NORTH Dakota | Health & Human Services
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HEALTH ALERT NETWORK | HEALTH ADVISORY | October 10, 2025

Recommendations for Respiratory Infection Season

INFLUENZA

Influenza Impact:

- In North Dakota, influenza activity begins to increase in the fall and typically peaks between January and March.
- A total of 11,925 influenza cases were reported to the state for the 2024-2025 season, along with over 900 influenza-related hospitalizations and 51 deaths.

Influenza Testing and Treatment

- Influenza testing can inform decisions on use of antiviral treatment, the need for additional testing, isolation recommendations, and infection prevention and control practices.
- Respiratory specimens should be collected as close to illness onset as possible (ideally within three-to-four days).
- **Hospitalized patients with suspected influenza** should be tested with high sensitivity and specificity tests such real-time polymerase chain reaction (RT-PCR) molecular assays since prompt detection is essential to implementing appropriate infection control practices.
- **Antiviral treatment is recommended as soon as possible for hospitalized patients with suspected influenza.** See guidance on antiviral treatment of influenza recommendations for hospitalized persons and outpatients who are at high-risk for complications or those with progressive illness.
- Influenza is a reportable condition via electronic laboratory reporting. Novel influenza cases and pediatric influenza deaths should be reported electronically via our report card or by calling (701) 328-2378 or (800) 472-2180.

Influenza - Who and when to immunize:

- Influenza vaccination is recommended for **all individuals ages 6 months and older.**

- Due to the unpredictability of influenza season onset and concerns about vaccine-induced immunity waning over the course of a season, flu vaccination is recommended by the end of October.
    - It can, however, be given throughout influenza season.
- Children 6 months through 8 years old receiving influenza vaccine for the first time require two doses given at least four weeks apart, even if they turn 9 between the first and second dose. Any child who has received two or more doses of influenza vaccine prior to July 1, 2025, or is 9 years or older, needs only one dose of flu vaccine.
- Children 6 months through 8 years who need two doses should receive their first dose as soon as possible after vaccine becomes available, to allow the second dose (which must be administered four or more weeks later) to be received by the end of October.
- Vaccination soon after vaccine becomes available may also be considered for **pregnant women during the third trimester**, as vaccination of pregnant women has been shown to reduce risk of influenza illness of their infants during the first few months of life (a period during which they are too young to receive influenza vaccine).
- For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible, as vaccine-induced immunity may wane while influenza viruses continue to circulate.
- Influenza vaccines **can be administered at the same time as any other recommended vaccines.** For patients who are due for other routine immunizations, providers should follow standard practices for administration and spacing of live vaccines, when the influenza vaccine being administered is the live attenuated influenza vaccine (LAIV) vaccine is given.
- Vaccine is available from ND HHS for Vaccines for Children (VFC)-eligible children (American Indian/Alaskan Native, Medicaid-eligible, uninsured, or underinsured) and uninsured or underinsured adults presenting to providers enrolled in VFC and Vaccines for Adults (VFA) programs. Ordering is open for all enrolled providers in the North Dakota Immunization Information System (NDIIS).

Influenza Immunization Considerations:

- **Adults 65 and older** should receive one of the higher dose or adjuvanted influenza vaccines, if available:
    - high dose inactivated influenza vaccine,
    - recombinant influenza vaccine, or
    - adjuvanted inactivated influenza vaccine.
    - **If none of these vaccines is available**, any other age-appropriate influenza vaccine should be used.
- Recommendations for **solid organ transplant patients:**
    - Do not receive live attenuated influenza vaccine.

    - May receive one the higher dose of adjuvanted influenza vaccine products (listed above), according to the American Society of Transplantation as this group may have diminished response due to immunosuppressive regimens.
- In September 2024, the Food and Drug Administration (FDA) approved self-administered LAIV during the 2025-2026 respiratory season. LAIV for self-administration will not be available from the VFC program this respiratory season. Doses administered through this program will be reported to the North Dakota Immunization Information System (NDIIS).
- Flublok® was FDA approved in March 2025 for ages 9 years and older for the 2025-2026 respiratory season.

