Prepare Your Clinics and Patients for Fall and Winter Respiratory Virus Season

National Center for Immunization and Respiratory Diseases

September 3, 2024

Who should get 2024–2025 COVID-19, 2024–2025 flu, and RSV immunizations?

	2024–2025 COVID-19[1]	2024–2025 Influenza[2]	RSV[3]
Infants & Children	**6 months – 17 years** Some children 6 months through 4 years may need multiple doses	**6 months – 17 years** Some children 6 months through 8 years may need multiple doses	**All infants <8 months* and children 8 through 19 months with risk factors should get nirsevimab** Typically, October through March, *if birthing parent not vaccinated with maternal RSV vaccine OR **32–36 weeks gestation should get RSV vaccine (Pfizer, Abrysvo only)** Typically, September–January
Pregnant People	**All**	**All**	See pregnant people
Adults 18–59	**All**	**All**	
Adults 60+	**All**	**All** High-dose, recombinant, or adjuvanted flu vaccine preferred for 65+, if available	**All adults 75+ and adults 60 through 74 years with risk factors should get one lifetime dose of RSV vaccine**

[1] Immunocompromised may need to get additional doses(s) of COVID-19 vaccine regardless of age.

[2] Solid organ recipients ages18 through 64 years on immunosuppressives may get high-dose or adjuvanted flu vaccine, if available, but not preferred

[3] All infants should be protected by either maternal RSV vaccine or nirsevimab, Both are not needed for most infants. For infants born during October through March, nirsevimab should be administered in the first week of life — ideally during the birth hospitalization.

Adults aged 60-74 years at higher risk for RSV should get the RSV vaccine

Chronic cardiovascular disease

Severe obesity (body mass index ≥40 kg/m^2)

Diabetes mellitus complicated by chronic kidney disease, neuropathy, retinopathy or other end-organ damage

Chronic lung or respiratory disease

End stage renal disease/dialysis dependence

Chronic hematologic conditions

Chronic liver disease

Neurological or neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness

Residence in a nursing home

Moderate or severe immunocompromise

Other factors that a provider determines would increase risk of severe disease due to viral respiratory infection (e.g., frailty)

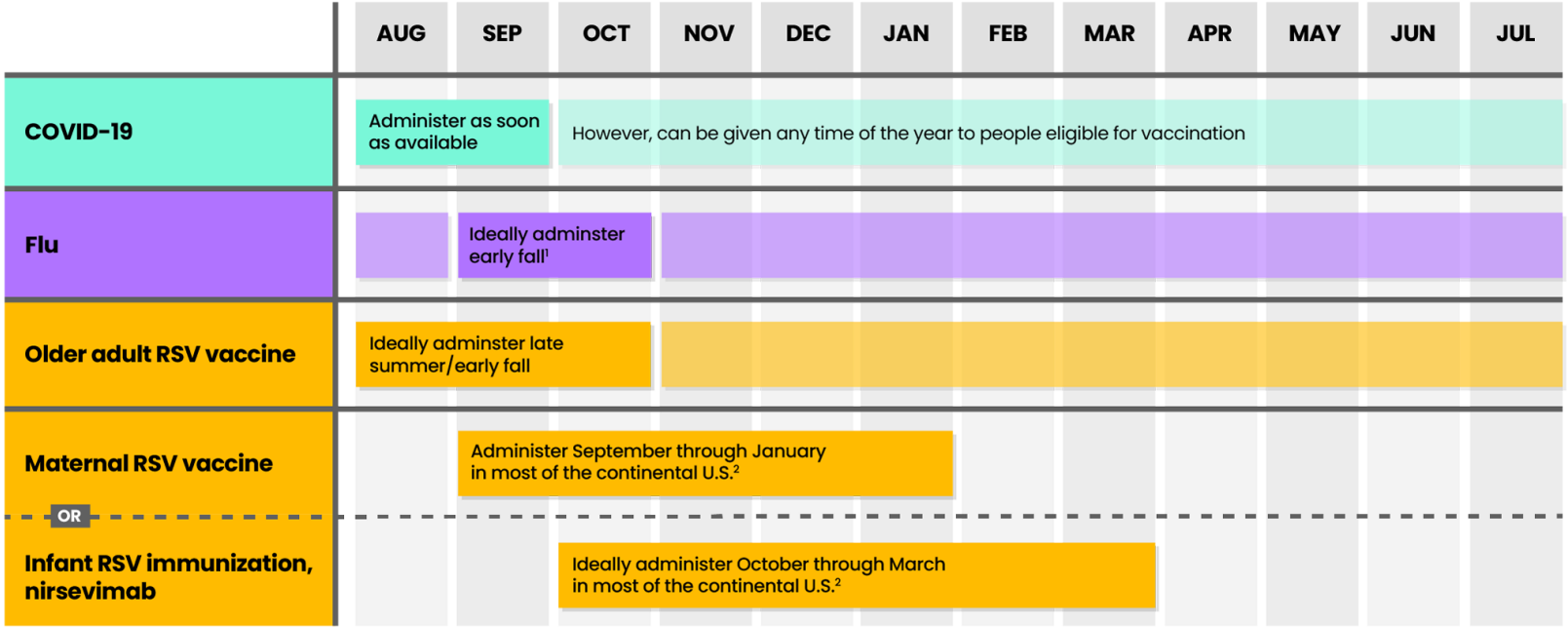
Data source: https://www.cdc.gov/mmwr/volumes/73/wr/mm7332e1.htm

