ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

HEALTH ADVISORY

JB Pritzker, Governor | Sameer Vohra, MD, JD, MA, Director

Respiratory Virus Season Guidance for Clinicians
September 23, 2025

Summary and Action Items

1.) The 2025-2026 respiratory virus season has begun. Clinicians are recommended to monitor levels of respiratory illness activity through the IDPH Seasonal Respiratory Illness Dashboard.
2.) Influenza vaccination is recommended for all people ages 6 months and older.
3.) RSV immunization is recommended for all pregnant people during weeks 32 through 36 of pregnancy, all infants under the age of 8 months without maternal RSV vaccine protection entering their first RSV season and children ages 8 months through 19 months who are at increased risk for severe RSV disease entering their second RSV season, adults ages 50 years through 74 years at increased risk of severe RSV disease, and all adults ages 75 years and older.
4.) COVID-19 vaccination is recommended for
    a. All children ages 6 months through 23 months.
    b. Children ages 2 years through 17 years in a risk category (see below).
    c. Children ages 2 years through 17 years based on shared clinical decision-making if not included in a risk group but whose parent or guardian desires their protection from COVID-19.
    d. All individuals who are or will be pregnant, during any trimester of pregnancy, postpartum, or during lactation.
    e. All adults ages 18 years and older.
5.) IDPH Director Dr. Sameer Vohra has issued a standing order for administration of the 2025-2026 COVID-19 vaccine in pharmacies and other appropriate clinical settings.
6.) IDPH has issued guidance for health care settings related to return-to-work considerations after a viral respiratory illness.
7.) For other routine vaccinations (non-seasonal), IDPH continues to recommend following the CDC Child and Adolescent Immunization and the Adult Immunization schedules with addendums as revised on August 7, 2025, with no preference for specific products, for which clinicians should use clinical and operational judgment. IDPH will issue updated immunization schedule recommendations as needed should there be new federal or medical specialty society guidelines for review or we receive alternate recommendations from the Illinois Immunization Advisory Committee.

Background

CDC has predicted that the total combined number of peak hospitalizations due to COVID-19, influenza, and RSV will be similar this fall and winter as compared to last season, with the COVID-19 peak hospitalization rate predicted to be similar or higher, influenza lower, and RSV similar to last season.

Last season, in Illinois, hospitalizations for all acute respiratory illnesses combined peaked in January 2025, with influenza peaking in February 2025, and RSV and COVID-19 both peaking in January 2025.

During the official 2024-25 respiratory season which lasted from September 29, 2024 to May 17, 2025, there were 2,488 cases of influenza with intensive care unit (ICU) admission, 1,047 cases of RSV with

ICU admission, and 1,140 cases of COVID-19 with ICU admission. Cases from 2025 are not finalized, and case counts may change slightly as additional information is received.

There were a total of 12 influenza, 6 RSV, and 3 COVID-19 pediatric deaths in Illinois during the 2024-2025 season.

Prevention Through Immunization

Influenza
Routine annual influenza vaccination to protect against influenza and its potential complications is recommended for all people ages 6 months and older without a contraindication during the influenza season. For most persons who require only 1 dose of the influenza vaccine for the season, vaccination should ideally be offered during September of October. However, vaccination should continue after October and throughout the influenza season as long as influenza virus is circulating.

Influenza Vaccination Guidance for Specific Populations

- Children ages 6 months through 8 years
    - Children ages 6 months through 8 years who did not receive 2 or more influenza vaccine doses before July 1, 2025 require 2 doses of influenza vaccine for the season administered at least 4 weeks apart. Both doses should be administered even if the child reaches age 9 years between receipt of doses 1 and 2. These children should receive their first dose as early as possible to permit receipt of the second dose ideally by the end of October.
- Adults ages 65 years and older
    - Adults ages 65 years and older should receive a high-dose (HD-IIV3), adjuvanted (aIIV3), or recombinant (RIV3) influenza vaccine. If none of these vaccines are available at an opportunity for vaccine administration, any age-appropriate influenza vaccine should be used.
- Solid organ transplant recipients
    - Solid organ transplant recipients ages 18 through 64 years who are receiving immunosuppressive medication regimens may receive a high-dose (HD-IIV3) or adjuvanted inactive (aIIV3) vaccine without a preference over other age-appropriate IIV3 or RIV3 influenza vaccines.
- People with egg allergy
    - All people ages 6 months and older with egg allergy should receive an annual influenza vaccine and any influenza vaccine (egg based or non–egg based) that is otherwise appropriate for the recipient's age and health status may be used.