Influenza Vaccine Composition:

- The 2025-2026 influenza vaccine composition has been updated to better match strains anticipated to be prevalent. All vaccines this season will be trivalent.
    - The egg-based vaccines contain an A/Victoria/4897/2022 (H1N1) pdm09-like virus; an A/Croatia/10136R/2023 (H3N2)-like virus; and (Updated), and a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
    - The cell- or recombinant-based vaccines contain an A/Wisconsin/67/2022 (H1N1) pdm09-like virus, an A/District of Columbia/278/2023 (H3N2)-like virus and (Updated) a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Influenza - Why Immunize:

- Influenza vaccination of individuals 6 months and older is recommended to reduce the prevalence of illness caused by influenza and severe outcomes, including hospitalization and death.
- During the 2024-2025 influenza season, there were 280 pediatric deaths in the United States due to influenza. Among children who were eligible for influenza vaccination and with known vaccine status, 90% of reported pediatric deaths this season (compared to 82% during the 2023-2024 season) have occurred in children who were not fully vaccinated against influenza.
- CDC estimates that during the 2023-2024 flu season, flu vaccination prevented **9.8 million** flu-related illnesses, **4.8 million** medical visits, **120,000** hospitalizations, and **7,900** deaths.
- Since 2013, flu vaccinations have decreased flu hospitalizations in adults by half.
- Influenza vaccination will alleviate stress on the health care system because prevention of, and reduction in, the severity of influenza illness will reduce outpatient visits, hospitalizations, and intensive care unit admissions.
- Among vaccinated adults hospitalized with flu, intensive care unit (ICU) admissions decreased by more than half (59%), and they spent fewer days in the ICU compared to

unvaccinated hospitalized people. Children's risk of pediatric ICU admission was decreased by almost 75%.
- Flu-associated hospitalizations of vaccinated pregnant women were 40% lower than of non-vaccinated pregnant women.
- Influenza vaccination is highly recommended by every major medical organization, especially for children (American Academy of Pediatrics, AAP), pregnant women (the American College of Obstetricians and Gynecologists, ACOG), and those 65 or older (American Association of Family Physicians, AAFP).

Influenza Resources
- For additional information, please see ACIP Recommendations: Influenza (Flu) Vaccine | ACIP Recommendations | CDC.
- The ND HHS influenza website is updated weekly.

RESPIRATORY SYNCYTIAL VIRUS (RSV):

RSV Impact:
- In North Dakota, RSV typically circulates between October and March.
- RSV is one of the most common causes of childhood respiratory illness and results in annual outbreaks of respiratory illnesses in all age groups.
- Historically, an estimated 58,000-80,000 infants and children under 5 were hospitalized each year nationwide due to RSV infection, with some requiring oxygen, intravenous (IV) fluids, or mechanical ventilation.
- Prior to the 2023 introduction of the maternal RSV vaccine and infant RSV-prevention monoclonal antibody product, an estimated 100-300 children younger than 5 died due to RSV each year in the United States.
- RSV is the leading cause of hospitalizations for infants and older babies at higher risk, and the new immunization options are important tools for preventing hospitalizations.
- American Indian and Alaskan Native children have RSV-associated hospitalization rates 4-10 times higher than the average rates for U.S. children ages 12-23 months.
- Before approval of the adult RSV vaccines in 2023 and 2024, RSV caused 177,000 hospitalizations and 14,000 deaths of adults 65 and older each year in the United States.

RSV Testing and Treatment:
- Clinical symptoms of RSV are nonspecific and can overlap with other viral respiratory infections, such as influenza and COVID-19, as well as some bacterial infections.
- Several types of laboratory tests are available for confirming RSV infection.

- These tests may be performed on upper and lower respiratory specimens and include RT-PCR and antigen testing (which may be more sensitive in children but less sensitive in adults).
- Antiviral medication is not routinely recommended to fight RSV infection, and most infections go away on their own in a week or two.
- RSV is a reportable condition via electronic laboratory reporting. Pediatric RSV deaths should be reported electronically via our report card or by calling (701) 328-2378 or (800) 472-2180.

RSV Immunization Who and When:

- This fall, immunizations are available for age groups at high risk for RSV.
    - Nirsevimab (Beyfortus™) and Clesrovimab (Enflonsia™) are available to protect infants from the impacts of RSV during their first RSV season.
    - Nirsevimab (Beyfortus™) is available to protect young children at high risk of severe RSV infection during their second RSV season.
    - Abrysvo™ is available for pregnant women to protect infants from the impacts of RSV. Arexvy™ and mRESVIA™ should not be used in pregnancy.
    - Three vaccine products, Arexvy™, Abrysvo™ and mRESVIA™ are available to protect older adults from the impacts of RSV.

