Start of the 2025–2026 Respiratory Virus Season

Including Influenza, COVID-19, and RSV

October 8, 2025

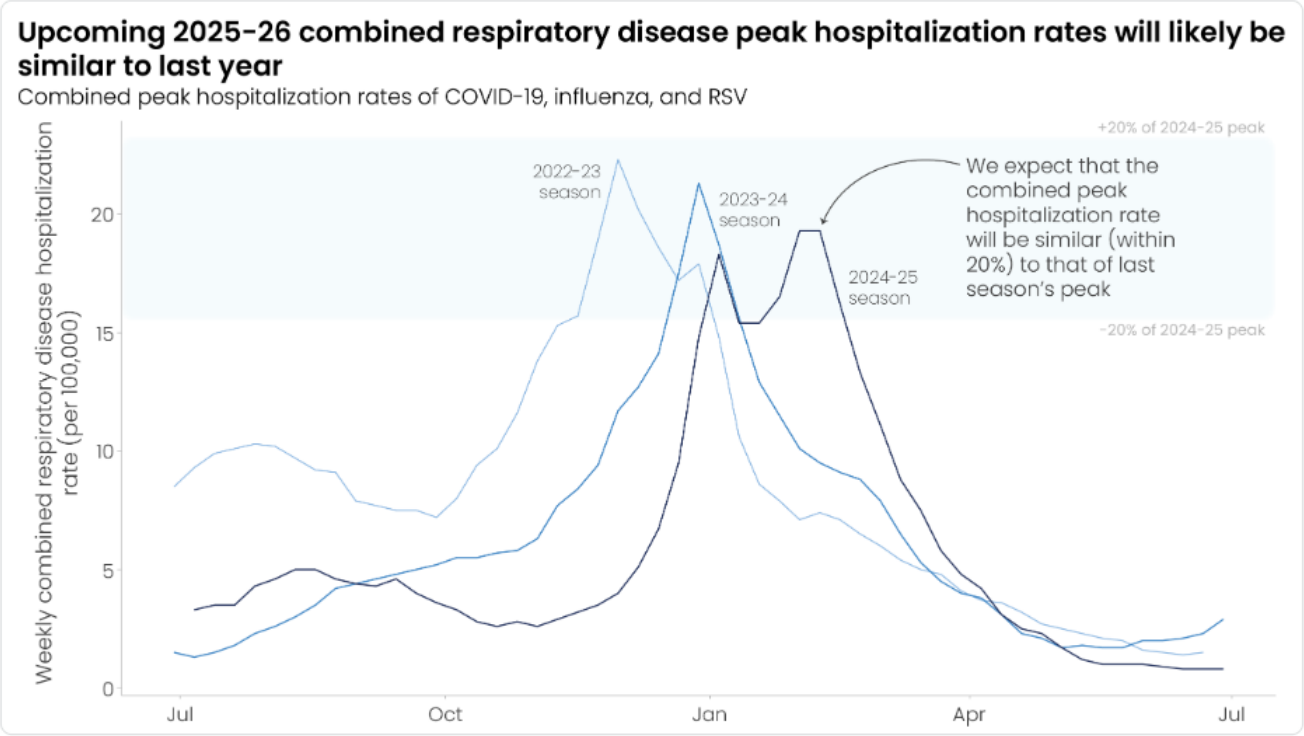
Welcome!

https://www.maine.gov/dhhs/mecdc/diseases-conditions/infectious-diseases/respiratory-virus/influenza

The **2025–2026** influenza surveillance season officially started on Sunday, September 28, 2025.

Respiratory Season Outlook

U.S. CDC is forecasting that the combined peak hospitalization burden for the **2025–2026 respiratory season** will be similar to the combined peak burden for the 2024–2025 respiratory season. However, the burden for each virus could be different.



https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook25-26.html

Influenza Vaccine Recommendations for 2025–2026

- Everyone six months of age and older should get a yearly flu vaccine.

- Children 6 months through 8 years of age receiving the flu shot for the first time, or those in this age range who have only previously gotten one dose of influenza vaccine, should get two doses of vaccine this season, spaced at least 4 weeks apart.

