RESPIRATORY IMMUNIZATION UPDATES 2026-2027

ANDREA LAUFFER, MD, FAAP, FACP

Objectives

- Review the current immunization updates for influenza vaccine
- Review the current immunization updates for the COVID-19 vaccine
- Review the current immunization products/guidelines for the RSV immunization and immunoglobulin

Disclosures

- None

Influenza-CDC

- On March 13, 2026, the U.S. Food and Drug Administration (FDA) made recommendations to update the composition of 2026-2027 U.S. influenza vaccines.
- All three virus components of 2026-2027 U.S. seasonal flu vaccines were updated compared to those used for 2025-2026 U.S. seasonal flu vaccines.
- This includes a change to protect against the influenza A(H3N2) subclade K virus that spread widely during the 2025-2026 season.

https://www.cdc.gov/flu/season/2026-2027.html

Influenza-CDC

- **Three types of influenza vaccines are licensed and currently available in the United States All vaccine types are designed to promote production of antibodies to influenza virus surface antigen, hemagglutinin (HA):**

Inactivated influenza vaccines (IIV3s) contain inactivated influenza viruses. These include:

Updated Sept 1, 2026 → https://www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fflu%2Fhcp%2Fvax-summary%2Facip-recommendations.html#heading-s76aipyy6u

Influenza-CDC

- Persons aged ≥6 months with egg allergy may receive any influenza vaccine (egg-based or nonegg-based) that is otherwise appropriate for the recipient's age and health status.

- Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.

Influenza-CDC

- **Standard-dose unadjuvanted inactivated influenza vaccines** grown either in eggs or cell culture.

Egg-based vaccines include:

- FLUARIX, approved for ages ≥6 months
- FLULAVAL, approved for ages ≥6 months
- Fluzone, approved for ages ≥6 months

Influenza-CDC

- Cell-based vaccines include:
  - FLUCELVAX, approved for ages ≥6 months

- **High-dose unadjuvanted inactivated influenza vaccine** (HD-IIV3), Fluzone High-Dose, is approved for ages ≥65 years and is egg-based. (Solid tumor transplant patients)

- **Adjuvanted inactivated influenza vaccine** (aIIV3), FLUAD, is approved for ages ≥65 years and is egg-based. (Solid tumor transplant patients)

Influenza-CDC

- **Recombinant influenza vaccine** (RIV3), Flublok, contains HA antigens that have been produced using recombinant technology, and is approved for ages ≥9 years.

- **Live attenuated influenza vaccine** (LAIV3), FluMist, contains live attenuated influenza viruses. It is approved for ages 2 through 49 years and is egg-based. (Avoid in immunocompromised/pregnant patients)

Influenza-CDC

- There are no preferential recommendations for the use of any one influenza vaccine over another when more than one licensed and recommended vaccine is available, ***except*** **for persons ages ≥65 years, for whom HD-IIV3, RIV3, or aIIV3 are preferentially recommended.**

Influenza-CDC

- While vaccination by the end of October is recommended, vaccination should continue after October and throughout the influenza season as long as influenza viruses are circulating and unexpired vaccine is available.

- To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations.

- Revaccination (i.e., providing a booster dose) to persons who have been fully vaccinated for the season is **not** recommended, regardless of when the current season vaccine was received.

Influenza-AAP

The American Academy of Pediatrics recommends annual influenza vaccination for all children without medical contraindications starting at 6 months of age. Any licensed influenza vaccine (injection and intranasal) appropriate by age and health status can be used for vaccination

Influenza-AAP

- Children 6 months through 8 years of age who are receiving influenza vaccine for the first time, or who have received only 1 dose ever prior to July 1, 2026, or whose vaccination status is unknown should be offered vaccination as soon as influenza vaccines become available

- Those patient should receive 2 doses of vaccine at least 4 weeks apart, ideally by the end of October.

