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To: Physicians, Pharmacists, Infection Preventionists, Long-Term Care Facilities, Local Health Departments, Tribal Health Clinics, Federally Qualified Health Centers, Visiting Nurse Agencies, and other immunization providers

From: James H. Conway, MD, FAAP
Wisconsin Chapter of the American Academy of Pediatrics

Jonathan L. Temte, MD, PhD
Chair, Wisconsin Council on Immunization Practices

Ryan Westergaard, MD, PhD, MPH
State Epidemiologist for Communicable Diseases

Re: The 2025–2026 Advisory Committee on Immunization Practices (ACIP) recommendations for the prevention and control of respiratory syncytial virus (RSV) and COVID-19 with vaccines

Promote Respiratory Syncytial Virus (RSV) and COVID-19 Vaccination

Influenza, RSV, and SARS-CoV-2 viruses are expected to circulate at the same time during the upcoming 2025–2026 respiratory virus season. In this context, vaccination will be important to decrease the overall impact of respiratory illnesses by reducing respiratory virus-associated illnesses, hospitalizations, and deaths, and reducing the burden on the health care system. A letter to providers summarizing the recommendations for influenza vaccination was shared previously. This letter summarizes the recommendations for RSV and COVID-19 vaccination.

Health care providers should promote and offer:

- RSV vaccine for older adults year-round (one time).
- RSV vaccine for people who are pregnant during September through January (one time).
- Monoclonal antibody for newborn infants and young children during October through March (one time for most infants).
- COVID-19 for people aged 65 and older and persons aged 6 months through 64 years with an underlying condition placing them at risk for severe COVID disease (FDA indication).

- COVID-19 vaccine for any person aged 6 months and older who wants protection from COVID-19 disease, based on shared clinical decision making (ACIP recommendation).

Updated ACIP Recommendations

The ACIP has made updated recommendations for RSV and COVID-19 for the 2025-2026 respiratory virus season. The updated recommendations for children and adults can be found on the CDC website. The American Academy of Pediatrics, American Academy of Family Physicians, and American College of Obstetricians and Gynecologists have also made recommendations for vaccination during the 2025-26 respiratory virus season.

The 2025–2026 Vaccine Information Statements (VIS) for COVID-19 are not yet available; however, the 2024–2025 VIS may continue to be used in the interim. Similarly, the current RSV monoclonal antibody immunization information statement may be used. It is important to be aware of the current recommendations and to periodically visit the CDC website for additional information and updates. The CDC and other public health agencies will assess the vaccine supply on a continuing basis throughout the manufacturing period and will inform both providers and the general public in the event of substantial delays or inadequate supply.

RSV Vaccine Recommendation

For older adults:

- A single dose of RSV vaccine is recommended for all adults aged ≥75 years and for adults aged 50–74 years who are at increased risk for severe RSV disease. **If a patient received a dose of RSV vaccine during the previous respiratory virus season an additional dose is not indicated.**
- Adults aged 50–74 years who are at increased risk include people who have certain chronic medical conditions, people who have moderate or severe immune compromise, and people who live in nursing homes.
- Adults aged ≥50 years may receive any RSV vaccine licensed for adults aged ≥50 years (Arexvy [GSK], Abrysvo [Pfizer], or mResvia [Moderna]).

For people who are pregnant:

- A single dose of Abrysvo should be administered to people who are pregnant during September 1–January 31 during weeks 32–36 of pregnancy (32 weeks 0 days through 36 weeks 6 days) to target vaccine among pregnant peoplewhose infants will be in their first months of life, when protection from maternal vaccination would be at its highest, during the RSV season. **No additional doses of Abrysvo should be administered during subsequent pregnancies.** Subsequent infants are recommended to receive monoclonal antibody for protection against RSV. **Arexvy and mResvia are not approved for use during pregnancy.**

The RSV vaccine is not currently an annual vaccine. People who have received one dose (including last year) have completed their vaccination and should not receive another dose at this time.

See also guidance for use of nirsevimab and clesrovimab monoclonal antibody products for the prevention of RSV among infants and young children and Tables 1 and 2 below.