Infant protection options

- Nirsevimab and Clesrovimab:
    - CDC recommends one dose of nirsevimab or clesrovimab for all **infants under 8 months of age** born during RSV season (October through March).
    - CDC recommends one dose of nirsevimab or clesrovimab for all infants under 8 months of age who are entering their first RSV season.
    - Newborns should receive a weight-based dose of nirsevimab or a standard dose of clesrovimab within the first week of life, ideally prior to birthing hospital discharge.
    - For **children between 8-19 months who are at increased risk of severe RSV disease**, a 200mg (two 100mg/1mL injections for one dose) dose of nirsevimab is recommended prior to their second RSV season. These children include:
        - children who have severe immunocompromise,
        - **American Indian** and Alaskan Native children,
        - children with chronic lung disease of prematurity who required medical support any time during the six-month period before the start of the second RSV season,
        - children with cystic fibrosis who have 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 <10th percentile.
    - Clesrovimab is not indicated for use in children entering their second RSV season.
    - Healthcare providers are encouraged to conduct reminder/recall of children under 8 months of age for a dose of nirsevimab or clesrovimab and those who are at increased risk between 8-19 months of age for a dose of nirsevimab.
    - Adequate supplies of both nirsevimab and clesrovimab are anticipated for the 2025-2026 season.
- Maternal RSV Vaccine:
    - Abrysvo™ is approved for use in pregnant individuals to prevent lower respiratory tract disease (LRTD) and severe LRTD caused by RSV in infants through 6 months.
        - Arexvy™ and mRESVIA™ should not be used in pregnancy.
        - May be given at 32-36 weeks of pregnancy during the months of September-January.
    - If the pregnant woman receives the maternal RSV vaccine at least 14 days prior to delivery, the infant typically will not need to receive nirsevimab or clesrovimab.
    - If the pregnant woman received the maternal RSV vaccine during a prior pregnancy, she should not receive it again. The infant should be immunized with nirsevimab or clesrovimab within 7 days of birth.

Older adult options:

- Adults ages 75 and older are recommended to receive one lifetime dose of Arexvy™, Abrysvo™, or mResvia™.
- Adults ages 50-74 years who are at increased risk of severe RSV disease due to certain comorbidities are recommended to receive a dose of one of the three available RSV vaccines.
- Residents of long-term care facilities and nursing homes are at high risk of severe RSV disease and should get vaccinated.

RSV Immunization Considerations:

- Nirsevimab and clesrovimab are monoclonal antibody products. Monoclonal antibodies are man-made proteins that mimic the antibodies that our bodies naturally produce and are a form of passive immunization to provide immediate infection prevention for a period of time.
- AAP recommends that nirsevimab or clesrovimab (with no preference for one product over the other) be given at the same time as other age-appropriate immunizations.

- ACOG recommends that the maternal RSV vaccine be given at the same time as other immunizations recommended in pregnancy.
- AAFP and CDC recommend that eligible older adults receive a RSV vaccine dose at the same time as other recommended immunizations.
- ACIP voted to include nirsevimab, clesrovimab, and the maternal RSV vaccine in the Vaccines for Children (VFC) program, which provides recommended vaccines and immunizations at no cost to children 18 and under who are American Indian/Alaskan Native, Medicaid-eligible, uninsured or underinsured.

RSV – Why Immunize:

- Real world data from December 2022 through March 2025 showed that:
    - Nirsevimab was 80.7% effective in preventing infant hospitalizations.
    - No severe adverse events were reported for nirsevimab.
    - RSV vaccines were 79.6% effective in preventing hospitalizations in older adults.
- In clinical trials, efficacy of clesrovimab was 61% against medically attended lower respiratory tract infection (LRTI), as well as 84% against RSV LRTI hospitalization through five months compared to placebo.
- The newest vaccine for older adults, mResvia™, decreased cases of symptomatic RSV infection in studies by 56% in adults 60 years and older for 12 months following vaccination. Real world data is still being gathered as it is the most recently licensed.

RSV Resources:

- Learn more at https://www.cdc.gov/rsv/index.html
- Additional guidance and educational materials are available at Respiratory Syncytial Virus (RSV) | Health and Human Services North Dakota.