Considerations for counseling patients regarding nirsevimab and maternal RSV vaccine

Maternal RSV vaccine 	Immediate protection for baby after birth No injection for the infant Potentially reduced protection in some situations (e.g., pregnant person is immunocompromised or infant born soon after vaccination) Potential risk for preterm birth and hypertensive disorders of pregnancy though recent data with 32-36 weeks' gestation dosing window are reassuring
Nirsevimab 	Direct receipt of antibodies rather than relying on transplacental transfer Protection may wane more slowly than maternal RSV vaccine Side effects are usually mild and resolve quickly; hypersensitivity reactions are uncommon but have been reported Delayed administration could leave the infant unprotected[1]

[1]Infants born during October through March should be administered nirsevimab in the first week of life – ideally during the birth hospitalization.

Timing and administration of COVID-19, influenza, and RSV immunizations



[1] Children who need 2 doses should receive their first dose as soon as possible (including during July and August). One dose of flu vaccine can be considered for pregnant people in their third trimester during July and August.

[2] In jurisdictions with RSV seasonality that differs from most of the continental United States, including Alaska, southern Florida, Guam, Hawaii, Puerto Rico, U.S.-affiliated Pacific Islands, and U.S. Virgin Islands, providers should follow state, local, or territorial guidance. However, nirsevimab may be administered outside of routine seasonal administration (ie., October through March) based on local RSV activity and other special circumstances. For infants born during October through March, nirsevimab should be administered in the first week of life—ideally during the birth hospitalization.

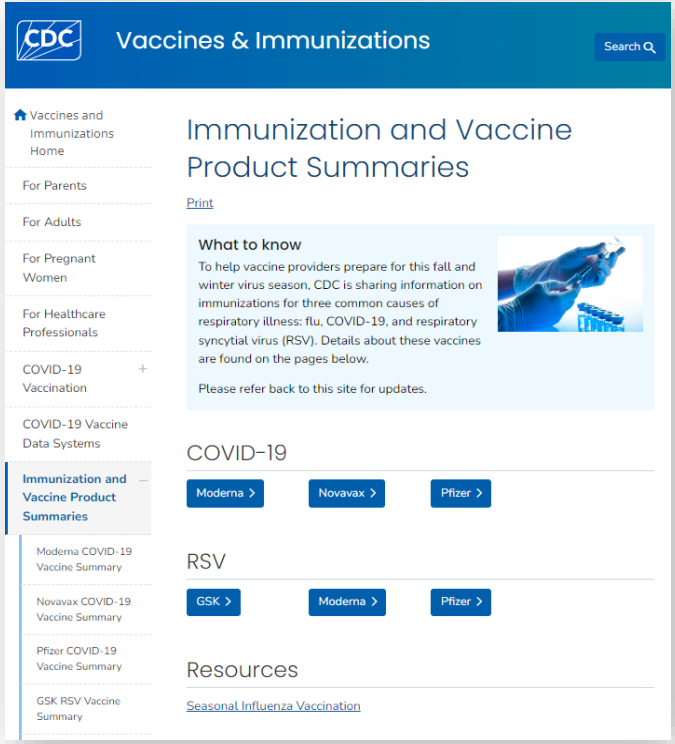
PREPARE YOUR CLINICS:
Order immunizations for respiratory virus season now

Ordering and offering immunizations in your clinics is one of the most powerful ways to improve vaccine confidence and increase immunization rates

- Convenience is a top reason for patient acceptance
- Reduces missed opportunities for immunization

NEW tool to make ordering immunizations easier!

- Provides estimated launch dates
- Links to pre-ordering and early reservation programs
- Details on product type (single or multidose vial, pre-filled syringe)
- Return policies for unused products



Source: https://www.cdc.gov/vaccines/php/info-by-product/index.html. >

WHY IMMUNIZE:
Best defense against viruses that can cause serious illness

Viruses cause many hospitalizations each respiratory season.

