## **Infectious Respiratory Disease Vaccine Recommendations**



COVID-19 <sup>1</sup>	INFLUENZA (FLU) <sup>2</sup>	RESPIRATORY SYNCYTIAL VIRUS (RSV) <sup>3</sup>	PERTUSSIS (WHOOPING COUGH)⁴	PNEUMOCOCCAL DISEASE⁵
Everyone ages 6 months and older should receive at least one dose of the latest 2024-2025 COVID-19 vaccine.* • Children ages 6 months-4 years may need multiple doses of the latest COVID-19 vaccine to be up to date depending on the type of vaccine received and number of prior doses. • People who are moderately or severely immunocompromised may need additional doses of the latest COVID-19 vaccine. *Individuals ages 12 years and older who have never been vaccinated with any COVID-19 vaccine are eligible to receive two doses of the updated protein subunit vaccine.	Everyone ages 6 months and older should receive one dose of the latest 2024-2025 flu vaccine. Everyone should receive a flu vaccine annually, ideally in September or October. Some individuals may consider vaccination in July or August depending on circumstances. • Children ages 6 months-8 years may need additional doses of the flu vaccine. • Older adults (ages 65+) are recommended to receive a higher dose of adjuvanted flu vaccine, if available.	<ul> <li>Older Adults</li> <li>Individuals ages 75 and older should receive one dose of the RSV vaccine. Individuals ages 60-74 should receive the RSV vaccine if they are at increased risk of severe RSV disease.</li> <li>Maternal/Pediatric</li> <li>To prevent RSV in infants, maternal RSV vaccination or infant immunization with RSV monoclonal antibodies is recommended. Most infants will not need both.</li> <li>Pregnant individuals should receive one dose of the maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered September through January.*</li> <li>Infants younger than 8 months born during or entering their first RSV season should be immunized with nirsevimab, a monoclonal antibody, if the mother did not receive a maternal RSV vaccine.</li> <li>Infants and children ages 8-19 months who are at increased risk for severe illness due to RSV and entering their second RSV season, may need to be immunized with nirsevimab, a monoclonal antibody.</li> <li>*In some areas outside of the continental U.S., vaccination may fall outside of the September-January recommendation.</li> </ul>	<ul> <li>Individuals who have not completed their whooping cough vaccine series—DTaP or Tdap—or require additional doses should talk to their healthcare provider to determine recommendations.</li> <li>Infants and children ages 6 years and younger should receive the routine DTaP vaccine series.</li> <li>Children ages 7-10 years who are not fully vaccinated against whooping cough should receive one dose of the Tdap vaccine.</li> <li>Children and adolescents ages 11-18 years should receive one dose of the Tdap vaccine.</li> <li>Adults ages 19 and older, particularly older adults ages 65 and older who have never received a Tdap vaccine should get one as soon as possible. Following initial vaccination, adults should receive a Td or Tdap booster every 10 years.</li> <li>Pregnant individuals should receive one dose of the Tdap vaccine, preferably during weeks 27 through 36 of pregnancy.</li> </ul>	<ul> <li>Children younger than 5 years and adults ages 65 and older should receive routine pneumococcal vaccination.</li> <li>Children ages 2-18 may need additional doses of a pneumococcal vaccine if they are at increased risk of pneumococcal disease.</li> <li>Adults ages 19-64 may need pneumococcal vaccine if they are at increased risk of pneumococcal disease.</li> </ul>
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