All influenza vaccines available in the United States during the 2025-26 season are trivalent vaccines targeting

- Influenza A (H1N1) virus
- Influenza A (H3N2) virus
- Influenza B/Victoria lineage virus

Live-attenuated (LAIV3) nasal spray influenza vaccine (FluMist) will continue to be available for administration in provider offices and is now also available for self-administration or administration by a caregiver for individuals ages 2 years through 49 years. All FluMist self- or caregiver-administered doses will be reported to I-CARE. LAIV3 is not recommended during pregnancy, for

immunocompromised people, close contacts of severely immunosuppressed people, for people with certain medical conditions, or for people who are receiving, have recently received, or are about to receive influenza antiviral medications.

See Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices — United States, 2025–26 Influenza Season | MMWR and CDC Clinical Guidance for Influenza Vaccination for additional guidance.

RSV

RSV immunization protects against severe RSV disease in infants, either through maternal vaccination or infant immunization with a long-acting monoclonal antibody, and against severe RSV disease in adults ages 75 years and older and adults ages 50 years through 74 years at increased risk of severe RSV.

Infant Immunization

Clinicians should recommend RSV immunization for all eligible infants. Administration of infant RSV antibody is recommended during October through March. The optimal timing for infant RSV antibody administration is shortly before the RSV season begins (e.g., October-November) or within the baby's first week of life if born October through March, ideally during the birth hospitalization.

There are two monoclonal antibody products available: nirsevimab and clesrovimab.
For infants younger than 8 months of age, an RSV antibody (nirsevimab or clesrovimb) is recommended for those who are born during or are entering their first RSV season if:

- The mother did not receive RSV vaccine during pregnancy, or
- The mother's RSV vaccination status is unknown, or
- The infant was born within 14 days of maternal RSV vaccination.

For some children ages 8 months to 19 months who are at increased risk for severe RSV disease and entering their second RSV season, nirsevimab is recommended. Clesrovimab is not approved for this indication. The following children ages 8 months through 19 months are recommended to get nirsevimab shortly before or as early as possible during their second RSV season:

- Children with chronic lung disease of prematurity who required medical support (chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) any time during the 6-month period before the start of the second RSV season
- Children with severe immunocompromise
- Children with cystic fibrosis who have either 1) 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 2) weight-for-length <10th percentile
- American Indian or Alaska Native children

Palivizumab is no longer recommended and will no longer be available starting December 31, 2025.

Maternal Vaccination

RSV vaccination is recommended for pregnant people during weeks 32 through 36 weeks of pregnancy to protect their infants from severe RSV disease. The vaccine should be administered from September through January. If a pregnant person has received a maternal RSV vaccine during any previous pregnancy, another dose is not recommended at this time. Pfizer's Abrysvo is the only RSV vaccine currently approved for use during pregnancy.

Adult Vaccination
RSV vaccination is recommended for all adults ages 75 years and older and for adults ages 50 years through 74 years at increased risk of severe RSV disease. Eligible adults without prior RSV vaccination may be vaccinated at any time of year, but vaccination will have the most benefit it administered in late summer or early fall. The RSV vaccine is currently not an annual vaccine, meaning eligible adults only need a single dose.

For a list of conditions that increase the risk of severe RSV, see CDC RSV Vaccine Guidance for Adults.

See CDC Clinical Guidance for RSV Immunizations and Vaccines for additional guidance.

COVID-19
COVID-19 vaccination to protect against COVID-19 and its potential complications is recommended for:

- Children
  - All children ages 6 through 23 months.
  - Children ages 2 years through 17 years in the following risk categories:
    - Persons at high risk of severe COVID-19
    - Residents of long-term care facilities or other congregate settings
    - Persons who have never been vaccinated against COVID-19
    - Persons whose household contacts are at high risk for severe COVID-19.
  - Children ages 2 years through 17 years based on shared clinical decision-making if not included in a risk group but whose parent or guardian desires their protection from COVID-19.
- Pregnant People
  - All individuals who are or will be pregnant, during any trimester of pregnancy, postpartum, or during lactation.
- Adults
  - All adults ages 18 years and older.

Clinicians may refer to CDC's Underlying Conditions and the Higher Risk for Severe COVID-19 to guide patient counseling on COVID-19 risk factors.

