

A Strong Start to Respiratory Virus Season: RSV and Influenza Prevention for Children

October 2026

As we enter the 2026–2027 respiratory virus season, influenza and RSV remain two of the most important causes of respiratory illness in children. The burden is substantial: during the 2025-2026 influenza season, **the AAP reported that pediatric flu activity reached high severity, with 90 pediatric influenza deaths reported by early March 2026.**

CDC surveillance also continues to show that RSV disproportionately affects young children; during the 2024-2025 respiratory virus season, RSV associated hospitalization rates were highest among infants younger than 12 months, at approximately 1,117 hospitalizations per 100,000 infants. These data reinforce why prevention needs to begin before peak respiratory virus activity, rather than waiting until children are already sick.



Influenza vaccination remains one of our most effective tools for preventing serious disease. **The AAP recommends annual influenza vaccination for all children 6 months and older without contraindications,** and the 2026 AAP recommendations continue to emphasize making vaccination readily available and convenient for families. Importantly, new CDC data from the 2025-2026 season demonstrate that vaccination reduced the risk of influenza-associated outpatient visits and hospitalization, even during a season in which an antigenically drifted H3N2 virus circulated. CDC's preliminary U.S. vaccine effectiveness data support continued vaccination, while California surveillance estimated overall influenza vaccine effectiveness at 33% against laboratory confirmed influenza during October 2025-January 2026. Although protection varies by season and circulating strain, vaccination continues to reduce medically attended disease and severe outcomes.

RSV prevention has also changed the landscape of infant respiratory disease. AAP and CDC recommend protecting infants entering their first RSV season through either maternal RSV vaccination during pregnancy or a long acting infant monoclonal antibody nirsevimab or clesrovimab when indicated. CDC reports that early real world data show nirsevimab was at least 70% effective against RSV hospitalization in infants. In addition, emerging real world evidence has demonstrated substantial reductions in RSV related emergency department visits and hospitalizations following infant nirsevimab programs.

For pediatric practices, the message is simple: identify eligible infants early, recommend protection confidently, and vaccinate as soon as appropriate. Every well child visit, office visit,

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and vaccine encounter is an opportunity to prevent severe respiratory disease and keep children healthier throughout the season.

Pediatric Vaccine & RSV Immunization Quick Reference:

Influenza vaccine

- 6 months-8 years: 1 or 2 doses depending on previous influenza vaccination history.
- 2 doses needed: If the child has not previously received at least 2 influenza vaccine doses given ≥ 4 weeks apart, give 2 doses ≥ 4 weeks apart.
- 1 dose needed: If the child has previously received ≥ 2 influenza vaccine doses ≥ 4 weeks apart, give 1 dose for the current season.
- ≥ 9 years: 1 dose annually.
- Use an age-appropriate influenza vaccine product according to the current season's AAP/CDC recommendations.

RSV immunization-infants entering first RSV season

- Nirsevimab:
 - < 5 kg: 50 mg IM once
 - ≥ 5 kg: 100 mg IM once
- Clesrovimab: 105 mg IM once for eligible infants.
- Determine whether the mother received RSV vaccine during pregnancy before administering infant RSV immunization.

RSV immunization - eligible children entering second RSV season

- Nirsevimab: 200 mg total IM, administered as two 100 mg injections for eligible children 8-19 months entering their second RSV season.
- Second-season protection is reserved for children meeting the AAP/CDC high risk criteria.

Key references: AAP *Recommendations for Prevention and Control of Influenza in Children, 2025–2026*; AAP *Recommendations for the Prevention of RSV Disease in Infants and Children; AAP Maternal RSV Vaccination, Infant Nirsevimab, or Both (2026)*; CDC *Interim Estimates of 2025–26 Seasonal Influenza Vaccine Effectiveness*; CDC RSV Immunization Guidance.