

Respiratory Virus Season Guidelines for Clinicians September 10, 2026

Summary and Action Items

- 1.) The 2026-2027 respiratory virus immunization season has begun. Clinicians are recommended to monitor levels of respiratory illness activity through the [IDPH Seasonal Respiratory Illness Dashboard](#).
- 2.) The Illinois Immunization Advisory Committee (IL-IAC) met on September 9, 2026, and recommended that IDPH endorse the respiratory virus immunization recommendations of the American Academy of Pediatrics (AAP) for children, American Academy of Family Physicians (AAFP) for adults, and the American College of Obstetricians and Gynecologists (ACOG) for pregnant individuals. IDPH adopts these recommendations.
- 3.) Influenza vaccination is recommended for all people ages 6 months and older.
- 4.) RSV immunization is recommended for all pregnant people during weeks 32 through 36 of pregnancy if not previously vaccinated, all infants under the age of 8 months without maternal RSV vaccine protection entering their first RSV season, 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 if not previously vaccinated, and all adults ages 75 years and older if not previously vaccinated.
 - a. The maternal RSV vaccination season has been extended and should go from September through March 1.
 - b. Eligibility for certain children ages 8 months through 19 months to receive RSV immunization in their second RSV season due to increased risk for severe RSV disease has been expanded (see below).
- 5.) COVID-19 vaccination is recommended for
 - a. All children ages 6 months through 23 months.
 - b. Children ages 2 years through 18 years in a risk category (see below).
 - c. Children ages 2 years through 18 years not included in a risk group 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 19 years and older.
- 6.) IDPH Director Dr. Sameer Vohra has issued a standing order for administration of the 2026-2027 COVID-19 vaccine in pharmacies and other appropriate clinical settings. The standing order can be found on the [IDPH Statewide Standing Orders](#) page.
- 7.) For other routine vaccinations, IDPH continues to recommend the AAP Child and Adolescent Immunization Schedule. As recommended by the IL-IAC, IDPH has adopted the AAFP Adult Immunization Schedule and the ACOG Maternal Immunization Schedule.

Background

During the 2025-2026 respiratory disease season in Illinois, peak hospitalization activity for acute respiratory illnesses combined was similar to the prior year. However, hospitalizations for COVID-19, influenza, and RSV, respectively, were lower than the prior year. Hospitalizations for all acute respiratory illnesses combined, influenza, and COVID-19 peaked the week ending January 3, 2026. The RSV season was prolonged and later than usual, with hospitalizations peaking the week ending March 7, 2026.

There were a total of 11 influenza, 3 RSV, and 1 COVID-19 pediatric deaths in Illinois during the 2025-2026 season.

The [CDC's Center for Forecasting and Outbreak Analytics](#) has not yet released predictions for this 2026-2027 respiratory disease season.

Clinicians are recommended to monitor levels of respiratory illness activity through the [IDPH Seasonal Respiratory Illness Dashboard](#).

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 or October. However, vaccination should continue after October and throughout the influenza season as long as influenza virus is circulating.

Additional Influenza Vaccination Guidelines 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, 2026 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 inactivated (HD-IIV3), adjuvanted (aIIV3), recombinant (RIV3), or mRNA influenza vaccine when available. If none of these vaccines are available at an opportunity for vaccine administration, any age-appropriate influenza vaccine should be used.
- Immunocompromised Individuals
 - Solid organ transplant recipients ages 18 through 64 years who are receiving immunosuppressive medication regimens may receive a high-dose inactivated (HD-IIV3) or adjuvanted inactive (aIIV3) vaccine. Data on immunocompromised individuals are limited for the mRNA influenza vaccine.
 - Live-attenuated (LAIV3) vaccine is contraindicated in immunocompromised individuals and should be avoided in close contacts of severely immunosuppressed people.
 - Additional guidance for immunocompromised individuals from IDSA may be found at [IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#).

- 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.
- Health Care Personnel
 - Health care personnel are recommended to get vaccinated given their repeated occupational exposure and contact with patients at high risk of severe disease.

All influenza vaccines available in the United States during the 2026-2027 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 remains available for individuals ages 2 years through 49 years. 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 [AAP Recommendations for Prevention and Control of Influenza in Children, 2026–2027: Policy Statement](#), [AAFP 2026-2027 Influenza, RSV and SARS-CoV-2 Immunization Recommendations](#), [ACOG Influenza in Pregnancy: Prevention and Treatment](#), and [CDC Interim Clinical Considerations for the Use of Seasonal Influenza Vaccines in the United States](#) 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 certain other adults at increased risk of severe RSV.