IDPH Director Dr. Sameer Vohra has issued a standing order to allow health care professionals in pharmacies and other appropriate clinical settings to administer the COVID-19 vaccine according to this IDPH guidance. Guidance on dosing, including on additional doses for individuals who are moderately or severely immunocompromised and adults ages 65 years and older, can be found in the standing order.

Federal insurance programs, plans under the Affordable Care Act, and state-regulated insurance programs will cover COVID-19 vaccines.

Testing and Reporting
With the exception of laboratories enrolled as a virologic respiratory sentinel site, routine testing performed for inpatient and outpatient clinical care, including PCR testing, should be obtained at clinical and hospital laboratories.

Providers should report the following to the local health department:

- Suspected novel influenza
  - E.g., severe respiratory illness of unknown etiology associated with recent international travel, contact with swine, birds, or cattle, or any case of human infection with an influenza A virus that is different from currently circulating human seasonal influenza H1 and H3 viruses
  - These cases are reportable immediately, within three hours.
- Pediatric death due to SARS-CoV-2, Influenza, or RSV.
  - These cases are reportable as soon as possible, but within three days.
- Intensive care unit (ICU) hospitalizations with SARS-CoV-2, Influenza, or RSV.
  - All ICU admissions for one of these viruses should be reported, even if the respiratory virus is not the specific reason for ICU admission.
  - These cases are reportable as soon as possible, but within three days.
- Outbreaks of acute respiratory illness in a congregate setting (e.g., skilled nursing facilities, assisted living facilities).
  - See IDPH guidance for acute respiratory illness outbreak management in skilled nursing facilities and community congregate settings.

IDPH recently issued updated guidance on respiratory testing and reporting, for additional reference.

Infection Control and Other Preventive Measures

In addition to immunization, the following core and additional prevention strategies are recommended for the general public with viral respiratory illnesses, including influenza, RSV, COVID-19, and other etiologies, whether tested for or not. These should be included in patient education:

- Practice good respiratory and hand hygiene.
- If sick, isolate at home and away from others until at least 24 hours of being fever-free without use of fever-reducing medication and symptoms are improving
- Once able to leave home, wear a well-fitting mask for at least the next 5 days.

See the IDPH Infectious Respiratory Disease Guidance page for infection control guidance specific to health care settings and health care personnel, long-term care facilities, community congregate settings, correctional facilities, schools, and non-health care workplaces.

IDPH recently issued updated guidance for work exclusion and return-to-work conditions for healthcare personnel with acute viral respiratory infections. This guidance replaces previous disease-specific guidance for COVID-19, influenza, RSV, and other etiologies, providing a single framework for return-to-work that is not dependent on testing or etiology.

Treatment

Clinicians should ensure high-risk patients are aware of treatment options and the need for early initiation to prevent progression to hospitalization and death.

Influenza

Anti-viral treatment for influenza is recommended for any patient with suspected or confirmed influenza who are hospitalized; have severe, complicated, or progressive illness; or are at higher risk for influenza complications, including children under 2 years of age, adults 65 years and older, and people with certain medical conditions. Treatment should be started as early as possible and should not wait

for laboratory confirmation of influenza infection. Clinical benefit is greatest with early treatment, especially within 48 hours of illness onset.

Clinicians can consider treatment of non-higher-risk patients if treatment can be initiated within 48 hours of illness onset.

See CDC's Influenza Antiviral Medications: Summary for Clinicians.

COVID-19
Anti-viral treatment is recommended for individuals who are hospitalized or for non-hospitalized individuals with one or more risk factors for severe COVID-19 to prevent progression to hospitalization and death. Treatment must be started as soon as possible and within 5 to 7 days of symptom onset.

See CDC's COVID-19 Treatment Clinical Care for Outpatients.

RSV
There is no anti-viral treatment available for RSV and treatment is through supportive care.

For additional guidance, see CDC Clinical Overview of RSV.

Resources
IDPH Infectious Respiratory Disease Guidance
IDPH Seasonal Respiratory Illness Dashboard
Illinois Vaccination Coverage Dashboards
CDC Clinical Guidance for Influenza Vaccination
CDC Clinical Guidance for RSV Immunizations and Vaccines
CDC Respiratory Virus Guidance: What to Do When You Are Sick

Target Audience
Local Health Departments, Health Care Professionals, Physicians, Pharmacists, Infectious Disease Staff, Hospital/Clinic Administrators, FQHC Administrators, Long Term Care Facilities, and Regional Health Offices.

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