- Adults aged ≥65 years should receive one of :
  - Fluzone High-Dose inactivated influenza vaccine
  - FluBlok recombinant influenza vaccine
  - Fluad adjuvanted inactivated influenza vaccine
  - If these vaccines are not available at time of administration, then any other age-appropriate influenza vaccine should be administered.

Influenza Vaccination

- **All 2025–2026 influenza vaccines are trivalent.**
- The B/Yamagata strain was removed from the previous influenza vaccine as the B/Yamagata lineage influenza viruses have not been detected since before March 2020.
- While it is unknow if the B/Yamagata virus is extinct, it is not actively circulating in people, and therefore the risk of infection with B/Yamagata is considered low.
- Public Health experts will continue to conduct targeted surveillance for influenza B/Yamagata lineage viruses.

Influenza Vaccine Compositions

- All 2025–2026 egg-based influenza vaccine and live attenuated influenza vaccine (LAIV) are made to protect against the following three viruses:
  - A/Victoria/4897/2022 (H1N1)pdm09-like virus
  - A/Croatia/10136RV/2023 (H3N2)-like virus; and (Updated)A/Thailand/8/2022 (H3N2)-like virus; and (Updated)
  - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

- For 2025–2026, cell-based or recombinant-based vaccines protect against:
  - A/Wisconsin/67/2022 (H1N1)pdm09-like virus
  - A/District of Columbia/27/2023 (H3N2)-like virus; and (Updated)
  - B/Austria/1359417/2021 (B/Victoria lineage)-like virus

- LAIV—the nasal spray vaccine—is available for use during the 2025–2026 flu season.
  - The LAIV nasal spray can be administered to people between 2-49 years of age without contraindications to the nasal spray vaccine.
  - Self-administered FluMist was approved by the FDA on September 20, 2024, but will not be available through the state Immunization Program.

Influenza Vaccination

- Recommendations for people with egg allergies updated in 2023:
  - Egg allergy alone necessitates no additional safety measures.
  - All vaccines should be administered in settings in with personnel and equipment needed for treatment of acute hypersensitivity reactions.

Influenza Vaccination

Timing:

- For most persons who need only 1 dose of influenza vaccine for the season, vaccination should ideally be offered during September or October.

  - children aged 6 months through 8 years require 2 doses of influenza vaccine for their first flu season, these children should receive their first dose as soon as possible to allow the second dose (which must be administered ≥4 weeks later) to be received, ideally, by the end of October.

  - Pregnant persons in the third trimester may consider vaccinating in July and August because vaccination at this time may protect their infants during the first months after birth.

  - For most adults (particularly adults aged ≥65 years): Vaccination during July and August should be avoided unless there is concern that vaccination later in the season might not be possible.