COVID-19

COVID-19 Impact:

- COVID-19 continues to circulate in our community, with 87 COVID-19 associated deaths in North Dakota in the last year.
- Nationwide, COVID-19 cases and hospitalizations have been trending upwards in the United States.
- More than half of children hospitalized for COVID-19 in the United States do not have a comorbidity. People 75 and older have the highest rate of hospitalization, followed by infants younger than 6 months and people ages 65-74.

COVID-19 Testing and Treatment:

- Treatments for COVID-19 are available for individuals early in the course of their illness and can reduce the risk of hospitalization or death following infection.
- Based on current information, existing tests used to detect, and medications used to treat COVID-19 continue to be recommended for the new variants.
- ND HHS Laboratory Services offers several respiratory illness diagnostic tests free of charge or fee-for-service.
    - Influenza A/B/RSV/SARS CoV-2 PCR is offered at no charge on NP swabs in VTM.
    - Results are available within two days after arrival at the lab.
- Influenza, COVID-19, and RSV are reportable conditions and cases should be reported through electronic laboratory reporting.

COVID-19 Immunization Composition:

- The U.S. Food and Drug Administration (FDA) recommended COVID-19 vaccines for use in the United States beginning in fall 2025 should be monovalent JN.1-lineage-based COVID-19 vaccines (2025-2026 Formula), preferentially using the LP.8.1 strain.
- The FDA approved Pfizer, Moderna, and Novavax's COVID-19 vaccines for the 2025-2026 season on August 27, 2025.
- Comirnaty (Pfizer) and Spikevax (Moderna) are approved for all adults 65 and older but limited to people ages 5 to 64 years with at least one condition that puts them at high risk for severe COVID-19.
- Moderna's Spikevax vaccine is also approved for children ages 6 months to 4 years with a high-risk condition.
- Moderna's mNexspike and Nuvaxovid (Novavax) are approved only for individuals 12 to 64 years with a high-risk condition, and all adults 65 and up.
- Pfizer vaccine for children 6 months – 4 years of age was not reauthorized for use in the United States and will not be available for use this fall

COVID-19 – Who and When to Immunize:

- On Friday, September 19th, the ACIP voted to recommend shared clinical decision making for the use of the 2025-2026 COVID-19 vaccines for all people ages 6 months and older in the United States. This includes all adults ages 65 and older and an emphasis for those at increased risk for severe COVID-19 disease ages 6 months through 64 years.
    - Cancer
    - Cerebrovascular disease
    - Chronic kidney disease
    - Chronic liver disease
    - Chronic lung disease

    - Cystic fibrosis
    - Dementia or other neurological conditions
    - Disabilities
    - Heart conditions
    - Hemoglobin blood disorders
    - HIV infection
    - Immunocompromised condition or weakened immune system
    - Mental health conditions
    - Overweight and obesity
    - Physical inactivity
    - Pregnancy
    - Smoking – current or former
    - Solid organ or blood stem cell transplant
    - Substance use disorders
    - Tuberculosis
- The CDC Director adopted ACIP recommendations on October 6, 2025.
- The American Academy of Pediatrics (AAP), Association of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP) have issued recommendations for use of the 2025-2026 COVID-19 vaccine.
    - Infants 6 months – 23 months (AAP) (AAFP)
    - Persons at 2-18 years old and determined to be at high risk for severe COVID-19 infection (AAP) (AAFP)
        - Residents of long-term care or congregate settings (AAP) (AAFP)
        - Individuals who have never been vaccinated against COVID-19 (AAP) (AAFP)
        - Individuals who have household contacts who are high risk for severe COVID-19 infection (AAP) (AAFP)
        - Moderately or severely immunocompromised individuals (AAP) (AAFP)
        - Any individual whose parent or guardian desires them to have protection of the vaccine, regardless of risk (AAP) (AAFP)
    - Women who are pregnant, breastfeeding a baby, trying to get pregnant now, or might become pregnant in the future (ACOG) (AAFP)
    - All adults 18 years and older (AAFP)
        - Especially important for people who are:
            - 65 years and older (AAFP)
            - At an increased risk for severe COVID-19 infection (AAFP)
            - Have never received a COVID-19 Vaccine (AAFP)

COVID-19 Immunization Access Considerations:

- COVID-19 vaccines are available through the commercial market.