- Children and adolescents needing only 1 dose of influenza vaccine, regardless of age, should also receive vaccination ideally by the end of October.

https://www.aap.org/en/patient-care/influenza/preparing-for-flu-season/

COVID-19

- **Currently available COVID-19 vaccines in the U.S. are FDA-approved; prior COVID-19 vaccine EUAs have largely been transitioned to FDA-approved products.**

- **The COVID-19 EUA framework remains in effect until June 29, 2027.”**

https://www.fda.gov/emergency-preparedness-and-response/mcm-legal-regulatory-and-policy-framework/emergency-use-authorization

COVID-19

- **COMIRNATY (Pfizer-BioNTech):** Approved for ages 5 years and older with underlying conditions, and all adults 65 and older
- **SPIKEVAX (Moderna):** Approved for ages 6 months and older with underlying conditions, and all adults 65 and older
- **MNEXSPIKE (Moderna):** Approved for ages 12 years and older with underlying conditions, and all adults 65 and older
- **NUVAXOVID (Novavax):** Approved for ages 12 years and older with underlying conditions, and all adults 65 and older

COMIRNATY, SPIKEVAX, and MNEXSPIKE are all mRNA vaccines, while NUVAXOVID is a protein-based vaccine.

https://www.healthline.com/health-news/fda-approves-updated-covid-19-vaccine-targeting-xfg-variant

COVID-19-AAP

- Infants and children 6 through 23 months of age are at high risk for severe COVID19
- AAP recommends all infants and children in this age group who do not have contraindications receive 2026–2027 COVID-19 vaccine, as follows:
  - Those who are previously unvaccinated should receive an initial vaccine series.
  - Those who are previously vaccinated but did not complete their initial vaccine series should complete their initial vaccine series

Committee on Infectious Diseases; Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement. *Pediatrics* 2026; 10.1542/peds.2026-079045

COVID-19-AAP

- Those who are previously vaccinated and completed their initial series should receive a single dose. This dose should be administered at least 8 weeks after the last dose was received.

- Those with a previous asymptomatic infection or symptomatic disease caused by SARS-CoV-2 should also receive COVID-19 vaccination.

COVID-19-AAP

- Children 6 months through 18 years of age who are moderately or severely immunocompromised require **2 or more doses** of age-appropriate 2026–2027 COVID-19 vaccine depending on previous vaccination status.

COVID-19-AAP

- The AAP recommends a single dose of age-appropriate 2026–2027 COVID-19 vaccine for all children and adolescents 2 through 18 years of age in the following risk groups, regardless of prior COVID-19 vaccination status:
    - Persons at high risk of severe COVID-193
    - Residents of long-term care facilities or other congregate settings
    - Persons who have never been vaccinated against COVID-19
    - Persons whose household contacts are at high risk for severe COVID-19

COVID-19-AAFP

- The AAFP recommends all adults 19 years and older should receive a COVID-19 vaccine. It is especially important to get a COVID-19 vaccine if you are:

-65 years and older;

-At increased risk for severe COVID-19 infection; and

-Have never received a COVID-19 vaccine.

Released
September 2

https://www.aafp.org/media-center/press-releases/aafp-announces-fall-immunization-recommendations-to-protect-patients-and-communities

COVID-19-AAFP

- Adults 65 years and older should receive a second dose of the updated COVID-19 vaccine 6 months after the initial dose to help maintain protection as immunity wanes over time.

- The AAFP recommends all children ages 6-23 months be vaccinated against COVID-19 and using a risk-based single dose approach for children and teens 2-18 years. We support ongoing immunization access for any family wanting to be vaccinated against COVID-19. This recommendation is aligned with the AAP (2026).

- The AAFP recommends COVID-19 vaccination during pregnancy during any trimester and including during lactation. This is consistent with our 2025 recommendation and aligned with ACOG (2026).

