mFlusiva against standard dose vaccine for protection against influenza like illness:
  - Adults 50 years and older, 26.6% additional protection
  - Adults 50-64 years, 26.1% additional protection
  - Adults 65 years and older, 27.4% additional protection
  - For those 75 years and older, smaller sample size, showed 25.3% additional protection, but the confidence interval included zero.
- On August 5, 2026, the FDA approved mFlusiva for use in adults 50 years and older.

Source: https://www.fda.gov/media/193214/download and https://www.fda.gov/vaccines-blood-biologics/vaccines/mflusiva

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mFlusiva Safety

- MFlusiva has higher short-term reactogenicity profile compared to standard dose vaccine.
  - Any local reaction occurred in 67.5% of mFlusiva recipients compared to 32.1% with standard dose.
  - Any systemic reactions occurred in 58% of mFlusiva recipients compared to 32.4% of standard dose.
    - The largest differences were injection-site pain, fatigue, headache, myalgia, arthralgia, and chills. Most reactions were mild-to-moderate and lasted about 2 days.
  - Grade 3 reactions severe enough to prevent normal daily activities were also higher with mFlusiva (5.5% versus 0.9%).

Source: https://www.fda.gov/media/193214/download and August 5, 2026 Clinical Review - MFLUSIVA

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mFlusiva Safety Continued

- There was not an increase in serious safety concerns as compared with standard dose vaccine.
  - No myocarditis or pericarditis occurred within 42 days of administration.
  - Guillain-Barre syndrome, Bell's palsy, and anaphylaxis were rare and similar to standard dose.
  - Mortality was similar between groups but an imbalance in deaths of unspecified cause considered unlikely to be vaccine related was noted. This will continue to be monitored.

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Source: https://www.fda.gov/media/193214/download and August 5, 2026 Clinical Review - MFLUSIVA

NYS Influenza Vaccine Requirements

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New York State Requirements

- **Pharmacists as immunizers:** https://www.health.ny.gov/prevention/immunization/providers/pharmacists_as_immunizers.htm
- 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

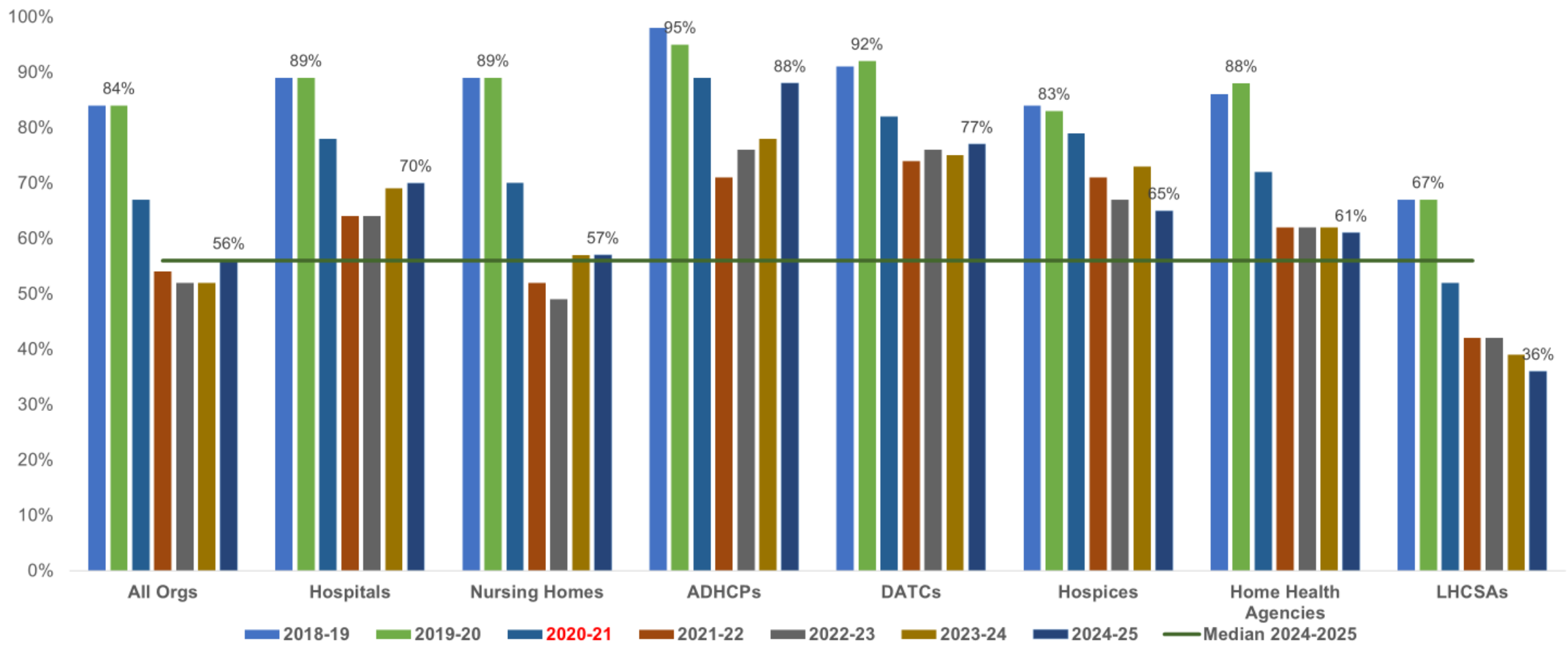
- Methylmercury can be found in certain fish and is toxic to humans at high doses
- Thimerosal contains ethylmercury, which is rapidly cleared from the human body and does not build up to harmful levels
- Thimerosal was removed from all childhood vaccines aside from multidose vials of influenza vaccine 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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Median HCP Influenza Vaccination Rates by Year and Facility/Agency Type, 2018-2025



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Source: Annual NYSDOH Personnel Influenza Vaccine

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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Additional Resources

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Additional Resources

- Consolidated respiratory virus immunization recommendations | AMA
- 2026-27 Respiratory Season Evidence Review | Vaccine Integrity Project
- Influenza Vaccine Products for the 2026–2027 Influenza Season, pdf from immunize.org
- NYSDOH Influenza webpage
- NYSDOH COVID-19 webpage
- NYSDOH RSV webpage
- COVID-19 and Influenza Vaccination Data | Department of Health
- NYSDOH Press Releases

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Questions?
Immunize@health.ny.gov

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