Immunization

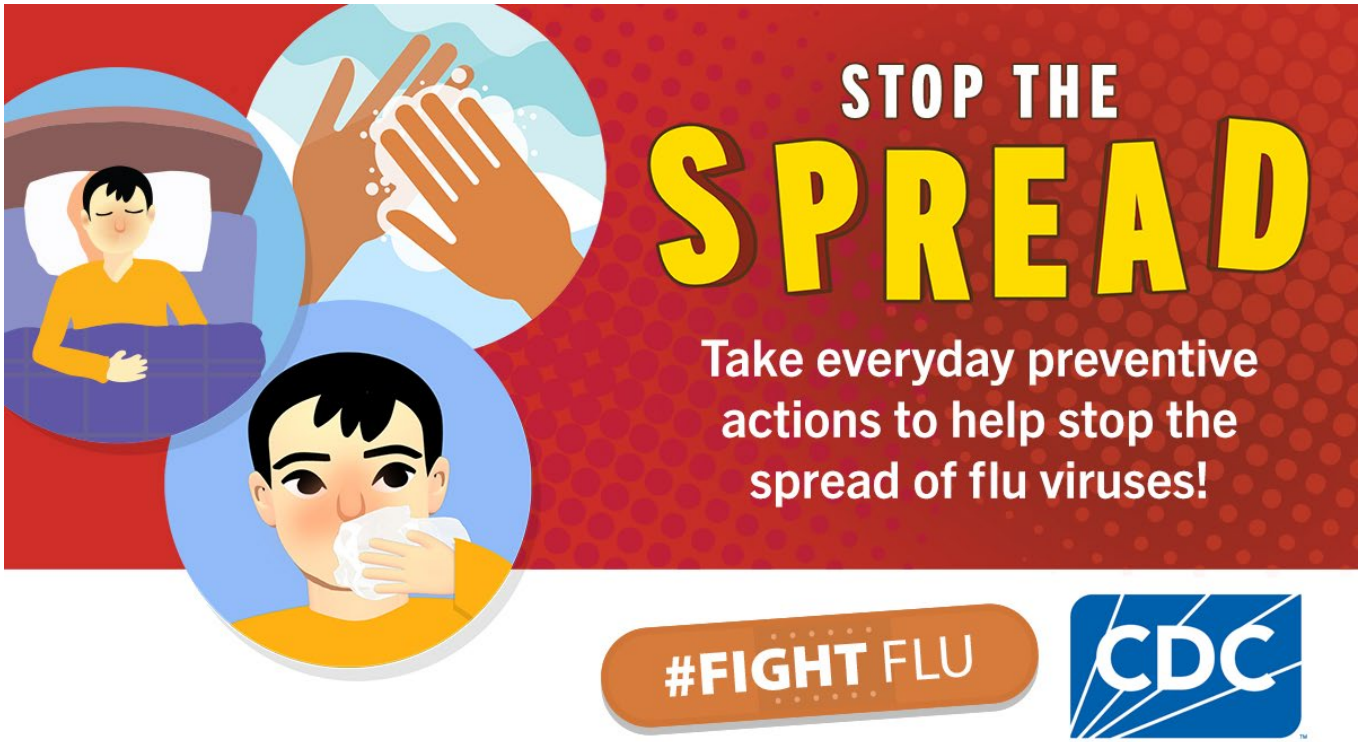
Healthcare Workers

- The U.S. Centers for Disease Control and Prevention (U.S. CDC), the Advisory Committee on Immunization Practices (ACIP), and the Healthcare Infection Control Practices Advisory Committee (HICPAC) recommend that all U.S. health care workers (HCW) get vaccinated annually against influenza.

- Since 2002, Maine state law has required that healthcare facilities report data on seasonal influenza vaccine coverage among healthcare workers in their facilities annually to the Maine Center for Disease Control and Prevention (Maine CDC).

- As of 2021, healthcare workers employed by a licensed nursing facility, residential care facility, Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), multi-level healthcare facility, hospital, or home health agency licensed by the State of Maine are required to show proof of seasonal influenza vaccination.

Influenza Vaccination

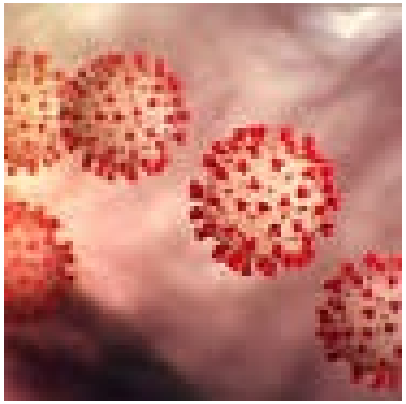


https://www.cdc.gov/flu-resources/

COVID-19 Vaccination

Fall 2025–2026 COVID-19 Vaccine

- Updated vaccines are available from Pfizer, Moderna, and Novavax.
- The Monovalent vaccine protects against:
    - LP.8.1 sublineage of the JN.1 (mRNA)
    - JN.1 strain (Novavax)



COVID-19 Vaccination

To minimize the risk of vaccine administration errors, providers should:

- Remove all 2024–2025 COVID-19 vaccines from storage units

- For MIP enrolled providers:
  - Return all 2024–2025 COVID-19 vaccines to U.S. CDC's centralized distributor using the normal process for returning spoiled/expired vaccines.

2025–2026 COVID-19 Vaccine Recommendations

The Maine CDC recommends immunization to protect against severe illness from COVID-19 and issued a standing order on September 12, 2025 to make the vaccine available to everyone in Maine aged 6 months and older.