COVID-19-ACP (2/2026)

- **Adults aged 65 years or older should receive an updated 2025–2026 mRNA-based COVID-19 vaccine.**

- **Adults aged 18 to 64 years at increased risk for severe COVID-19 should receive an updated 2025–2026 mRNA-based COVID-19 vaccine.**

- **Adults aged 18 to 64 years who are not at increased risk for severe COVID-19 may consider receiving an updated 2025–2026 mRNA-based COVID-19 vaccine.**

https://www.acpjournals.org/doi/10.7326/ANNALS-25-05026#xd_co_f=NWJlNWUxMjQtZGZlMy00YmM5LTg3ZjctMDQ5NmFkZjAyNDBk~

COVID 19-PreE PPX

- Pemivibart is a monoclonal antibody for COVID-19 pre-exposure prophylaxis in people who are moderately or severely immunocompromised and unlikely to mount an adequate immune response to COVID-19 vaccination and who meet the FDA-authorized conditions for use.

- Pemivibart is an IV-infusion monoclonal antibody that is authorized for pre-exposure prevention of COVID-19 for individuals (12 years of age and older weighing at least 40 kg). Pemivibart may provide another layer of protection against COVID-19 in addition to the protection provided through vaccination and can be given at least 2 weeks after receiving a dose of COVID-19 vaccine.

https://www.cdc.gov/covid/hcp/vaccine-considerations/immunocompromised.html

COVID-19-PreE PPX

- Pemivibart is administered as a single intravenous infusion over 60 minutes at a healthcare facility. If continued protection is needed, additional doses should be administered every 3 months.

- Pemivibart is still being studied and there is limited information about the safety and effectiveness of Pemivibart in preventing COVID-19.

RSV

Transmission

- Transmitted by close contact with saliva/mucous
- Replicated in the upper airways
- Travels to lower airways

Disease

- The virus particles cause an immune response in which neutrophils to infiltrate and narrow the airways

- 3 to 7 days after infection do symptoms occur

RSV Symptoms

Runny nose

Congestion

Decrease in appetite

Coughing

Sneezing

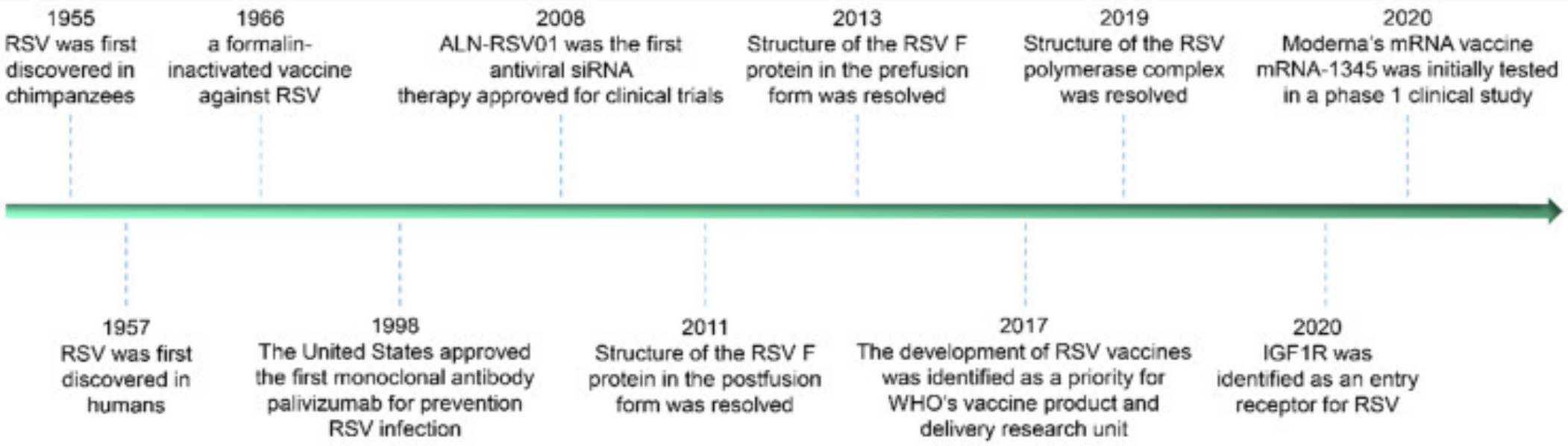
Fever

Wheezing

RSV Pathogenicity

- All infants <2 usually affected
- ½ will be infected twice during this time period