Infant Immunization

Clinicians should recommend RSV immunization for all eligible infants. Administration of infant RSV antibody is typically recommended from October through March, but the end date for administration may change depending on local RSV activity. 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 born preterm, at <32 weeks, 0 days' gestation, regardless of the need for medication or other support
- Children with chronic lung disease attributable to prematurity or to other significant neonatal conditions (e.g., meconium aspiration or congenital diaphragmatic hernia) who required medical support (i.e., chronic corticosteroid therapy, diuretic therapy, or supplemental oxygen) at any time during the 6-month period before the start of the second RSV season
- Children with hemodynamically significant congenital heart disease (i.e., a defect that can result in symptoms and/or cardiac chamber dilation)
- Children with anatomic pulmonary abnormalities or neuromuscular disorders that put them at risk for severe RSV disease
- Children with severe immunocompromise
- Children with Down syndrome or other chromosomal differences placing them at higher risk of severe RSV disease
- Children with cystic fibrosis who have either 1) manifestations of severe lung disease (previous hospitalization for pulmonary exacerbation in the first year after birth or abnormalities on chest imaging that persist when stable) or 2) weight-for-length that is less than the 10th percentile
- American Indian or Alaska Native children.

See [AAP Recommendations for the Prevention of Respiratory Syncytial Virus Disease in Infants Children: Policy Statement](#) for additional guidance.

Maternal Vaccination

RSV vaccination is recommended for pregnant people at 32 weeks and 0 days through 36 weeks and 6 days of gestation to protect their infants from severe RSV disease. The vaccine should be administered from September 1 through March 1. 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.

See [ACOG Maternal Respiratory Syncytial Virus Vaccination](#) for additional guidance.

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.

For a list of conditions that increase the risk of severe RSV, see [CDC RSV Vaccine Guidance for Adults](#). In addition, IDSA recommends that immunocompromised adults ages 18 years and older receive a single dose of RSV vaccine.

Eligible adults without prior RSV vaccination may be vaccinated at any time of year, but vaccination will have the most benefit if administered in late summer or early fall. The RSV vaccine is currently not an annual vaccine, meaning eligible adults only need a single dose.

See [AAFP 2026-2027 Influenza, RSV and SARS-CoV-2 Immunization Recommendations](#) and [IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#) 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 18 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 18 years not included in a risk group above whose parent or guardian desires their protection from COVID-19
 - See [AAP Recommendations for COVID-19 Vaccines in Infants, Children, and Adolescents, 2026-2027: Policy Statement](#) for additional guidance.
- Pregnant People
 - All individuals who are or will be pregnant, during any trimester of pregnancy, postpartum, or during lactation
 - See [ACOG COVID-19 Vaccination Considerations for Obstetric-Gynecologic Care](#) for additional guidance.
- Adults
 - All adults ages 19 years and older. Particular emphasis is recommended on the following groups:
 - Adults ≥ 65 years
 - Adults in this age group should receive 2 doses administered 6 months apart.
 - Adults at increased risk for severe COVID-19
 - Adults who have never received a COVID-19 vaccine
 - Health care personnel are recommended to get vaccinated given their repeated occupational exposure and contact with patients at high risk of severe disease.
 - See [AAFP 2026-2027 Influenza, RSV and SARS-CoV-2 Immunization Recommendations](#) and [IDSA 2026 Guidelines on the Use of Vaccines for the Prevention of Seasonal COVID-19, Influenza, and RSV Infections in Immunocompromised Patients](#) for additional guidance.

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.

COVID-19 vaccines for the 2026-2027 season are monovalent vaccines targeting the JN.1-lineage XFG variant.

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 these IDPH guidelines. The standing order can be found on the [IDPH Statewide Standing Orders](#) page.

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. IDPH guidance on respiratory testing and reporting can be found on the [IDPH Infectious Respiratory Disease Guidance](#) page.

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, 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](#).

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, take added precautions, such as [wearing a well-fitted mask](#) when around others, 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. Work exclusion and return-to-work guidance for healthcare personnel with acute respiratory viral infections can also be found on this page.

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 patients 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 Immunization Guidelines](#)

[IDPH Infectious Respiratory Disease Guidance](#)

[IDPH Seasonal Respiratory Illness Dashboard](#)

[Illinois Vaccination Coverage Dashboards](#)

[American Medical Association: Consolidated Respiratory Virus Immunization Recommendations](#)

Target Audience

Local Health Departments, Health Care Professionals, Physicians, Pharmacists, VFC Providers, Infectious Disease and Control Staff, Hospital Administrators, FQHC Administrators, Long Term Care Facilities.

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