COVID-19 Vaccine Recommendations for those 18 and Younger

- **Children ages 6 months–23 months:**
  - Unvaccinated: multidose initial series with age-appropriate 2025–2026 COVID-19 vaccine.
  - Previously completed an initial series: one dose of age-appropriate 2025–2026 COVID-19 vaccine.
  - Incomplete initial vaccinations series: Consult Appendix A (Table 1A) of the standing order.

- **Children ages 2 –4 years:**
  - Children 2 through 4 years of age who are in one or more of the following categories should receive one dose of age-appropriate 2025–2026 COVID-19 vaccine:
    - At high risk of severe COVID-19;
    - Residents of long-term care facilities or other congregate settings;
    - No previous COVID-19 vaccination; or
    - Have household contacts at high risk for severe COVID-19.
  - Children 2 through 4 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered one dose of age-appropriate 2025–2026 COVID-19 vaccine.

- **Children ages 5–18 years:**
  - Children 5 through 18 years of age who are in one or more of the following categories should receive one (dose of age-appropriate 2025–2026 COVID-19 vaccine:
    - At high risk of severe COVID-19 (see Appendix C);
    - Residents of long-term care facilities or other congregate settings;
    - No previous COVID-19 vaccination; or
    - Have household contacts at high risk for severe COVID-19.
  - Children 5 through 18 years of age not included in the risk groups above whose parent or guardian desires their protection from COVID-19 should be offered one dose of age-appropriate 2025–2026 COVID-19 vaccine.

COVID-19 Vaccine Recommendations

- **People ages 19 -64:**
  - one dose of age-appropriate 2025–2026 COVID-19 vaccine.

- **People ages 65 or older:**
  - two doses of age-appropriate 2025–2026 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart, regardless of prior COVID-19 vaccination history.

- **Pregnant or recently pregnant or lactating individuals or those contemplating pregnancy:**
  - one dose of age-appropriate 2025–2026 COVID-19.

- **People who are moderately or severely immunocompromised:**
  - Unvaccinated: multidose initial series with an age-appropriate 2025–2026 COVID-19 vaccine and one dose of a 2025–2026 COVID-19 vaccine 6 months (minimum interval 2 months) after completing the initial series.
  - Previously completed an initial series: two doses of age-appropriate 2025–2026 COVID-19 vaccine, spaced 6 months (minimum interval 2 months) apart.
  - People who are moderately or severely immunocompromised may receive additional age appropriate 2025–2026 COVID-19 vaccine doses under shared clinical decision-making.
  - Further details can be found in the standing order.

RSV Vaccination

RSV Vaccine for Infants

- Beyfortus (Nirsevimab) and Enflonsia (Clesrovimab) are monoclonal antibody-based vaccine approved for infants up to 19 months to protect infants from severe RSV disease.

- Who should get the vaccine:
  - Infants < 8 months of age born during or entering their first RSV season if (Beyfortus or Enflonsia):
    - The mother did not receive RSV vaccine during pregnancy, or
    - The mother's RSV vaccination status is unknown, or
    - The infant was born within 14 days of maternal RSV vaccination.

  - Some children 8 - 19 months of age who are higher risk to severe RSV disease through their second RSV season (Beyfortus):
    - Children with chronic lung disease
    - Severe immunocompromised
    - Children with cystic fibrosis
    - American Indian or Alaska Native children

RSV Infant Vaccine Dosing

- Administered by intramuscular injection
- Nirsevimab: Single dose vial/pre-filled syringe (50mg and 100mg)
  - 50mg for those weighing less than 5kg
  - 100mg for those weighing over 5kg
  - For older infants, up to 24 months, who remain at increased risk for RSV in their second RSV season, a single 200mg does is recommended
- Clesrovimab: Single dose vial/pre-filled syringe (105mg)
  - 105mg regardless of weight
- One dose per RSV season
  - October 1 through March 31
- Provides protection for at least 5 months (average length of one season)

RSV Vaccine for Older Adults

- CDC recommends a single dose of any FDA-licensed RSV vaccine for:
  - all adults ages 75 years and older
  - adults ages 50–74 years who are at increased risk of severe RSV

- These recommendations apply to all RSV vaccines licensed for adults ages ≥50 years: Arexvy (GSK), Abrysvo (Pfizer), and mResvia (Moderna).