Timeline leading to vaccine development



Advent of RSV Immunization

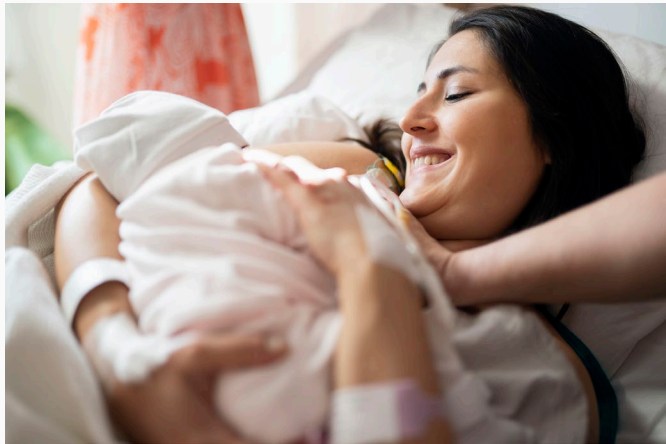
- **2023-2024 season marked the first season an RSV vaccine was available**

Medical Society Guidelines and Statements


ACOG

ACOG

- **The American College of Obstetricians and Gynecologists recommends a single dose of Pfizer's bivalent RSVpreF vaccine (Abrysvo) using seasonal administration, to prevent RSV lower respiratory tract infection (LRTI) in infants for eligible pregnant individuals meeting the following criteria:**



ACOG

- are between 32 0/7 and 36 6/7 weeks of gestation
- do not have a planned delivery within 2 weeks
- did not receive the maternal RSV vaccine during a previous pregnancy
- are not planning to have their infant receive a monoclonal antibody, nirsevimab or clesrovimab.

ACOG

- In most of the continental United States, based on the seasonal circulation of RSV, pregnant patients are eligible to receive the maternal RSV vaccine from September 1 through January 31 to provide protection during the time of circulation of RSV. (VARIABILITY ALLOWED GIVEN SEASONALITY)

- Can be administered with other vaccines in pregnancy

ACOG

- It is currently not recommended that pregnant patients who received the maternal RSV vaccine during their last pregnancy receive an additional dose during a subsequent pregnancy.

- If a pregnant patient received the immunization in a prior pregnancy, then the infant should receive immunization.

ACOG

- At least 14 days are needed from the time of maternal vaccination for development and transplacental transfer of maternal antibodies to protect the infant

- Infants born at less than 14 days after receiving the vaccine should receive a monoclonal antibody regardless of maternal vaccination status

ACOG

- Obstetricians are advised to counsel patients that the maternal immunization is not superior to infant immunization

- If infant immunizations are not readily available at birthing hospitals, then maternal immunization should be encouraged.

ACOG

- The only RSV vaccine approved for use during pregnancy is Pfizer's bivalent RSVpreF vaccine, Abrysvo.
- January 2025 requirement for safety labeling changes to the Prescribing Information for Abrysvo describing an increased risk of Guillain-Barré syndrome (GBS).
- Safety labeling update is due to the results of an observational study suggesting an increased risk of GBS during the 42 days following vaccination in a population of people aged 65 years and older only. Guillain-Barré syndrome has not been reported after vaccination during pregnancy. The FDA has determined that the benefits of vaccination with Abrysvo continue to outweigh its risks

ACOG

- Noted risks of the immunization include hypertensive disorders in pregnancy and preterm delivery, although data conflicting.

- Studies indicating the increase risk of preterm delivery were not statistically significant (incidence of those immunized were close to overall incidence of preterm delivery)

ACOG

- One dose of nirsevimab (2023) or clesrovimabn (2025) is now recommended for all infants younger than 8 months, born during—or entering—their first RSV season, if their mothers did not receive the maternal RSVpreF vaccine or infants were born 14 days or earlier after maternal vaccination.

- The optimal timing for administration is at birth or within the first week of birth when infants are born during the RSV season. Infants who do not receive a monoclonal antibody at birth can receive it at any time through 7 months of age (before they turn 8 months), regardless of gestational age at birth or the presence of underlying medical conditions.


