Infectious Respiratory Disease Vaccine Recommendations

CVEEP
Champions for
Vaccine Education,
Equity + Progress

COVID-191

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 vaccination history.
- Individuals 65 years and older should receive a second dose six months after their first 2024-2025 COVID-19 dose.
- Individuals 6 months and older who are moderately or severely immunocompromised should receive a second dose six months after their first 2024-2025 COVID-19 dose, and should talk to their healthcare provider for more information about additional doses.

*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.

INFLUENZA (FLU)²

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.

RESPIRATORY SYNCYTIAL VIRUS (RSV)³

Older Adults

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.

Maternal/Pediatric

To prevent RSV in infants, maternal RSV vaccination or infant immunization with RSV monoclonal antibodies is recommended. Most infants will not need both.

- Pregnant individuals should receive one dose of the maternal RSV vaccine during weeks 32 through 36 of pregnancy, administered September through January.*
- 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.
- 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.

*In some areas outside of the continental U.S., vaccination may fall outside of the September–January recommendation.

PERTUSSIS (WHOOPING COUGH)⁴

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.

- Infants and children ages 6 years and younger should receive the routine DTaP vaccine series.
- Children ages 7-10 years who are not fully vaccinated against whooping cough should receive one dose of the Tdap vaccine.
- Children and adolescents ages
 11-18 years should receive one dose of the Tdap vaccine.
- 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.
- Pregnant individuals should receive one dose of the Tdap vaccine during each pregnancy, preferably during weeks 27 through 36 of pregnancy.

PNEUMOCOCCAL DISEASE⁵

- Children younger than 5 years and adults ages 50 and older should receive routine pneumococcal vaccination.
- Children ages
 2-18 may need
 additional doses of
 a pneumococcal
 vaccine if they are
 at increased risk
 of pneumococcal
 disease.
- Adults ages 19-49 may need pneumococcal vaccine if they are at increased risk of pneumococcal disease.

For more information and age-specific vaccination guidelines, talk to your healthcare provider, read CDC recommendations, and check out our Infectious Disease Respiratory Immunization Timelines at cveep.org/news-and-resources

