



Health Update for SF Providers: Flu, COVID-19 and RSV Vaccination 2024–25

October 10, 2024

Summary

CDC has updated its recommendations for seasonal influenza, COVID-19, and respiratory syncytial virus (RSV) vaccination for the 2024-25 season. These vaccines are now widely available at local clinics and pharmacies. The flu and COVID-19 vaccines are formulated to match currently circulating strains and variants to reduce the risk of severe disease.

- Everyone age 6 months and older is strongly recommended to receive the updated 2024-25 influenza and COVID-19 vaccines this fall, regardless of whether they have been previously vaccinated.
- Active immunization with RSV vaccine is recommended for everyone age ≥ 75 years, for persons with certain medical conditions who are ages 60 – 74 years, and for pregnant persons who reach 32 – 36 weeks' gestation during September through January.
- Infants whose mother did not receive RSV vaccine during pregnancy should receive passive immunization with RSV antibody (Nirsevimab) during October through March.

Achieving high levels of vaccination against these three diseases will reduce San Francisco's overall burden of respiratory illness, protect vulnerable populations at risk for severe illness, and help maintain essential healthcare infrastructure, all of which continue to be of critical importance when influenza, COVID-19 virus, and RSV are co-circulating during the late fall and winter.

Actions Requested of San Francisco Clinicians

1. **Ensure flu, COVID-19, and RSV vaccination for all your eligible patients.** Please recommend and offer vaccine at both routine and problem-oriented visits. Flu, COVID-19, and RSV vaccination may all be given at the same visit and if given concomitantly, each injection should be administered either in the same muscle separated by at least 1 inch, or in different limbs.
2. **Ensure that your staff receive annual flu and COVID-19 vaccination.** Vaccination of health care personnel (HCP) reduces absenteeism when healthcare facilities are most burdened with caring for patients with respiratory illness and may reduce likelihood of HCP transmitting respiratory illness to patients. HCP include regular and contract staff,



trainees and volunteers, and ancillary staff who can become infected and transmit flu or COVID-19 infection in a healthcare setting.

- California law (H&S Code §1288.7/Cal OSHA §5199) mandates either flu vaccination or a signed declination form for all acute-care hospital workers and most other HCP at skilled nursing facilities, long-term care facilities, and clinic and office-based staff.

3. Administer the 2024–25 trivalent flu vaccine

- See CDC [web summary](#) and [4-page PDF summary](#) of recommendations. The [CDPH flu vaccine products poster](#) offers a graphic view of this year's vaccine line-up. Everyone age 6 months and older is strongly recommended to receive the updated 2024-25 influenza vaccine this fall.
- Persons aged ≥ 65 years should preferentially receive either recombinant flu vaccine (Flublok; RIV3), high-dose flu vaccine (Fluzone Hi-Dose; HD-IIIIV3); or adjuvanted flu vaccine (Fluad; aalV3) due to higher effectiveness in this age group.
- No special precautions are needed for flu vaccination of egg-allergic patients, beyond those recommended for any recipient of any vaccine. All vaccines should be administered in settings where personnel and equipment are available for rapid recognition and treatment of acute hypersensitivity reactions.
- Children aged 6 – 35 months and knowingly pregnant women should receive preservative-free vaccine from a single-dose vial or prefilled syringe (CA health & safety code §124172).
- Children aged 6 months – 8 years who previously received 0–1 lifetime doses of influenza vaccine should receive 2 doses of the 2024–25 formulation, given at least 4 weeks apart. Otherwise just 1 dose of 2024–25 flu vaccine is needed.

4. Administer the 2024–25 COVID-19 vaccine

- See CDC [clinical guidance](#) and [product information](#). This [COVID-19 vaccine timing infographic](#) from CDPH summarizes the current immunization schedule by vaccine brand, by patient age, by prior vaccination history, and for persons with and without moderate-to-severe immune compromise. Everyone age 6 months and older is strongly recommended to receive the updated 2024-25 COVID-19 vaccine this fall. There is no preferential recommendation for any brand of vaccine -- this year's products should be similarly effective despite differences in composition.
- [Pfizer's](#) mRNA vaccine includes two pediatric formulations (ages 6 months – 4 years; ages 5 – 11 years) that require an ultralow freezer for long-term storage but that can be thawed once and refrigerated for up to 10 weeks. An adult formulation for those ages ≥ 12 years is stored solely in the refrigerator.



- [Moderna](#)'s mRNA vaccine includes one pediatric formulation for ages 6 months – 11 years and an adult formulation for ages ≥ 12 years. Both require a regular freezer for long-term storage but can be thawed once and refrigerated for up to 60 days.
- [Novavax](#)'s adjuvanted, protein subunit vaccine is authorized for persons aged ≥ 12 years. Storage is solely in the refrigerator.

5. Administer the RSV vaccine

- RSV is the leading cause of hospitalization among US infants and a major cause of illness and hospitalization in older adults.
- CDC has recently updated its [guidance for RSV vaccination of older adults](#). A single dose of any FDA-licensed RSV vaccine is recommended for all adults ages ≥ 75 years and for adults ages 60 – 74 years who reside in a nursing home or who have a medical [condition that increases the risk of severe RSV](#). Adults who have previously received RSV vaccine do not need another dose this year, as a single dose provides protection for at least two RSV seasons.
- Infants aged ≤ 6 months can achieve protection against RSV-associated lower respiratory tract infection in one of two ways: active immunization of the mother late in pregnancy, or passive immunization of the infant after birth.
 - **Active immunization of the mother:** for persons reaching [32 – 36 weeks of pregnancy](#) who do not have a planned delivery within 2 weeks, a single dose of Pfizer's RSV vaccine (Abrysvo) is recommended to be given during the months of September – January. Pregnant patients who received an RSV vaccine during the 2023-24 RSV season are not currently recommended to receive an additional dose during a subsequent pregnancy.
 - **Passive Immunization of the Infant:** Nirsevimab is recommended for [infants under 8 months of age](#) who are entering their first RSV season if the mother did not receive Abrysvo during pregnancy, if the mother's vaccine status is unknown, or if the infant was born within 14 days of maternal RSV vaccination. Nirsevimab is also recommended for infants aged [8 – 19 months who have specific risk for severe RSV disease](#) and are entering their second RSV season.

6. Vaccinate your patients who are due or overdue for routine immunizations.

Identify and recall those who are due or overdue for vaccines and offer regular and catch-up immunizations during all visits, where clinically appropriate.



Additional Vaccination Resources

Flu, COVID-19, and RSV Vaccines

- SFDPH [Get vaccinated against COVID-19, flu, and RSV | San Francisco \(sf.gov\)](#)
- CDPH Resources and Reports
 - [Influenza \(ca.gov\)](#)
 - [COVID-19 Resources \(ca.gov\)](#)
 - [RSV \(Respiratory Syncytial Virus\) \(ca.gov\)](#)
- ACOG RSV Vaccination Info [Maternal Respiratory Syncytial Virus Vaccination | ACOG](#)

General vaccine storage, handling, and immunization standards

- Vaccine storage and handling resources: [CDPH](#) and [CDC](#)
- CDC [Adult Immunization Standards](#)

Program Contact Information

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