RSV Vaccine for Pregnant People

Maternal RSV vaccine (ABRYSVO™) is recommended as a one-time single dose for pregnant people 32 through 36 weeks gestation, during the months of September through January, to prevent RSV lower respiratory tract infection in infant.

RSV Vaccination

Contraindications

- Those with a history of serious hypersensitivity reactions, including anaphylaxis
- Those with history of serious reaction to any of the vaccine's ingredients

Precautions

- Hypersensitivity Including Anaphylaxis: Serious hypersensitivity reactions, including anaphylaxis, have been observed with other human IgG1 monoclonal antibodies. Initiate appropriate medications and/or supportive therapy.

Immunization: Coadministration

Providers may simultaneously administer COVID-19, influenza, and respiratory syncytial virus (RSV) vaccines to eligible patients.

Immunization Resources

- MIP Website: https://www.maine.gov/dhhs/mecdc/infectious-disease/immunization/
- COVID-19 Vaccine Standing Order: Microsoft Word - Maine CDC Standing Order for Administration of 20252026 COVID-19 Vaccines.docx
- Healthcare worker requirements: health care immunization law.pdf

2025-2026 Respiratory Virus Season Clinical Recommendations

- **Prevention**: Stay up-to-date on immunizations, wash hands frequently, improve indoor air quality, wear a mask as needed, cover coughs and sneezes, stay home if sick
- **Supportive Care for Respiratory Viruses**: hydration, rest, antipyretics
- **Respiratory Virus Testing**: Influenza, COVID-19, RSV
- **Treatment with medication**: Decision is based on individual risk and severity of disease:

  Influenza

  COVID-19

Influenza Antiviral Medications

- Treatment is recommended as soon as possible for any patient with suspected or confirmed influenza who:
  - Is hospitalized;
  - Has severe, complicated, or progressive illness; or
  - Is at higher risk for influenza complications (including those ≥65 years).

- You do NOT need to wait for laboratory confirmation of influenza

- Oral oseltamivir (Tamiflu), oral baloxavir (Xofluza), inhaled zanamivir (Relenza), and intravenous peramivir (Rapivab) can be used for older adults.
  - Zanamivir not recommended for people with underlying respiratory disease (e.g., asthma, chronic obstructive pulmonary disease).

- Additional information on use of antivirals for treatment and chemoprophylaxis is available at:
  - https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html?CDC_AAref_Val=https://www.cdc.gov/flu/professionals/antivirals/summary-clinicians.htm

COVID-19 Treatment in Outpatients
Treatment Options and Clinical Considerations

- There is strong scientific evidence that antiviral treatment of outpatients at risk for severe COVID-19 reduces their risk of hospitalization and death.

- The antivirals **Paxlovid** (nirmatrelvir-ritonavir) and **Veklury** (remdesivir) are the preferred treatments for eligible adult and pediatric patients with positive results of a COVID-19 test who are at high risk for progression to severe COVID-19.
  - **Lagevrio** (molnupiravir) is an alternative therapy for patients who cannot get a preferred treatment due to eligibility, interaction, or availability.

- Consider COVID-19 treatment in non-hospitalized patients who meet these criteria:
  - Test positive for SARS-CoV-2 (with PCR or antigen test, including at-home tests)
  - Have symptoms consistent with mild-to-moderate COVID-19.
    (People with mild COVID-19 experience symptoms such as fever, sore throat, cough, or headache that do not affect the lungs and breathing. People with moderate illness have symptoms that affect the lungs like shortness of breath or difficulty breathing.)
  - Are within 5 days of symptom onset for Paxlovid or 7 days of symptom onset for Veklury
  - Have one or more risk factors for severe COVID-19

U.S. CDC: COVID-19 Treatment Clinical Care for Outpatients
https://www.cdc.gov/covid/hcp/clinical-care/outpatient-treatment.html

COVID-19 Treatment in Outpatients
Risk Factors for Severe COVID-19

- Risk factors for severe COVID-19 include:
  - Age over 50 years, with risk increasing substantially at age 65+ years
  - Being unvaccinated or not up to date on COVID-19 vaccinations
  - Specific medical conditions and behaviors
  - Immunocompromising conditions or use of immunosuppressive medications, such as chemotherapy

- Other factors may also be associated with severe COVID-19, such as a patient being a resident of a long-term care facility. Clinical judgment is needed to accurately assess a person's risk on a case-by-case basis and determine whether treatment is indicated.

