



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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To: All North Carolina Clinicians
From: Emma Doran, MD, MPH, Medical Epidemiologist
Subject: 2026-2027 Respiratory Virus Season: **Immunization Guidance for NC Clinicians** (3 pages)
Date: September 30, 2026

This memo provides information and guidance to NC clinicians regarding immunizations to protect against respiratory viral diseases. As guidance may change during the respiratory season, updated information will be available at flu.nc.gov. Preventive measures to reduce the spread of influenza, RSV, COVID-19 and other respiratory viruses are critical, because increased activity of all three viruses at the same time could have a significant impact on the health care system.

- [Joint recommendations](#) were issued by the American Medical Association (AMA), American Academy of Pediatrics (AAP), American College of Obstetricians and Gynecologists (ACOG), American Academy of Family Physicians (AAFP), and Infectious Diseases Society of America (IDSA) based on a review of evidence performed by the [Vaccine Integrity Project](#). Vaccine recommendations are similar to those during the 2025-2026 season with these changes:
 - In August, [the FDA approved the first mRNA influenza vaccine for adults aged 50 and older](#). This vaccine is not approved for children.
 - The FDA approved four updated COVID-19 vaccines for the 2026-2027 season that target the JN.1-lineage XFG variant.
 - The [AAP expanded the list of high-risk groups](#) recommended for RSV immunization for children in their second season.
- Traditionally the CDC's Advisory Committee on Immunization Practices (ACIP) meets three times per year to determine vaccine recommendations. Due to ongoing litigation, the first two meetings for 2026 were cancelled.
- No significant disruption to vaccine access is expected this season. Immunization coverage through all payment mechanisms including private insurance and programs such as the Medicare, Medicaid, and the Vaccines for Children Program (VFC) is expected.
- Seasonal vaccination is especially important for people who are at high risk of developing severe illness or complications (including pregnant women) and people who live with or care for others who are at high risk of developing complications. CDC lists conditions conferring highest risk for [severe influenza](#), [severe COVID-19](#) and [severe RSV](#) infections in adults, and AAP lists conditions conferring highest risk for [severe RSV in children](#).
- If you do not provide vaccines, encourage patients to check with their Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, other providers, and pharmacies to locate vaccines. For assistance in locating a VFC-enrolled provider, please refer to the [NC VFC Provider Map](#).
- Influenza, COVID-19, and RSV vaccines may be co-administered. Co-administration of these vaccines is especially important when the patient has risk factors for severe respiratory illness and there may not be an opportunity to vaccinate the patient with all recommended vaccines in the near future.
- A [pneumococcal vaccine](#) should be administered to all patients for whom it is indicated, including

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children younger than 5 years old, adults 50 years or older, and those with certain [risk factors](#).

- Confirm that all children in child care and school age children are up to date on all recommended and required vaccines. The AAP routine immunization schedules can be found [here](#). Information regarding NC specific immunization requirements for childcare and schools can be found on the [NC Immunization Program website](#).
- RSV immunization doses provided through the NC Immunization Program (NCIP) are available for eligible individuals only – please refer to the [2026 RSV Ordering Memo](#) for details. Fully insured individuals must receive privately purchased immunizations. For pregnant individuals ≥ 19 years that do not qualify for NCIP Abrysvo and need financial assistance, please reach out to [Pfizer Patient Assistance Program](#).

	INFLUENZA		COVID-19		RSV	
Infants and Children Birth – 18 years	All infants and children 6+ months (AAP , CDC)	Children age 6 months-8 years who have received fewer than 2 influenza vaccine doses or whose influenza vaccine history is unknown should receive 2 doses, given ≥ 4 weeks apart	All children 6-23 months (AAP)	Annual updated COVID-19 vaccine	All infants birth-8 months entering their first RSV season (AAP , CDC) (OR maternal vaccination at 32-36 weeks gestation; see Pregnancy indications below)	One dose of nirsevimab (Beyfortus) OR clesrovimab (Enflonsia) Most infants only need protection from <u>either</u> maternal RSV vaccine or infant immunization but not both. (Exception for babies born ≤ 2 weeks after maternal vaccination)
			Children 2-18 years who are immunocompromised and/or at high risk of severe disease (AAP)		Children 8-19 months at high risk of severe RSV entering their second RSV season (AAP , CDC)	
			Children 2-18 years of parents/ guardians who desire vaccination (AAP)			
Pregnant & Lactating People	Everyone at any point in pregnancy (ACOG , CDC)	Live attenuated vaccine (FluMist) contraindicated during pregnancy but can be used postpartum	Everyone at any point in pregnancy (ACOG)	Annual updated COVID-19 vaccine <u>Timing:</u> As early as possible during pregnancy	Previously unvaccinated pregnant people at 32-36 weeks gestation (ACOG , CDC) (OR vaccination of infants and children; see indications above)	One dose of bivalent, maternal RSV vaccine (Abrysvo) at 32-36 weeks gestation from Sept 1 to March 1 to prevent severe RSV in infants If RSV vaccine was given in previous pregnancy, infant should receive immunization after birth
Adults 19+ years	Adults 19-64 years (AMA , CDC)	Annual influenza vaccine Adults 50 years and older are eligible for the mRNA flu vaccine (mFlusiva)	Adults 19-64 years (AMA)	Annual updated COVID-19 vaccine	Adults 50-74 years at increased risk of severe RSV (AMA , CDC)	One-time, single dose of RSV vaccine <u>Timing:</u> Any time, but late summer/early fall preferred
	Adults 65+ years (AMA , CDC)	High-dose (Fluzone), recombinant (Flublok), adjuvanted (Fluad), OR mRNA (mFlusiva) vaccine preferred	Adults 65+ years (AMA)	Annual updated COVID-19 vaccine followed by a second dose 6 months later to boost protection	All Adults 75+ years (AMA , CDC)	