ACP
American College of Physicians®
Leading Internal Medicine, Improving Lives

ACP (2026)

Adults aged 75 years or older should receive a protein subunit RSV vaccine.

Adults aged 60 to 74 years who are at increased risk for severe RSV may consider receiving a protein subunit RSV vaccine.

GSK's Arexvy, and Pfizer's Abrysvo

ACP (2026)

- **ACP did not recommend mRNA based vaccine (Moderna's mResvia) due to insufficient data to evaluate long term benefits vs risks**

- Although the evidence was insufficient in adults aged 18 to 59 years who were not pregnant or immunocompromised but were at increased risk for severe RSV, clinicians may consider RSV vaccination based on clinical judgment.

Only FDA approved vaccine for this age group that is a protein subunit is **Pfizer's Abrysvo**

ACP (2026)-GBS risk?

- In adults aged 60 to 74 years who are at increased risk for severe RSV, between 70 (those with 1 chronic condition) and 279 (those with ≥2 chronic conditions) RSV-related hospitalizations per 100 000 person-years are expected to be prevented, while about 1 case of Guillain–Barré syndrome is expected to occur.

- These data show a favorable balance of benefits and harms in adults aged 60 to 74 years who are at increased risk for RSV, but the benefits are not as large as in adults aged 75 years or older.

ACP

- RSV vaccine is currently administered only once. The need for additional vaccination is unknown.

- Adults with recent or active RSV infection should recover before being vaccinated.


CDC

CDC-Adults

- CDC recommends a single dose of respiratory syncytial virus (RSV) vaccine for **all adults ages 75 and older** and **adults ages 50–74 at increased risk of severe RSV illness.**

- There are three FDA-licensed RSV vaccines recommended for use in adults ages 50 and older: GSK's Arexvy, Moderna's mResvia, and Pfizer's Abrysvo. **There is no preference for which vaccine adults 50 and older should receive.**

CDC-Adults

- Eligible adults can get an RSV vaccine at any time, but the best time to vaccinate patients is in late summer and early fall before RSV usually starts to spread in the community.

- The RSV vaccine is not currently an annual vaccine. People who have already received one dose have completed their vaccination and should not receive another dose at this time.

CDC-Adults

- Data on immunogenicity of RSV vaccines and other vaccines when coadministered are currently limited. These limited data show coadministration of RSV with other respiratory virus vaccines may result in lower antibody titers, but the clinical significance of this is unknown.

CDC-Adults

- FDA has approved use of two RSV vaccines — Pfizer's Abrysvo and Moderna's mResvia — in adults ages 18-49 years who are at increased risk for RSV-associated lower respiratory tract infection.

CDC-Maternal-Infant

- To prevent severe RSV disease in infants, either maternal RSV vaccination (Pfizer's Abrysvo) or infant immunization with a long-acting RSV monoclonal antibody (nirsevimab or clesrovimab) is recommended. Most infants will not need both maternal vaccination and infant RSV antibodies.

- Administration of infant RSV antibody is recommended during October through March in most of the U.S. The optimal timing for infant RSV antibody administration is shortly before the RSV season begins (e.g., October–November), or within a baby's first week of life if born October through March (ideally during the birth hospitalization.)

CDC-Maternal-Infant

- An infant RSV antibody is recommended 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

The mother's RSV vaccination status is unknown

The infant was born within 14 days of maternal RSV vaccination.

CDC-Maternal-Infant

- Children ages 8–19 months are recommended to get **nirsevimab** 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) any time during the 6-month period before the start of the second RSV season
- Children with severe immunocompromise
- Children with cystic fibrosis who have either 1) 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 2) weight-for-length <10th percentile
- American Indian or Alaska Native children

CDC-Maternal-Infant

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

- CDC does not currently recommend nirsevimab for anyone aged 20 months or older.