Table 1. Products* to prevent respiratory syncytial virus–associated severe disease among infants aged <8 months born during or entering their first respiratory syncytial virus season

Product	Population recommended to receive the product	Months when the product should be administered	Dosing information (by single IM injection)
RSV monoclonal antibody, clesrovimab (Enflonsia)†	Infants aged <8 mos	October–March§,¶	105 mg (0.7 mL) for all infants regardless of weight
RSV monoclonal antibody, nirsevimab (Beyfortus)†	Infants aged <8 mos	October–March§,¶	50 mg (0.5 mL) for infants weighing <11 lb (<5 kg) 100 mg (1 mL) for infants weighing ≥11 lb (≥5 kg)
Maternal RSV vaccine, RSVpreF (Abrysvo)	Pregnant women at 32–36 wks' gestation	September–January	0.5 mL

Abbreviations: ACIP = Advisory Committee on Immunization Practices; IM = intramuscular; RSV = respiratory syncytial virus.

* ACIP recommends that all infants be protected against RSV-associated lower respiratory tract infection through one of the three listed products.

† A single dose of RSV monoclonal antibody is recommended for infants aged <8 months who are born during or entering their first RSV season (typically fall through spring in most of the continental United States) if 1) the mother did not receive RSV vaccine during pregnancy or 2) the mother's RSV vaccination status is unknown, or 3) the infant was born ≤14 days after maternal RSV vaccination. Except in rare circumstances, administration of RSV monoclonal antibody is not indicated for most infants who are born ≥14 days after their mother received RSV vaccine.

§ Eligible infants born during the seasonal administration window for RSV monoclonal antibody products (October 1–March 31 in most of the continental United States) should receive RSV antibody within one week after birth, ideally during the birth hospitalization. Any eligible infant or young child born outside the seasonal administration window (April–September) who has not yet received a recommended dose should receive RSV antibody at the earliest opportunity beginning in October to optimize protection during the peak RSV season. For infants eligible for RSV antibody with prolonged hospitalizations shortly before or during the RSV season, providers may consider administering RSV antibody during the birth hospitalization to prevent health care–associated RSV disease. This decision should be based on clinical judgment considering the potential risks and benefits.

¶ RSV monoclonal antibody should be administered during October through the end of March in most of the continental United States.

Table 2. Prevention of respiratory syncytial virus (RSV)–associated severe disease among some young children* aged 8–19 months entering their second RSV season

Indication	Months when the product should be administered	Dosing information
Children ages 8–19 months recommended to get nirsevimab (Beyfortus)† shortly before or as early as possible during their second RSV season: -Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) during the 6-month period before the start of the second RSV season -Children with severe immunocompromise -Children with cystic fibrosis who have either • Manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year of life or abnormalities on chest imaging that persist when stable) or • Weight-for-length <10th percentile -American Indian and Alaska Native children	October 1 through March 31 (Optimally October–November)	200 mg, administered as two 100-mg injections given at the same time at different injection sites

* Children ages 8 months and older who are not at increased risk of severe RSV disease should not receive an infant RSV antibody. CDC does not currently recommend nirsevimab (Beyfortus) for anyone aged 20 months or older.

† Clesrovimab (Enflonsia) is not recommended for children over 8 months of age and does not have FDA approval for children entering their second RSV season.

COVID-19 Vaccine Recommendation

- 2025–2026 Formula COVID vaccine is licensed for use among people aged 65 and older and people aged 6 months through 64 years with an underlying condition placing them at risk for severe COVID disease. A statewide standing order strongly supports vaccination of all persons aged 6 months and older.
- All 2025–2026 COVID-19 vaccines are approved under a Biologics License Application by the FDA effective 8/27/2025. See also Table 3 below.

Table 3. 2025–2026 Formula COVID-19 Vaccines

Manufacturer	Tradename	Indication	Presentation/Dose
Moderna	MNEXSPIKE	Ages 12 years and older	Prefilled syringe, 0.2 mL
	SPIKEVAX	Ages 6 months to 11 years Ages 12 years and older	Prefilled syringe, 0.25 mL Prefilled syringe, 0.5 mL
Novavax	NUVAXOVID	Ages 12 years and older	Prefilled syringe, 0.5 mL
Pfizer	COMIRNATY	Ages 5 to 11 years Ages 12 years and older	Single dose vial, 0.3 mL Prefilled syringe, 0.3 mL

Coadministration

Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible patients in order to avoid missed opportunities. Respiratory vaccine season is also a great time to check vaccine records or the Wisconsin Immunization Registry to see what other immunizations an individual may be eligible to receive.

Abrysvo can be administered to people who are pregnant with other recommended vaccines, such as tetanus, diphtheria, and pertussis (Tdap), influenza, and COVID-19 vaccines, without regard to timing, including simultaneous vaccination at different anatomic sites on the same day.

If you have questions, please contact your Regional Immunization Program Representative:

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References

1. Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf]. Accessed on August 29, 2025.