State of Alaska Epidemiology **Bulletin**

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RSV Immunization Guidance for the 2025–26 Season

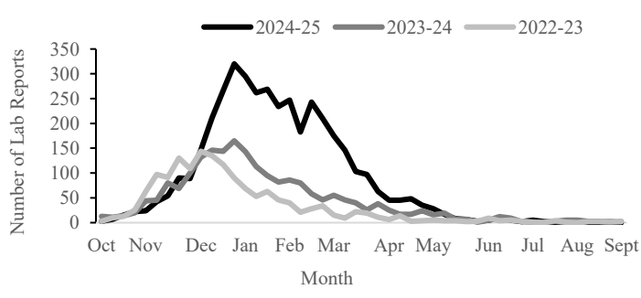
Summary
Respiratory syncytial virus (RSV) causes seasonal epidemics of respiratory illness in Alaska and across the United States. RSV-related pneumonia disproportionately affects infants and older adults.[1] In Alaska, RSV guidance often differs from national recommendations because the State's season typically starts later and extends longer than in most other states (Figure). For instance, during the 2024–25 season, Alaska extended the recommended administration window for both maternal and infant products in early 2025. Such extensions may be implemented when substantial RSV circulation continues beyond the nationally defined season. The purpose of this *Bulletin* is to provide updated guidance on administration timing for the 2025–26 RSV season.

Vaccination Efficacy and Safety
Three RSV vaccines are currently available for older adults: one mRNA vaccine (Moderna mResvia) and two protein subunit vaccines (GSK Arexvy and Pfizer Abrysvo).[2] Efficacy across products is comparable, with each reducing symptomatic, laboratory-confirmed lower respiratory tract disease (LRTD) by about 80% in adults aged ≥60 years. The protein subunit vaccines might carry a small, increased risk of Guillain-Barré syndrome during the 42 days after vaccine receipt, although the FDA determined the benefits outweigh the risks with these vaccines.[2,3] The mRNA vaccine was associated with higher rates of local reactions, i.e., pain or swelling but did not show an elevated risk of serious adverse events. There is one vaccine available for administration during pregnancy: a protein subunit vaccine Pfizer Abrysvo which reduces the chance of severe RSV disease in infants by around 50–60%.[2] All vaccines were generally well tolerated.

Vaccination for Older Adults
In April 2025, the Advisory Committee on Immunization Practices (ACIP) voted to follow a risk- and age-based recommendation for older adults, as follows:

- Everyone aged ≥75 years should receive *one lifetime dose* of any RSV vaccine (Abrysvo, Arexvy, or mResvia).
- Adults aged 50–74 years at increased risk for severe RSV should receive *one lifetime dose* of any RSV vaccine. This includes persons with chronic heart, lung, kidney, liver, neurologic, or blood disease, diabetes with complications or requiring insulin or SGLT-2 inhibitors, severe obesity, moderate or severe immunocompromise, or other chronic medical conditions or risks as determined by a clinician; residents of nursing homes; and residents of rural or remote communities where transportation for severe RSV care is challenging.[2]
- Vaccination is expected to have the most benefit if administered shortly before the start of the RSV season.[2]

Figure. Laboratory Reports of RSV, by Season and Week — Alaska, October through August, 2022–25



Vaccination During Pregnancy

- ACIP recommends a single lifetime dose of Abrysvo (Pfizer) maternal RSV vaccine during weeks 32 through 36 of pregnancy, seasonally administered from September. *Arexvy and mResvia are not approved during pregnancy.*

Monoclonal Antibody for Infants
Nirsevimab (Beyfortus™) or clesrovimab (Enflonsia™) are recommended monoclonal antibodies available to protect infants aged <8 months against RSV.[4] Administration is recommended *October through April*, unless the provider has concerns that the infant might not return for a visit when nirsevimab should ideally be given or RSV continues to circulate.

- One dose of nirsevimab or clesrovimab should be given to infants aged <8 months born during or entering their first RSV season. This dose should be given during the birth hospitalization or, if born before the season, as soon as possible at the beginning of the RSV season to provide maximum protection.[4,5]
- One dose of nirsevimab should be given to children aged 8–19 months who are at increased risk for severe RSV disease and entering their second RSV season. Children at increased risk include those with chronic lung disease requiring medical support, cystic fibrosis with severe lung disease, severe immunocompromise, and all Alaska Native and American Indian children.[5] *Clesrovimab is not approved for children aged 8 months or older.*
- Monoclonal antibody for infants is not needed if the infant's mother is immunocompetent, was appropriately immunized during the most recent pregnancy, *and* had no condition that could impair placental antibody transfer.

Immunization Availability
Pharmacies, health care clinics, and other facilities may offer RSV immunizations for adults and children. RSV immunizations are available to Alaskans via private purchase, the federal Vaccines for Children (VFC) program, and the Alaska Vaccine Assessment Program (AVAP). VacTrAK does not forecast immunizations for patients with underlying conditions, such as adults aged 50–74 years, or for second-season administration for children.

Coadministration, Precautions, and Contraindications
RSV immunizations can be given at the same time as other vaccines.[6] Moderate or severe acute illness is a precaution to vaccination; those with a minor acute illness with or without fever can be immunized.[7] Vaccines are contraindicated for persons with a history of severe allergic reaction to a vaccine component.

References

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5. SOE *Bulletin.* RSV Immunization Guidance for the 2024–25 Season. No. 10, September 13, 2024.
6. CDC. ACIP Timing and Spacing of Immunobiologics. Updated July 24, 2024.
7. CDC. ACIP Contraindications and Precautions. Updated July 25, 2024.

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