CDC-Maternal-Infant

- Infants born to mothers who may not mount an adequate immune response to RSV vaccination (e.g., people with immunocompromising conditions)
- Infants born to mothers who have medical conditions associated with reduced transplacental antibody transfer (e.g., people living with HIV infection)
- Infants who have undergone cardiopulmonary bypass or extracorporeal membrane oxygenation (ECMO), or exchange transfusion, leading to loss of maternal antibodies
- Infants with substantial increased risk for severe RSV disease (e.g., hemodynamically significant congenital heart disease, intensive care admission with a requirement of oxygen at discharge)

CDC-Maternal-Infant

- Infant RSV antibodies and routine childhood vaccines **can be administered** during the same visit. No interval between infant RSV antibodies and live vaccines (such as measles, mumps, and rubella [MMR] and varicella) is necessary.


AAFP

AAFP-Adults

- The AAFP endorses the following RSV vaccination recommendations from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention:
- All adults 75 and older should receive a single dose of an RSV vaccine.
- Adults 60 to 74 who are at increased risk for severe RSV illness should receive a single dose of an RSV vaccine.
- The RSV vaccine is not currently an annual vaccine, so people who have previously received it do not need to get another dose.

AAFP-Pregnancy

The bivalent RSVpreF maternal RSV vaccine for pregnant patients during 32 through 36 weeks gestation, using seasonal administration, to prevent RSV lower respiratory tract infection in infants.

AAFP-Infants

- In the setting of increasing supply, healthcare providers should administer a single dose of **nirsevimab or clesrovimab** to all infants aged less than 8 months, as well as children aged 8 through 19 months at increased risk

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

AAP

Infants <8 months of age born during or entering their first RSV season if:

- pregnant parent did not receive RSVpreF vaccine during this pregnancy,
- pregnant parent’s RSVpreF vaccination status is unknown
- infant was born <14 days after the pregnant parent’s RSVpreF vaccination

AAP

- Infants and children 8 through 19 months of age at high risk of severe RSV disease and entering their second RSV season, regardless of the RSV vaccination status of the pregnant parent or the child's prior receipt of nirsevimab or clesrovimab when <8 months of age in their first RSV season. High-risk criteria include the following:

○ Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time 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 that is less than the 10th percentile

○ American Indian or Alaska Native children

Note that all ages refer to chronologic age, not corrected age.

AAP

- Simultaneous administration of RSV immunization with age-appropriate vaccines is recommended

AAP

- RSV immunization may be considered for infants born to a vaccinated pregnant parent in rare circumstances when, based on the clinical judgment of the health care provider, the potential incremental benefit of administration is warranted. These situations include, but are not limited to:
- ○ Infants born to pregnant people who may not mount an adequate immune response to RSV vaccination (eg, pregnant people with immunocompromising conditions)
- ○ Infants born to pregnant people who have medical conditions associated with reduced transplacental antibody transfer (eg, pregnant people living with HIV infection)
- ○ Infants who have undergone cardiopulmonary bypass (see nirsevimab or extracorporeal membrane oxygenation (ECMO), leading to loss of maternal antibodies
- ○ **Infants with substantial increased risk for severe RSV disease (eg, hemodynamically significant congenital heart disease, intensive care admission with a requirement of oxygen at discharge)**

CONCLUSIONS-Pregnancy

- **Pregnant patients who do not plan giving their infant the monoclonal antibody should be immunized with** Pfizer's Abrysvo (only approved immunization for pregnancy) 32-36 weeks gestational age.
- Some limited data showing possible increase in pregnancy hypertensive disorders and preterm labor
- No cases of Gulllian Barre Syndrome as side effect in pregnant patients
- Only approved for one pregnancy

Conclusion-Adults

- **CDC endorses all 3 commercially available RSV vaccines for adults 75 and older**
- **ACP endorses only the protein subunit vaccine (GSK's Arexvy and Pfizer's Abrysvo) for ages 75 or older and adults with increased risk 60-74 years of age**
- **18-59 age group (ACP): Certain circumstances and only Abrysvo is recommended (protein subunit vaccine)**
- **18-59 age group (CDC): Certain circumstances and Abrysvo and mResvia acceptable**

Conclusion-Infants

- 2 monoclonal antibodies now available (**nirsevimab or clesrovimab**)
- Beyfortis shown to be 90% effective to prevent hospitalization
- Give under 8 months and if mother was not immunized or special circumstances that warrant maternal immunization + monoclonal antibody (< 14 days after maternal immunizations, neonatal bypass/ECMO, immunocompromised mother).
- AAP expands circumstance of hemodynamically significant CHD and hospitalization which discharge oxygen required.

