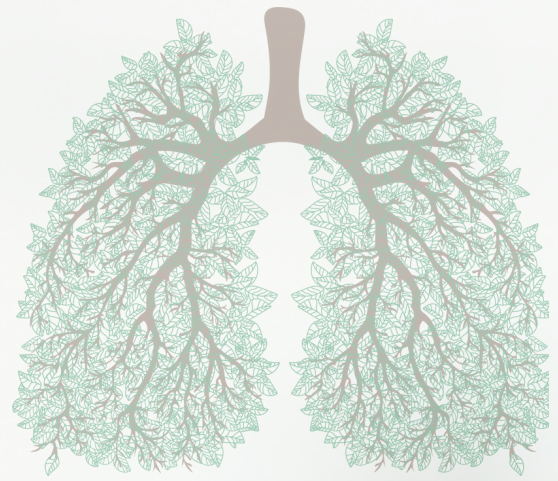


RESPIRATORY VIRUS VACCINES

RESOURCE FOR PROVIDERS



Dear colleagues-

Tennessee ranks among the top states reporting high numbers of respiratory viruses. Elevated seasonal influenza activity and a resurgence in the COVID-19 JN.1 variant have increased urgent care visits and influenza-related hospitalization rates. While RSV cases are declining, there is still a risk for severe illness.

Your recommendations to patients regarding preventive products and vaccines are critical. The Tennessee Department of Health (TDH) reminds healthcare providers to consider co-administering vaccines for eligible and interested patients, including RSV, COVID-19, and influenza. Please utilize this resource on available vaccines and new prevention tools to reduce the risk of respiratory viruses.

We appreciate your outstanding support for public health in Tennessee.



RESPIRATORY SYNCYTIAL VIRUS (RSV)

What products are available?

There are three immunizations available to prevent severe RSV infection this season:

1. Long-acting monoclonal antibody for infants and young children: Nirsevimab or Beyfortus™ (Sanofi)
2. RSVpreF vaccine for pregnant women to prevent severe disease in infants: RSVpreF or Abrysvo™ (Pfizer)
3. RSVpreF vaccines for older adults: RSVpreF or Abrysvo™ (Pfizer)/Arexvy™ (GSK)

Who should receive these products?

Infants and young children - CDC recommends one dose of nirsevimab for:

- Infants younger than eight months of age who were born shortly before or are entering their first RSV season (October through March) if:
 - The mother did not receive the RSV vaccine during pregnancy.
 - The mother's RSV vaccination status is unknown.
 - The infant was born within 14 days of maternal RSV vaccination.
 - Except in rare circumstances, nirsevimab is not needed for most infants younger than age eight months who are born 14 or more days after their mother received the RSV vaccine.
- Some infants and children 8 through 19 months old are at increased risk for severe RSV disease and entering their second RSV season (typically October through March).

People 32–36 weeks pregnant: CDC recommends a single dose of Pfizer bivalent RSVpreF vaccine (Abrysvo) for pregnant women between 32–36 weeks gestation to prevent severe RSV-associated lower respiratory tract disease in their infant(s). Vaccination should occur seasonally (September – January in most continental US). Most infants will not need nirsevimab if maternal RSV vaccination has occurred.

Older adults: The CDC recommends a single dose of RSVpreF vaccine (either product) for adults ages 60 years and older using shared clinical decision-making to prevent RSV-associated lower respiratory tract disease.



- RSV vaccination should be discussed and prioritized with adults ages 60 and older. Persons most likely to benefit include those with chronic medical conditions associated with increased risk of severe RSV disease, such as heart disease (e.g., heart failure, coronary artery disease), lung disease (e.g., chronic obstructive pulmonary disease [COPD], asthma), and immunocompromising conditions. Adults with advanced age and those living in nursing homes or other long-term care facilities are also at increased risk of severe RSV disease and may benefit from RSV vaccination.

What are the benefits? Immunization against RSV prevents severe illness, hospitalization, and death for infants, toddlers, and older adults.

Do I need to report cases of RSV?

RSV is not a reportable disease in the state of Tennessee.

More information:

- [Update on RSV and New Vaccine RSV](#)
- [CDC – RSV Information for Healthcare Providers](#)
- [CDC – RSV National Trends – NREVSS](#)
- [CDC – RSV Surveillance and Research](#)
- [CDC – RSV Symptoms and Care](#)
- [CDC – Preventing RSV \(Respiratory Syncytial Virus\)](#)
- [RSV Vaccination: What Older Adults 60 Years of Age and Over Should Know | CDC](#)
- [Healthcare Providers: RSV Vaccination for Adults 60 Years of Age and Over | CDC](#)
- [Shared Clinical Decision-making: RSV Vaccination for Adults 60 Years and Older](#)
- [Frequently Asked Questions About RSV Vaccine for Adults | CDC](#)
- [Healthcare Providers: RSV Immunization for Children 19 Months and Younger | CDC](#)
- [Frequently Asked Questions About RSV Vaccine for Children 19 Months and Younger | CDC](#)
- [RSV Vaccination: What Parents Should Know | CDC](#)
- [Immunization Information Statement: RSV \(Respiratory Syncytial Virus\) Preventive Antibody Immunization Information Statement | CDC](#)
- [ACIP and AAP Recommendations for Nirsevimab | Red Book Online | American Academy of Pediatrics](#)

COVID-19

What products are available?

Three updated 2023–2024 COVID–19 monovalent vaccines are available (Moderna, Pfizer–BioNTech, and Novavax). With the authorization of the 2023–2024 formulations, the previous formulations are no longer authorized for emergency use.

Who is recommended to receive these products?

According to the [CDC/ACIP Recommendations for Use of COVID–19 Vaccines \(2023–2024\)](#), everyone over six months of age is recommended to receive the 2023–2024 COVID–19 vaccine:

1. Children 6 months to 4 years who were previously unvaccinated are recommended to get either two doses of Moderna or three doses of Pfizer as an initial series.
2. Children 5–11 years of age are recommended to receive one dose of the 2023–2024 COVID–19 mRNA vaccines (Pfizer or Moderna) regardless of prior vaccination history.
3. Children and adults 12 years and older should receive either one of the 2023–2024 mRNA COVID–19 vaccines (Pfizer or Moderna) or the 2023–2024 Novavax COVID–19 vaccine, depending on patient preference and dose history.

For questions regarding specific scheduling scenarios, please refer to [CDC/ACIP Recommendations for Use of COVID–19 Vaccines \(2023–2024\)](#).

What are the benefits?

COVID–19 vaccines protect people from serious illness, hospitalization, and death from COVID–19; they also reduce the risk of [Long COVID](#).

What treatments are available?

Antibody pre-exposure prophylaxis with cilgavimab plus tixagevimab (Evusheld) is no longer indicated because it is unlikely to be active against most (>90%) currently circulating United States SARS–CoV–2 variants.

COVID-19



Treatment as soon as possible (ideally 48 hours from symptom onset) with [COVID-19 Treatments and Medications](#) decreases the risk of serious illness, hospitalization, and death. Evaluation of symptomatic patients who test positive for COVID-19 and initiation of treatment within 24 hours of seeking care reduces the risk of hospitalization and death.

Share this [COVID-19 Medication Locator Tool](#) with your patients so they can find a location to get COVID-19 testing or treatment nearby.

Do I need to report cases of COVID-19?

Positive COVID-19 test results are reportable from healthcare providers and laboratories conducting nucleic acid amplification or antigen tests. Visit the [TDH COVID-19 webpage](#) for information on reporting.

What other resources are available?

Four (4) free at-home COVID-19 tests are available for U.S. households through the federal government at [COVID.gov/tests](#).

Please use the following link to find local community-based COVID-19 testing sites: [Community-Based Testing Sites for COVID-19](#).

- [CDC COVID-19 Data Tracker](#)
- [NIH COVID-19 Treatment Guidelines](#)
- [CDC COVID-19 Landing Page](#)
- [CDC COVID-19 Vaccination Clinical & Professional Resources](#)
- [COVID-19: Test to Treat Locator](#)
- [Indicators for Monitoring COVID-19 Community Levels and Making Public Health Recommendations](#)
- [Reminder to Lower Barriers to Prescribing COVID-19 Therapeutics to Mitigate Impact of COVID-19 \(ca.gov\)](#)

INFLUENZA



What products are available?

Updated influenza vaccines for 2023 – 2024 are available, including influenza shots and a nasal spray influenza vaccine.

Who should get the influenza vaccine?

CDC Recommends that everyone aged six months and older should get an updated influenza vaccine. People aged 65 and older should get a high-dose or adjuvanted influenza vaccine if available.

What are the benefits?

influenza vaccines reduce the risk of influenza, severe illness, hospitalization, and death.

Where can I find an influenza vaccine?

Visit [vaccines.gov](https://www.vaccines.gov). All Tennessee State Health Departments offer influenza vaccines.

What treatments are available?

Influenza antiviral treatment is recommended as soon as possible (ideally <48 hours from symptom onset) 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. The CDC has issued prioritization guidance in the event of influenza antiviral shortages.

Do I need to report cases of influenza?

Individual cases of influenza are not reportable; however, sentinel surveillance partners in the state provide an overall picture of influenza activity through the Influenza-Like-Illness Surveillance Network (ILINet). Data from ILINet are published as weekly influenza reports and can be found on [TDH's flu website](#).

In addition to ILINet, the following are reportable in Tennessee:

- Cases of novel influenza A (including H2, H5, H7, H9 subtypes)
- Influenza-associated deaths among pregnant patients
- Influenza-associated deaths among pediatric (<18yrs) patients
- Influenza outbreaks (defined as two or more cases of laboratory-confirmed influenza identified within 72 hours of each other among individuals of a shared setting)

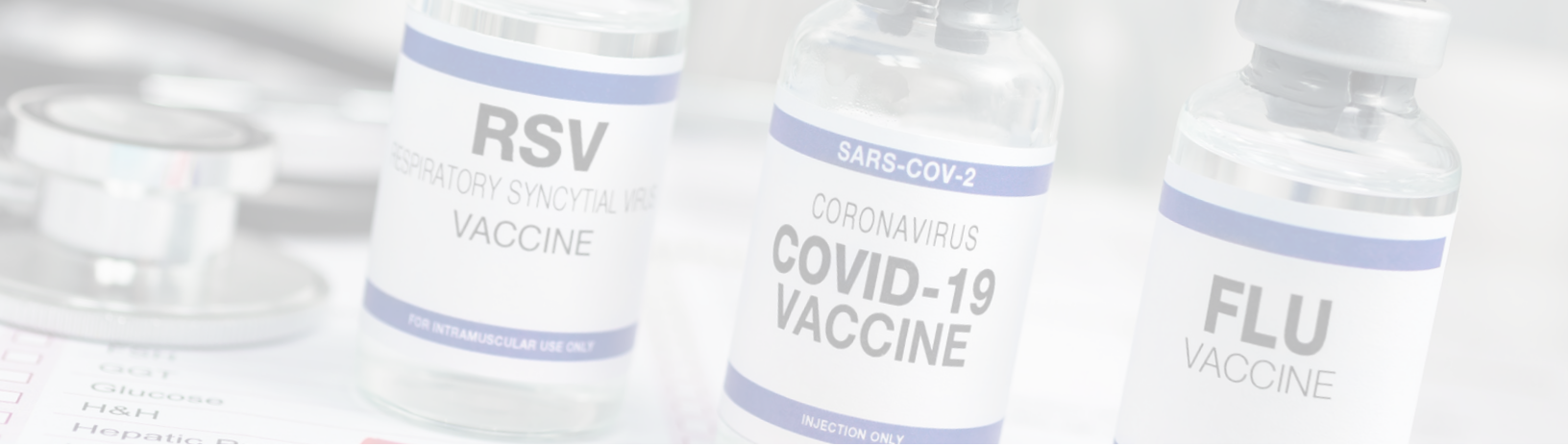
Reports can be faxed or emailed directly to the local or regional health office or the Communicable and Environmental Diseases and Emergency Preparedness (CEDEP) Division at the Tennessee Department of Health. Fax: 615-741-3857, Email: VPD.Imm@tn.gov

More information: [Prevent Seasonal influenza.](#)

Influenza

- [CDC: Prevention and Control of Seasonal Influenza with Vaccines, 2023-24](#)
- [CDC: Information for Clinicians on Influenza Virus Testing](#)
- [CDC: Influenza Antiviral Treatment Recommendations for Clinicians](#)





Reminders:

Your assessment and recommendations are critical as patients consider a prevention product or vaccine. These new prevention tools remain vital as we reach peak respiratory disease season. As you see patients during respiratory disease season, please remember:

1. Co-administration of vaccines is safe for eligible patients during the same visit, including RSV, COVID-19, and influenza. Considerations for co-administration include whether the patient is up to date with currently recommended vaccines, the feasibility of returning for additional vaccine doses, their risk of acquiring vaccine-preventable disease, the vaccine reactogenicity profiles, and patient preferences.
2. Consider testing patients with symptoms of acute respiratory illness and those with high-risk conditions. Testing can inform treatment for some respiratory pathogens such as COVID-19 and influenza.
3. Counsel patients with respiratory illness about respiratory etiquette and staying home while ill, especially healthcare personnel, childcare providers, and long-term care staff.

For more information

TDH Vaccine-Preventable Diseases (VPD) Contact Information:

- Toll Free: 800-404-3006
- Fax: 615-741-3857
- Email: VPD.Imm@tn.gov
- [TDH Reportable Diseases 2024](#)
- [CDC - Immunization Overview for Fall and Winter 2023-2024](#)