- Some racial and ethnic minority groups are disproportionately affected by COVID-19 because of many factors, including limited access to vaccines and healthcare.

U.S. CDC: Underlying Medical Conditions Associated with Higher Risk for Severe COVID-19: Information for Healthcare Professionals
https://www.cdc.gov/covid/hcp/clinical-care/underlying-conditions.html?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-care/underlyingconditions.html

2025-2026 Respiratory Virus Season Key Messages for Patients

- Stay up-to-date on immunizations
- If you have respiratory symptoms, seek testing and possible treatment for influenza **and** COVID-19: treatment prevents severe disease, even if you're vaccinated
- Cover coughs/sneezes, frequent handwashing, wear masks, improve air quality, stay home if you are sick

2025-2026 Respiratory Virus Season Key Messages for Clinicians

- Vaccines are available for the three viruses leading to large numbers of hospitalizations in the United States: influenza, COVID-19, and RSV.
- You are your patients' most trusted source of information on vaccines. The respiratory virus season is here. Talk to your patients NOW about how to protect themselves and their loved ones from severe respiratory illness.
- Co-administration of influenza, COVID-19, and RSV vaccine on the same day is acceptable. There is no required interval between these vaccines.
- Test patients for influenza **and** COVID-19. Treat to prevent severe illness.
- Reinforce basic information on respiratory hygiene and cough etiquette.
- Educate patients about disease risks, prevention, testing, and treatment.

Infection Prevention and Control

"The best defense is a good offense!"

- Use masks/respirators to decrease spread of respiratory viruses
- Get vaccinated
- Practice physical distancing, implement screening and triage procedures
- Practice respiratory hygiene and cough etiquette
- Practice hand hygiene
- Routine cleaning and disinfection of common spaces/surfaces
- Verify air handling is functioning as it should
- Utilize Infection Prevention and Control practices
- Educate Health Care Personnel

And …

Infection Prevention and Control

- ***Maintain a healthy workforce***

Interim Local Guidance for Health Care Personnel with Illness or Exposure to Respiratory Viral Infections, *HAN issued 9/3/2025*

Recommendation 1: For health care personnel with a suspected or confirmed viral respiratory infection not specifically addressed elsewhere in public health guidance:

Restrict from work until:

- at least 3 days have passed from symptom onset (or from their first positive respiratory virus test if asymptomatic throughout their infection) **AND**
- they are fever-free for at least 24 hours without the use of antipyretics, **AND**
- symptoms are improving, **AND**
- they feel well enough to return to work.
- Follow recommended practices to prevent transmission to others,
- Wear source control protection, such as a well-fitted mask, upon return to work until the end of day 7, where the first day of symptoms (or first positive test if asymptomatic throughout their infection) is day 0.

Recommendation 2. For asymptomatic health care personnel who have a known or suspected exposure to a respiratory virus not specifically addressed elsewhere in public health guidance:

- Work restrictions are not necessary.
- Wear source control protection from the day of first exposure through the fifth day after last exposure.
- Monitor for development of signs or symptoms of a viral respiratory infection for 5 days after the last exposure.
- Any HCP who develops signs or symptoms of a viral respiratory infection should be restricted from work as described in Recommendation 1.