Conclusion-Infants

- Give at 8-19 months of age for second season high risk conditions (immunocompromised, chronic lung disease, congenital heart disease, Native Alaskan or American Indian)

Thank you!!!!

Sources

- “Bronchi | Encyclopedia | Anatomy.app | Learn Anatomy | 3D Models, Articles, and Quizzes.” *Anatomy.app*, anatomy.app/encyclopedia/bronchi. priority_highWebpage authorclosepriority_highDate publishedclose
- CDC. “Preliminary Estimates of RSV Burden for 2024-2025.” *Respiratory Syncytial Virus Infection (RSV)*, 6 Dec. 2024, www.cdc.gov/rsv/php/surveillance/burden-estimates.html.
- ---. “RSV Immunization Guidance for Infants and Young Children.” *Respiratory Syncytial Virus Infection (RSV)*, 2024, www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/infants-young-children.html.
- ---. “RSV Vaccine Guidance for Adults.” *Respiratory Syncytial Virus Infection (RSV)*, 9 July 2025, www.cdc.gov/rsv/hcp/vaccine-clinical-guidance/adults.html.
- ---. “Symptoms of RSV.” *Respiratory Syncytial Virus Infection (RSV)*, 18 June 2024, www.cdc.gov/rsv/symptoms/index.html.

Sources

- Center for Infectious Disease Research and Policy." *CIDRAP*, 13 Nov. 2024, www.cidrap.umn.edu/respiratory-syncytial-virus-rsv/rsv-vaccine-virus-caused-substantial-illness-us-adults. priority_highWebpage authorclose
- Jenco, Melissa. "Report: RSV Immunization 90% Effective in Preventing Infant Hospitalization." *American Academy of Pediatrics*, 7 Mar. 2024, publications.aap.org/aapnews/news/28404/Report-RSV-immunization-90-effective-in-preventing. Accessed 5 Aug. 2025.
- "Maternal Respiratory Syncytial Virus Vaccination." *Www.acog.org*, www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2023/09/maternal-respiratory-syncytial-virus-vaccination. priority_highWebpage authorclosepriority_highDate publishedclose
- editmore_vert
- Qaseem, Amir, et al. "Respiratory Syncytial Virus Vaccines in Adults Who Are Not Pregnant or Immunocompromised: Rapid Practice Points from the American College of Physicians." *Annals of Internal Medicine*, 3 Mar. 2026, https://doi.org/10.7326/annals-25-05485. Accessed 4 Mar. 2026. priority_highVolume numberclosepriority_highIssue numberclose

Sources

- Recommendations for the Prevention of RSV Disease in Infants and Children: Policy Statement." *PEDIATRICS*, 19 Aug. 2025, https://doi.org/10.1542/peds.2025-073923.priority_highArticle authorcloseprority_highVolume numbercloseprority_highIssue numberclose
- "Referred: Rubella: Immunizations | United States Preventive Services Taskforce." *Uspreventiveservicestaskforce.org*, 2026, www.uspreventiveservicestaskforce.org/uspstf/recommendation/rubella-immunizations.priority_highWebpage authorclose
- "RSV." *Pathologyoutlines.com*, 2024, www.pathologyoutlines.com/topic/lungnontumorrsv.html. Accessed 12 May 2026. priority_highWebpage authorclose
- "RSV Vaccine." *Www.aafp.org*, www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/disease-pop-immunization/rsv-vaccine.html.priority_highWebpage authorcloseprority_highDate publishedclose
- editmore_vert
- Shang, Zifang, et al. "Respiratory Syncytial Virus: From Pathogenesis to Potential Therapeutic Strategies." *International Journal of Biological Sciences*, vol. 17, no. 14, 2021, pp. 4073–4091, www.ncbi.nlm.nih.gov/pmc/articles/PMC8495404/, https://doi.org/10.7150/ijbs.64762.