    - This means that vaccine will be available through traditional routes.
    - Providers must order private COVID-19 vaccine stock to vaccinate all privately insured children and adults.
- Vaccine are available from ND HHS for Vaccines for Children (VFC)-eligible children (American Indian/Alaskan Native, Medicaid-eligible, uninsured, or underinsured) and uninsured or underinsured adults to providers enrolled in our VFC and Vaccines for Adults (VFA) programs after the CDC Director endorses ACIP recommendations.
- An immunization locator is available for the state of North Dakota.

COVID-19 Why Immunize:

- COVID-19 variants continue to circulate, and hospitalizations are trending upward nationwide.
- People 75 and older have the highest rate of hospitalization, followed by infants younger than 6 months and people ages 65-74.
    - Most adults hospitalized for COVID-19 vaccine have not received a COVID-19 vaccine since July of 2023.
    - More than half of pediatric COVID-19 associated hospitalizations occur in children younger than 2 years old.
    - Most hospitalized children younger than 2 do not have any underlying medical condition.
    - 89% of COVID-19 vaccine eligible children and adolescent who were hospitalized with COVID-19 had no record of receiving the most recently recommended COVID-19 vaccines.
- Among SARS-CoV-2-positive pregnant women admitted during April 2024 – March 2025 with COVID-19 related symptoms on admission, half had no underlying conditions and most (92%) have no record of COVID-19 vaccination since July 1, 2023.
- Vaccination during pregnancy provides passive immunity to the infant, protecting them from COVID-19 in the first few months of life before they can be vaccinated.
- Maternal COVID-19 vaccination during pregnancy results in significantly greater antibody persistence in infants when compared to infants whose mother experienced infection during pregnancy without vaccination

COVID-19 Resources:

- For additional information on COVID-19, including vaccine, testing, treatment, and current disease trends, please visit our COVID-19 website.

SUMMARY

Influenza, RSV, COVID-19, and other respiratory pathogens are expected to circulate this fall and winter. ND HHS reminds clinicians to consider influenza, RSV, COVID-19, and other

possible pathogens when evaluating patients with respiratory illness. As many of these pathogens may share similar symptoms, respiratory testing can be used to inform decisions on use of antiviral treatment, the need for additional testing, isolation recommendations, and infection prevention and control practices.

Respiratory Immunizations	Options	Eligible People	Effectiveness	When to get it
Influenza (Flu)	Vaccines targeting 3 strains of flu, updated annually	Ages 6+ months	Reduces risk of hospitalization and health care visits by 30-60%	Available throughout season, ideal to get by end of October
COVID-19	Updated as needed Comirnaty (Pfizer) Spikevax (Moderna) mNexspike (Moderna) Nuvaxovid (Novavax)	Ages 6 months and older should have a conversation with a trusted healthcare provider. Most important for: • Everyone 65 years and older • Individuals 6 months - 64 years with a high risk condition	Reduces risk of severe illness by 30-60%	Available any time, discuss timing with your provider
RSV (Older Adults)	Arexvy (GSK) Abrysvo (Pfizer) mResvia (Moderna)	Ages 75+ years and 50-74 years at high risk Only one lifetime dose (at this time)	Reduces risk of severe illness by 82-86%	Anytime (summer or fall may be best), discuss with your provider
RSV (Pregnancy)	Abrysvo (Pfizer)	Pregnant women who have not received a dose during a pregnancy (protection will pass to baby for first 6 months of life)	Reduces risk of infant hospitalization 82% during the first 3 months of life. Reduces risk of hospitalization after 6 months.	September - January, during 32-26 weeks gestation
RSV Antibody (If mother did not get vaccine while pregnant)	Nirsevimab (Sanofi) Clesrovimab (Merk)	Infants born during RSV seasons within first 7 days of life Infants ages <8 months entering their first RSV season Children ages 8-19 months entering second RSV season at higher risk, including all American Indian children	80-96% effective against hospitalization from RSV	October - March

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Last updated October 6, 2025. Adapted from Your Local Epidemiologist (Drs. K. Jetelina & C. Rivers)

For more information, call ND HHS Disease Control and Forensic Pathology at (701) 328-2378 or (800) 472-2180.

Categories of Health Alert Network messages:
Health Alert Requires immediate action or attention; highest level of importance
Health Advisory May not require immediate action; provides important information for a specific incident or situation
Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation
HAN Info Service Does not require immediate action; provides general public health information

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