To view the HAN: https://www.maine.gov/dhhs/mecdc/health-professionals/health-advisory-notices

Infection Prevention and Control

- ***Monitor community viral respiratory activity to support facility decision making***
  - Syndromic Surveillance & Respiratory Viral Activity
    - Weekly US Map: Influenza Summary Update | FluView | CDC
    - CDC COVID Data Tracker: Home
    - Respiratory Virus Hospitalization Surveillance Network (RESP-NET) | RESP-NET | CDC
    - Nursing Homes Data Dashboard | NHSN | CDC
  - Wastewater data
    - WastewaterSCAN Dashboard
    - Verily Public Health
    - Wastewater Epidemiology | Wastewater Analysis | Biobot Analytics
  - Data collected by your facility/health care system:
    - Facility or unit-level outbreak activity
    - Admissions and Emergency Dept. visits for respiratory illness
    - Staff absences

Laboratory

Respiratory Virus Real-Time PCR Testing Capability

- Influenza A/B screening and subtyping of Influenza A only
- SARS-CoV-2
- Adenovirus
- Enterovirus
- Parainfluenza 1–4
- Rhinovirus
- RSV

Laboratory

- Any facility or provider can order the testing
- Requires the HETL form to accompany sample
  - No charge for Influenza and SARS-CoV-2
  - Respiratory Panel: $110 per agent; $550 total
- Influenza Submitter Network (ISN) participants will use a stand alone ISN requisition in place of the HETL req.

Laboratory

- Influenza Submitter Network
- Provide Maine HETL with positive A and B throughout the season.
- 3 A and 1 B per week if possible
- Suspect novel or Influenza A positives with known swine/avian exposure should still be sent to HETL to perform subtyping by all facilities.
- Include hospitalization status on specimen submission form
- Questions? Call Virology section at 287-1722

Reporting Requirements

- ILI, COVID-19, and RSV outbreaks
- Pediatric influenza-associated deaths
- Pediatric COVID-19-associated deaths
- Influenza-related hospitalizations
- Novel influenza A infections
- Positive SARS-CoV-2 laboratory results

Pediatric Deaths

A death in a person younger than 18 years old resulting from a clinically compatible illness that is confirmed by an appropriate laboratory test.

There should be no period of complete recovery between the illness and death.

Influenza-related hospitalizations

A hospitalization (inpatient admission) due to influenza-related illness that is laboratory-confirmed.

<u>Reporting options</u>

- REDCap survey
- Faxed or emailed line list or individual report
- Phone

Novel influenza A infections

Novel influenza A viruses are viruses that do not normally circulate in humans

- examples: avian influenza, swine influenzas

Most laboratory tests would identify this as influenza A but would be unable to subtype.

- **Send all unsubtypable specimens to HETL for further analysis**

Novel Influenza A is immediately reportable by phone

Reporting Methods

Maine CDC appreciates all reports of positive influenza test results and requires reporting of all positive SARS-CoV-2 tests

Electronic Lab Report (ELR)

1-800-821-5821

(207) 287-8186 **OR** (207) 287-6865

Disease.Reporting@maine.gov
(no patient information)

Resources

Surveillance

- Maine weekly influenza surveillance reports: Influenza | Maine Center for Disease Control & Prevention
- Maine COVID-19 Data: https://www.maine.gov/dhhs/mecdc/infectious-disease/epi/airborne/coronavirus/data.shtml
- Regional and National RSV trends: https://www.cdc.gov/nrevss/php/dashboard/index.html

Infection control

- SARS-CoV-2: https://www.cdc.gov/covid/hcp/infection-control/ & https://www.cdc.gov/covid/hcp/infection-control/guidance-risk-assesment-hcp.html.html
- Influenza: https://www.cdc.gov/flu/professionals/infectioncontrol/healthcaresettings.htm
- RSV: https://www.cdc.gov/infectioncontrol/guidelines/isolation/appendix/type-duration-precautions.html
- General education: https://maineinfectionpreventionforum.org/

Communication

- Maine Health Alert Network System (HAN): www.mainehan.org

Additional information

- General influenza information: https://www.maineflu.gov
- General RSV info: https://www.cdc.gov/rsv/index.html
- General COVID-19 info: https://www.cdc.gov/coronavirus/2019-ncov/index.html
- U.S. CDC respiratory virus updates: https://www.cdc.gov/respiratory-viruses/whats-new/index.html
- Maine CDC influenza-specific email address: influenza.dhhs@maine.gov
- Respiratory season orderable posters: https://www.maine.gov/dhhs/order

Questions?

Disease.Reporting@Maine.gov
1-800-821-5821

Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention