Public Health
Prevent. Promote. Protect.
Amarillo

Public Health Advisory: Respiratory and Influenza Season 2025-2026

Thank you to all healthcare providers who have continued reporting flu, RSV and COVID throughout past seasons. To keep an accurate view of respiratory activity for our community, it is important that all providers, clinics and hospitals report. Amarillo Public Health is committed to providing real time data during flu season in a dashboard format so that you can make the best decisions for yourself and your patients.

Reporting is due by noon each Monday and can be done:

- **Electronically** by accessing the link Influenza Reporting, or
- **Electronically** by accessing the new Provider Reporting Dashboard and by clicking the image under "Submit New Report", or
- Manually by faxing the attached Respiratory Illness Report form to 806-378-6306 or by email to flu@amarillo.gov

Report any suspected outbreaks of influenza by calling 806-378-6341 or 806-378-6353.

Patients who are ill with respiratory symptoms should:

- Stay at home and away from others until at least 24 hours after their symptoms are improving AND they have not had a fever (without using a fever-reducing medication).
- Resume normal activities and use added prevention strategies over the next five days. This can include:
  - Frequently using hygiene practices
  - Keeping a distance from others
  - Wearing a well-fitting mask and/or
  - Getting tested for respiratory illness
- Those at higher risk for severe illness should speak to their doctor so they can receive additional care as needed.

Influenza Immunizations

- Annual influenza vaccination is **recommended for all persons aged ≥6 months who do not have contraindications**.
- Ideally, influenza vaccine should be offered during September or October. However, vaccination should continue if influenza viruses are circulating into the winter or spring.
- Flu vaccination in July and August is not recommended for most people.

Influenza Vaccination Special Considerations for Specific Groups:

- Pregnancy
  - Those who are or who might be pregnant during the influenza season should and can receive any age-appropriate IIV3 or RIV3 vaccine during any trimester.
  - LAIV3 should not be used during pregnancy but can be used postpartum.
  - Vaccination in July or August can be considered during the third trimester of pregnancy.
- Children
  - Children aged 6 months through 8 years who need two doses of the flu vaccine should get their first dose as soon as it becomes available. The second dose should be given at least four weeks after the first.
  - Children ≥ 9 years only need one dose.
  - Vaccination in July or August can be considered for children of any age who require only 1 dose if there might not be another opportunity to vaccinate them.

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- Adults Aged ≥ 65 Years
    - Adults aged ≥65 years preferentially should receive:
        - High-dose inactivated influenza vaccine (HD-IIV3, Fluzone High-Dose)
        - Recombinant influenza vaccine (RIV3, Flublok) or
        - Adjuvanted inactivated influenza vaccine (allV3, Fluad).
    - If none of these are available, then any other age-appropriate influenza vaccine should be used.
- Immunocompromised Persons
    - Immunocompromised persons should receive IIV3 or RIV3. LAIV3 should not be used.
    - Solid organ transplant recipients aged 18 through 64 years who are on immunosuppressive medications may receive HD-IIV3 or allV3 as acceptable options.
- Other
    - People with egg allergy may get any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status.

Please see the final page of this document for a helpful excerpt from the ACIP Seasonal Influenza Recommendation Summary

RSV Immunizations

- CDC recommends a single dose of RSV vaccine for *older adults* to help prevent serious RSV infection and hospitalization as follows:
    - All adults ages 75 and older
    - Adults aged 60–74 at increased risk of severe RSV disease

- CDC recommends an infant RSV antibody (nirsevimab or clesrovimab) for *infants younger than 8 months* of age who are born during or are entering their first RSV season (typically fall through spring) if:
    - 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.

Except in rare circumstances, the infant RSV antibody is not needed for infants who are born 14 or more days after their mother received RSV vaccine.

Nirsevimab is recommended for some children (ages 8-19 months) who are at increased risk for severe RSV disease and entering their second RSV season. The parent should used shared decision making with their child's pediatrician to determine if this is applicable for their child.

Clesrovimab 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 Immunizations

Patients should use shared decision making with their provider to determine what COVID-19 vaccine works best for them and/or their child. **Persons aged 6 months and older can receive the 2025-2026 updated COVID-19 vaccine** to protect against the potentially serious outcomes of COVID-19 this fall and winter whether they have ever previously

been vaccinated with a COVID-19 vaccine or have had COVID-19. All vaccine doses should be from the same manufacturer.

For more detailed information about influenza, RSV and COVID vaccination recommendations, visit:

- ACIP Recommendations Summary | Influenza (Flu) | CDC
- RSV Immunization Guidance for Infants and Young Children | RSV | CDC
- RSV Vaccine Guidance for Older Adults | RSV | CDC
- COVID-19 Adult Immunization Schedule Notes | Vaccines & Immunizations | CDC
- COVID-19 Child Immunization Schedule Notes | Vaccines & Immunizations | CDC

Thank you,
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Health Authority

U.S. Influenza Vaccines, Age Indications, Dosage and Administration, and Contraindications and Precautions

For package inserts see: https://www.fda.gov/vaccines-blood-biologics/vaccines/vaccines-licensed-use-united-states
For 2025-26 vaccine composition, see https://www.cdc.gov/mmwr/volumes/74/wr/mm7432a2.htm

Table 1: Inactivated Influenza Vaccines (IIV3s) and Recombinant Influenza Vaccine (RIV3)

Trade Name (*Manufacturer*)	Presentations	Approved ages	Volume per dose by age	Thimerosal as preservative	Comments
IIV3s: Standard-dose (15 µg HA per virus component in 0.5 mL; 7.5 µg in 0.25 mL					
Afluria (*Seqirus*)	0.5 mL PFS 5.0 mL MDV*	≥3 yrs† ≥6 mos†	≥3 yrs—0.5 mL† 6 through 35 mos—0.25 mL† ≥3 yrs—0.5 mL†	No Yes	Egg-based. MDV no longer recommended.
Fluarix (*GlaxoSmithKline*)	0.5 mL PFS	≥6 mos	≥6 mos—0.5 mL	No	Egg-based.
Flucelvax (*Seqirus*)	0.5 mL PFS 5.0 mL MDV*	≥6 mos ≥6 mos	≥6 mos —0.5 mL ≥6 mos —0.5 mL	No Yes	Cell culture-based. MDV no longer recommended.
FluLaval (*GlaxoSmithKline*)	0.5 mL PFS	≥6 mos	≥6 mos—0.5 mL	No	Egg-based.
Fluzone (*Sanofi Pasteur*)	0.5 mL PFS 5.0 mL MDV*	≥6 mos§ ≥6 mos§	≥6 mos—0.5 mL§ 6 through 35 mos—0.25 or 0.5 mL§ ≥3 yrs—0.5 mL§	No Yes	Egg-based. MDV no longer recommended.
HD-IIV3: High-dose (60 µg hemagglutinin per virus component in 0.5 mL)					
Fluzone High-Dose (*Sanofi Pasteur*)	0.5 mL PFS	≥65 yrs	≥65 yrs—0.5 mL	No	One of 3 options preferred for ≥65 yrs. Egg-based.
aIIV3: Standard-dose, with MF59 adjuvant (15 µg hemagglutinin per virus component in 0.5 mL)					
Fluad (*Seqirus*)	0.5 mL PFS	≥65 yrs	≥65 yrs—0.5 mL	No	One of 3 options preferred for ≥65 yrs. Egg-based.
RIV3: Recombinant HA (45 µg hemagglutinin per virus component in 0.5 mL)					
Flublok (*Sanofi Pasteur*)	0.5 mL PFS	≥9 yrs	≥9 yrs—0.5 mL	No	One of 3 options preferred for ≥65 yrs.

Abbreviations: MDV=multidose vial; PFS=prefilled syringe

* ACIP recommends only single-dose seasonal influenza vaccines that are free of thimerosal as a preservative for all recipients.

† The approved dose volume for Afluria is 0.25 mL for children 6 through 35 months and 0.5 mL for persons ≥3 years. However, 0.25-mL prefilled syringes are no longer available, and use of MDVs is no longer recommended.

§ The approved dose volume for Fluzone is either 0.25 mL or 0.5 mL for children 6 through 35 months and 0.5 mL for persons ≥3 years. However, 0.25-mL prefilled syringes are no longer available, and use of MDVs is no longer recommended.

Administration of IIV3s and RIV3

IIV3s and RIV3 are administered intramuscularly (IM). For adults and older children, the deltoid is the preferred site. For infants and younger children, the anterolateral thigh is the preferred site. For detailed guidance for administration sites and needle length, see the General Best Practices for Immunization (see ***Further Information***, page 2).

Table 2: Live Attenuated Influenza Vaccine (LAIV3) — $10^{6.5-7.5}$ fluorescent focus units live attenuated virus in 0.2 mL

Trade name (*Manufacturer*)	Presentations	Approved ages	Volume per dose	Thimerosal as preservative	Comment
FluMist (*AstraZeneca*)	0.2 mL prefilled single-use intranasal sprayer	2 through 49 yrs	0.1 mL each nostril (0.2 mL total)	No	Egg-based.

Administration of LAIV3

- LAIV3 is administered intranasally. Half of the total sprayer contents is sprayed into the first nostril while the recipient is in the upright position. The attached divider clip is removed and the second half is administered into the other nostril.
- If the vaccine recipient sneezes immediately after administration, the dose should not be repeated.
- If nasal congestion is present that might interfere with delivery of the vaccine to the nasopharyngeal mucosa, deferral should be considered, or another age-appropriate vaccine should be administered.
- LAIV3 is available for self- (for recipients ages 18 through 49 years) or caregiver (for recipients ages 2 through 17 years) administration through the FluMist Home program.

Abbreviations

Abbreviations for main vaccine types:	*Prefixes sometimes used for specific vaccines:*
IIV3 = Inactivated influenza vaccine	**cc** for cell culture based IIV (e.g., ccIIV3)
RIV3 = Recombinant influenza vaccine	**a** for adjuvanted IIV (e.g., aIIV3)
LAIV3 = Live attenuated Influenza Vaccine	**HD** for high-dose IIV (e.g., HD-IIV3)