- **Thousands of people are hospitalized** for COVID-19, flu and RSV
- **RSV: #1 reason for infant hospitalization** in the US

While some people at higher risk, cannot predict who will get severely ill.

- **Adults 65+ are 4–9 times more likely to be hospitalized** for COVID-19, flu and RSV than those under age 65
- Half of children under 18 years hospitalized with COVID-19 had **NO underlying conditions**

Immunizations are our best defense.

- COVID-19 & flu **vaccines cut risk of hospitalization in half** in all ages
- RSV vaccines **>70% effective** in preventing **older adult RSV hospitalizations**
- Nirsevimab **>90% effective in** preventing **infant RSV hospitalizations** in 2023-24

A strong provider recommendation increases patient confidence

A strong recommendation looks like:

Medical contraindications to vaccines are rare but appear among top reasons providers do not recommend flu and COVID-19 vaccines

- Severe allergies are rare
  - ≤5 cases of anaphylaxis per million doses after COVID-19 and flu vaccines
- Multi-inflammatory Syndrome in children (MIS-C) or myocarditis after COVID-19 vaccination is rare
  - MIS-C: <1 per million vaccinated children
  - Myocarditis: 150 per one million doses (adolescent or young adult males)

What else can I do to increase vaccine coverage in my clinic?

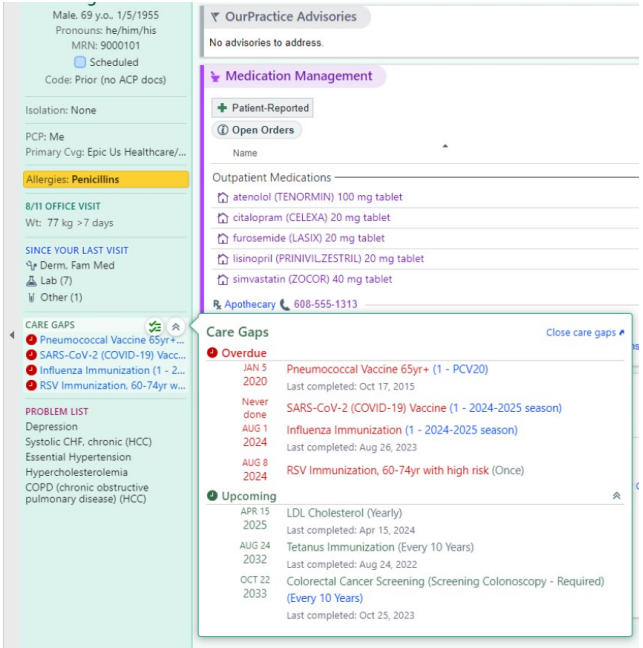
Use these tools and tips

- **Reminder/recalls:** Send when immunization are available
- **Clinical decision support tools:** Standing orders, Order Sets, "Care Gaps" to make administration easier
- **Continue to recommend immunizations to unvaccinated patients**, even if they decline the first time
- **Close the care loop with pharmacies:** Get to know your pharmacy-immunizing partners & how you can collaborate to protect more people in your community

Include on prescription or After-Visit-Summary if sending a patient to a pharmacy for RSV immunization:

- Risk factors
- Pregnancy status (including gestational age)
- "Pfizer Abrysvo" if pregnant

"Care Gaps" Feature on Electronic Health Records



Immunization Health Insurance Coverage

Vaccines for Children:

- COVID-19, flu and nirsevimab are included in VFC for Medicaid-eligible or Medicaid-enrolled, AI/AN, underinsured, and uninsured children

Medicaid:

- ACIP- recommended vaccines are covered without cost-sharing
- CMS issued an updated Vaccine Toolkit for State Medicaid, CHIP & Basic Health Program in February 2024, and includes coverage information

Medicare:

- Flu and COVID-19 vaccines covered in Part B
- Adults RSV vaccine covered in Part D
- ACIP-recommended vaccines are covered without cost-sharing in Parts B and D
- Remind patients who get vaccines through Medicare Advantage or Part D to get vaccinated at an in-network provider or pharmacy

Private Insurance:

- Most required to cover COVID-19, flu, and RSV vaccines without charging a copayment or coinsurance when given by an in-network provider

Increasing V-safe participation – We need your help

- V-safe is a vaccine safety monitoring system that
  - allows recipients to quickly and easily share how they feel after vaccination
  - helps CDC communicate timely and transparent information about the safety of vaccines

- Ensure vaccination partners are aware of V-safe:
  - Information sheets
  - Social media posts
  - Communications to vaccine recipients

- Vaccines currently monitored:
  RSV vaccines for older adults and pregnant persons
  COVID-19 vaccines for persons aged 6 months and older

What is V-safe?

V-safe is an innovative vaccine safety monitoring system that allows you or your dependent to quickly and easily share how you feel after getting a vaccine. It takes just a few minutes to enroll, and then you will receive V-safe notifications through text messages or emails to complete **short, confidential health check-ins.** Your participation in V-safe makes a difference—it helps others know what to expect in the days following vaccination, and it helps CDC monitor the safety of vaccines for everyone.

V-safe features:

- **Receive health check-ins via text or email** after vaccination.
- **Enroll your dependents** and complete check-ins on their behalf.
- **Share** how you feel **after getting a vaccine dose.**

How can I enroll, and how does it work?

V-safe is available for several vaccines. Go to vsafe.cdc.gov to find out if you are eligible to enroll. If you are eligible, follow the prompts to register for V-safe health check-ins. During the first week after vaccination, V-safe will send you a text message or email notification each day to ask how you are feeling. Then you will get check-in messages once a week for up to 5 weeks. Depending on your answers, V-safe may send you a link to submit a report in the Vaccine Adverse Event Reporting System (VAERS).

You can opt out at any time by texting "STOP" when V-safe sends you a text message or by clicking "unsubscribe" when V-safe sends you an email. You can also opt back in by changing your preferred method of contact, found in your user profile. **Your personal information in V-safe is protected so that it stays confidential and private.***

How can I enroll my dependent?

To enroll a dependent in V-safe, **add them to your existing account,** or create a new account if you don't have one yet. Enrolling a dependent does not require you to enter your own vaccination information or complete health check-ins for yourself.

Need step-by-step instructions? Go to: www.cdc.gov/vsafe

*V-safe gathers data employing strict security measures appropriate for the data's level of sensitivity. These measures comply, where applicable, with the following federal laws including the Privacy Act of 1974, standards enacted that are consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Federal Information Security Management Act, and the Freedom of Information Act.

V-safe

Sign up with your smartphone, tablet, or computer at
vsafe.cdc.gov

OR

Aim your smartphone's camera at this code

Need help with V-safe?

Call
1-833-748-1979

Email
CARS_HelpDesk@cdc.gov

Visit
www.cdc.gov/vsafe

CS324195-V 10/05/2023

https://www.cdc.gov/vaccine-safety-systems/v-safe/index.html

Nirsevimab adverse event reporting

- **Suspected adverse reactions after nirsevimab administration are recommended to be reported to MedWatch**
  - These reports are entered into the FDA Adverse Event Reporting System (FAERS) database
- **If administered on the same day as vaccine, suspected adverse reactions after nirsevimab are reported to Vaccine Adverse Events Reporting System (VAERS)**
  - FDA/CDER reviewers review these VAERS reports
- **Similar to the VAERS, an incidence of an adverse event cannot be determined from voluntary reporting**

Data source: FDA Adverse Event Reporting System (FAERS) Public Dashboard

Treatment with antivirals cuts risk of severe disease from COVID-19 and flu for people at increased risk

People at high risk: older adults, especially 65 years and older, pregnant people, people with weakened immune systems or other medical conditions like heart and lung disease

COVID-19

Ritonavir-boosted nirmatrelvir (Paxlovid)

- For people ≥12 years of age
- No liver function or creatinine testing needed
- Review drug-drug interactions and adjust dosing/stop other meds as needed

Remdesivir

- For people ≥28 days of age
- Liver function and prothrombin testing needed
- Requires IV administration

Alternative: molnupiravir

NOT recommended for pregnant or postpartum persons; people of child-bearing age should use birth control

Influenza

Oseltamivir (oral): for all ages

Baloxavir (oral): ≥5 years (healthy) and ≥12 years of age (high-risk)

NOT recommended for pregnant or postpartum persons

Zanamivir (inhaled): ≥7 years of age

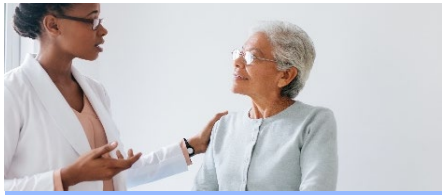
Contraindicated in people with underlying airway disease

Peramivir (intravenous): ≥6 months of age

Influenza Antiviral Medications: Summary for Clinicians | CDC
Types of COVID-19 Treatment
COVID19 Treatment Clinical Care for Outpatients | COVID-19 | CDC

Healthcare Provider Call to Action

Order and offer vaccines in your clinic



Recommend flu, COVID-19 and RSV vaccines to eligible patients at each visit

Offer early treatment for COVID-19 to patients at risk

Offer early treatment for flu to patients at risk

Thank you

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov