Massachusetts Department of Public Health

DPH

MDPH Tuesday Infectious Disease Webinar Series

"Tools for Local Boards of Health"

Respiratory Illness Season 2026-2027

October 13, 2026

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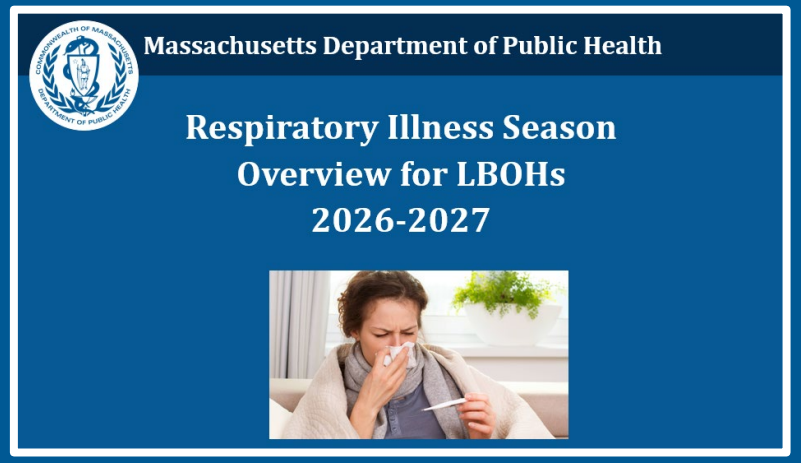


Infectious Disease Tools for LBOH Webinar Schedule!

Upcoming Schedule!

All Registrations:	http://tinyurl.com/MAVEN-Webinars
2nd Tues 10/13/26	2026-2027 Respiratory Illness Season Kickoff
4th Tues 10/27/26	Office Hours
2nd Tues	*No November Webinars*
4th Tues	*No November Office hours*
2nd Tues 12/8/26	MAVEN Functionality Overview
4th Tues	*No December Office Hours*
2nd Tues 1/12/27	Hepatitis
4th Tues 1/26/27	Office Hours

WEBINAR REGISTRATION PAGE:
http://tinyurl.com/MAVEN-Webinars

- You help us identify topics, needs, & content!
- Be sure to send ideas, requests, and questions to Hillary and Scott!

MAVEN Help has Guidance Documents and Previous Webinars:

http://www.maven-help.maventrainingsite.com/toc.html

You can always contact mavenhelp@mass.gov or The MDPH Epi Program at 617-983-6800 with specific questions.

Next Office Hours:
Tuesday, October 27, 2026 @11am!

Important Webinar & Tip Sheet Updates!!!

- Two Big Updates have occurred (and may affect your saved bookmarks for our webinar registration page & MAVEN Webinar Guidance Document Series).
  - Storymap MAVEN Guidance Document Series (mostly the MAVEN 'How To…' & 'Reports' Tip Sheets) have new hyperlinks.
  - MAVEN Help remains the same (and the links have been updated within that library), however, if you bookmarked your favorite MAVEN Tip Sheet directly, it may need to be updated.
  - Tools for Local Health Tuesday Webinar Registration Page has an updated link. If you bookmarked this directly, you will need to update.
    - This still works: http://tinyurl.com/MAVEN-Webinars

Tuesday Infectious Disease Webinar Series

- **Beginning in December 2026, we will utilize Zoom for our Tuesday Webinar Series.**
  - There will be no change to our monthly webinar cadence:
    - 2nd Tuesday of the Month 11:00-12:30 (DPH Updates followed by a formal presentation topic).
    - 4th Tuesday of the Month 11:00-12:00 (Office Hours for all things MAVEN and Infectious Disease Case Investigation)
  - Registration is still required for each session, but you can bookmark the registration page to ensure you are all set.
    - http://tinyurl.com/MAVEN-Webinars

Updates – A quick recap for October 14, 2025

September 9, 2025:

- **Quick Update on Vaccines this Fall**
- **Featured Presentation: BIG changes to foodborne illness complaint reporting!**
  - Johanna Vostok, MPH, Epidemiologist, Foodborne & Waterborne Illness Coordinator, MDPH Division of Epidemiology
  - Nichol Smith, MS, Outbreak and Response Coordinator Supervisor, MDPH Division of Food Protection
  - Geena Chiumento, MPH, Epidemiologist, Foodborne & Waterborne Illness Coordinator, MDPH Division of Epidemiology

Presentation: PDF Slides, Recording

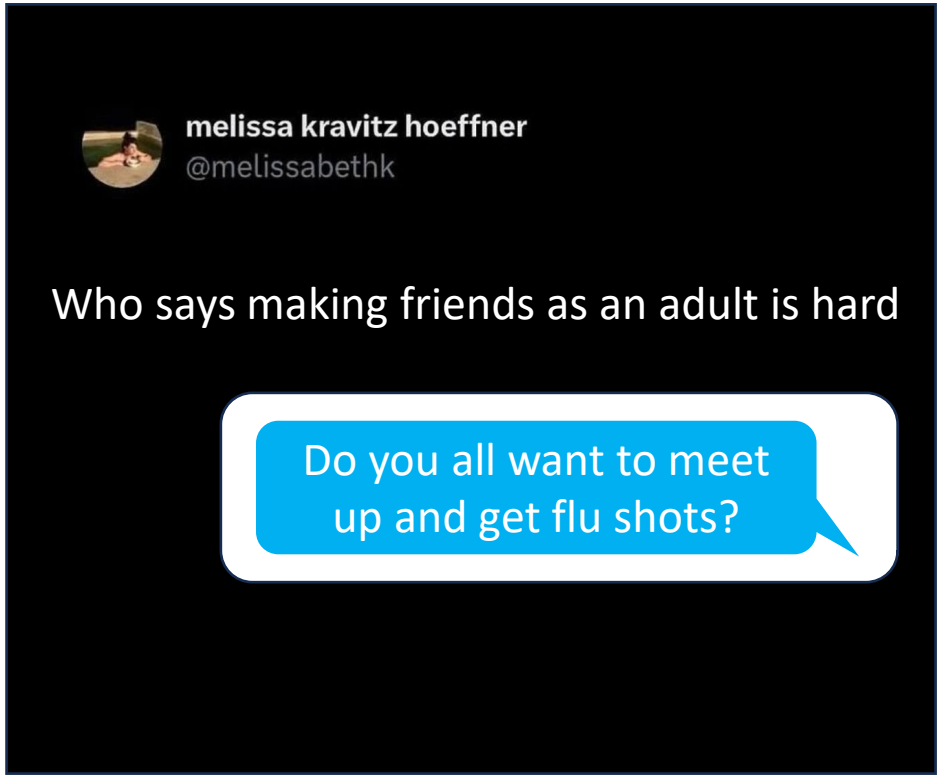
Always Remember you can see recent webinar recordings and slides in MAVEN Help.

Bookmark the URL!

MAVEN Help: http://www.maven-help.maventrainingsite.com/toc.html

October 13, 2026

- **Respiratory Illness Season Overview**
  - Highlights and Updates for 2026-2027
  - Seasonal Vaccine Recommendations & Resources
    - **Hillary Johnson**, MHS, Division of Epidemiology
- **Respiratory Dashboards**
  - **Andrew Tibbs**, MPH, Office of the State Epidemiologist and Scientific Support
- **Respiratory Illness Immunization Resources for LBOH (MIIS, etc.)**
  - **Joshua Norville**, MPH, Data Assessment Unit (DAU)
- **Respiratory Illness Season Follow-Up Overview for LBOH**
  - Influenza, COVID-19, RSV, *Haemophilus influenzae* (HI), *Streptococcus pneumoniae (Strep pneumo)*
    - **Juliana Duncan**, MPH, Division of Epidemiology
    - **Hillary Johnson**, MHS, Division of Epidemiology
- **Respiratory Wrap-Up**



Massachusetts Department of Public Health

Respiratory Illness Season 2026-2027 Overview for LBOHs

10/13/2026

Hillary Johnson, MHS
Senior Epidemiology Advisor to Local Health,
Division of Epidemiology

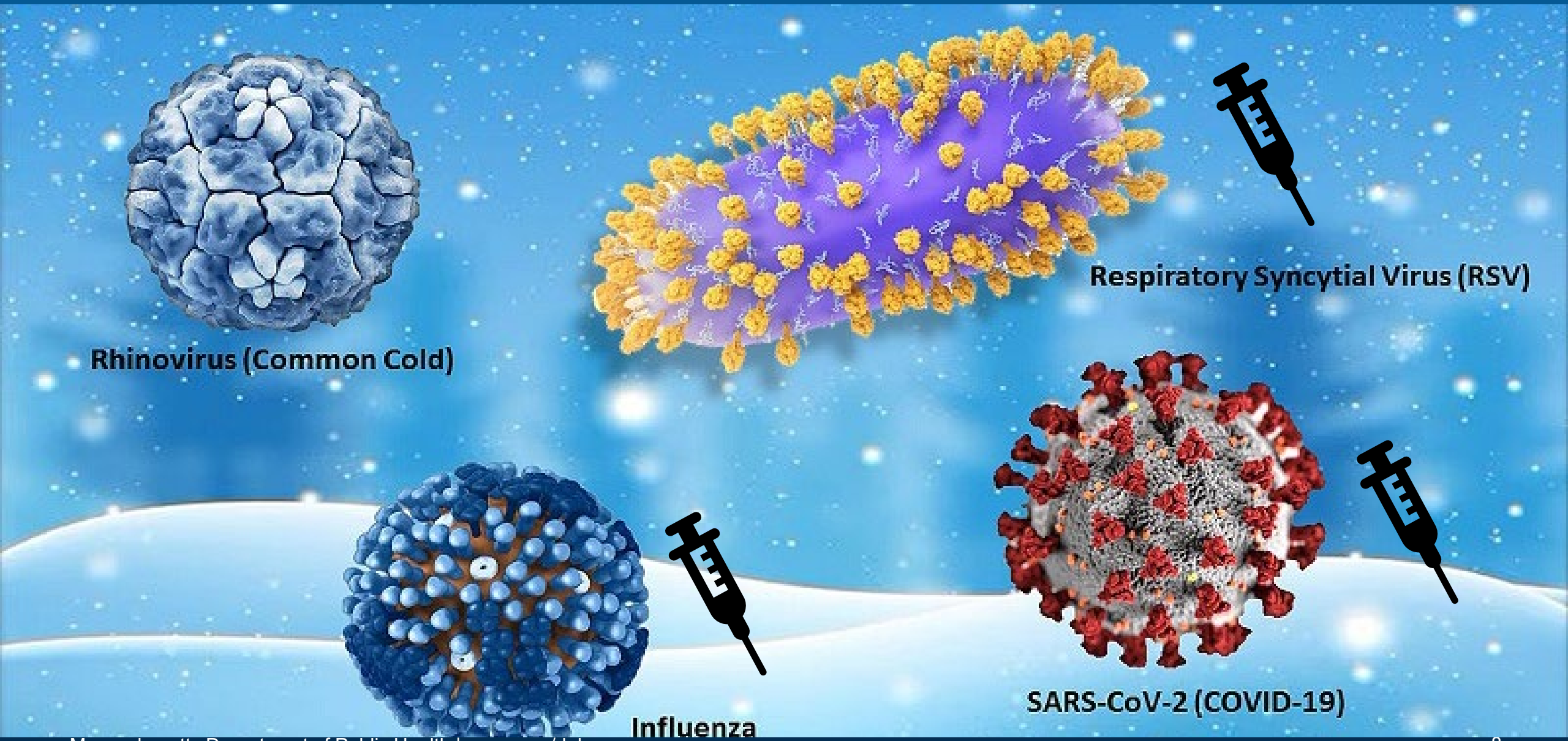
What is Respiratory Illness Season?

- Respiratory season is the time of year when we can expect to see the <u>most</u> respiratory infections. It typically starts around November, peaks in January or February and ends in late March or early April.

- Contributors:
  - Temperatures dropping. (Many RNA viruses degrade in heat.)
  - More time indoors.
  - Back to school & daycare.

- Of course, you can get a respiratory illness in any season of the year!

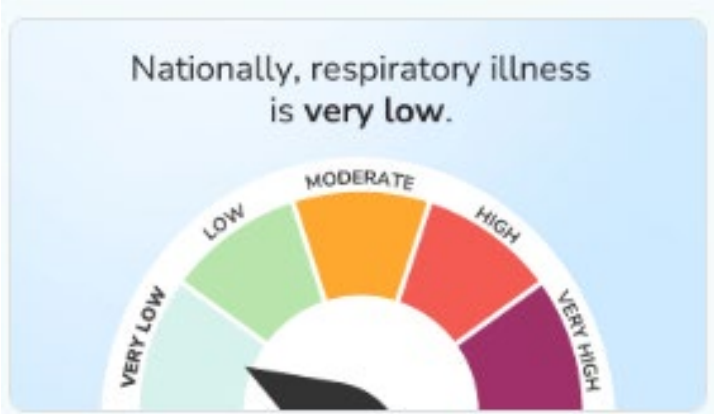
Most Common Viral Pathogens We See in Winter



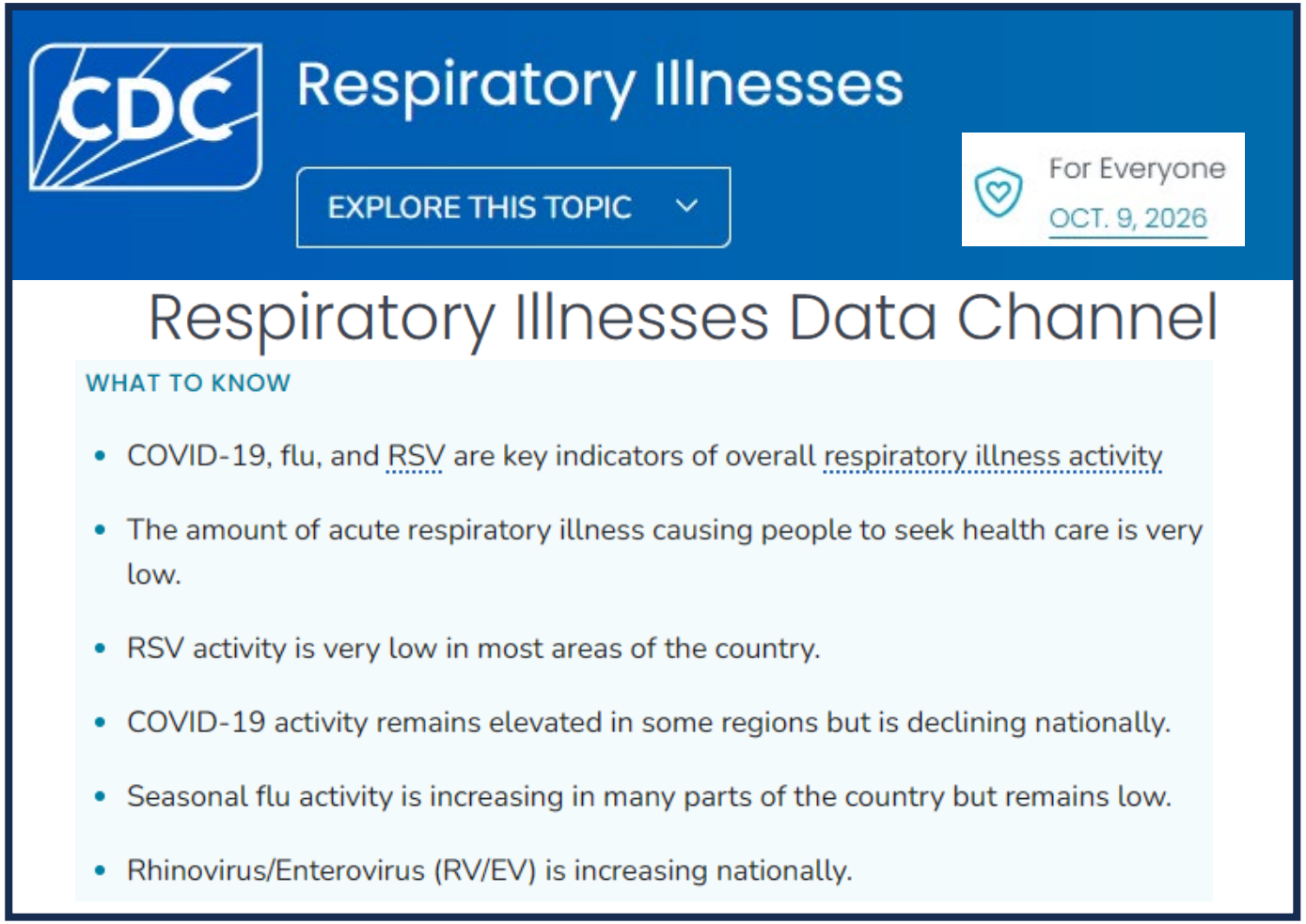
Credit: Graphic created by M.E. Newman, Johns Hopkins Medicine, using public domain images

Respiratory Illness Surveillance

- CDC and many States focus their respiratory illness surveillance around COVID-19, Influenza, and RSV, which are key indicators of overall respiratory illness activity.



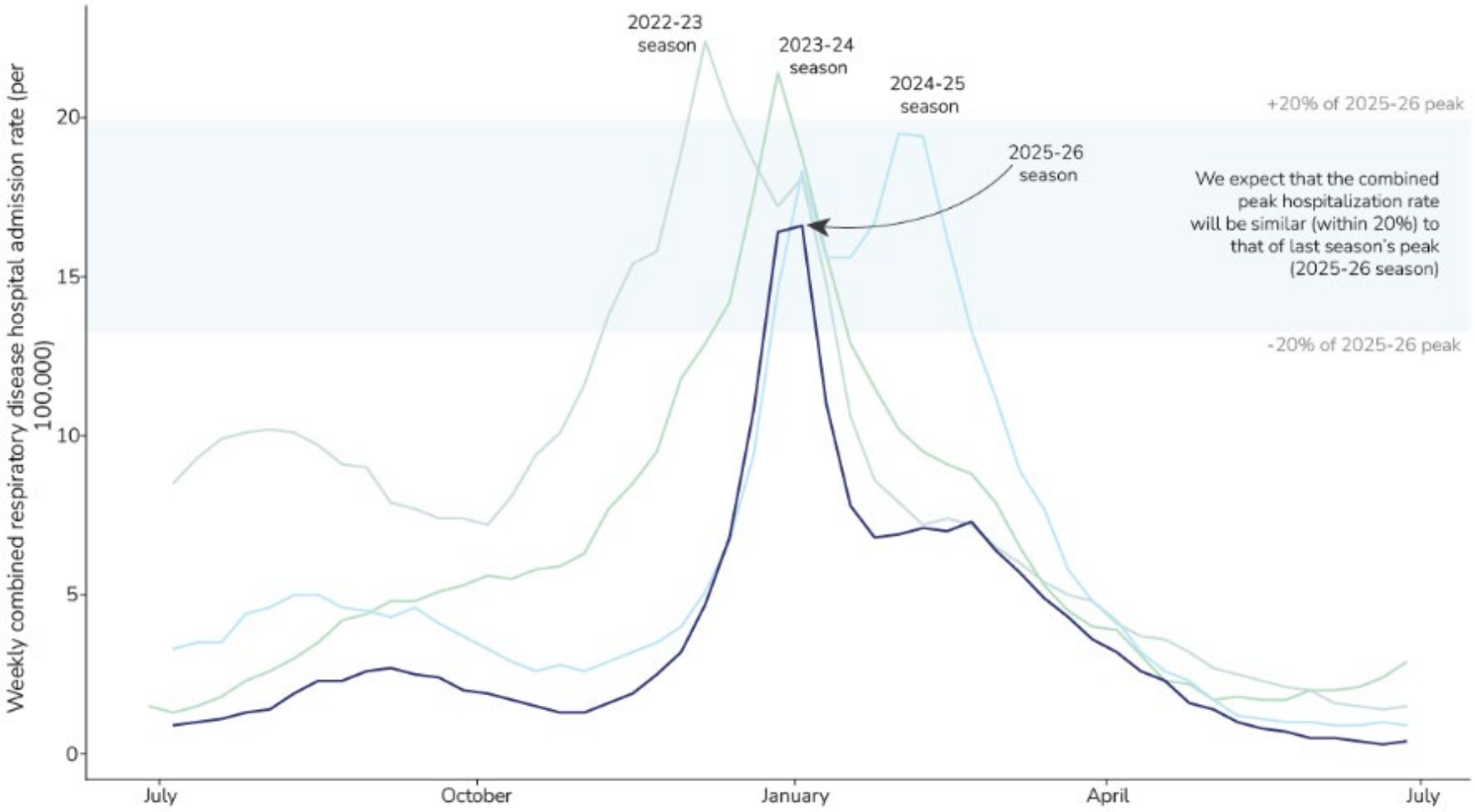
OCT. 9, 2026



https://www.cdc.gov/respiratory-viruses/data/index.html

2026-2027 Respiratory Season Predictions

- CDC expects the upcoming U.S. fall and winter respiratory disease season will likely have a **similar combined number of peak hospitalizations due to COVID-19, influenza, and RSV disease compared to last season.**



2026-2027 Respiratory Disease Season Outlook | CFA: Qualitative Assessments | CDC

Data as of Sept. 23, 2026

Last Season Influenza Highlights 2025-2026

Preliminary 2025 - 2026 U.S. Flu In-Season Disease Burden Estimates

Since October 1, 2025, CDC estimates there have been between:

Flu Illnesses	Flu Medical Visits	Flu Hospitalizations	Flu Deaths
32 Million - 57 Million	15 Million - 25 Million	390,000 - 800,000	24,000 - 81,000

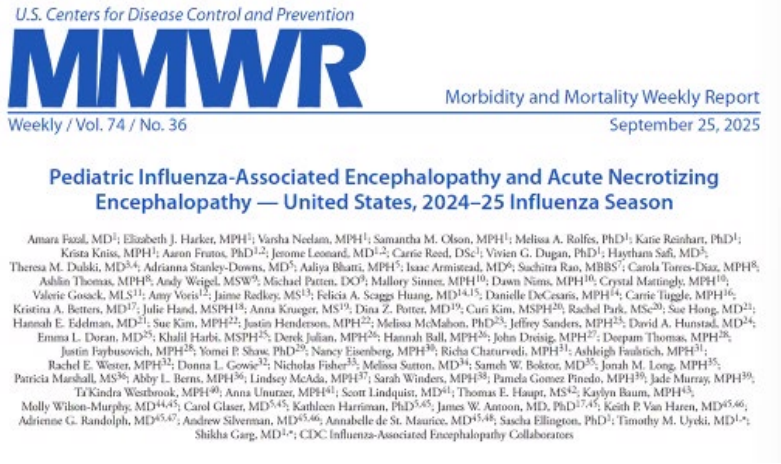
Based on data from October 1, 2025, through May 23, 2026

Because influenza surveillance does not capture all cases of flu, CDC provides these estimated ranges to better reflect the full burden of flu in the United States. These estimates are calculated using a mathematical model based on CDC's weekly influenza surveillance data and are preliminary and are updated weekly throughout the season.

FluVIEW CDC

Last Season Influenza Highlights 2025-2026

- **Acute Necrotizing Encephalopathy (ANE) & Influenza Associated Encephalopathy (IAE)**
  - National increased incidence in 2024-2025 among children, including MA.
  - Encephalitis is a known complication of influenza; necrotizing encephalopathy is rarer and more severe. Poor prognosis depending on presentation.
  - MDPH reported 1 case of ANE & 3 of IAE to CDC during the 2025-2026 flu season



U.S. Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 74 / No. 36 September 25, 2025

Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy — United States, 2024–25 Influenza Season

Amara Fazal, MD[1]; Elizabeth J. Harker, MPH[1]; Varsha Neelam, MPH[1]; Samantha M. Olson, MPH[1]; Melissa A. Rolfes, PhD[1]; Katie Reinhart, PhD[1]; Krista Kniss, MPH[1]; Aaron Frutos, PhD[1,2]; Jerome Leonard, MD[1,2]; Carrie Reed, DSc[1]; Vivien G. Dugan, PhD[1]; Haytham Safi, MD[3]; Theresa M. Dubski, MD[3,4]; Adrianna Stanley-Downs, MD[5]; Aaliya Bhatti, MPH[5]; Isaac Armistead, MD[6]; Suchitra Rao, MBBS[7]; Carola Torres-Diaz, MPH[8]; Ashlin Thomas, MPH[8]; Andy Weigel, MSW[9]; Michael Patten, DO[9]; Mallory Sinner, MPH[10]; Dawn Nims, MPH[10]; Crystal Mattingly, MPH[10]; Valerie Gosack, MLS[11]; Amy Voris[12]; Jaime Radkey, MS[13]; Felicia A. Scaggs Huang, MD[14,15]; Danielle DeCesaris, MPH[14]; Carrie Tuggle, MPH[16]; Kristina A. Betters, MD[17]; Julie Hand, MSPH[18]; Anna Krueger, MS[19]; Dina Z. Potter, MD[19]; Curi Kim, MSPH[20]; Rachel Park, MSc[20]; Sue Hong, MD[21]; Hannah E. Edelman, MD[21]; Sue Kim, MPH[22]; Justin Henderson, MPH[22]; Melissa McMahon, PhD[23]; Jeffrey Sanders, MPH[23]; David A. Hunstad, MD[24]; Emma L. Doran, MD[25]; Khalil Harbi, MSPH[25]; Derek Julian, MPH[26]; Hannah Ball, MPH[26]; John Dreisig, MPH[27]; Deepam Thomas, MPH[28]; Justin Faybusovich, MPH[28]; Yornel P. Shaw, PhD[29]; Nancy Eisenberg, MPH[30]; Richa Chaturvedi, MPH[31]; Ashleigh Faulstich, MPH[31]; Rachel E. Wester, MPH[32]; Donna L. Gowie[32]; Nicholas Fisher[33]; Melissa Sutton, MD[34]; Sameh W. Boktor, MD[35]; Jonah M. Long, MPH[35]; Patricia Marshall, MS[36]; Abby L. Berns, MPH[36]; Lindsey McAda, MPH[37]; Sarah Winders, MPH[38]; Pamela Gomez Pinedo, MPH[38]; Jade Murray, MPH[39]; Ta'Kindra Westbrook, MPH[40]; Anna Unurzer, MPH[41]; Scott Lindquist, MD[41]; Thomas E. Haupt, MS[42]; Kaylyn Baum, MPH[43]; Molly Wilson-Murphy, MD[44,45]; Carol Glaser, MD[5,45]; Kathleen Harriman, PhD[5,45]; James W. Antoon, MD, PhD[17,45]; Keith P. Van Haren, MD[45,46]; Adrienne G. Randolph, MD[45,47]; Andrew Silverman, MD[45,46]; Annabelle de St. Maurice, MD[45,48]; Sascha Ellington, PhD[1]; Timothy M. Uyeki, MD[1,*]; Shikha Garg, MD[1,*]; CDC Influenza-Associated Encephalopathy Collaborators

[MMWR - Pediatric Influenza-Associated Encephalopathy and Acute Necrotizing Encephalopathy—United States, 2024–25 Influenza Season]

[JAMA - Influenza-Associated Acute Necrotizing Encephalopathy in US Children]

Last Season COVID-19 Highlights 2025-2026

Preliminary 2025-2026 U.S. COVID-19 Burden Estimates

CDC estimates* that, from October 1, 2025 through September 26, 2026, there have been:

5.2 million – 14.6 million

COVID-19 Illnesses

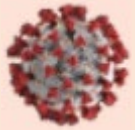
1.1 million – 2.7 million

COVID-19 Outpatient Visits

170,000 – 270,000

COVID-19 Hospitalizations

17,000 – 48,000

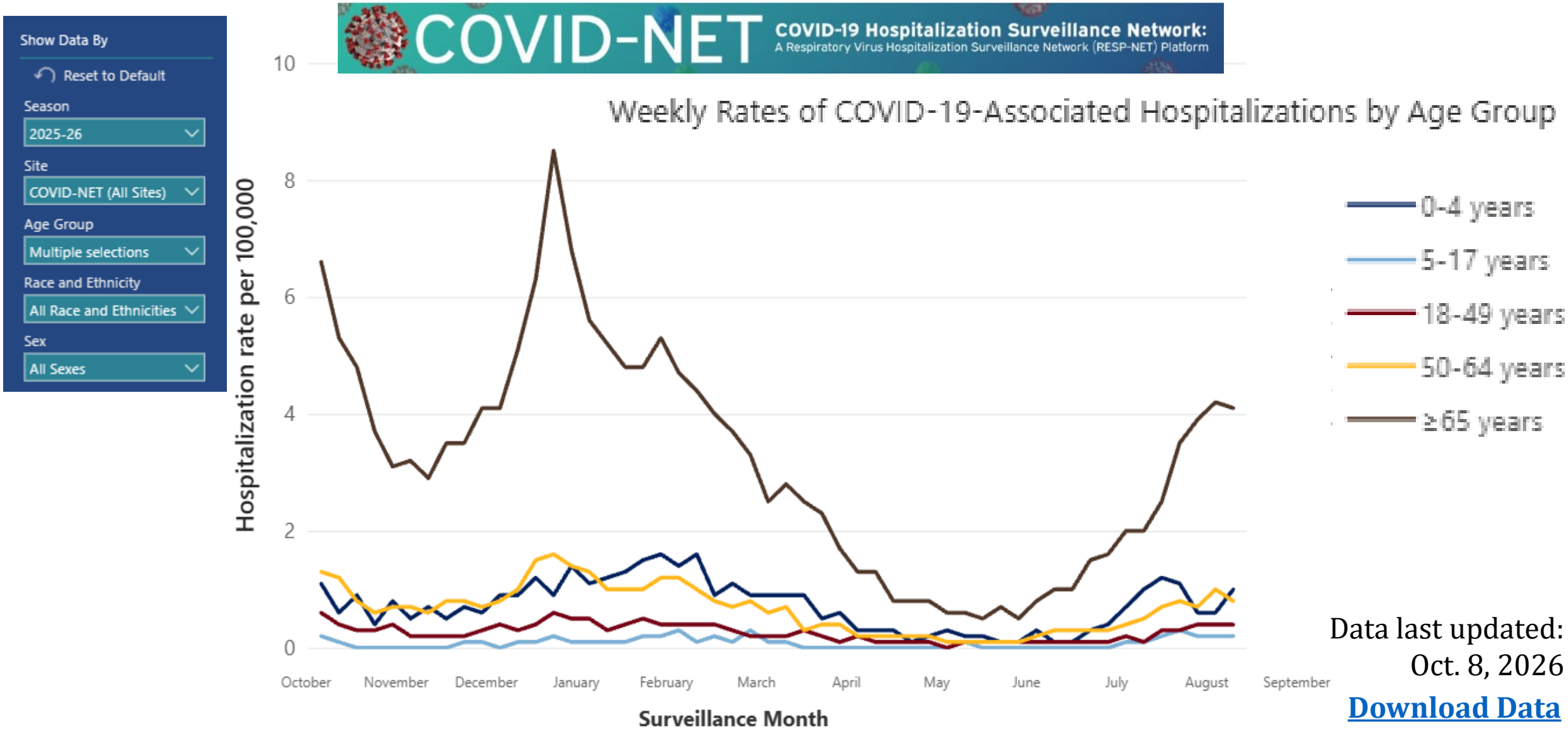


COVID-19 Deaths

**Based on data as of October 2, 2026*

CDC| Preliminary Burden Estimates

Last Season COVID-19 Highlights 2025-2026



Data last updated:
Oct. 8, 2026

Download Data

Last Season RSV Highlights 2025-2026

Preliminary 2025-2026 U.S. RSV Burden Estimates

CDC estimates* that, from October 1, 2025 through June 6, 2026, there have been:

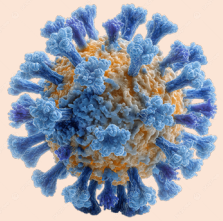
2.8 million – 5.8 million

RSV Outpatient Visits

170,000 – 340,000

RSV Hospitalizations

9,900 – 25,000



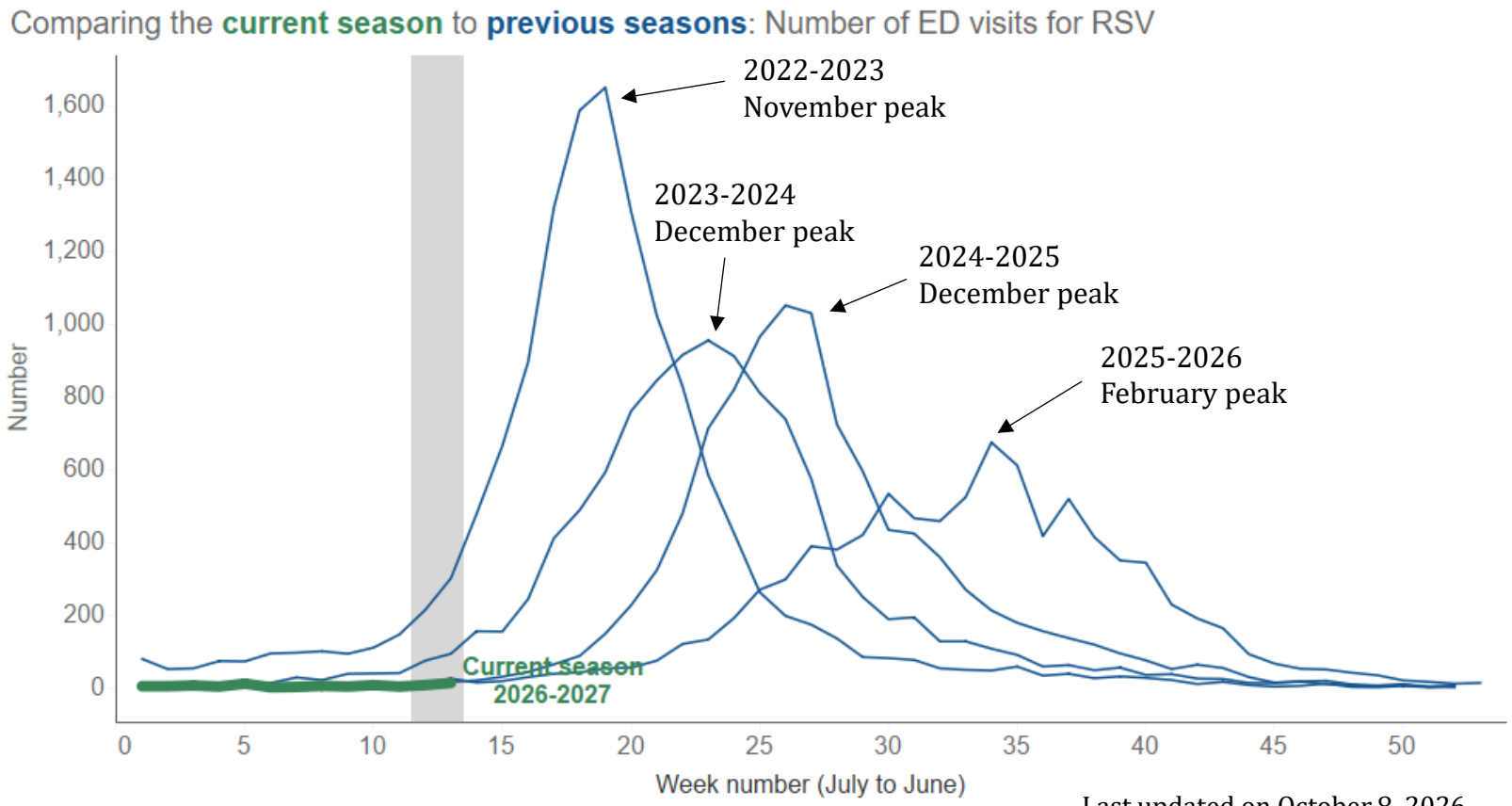
RSV Deaths

**Based on data as of September 22, 2026*

CDC| Preliminary Burden Estimates

RSV Epidemiology

- RSV is the leading cause of hospitalization in US infants.
- 2x higher mortality in infants compared to influenza!
- RSV activity for the 2025-2026 season peaked in February.



Last updated on October 8, 2026
with data through October 3, 2026

MA DPH | Respiratory Illness Dashboard | Trends this Season

Differentiating Common Respiratory Illnesses

	COVID-19	Influenza	RSV	Common Cold
Onset of symptoms	Within 2-5 days and up to 14 days after exposure/infected	1-4 days after exposure/infected	4-6 days after exposure/infected	1-7 days after exposure/infected
Contagious period	• Average of 8 days during illness • 2-3 days before symptom onset (peaks one day before symptom onset)	• 3-4 days during illness • 1 day before symptom onset	• 3-8 days during illness • 1-2 days before symptom onset	• 7-10 days during illness • 1 day before symptom onset
Symptoms				
Fever	Common	Common	**Sometimes**	**RARE**
Cough	Common	Common	Common	Common
Sore throat	**Sometimes**	**Sometimes**	Common	*Very Common*
Runny/stuffy nose	Common	Common	Common	*Very Common*
Shortness of breath	Common	**Sometimes**	Common	**RARE**
Body aches	Common	Common	**Sometimes**	**Sometimes**
Headache	Common	Common	**Sometimes**	**RARE**
Fatigue	Common	Common	**Sometimes**	**Sometimes**
Loss of taste/smell	Common	**RARE**	**RARE**	**n/a**
Diarrhea/vomiting	**Sometimes**	**Sometimes**	**RARE**	**n/a**

Respiratory Illness Prevention Guidance

Respiratory Virus Guidance Snapshot

CORE STRATEGIES

Core Prevention Strategies

Immunizations

Hygiene

Steps for Cleaner Air

Treatment

Stay Home and Prevent Spread*

ADDITIONAL STRATEGIES

Additional Prevention Strategies

Masks

Distancing

Tests

Layering prevention strategies can be especially helpful when:

- ✓ Respiratory viruses are causing a lot of illness in your community
- ✓ You or those around you have risk factors for severe illness
- ✓ You or those around you were recently exposed, are sick, or are recovering

*Stay home and away from others until,

Your symptoms are getting better

and

You are fever-free (without meds)

for 24 hrs

Then take added precaution for the next 5 days

CDC

349386-C

Staying Home to Prevent the Spread of Respiratory Viruses

No changes to recommendations for the general public since March 2024.
School/daycare settings still fall under this guidance.

- **Stay home when you have symptoms of any respiratory illness, like flu, COVID-19, or RSV.** Staying home when sick helps prevent the spread of germs.
  - Wear a **mask** when you have to be around others at home.
  - Get **tested** for COVID-19 and flu. Talk to your provider about **treatment** if you test positive.
  - Wash hands often, cover your cough/sneeze, and Clean high-touch surfaces often.
- **You may begin to resume normal activities with precautions if**:
  - You have not had a fever for at least 24 hours without the use of fever reducing medicines AND
  - Your other symptoms are improving
- **For at least the first 5 days after you resume normal activities, take precautions:**
  - Avoid crowded indoor spaces. Wear a **mask** anytime you are indoors around other people
  - Wash hands often with soap and warm water. If not available, use hand sanitizer with at least 60% alcohol.
  - Avoid spending time with people who are at increased risk for severe disease

https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses

Guidance for Health Care Personnel (HCP) with a Respiratory Viral Pathogen Infection or Exposure

- **Guidance for Health Care Personnel with a Respiratory Viral Pathogen Infection or Exposure** was updated September 1, 2025 and is here:
  - https://www.mass.gov/doc/guidance-for-health-care-personnel-with-a-respiratory-viral-pathogen-infection-or-exposure
- **Describes return to work guidance for HCP who have:**
  - Tested positive for a respiratory viral pathogen (i.e., SARS-CoV2, Influenza, Respiratory Syncytial Virus, etc.) or
  - Are exhibiting two or more symptoms of a respiratory viral illness (e.g., cough, shortness of breath, sore throat, runny nose, headache, myalgia, chills, fatigue, fever), or
  - Been exposed to someone who has a respiratory viral illness.
- **Defines Health Care Personnel (HCPs)**

DPH HCP Vaccination Requirement

- As a condition of licensure*, DPH requires health care facilities and providers, including hospitals, ambulatory surgical centers, dialysis centers, clinics, nursing homes, rest homes, hospice programs, emergency medical services and adult day health programs to:
  - Ensure all HCP are vaccinated annually with **annual influenza vaccine** and are **up to date with vaccine doses for COVID-19** as recommended by DPH.
- The method by which a facility reports vaccination data and the deadline for this differs based on facility type. More information is available at Health Care Personnel COVID & Influenza Vaccination References and Resources | Mass.gov
- **NOTE: There is an anticipated update to this guidance for 2026-27, so stay tuned. Guidance for 2026-27 will be posted at the link above and replace the 25-26 guidance.**

**105 CMR 130.325 and 130.326, 105 CMR 140.150, 105 CMR 141.201(D), 105 CMR 150.002(D)(8) and 150.008(D)(11), 105 CMR 158.030(L) and 158.030(M), 105 CMR 170.341 and 170.342.*

Respiratory Illness Season At Home Tools

- **Home Flu Tests -** At-home rapid antigen test kits available over the counter that test for not just COVID-19, Flu A and Flu B, and RSV!

- **FluMist Vaccine Home Administration - Now Available!**
  - The same nasal spray flu vaccine you can already get at a pharmacy or doctor's office.
  - Nasal spray flu vaccine for ages 2–49
  - Home delivery available for the 2026-2027 flu season. You'll have to provide insurance information, select a delivery date and pay for delivery/processing.

FluMist
Influenza Vaccine
Live, Intranasal

Fall Vaccines

picture credit

Fall Vaccines in MA: Quick Update

- **Governor Healey Announces Immediate Steps to Ensure Vaccine Availability in Massachusetts Amid Trump, RFK Rollbacks (9/4/25 Press Release)**
  - The Division of Insurance (DOI) and Department of Public Health (DPH) issued a bulletin that requires insurance carriers in Massachusetts to continue to cover vaccines recommended by DPH and not rely solely on CDC recommendations.
  - MA has updated an FAQ page to address Frequently Asked Questions about Vaccinations & Coverage in MA.
  - DPH Recommended Vaccines Page – Bookmark this!

Respiratory Vaccine Guidance for 2026-2027

- MDPH released immunization guidance for the upcoming respiratory season.
  - Influenza
  - COVID-19
  - RSV

- DPH 2026–2027 immunization recommendations are informed by leading physician professional organizations, including:
  - 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).

VACCINE INTEGRITY PROJECT

Consolidated Evidence Base Resources for 26-27 Season Recommendations

https://vaxintegrity.cidrap.umn.edu/

Standing Orders for LBOH & Pharmacies are Available

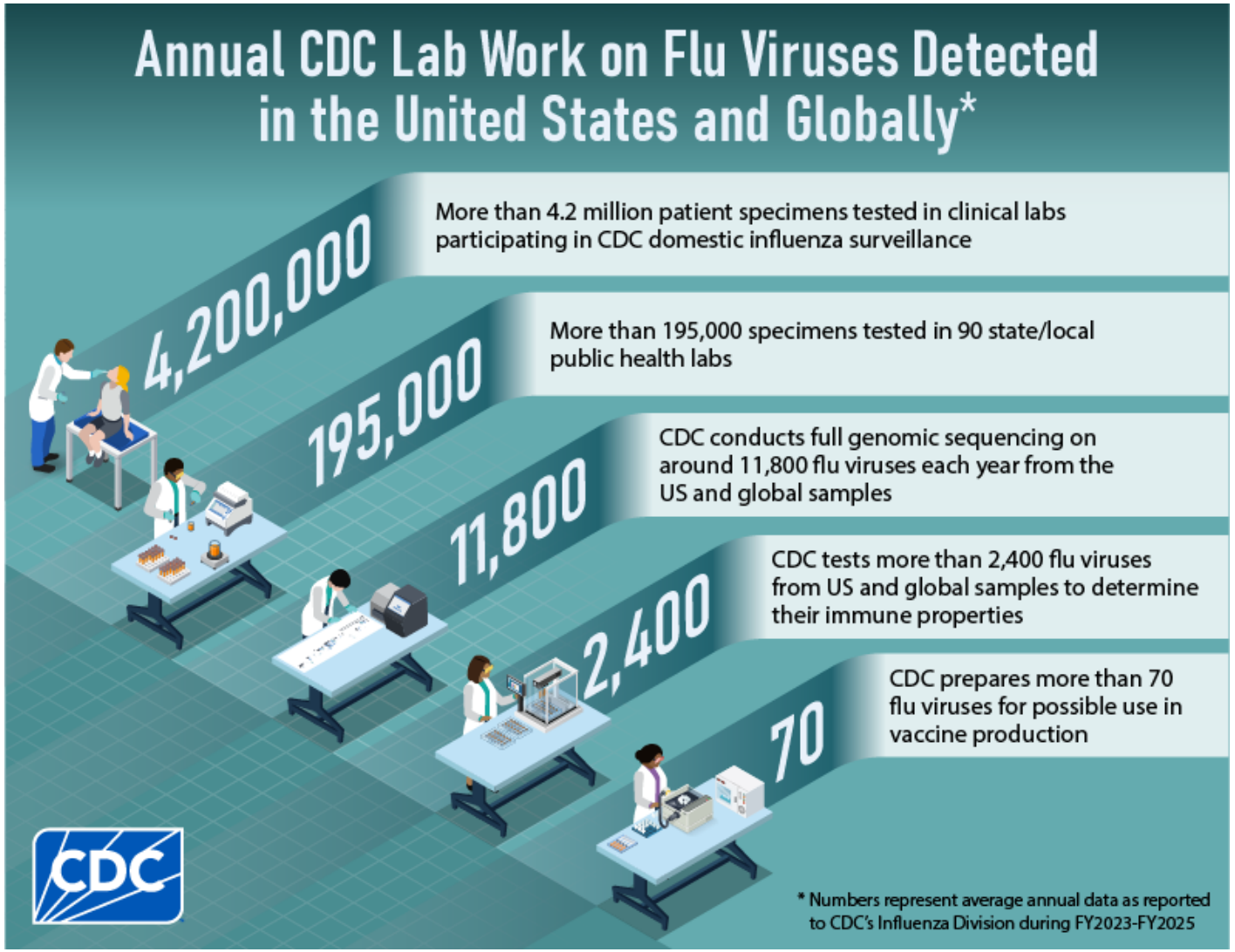
- **Commissioner Goldstein has issued new standing orders for Local Boards of Health & licensed MA Pharmacists** to administer seasonal COVID-19 and Influenza vaccines in accordance with current 2026–2027 clinical guidance and state regulations.
  - Local Boad of Health Standing Orders
    - Includes standing orders for medication administration for managing anaphylaxis.
  - Pharmacy Standing Orders
  - Model Standing Orders

DPH Vaccine Model Standing Orders Page

Influenza Vaccine for 2026-2027

- Each year, the FDA, World Health Organization, the CDC and other public health experts collaborate on the review of influenza disease surveillance and laboratory data collected from around the world in an effort to identify strains that may cause the most illness in the upcoming season.

- Based on that information and on the recommendations of the FDAs Vaccines and Related Biological Products Advisory Committee, the FDA selects the different influenza strains each year that manufacturers should include in their vaccines for the U.S. population for the upcoming influenza season.



Composition for the 2026-2027 U.S. Influenza Season

- Seasonal influenza vaccines include two influenza A viruses (H1N1 and H3N2) and one influenza B virus.
  - A(H3N2) strain includes protection against subclade K virus that spread widely during the 2025-2026 season.
  - Trivalent this season (B/Yamagata lineage is no longer circulating widely)
- Virus strains were selected based on the influenza vaccine production method: egg-based and cell- or recombinant-based.

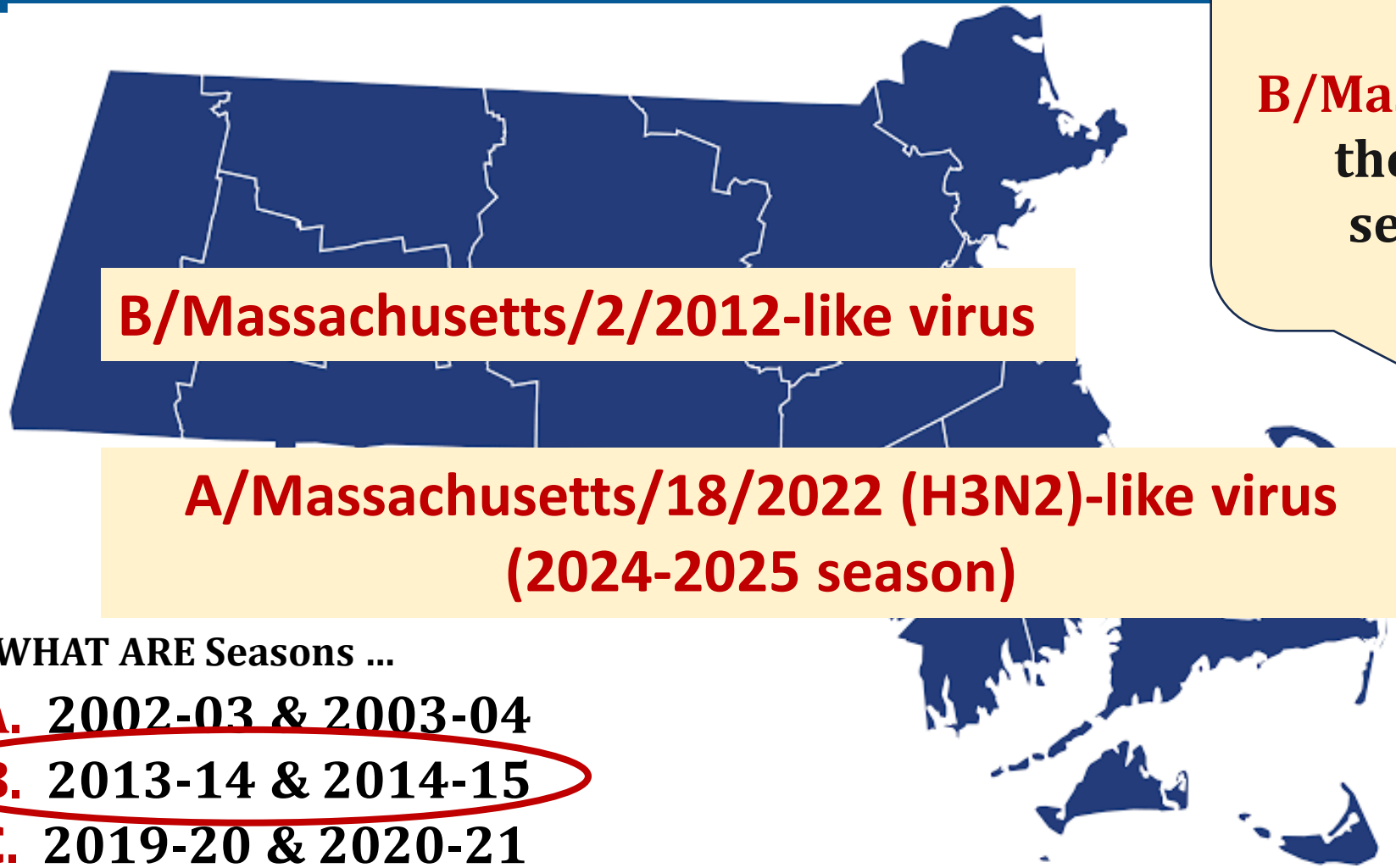
2026-2027 U.S. Egg-based Influenza Vaccines

- A/Missouri/11/2025 (H1N1)pdm09-like virus;
- A/Darwin/1454/2025 (H3N2)-like virus; and
- B/Tokyo /EIS13-175/2025 (B/Victoria lineage)-like virus.

2026-2027 U.S. Cell- or Recombinant-based Influenza Vaccines:

- A/Missouri/11/2025 (H1N1)pdm09-like virus;
- A/Darwin/1415/2025 (H3N2)-like virus; and
- B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

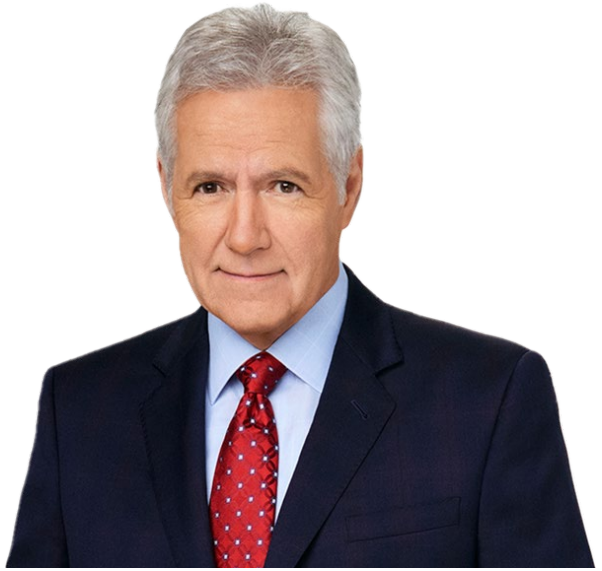
Massachusetts Trivia



B/Massachusetts/2/2012-like virus

A/Massachusetts/18/2022 (H3N2)-like virus (2024-2025 season)

These two seasons included a B/Massachusetts strain in the quadrivalent US seasonal influenza vaccine.



WHAT ARE Seasons …

A. 2002-03 & 2003-04
B. 2013-14 & 2014-15
C. 2019-20 & 2020-21
D. Trick Question! It was a B/Boston strain!

Influenza Vaccination Recommendations

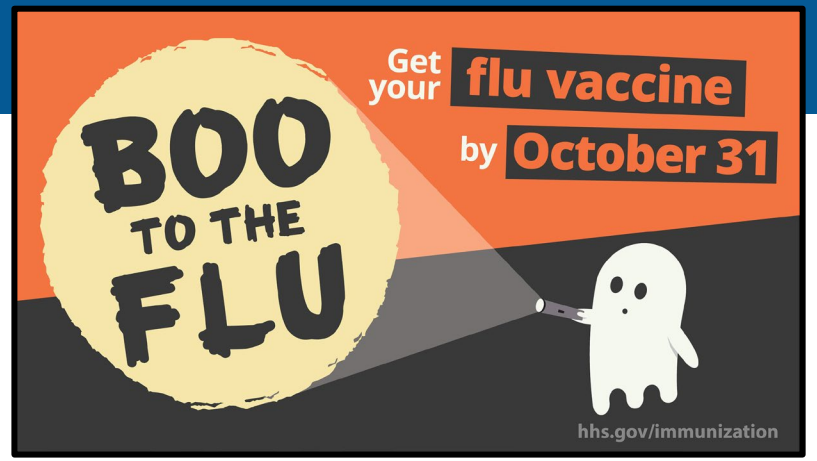
- Vaccination should ideally be offered during September or October. However, vaccination should continue throughout the season as long as influenza viruses are circulating.

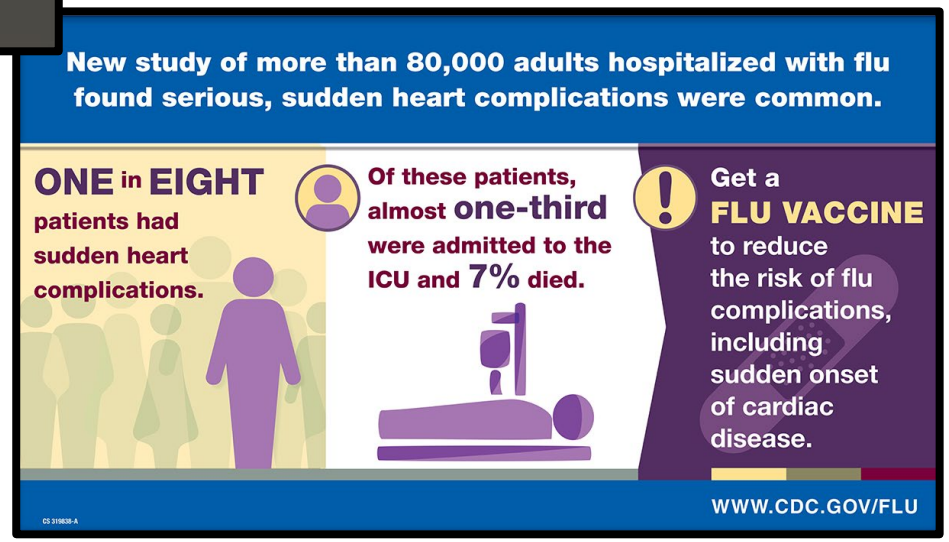
- Routine annual influenza vaccination is recommended for all persons aged ≥6 months who do not have a contraindication to vaccination.

  - **REMEMBER: There are three flu vaccines that are preferentially recommended for people 65 years and older.**
    - Fluzone High-Dose vaccine, Flublok recombinant flu vaccine, and Fluad adjuvanted flu vaccine.
  - There is **NO** preferential recommendation for any one flu vaccine over others for people younger than 65 years.

Fall Vaccines in MA: Quick Update

- **Influenza Vaccine: Vaccinate As Usual!**
  - Get your Flu Shot before Halloween!
  - Flu vaccine is here, recommendations are routine, make sure you stay up to date!
  - 2026-2027 recommendations: everyone 6 months and older, with rare exceptions, should get a flu vaccine every season.





COVID-19 Vaccines: Quick Update

- COVID-19 vaccines are available in pharmacies & provider offices right now.
- COVID-19 vaccine is available for LBOH ordering through your normal channels for adult/private purchase as well as for State-supplied vaccine.
- State supply (pediatric supply) was a little delayed, but now available for ordering (as of Sept. 24)!

2026-2027 COVID-19 Vaccine Recommendations

CDC analysis shows updated COVID-19 vaccines were associated with:

- Vaccine effectiveness against COVID-19 hospitalization in older adults (>65 years) – 53% in 2025-2026 season (95% CI, 37.0%-65.0%)
- Vaccine Effectiveness against COVID-19 hospitalization in all adults - 55% in 2025-2026 season (95% CI 41%-66%)

DPH Recommended Vaccines

MA DPH COVID-19 Recommendations for 2026-2027		
Age Group	**Status/Condition**	**Recommendation**
CHILDREN ages 6-23 months	All children in this age group	**SHOULD** receive one dose of age appropriate 2026-2027 vaccine. If previously unvaccinated, complete initial vaccine series then receive one dose of the 2026-2027 vaccine at least 8 weeks after last dose.
CHILDREN & ADOLESCENTS ages 2-18 years	Children & adolescents considered high risk for severe COVID-19 **OR** who are residents of LTCF or other congregate setting **OR** who live with household contacts that are considered high risk for severe COVID-19	**SHOULD** receive one dose of an age appropriate 2026-2027 vaccine.
	Healthy children and adolescents who have never been vaccinated against COVID-19	**SHOULD** receive one dose of an age appropriate 2026-2027 vaccine
	All other healthy children and adolescents who do not fall into the categories above	**MAY** receive one dose of an age appropriate 2026-2027 vaccine
ADULTS ages 19-64 years	Healthy adults in this age group	**SHOULD** receive one dose of a 2026-2027 vaccine
ADULTS ages 65+ years	All adults in this age group	**SHOULD** receive two doses of a 2026-2027 vaccine, with the second dose administered 6 mo. after the first.
Special populations		**Recommendation**
All immunocompromised people ≥ 6 months		**SHOULD** receive one dose of a 2026-2027 vaccine
People who are **pregnant**, contemplating pregnancy, have recently been pregnant or who are lactating		**SHOULD** receive one dose of a 2026-2027 vaccine
All **healthcare workers**		**SHOULD** receive one dose of a 2026-2027 vaccine, independent of age or underlying medical conditions.

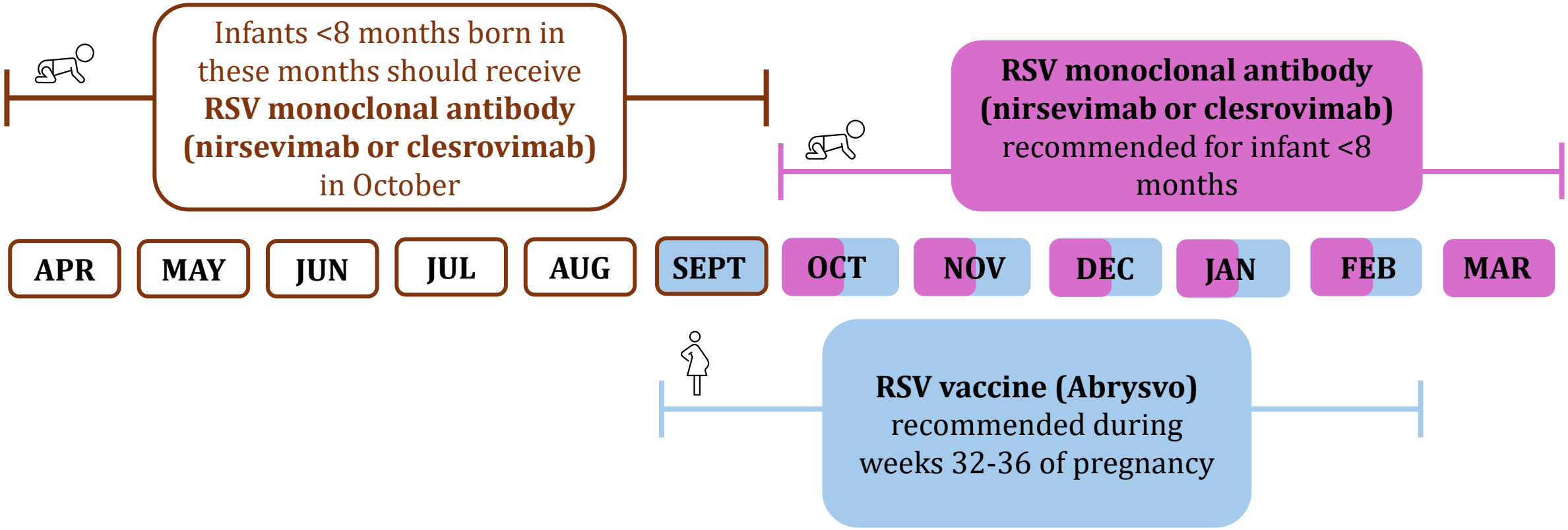
Immunizations to Protect Against Severe RSV

Who is it recommended for?		Product Type	Brand Name (generic name)	Manufacturer
Infants	All infants under 8 months whose gestational parent did not receive RSV vaccine during pregnancy (or vaccine status is unknown) or whose gestational parent received the vaccine 14 days or less prior to birth *Some* children 8 -19 months entering their second RSV season who are at increased risk for severe RSV (should receive nirsevimab only)	Long-acting monoclonal antibody	**Beyfortus** (nirsevimab)	Sanofi and AstraZeneca
			Elflonsia (clesrovimab)	Merck
Pregnant people	Pregnant people during weeks 32-36 of pregnancy during RSV season **(September through March 1)** who have not received RSV vaccines in prior pregnancies. [Protects baby against severe RSV]	Vaccine	**Abrysvo**	Pfizer
Adults 50+	Adults 50-74 who are increased risk of severe RSV AND everyone aged 75+ [Currently recommended as a one-time dose, not an annual vaccine.]	Vaccine	**Abrysvo**	Pfizer
			Arexvy	GSK
			mResvia	Moderna

Yes, all RSV vaccines and monoclonal antibodies will be reported to MIIS.

DPH Recommended Vaccines

Timing of RSV Immunizations for Infants and Pregnant People: First RSV season



For further recommendations and second RSV season guidance:
2026-27 DPH RSV Vaccine Recommendations (Pediatric)

Adult RSV Vaccine FAQs

- **Do I need to get the RSV vaccine every year?**
  - For now, only a one-time dose of the RSV vaccine is recommended for eligible adults.
  - Research studies are ongoing to determine whether adults might benefit from receiving additional RSV vaccine doses.
- **Can I get the RSV vaccine at the same time as my flu or COVID-19 shot?**
  - Flu, COVID-19 and RSV vaccines may be given at the same visit.

Talking about Vaccines Effectively

LBOH have a crucial role as trusted health professionals in the community for combatting misinformation and building trust around vaccines.

- Tips on how to talk to vaccine hesitant individuals
  - Communicating with Confidence: How to talk to patients about vaccines
  - Childhood Immunization Discussion Guides
  - Common Immunization Questions from Parents
  - How to Recommend Vaccines Effectively (Interactive Activity)
  - Reframing the Conversation about Child and Adolescent Vaccinations

Massachusetts Department of Public Health

Respiratory Illness Dashboards

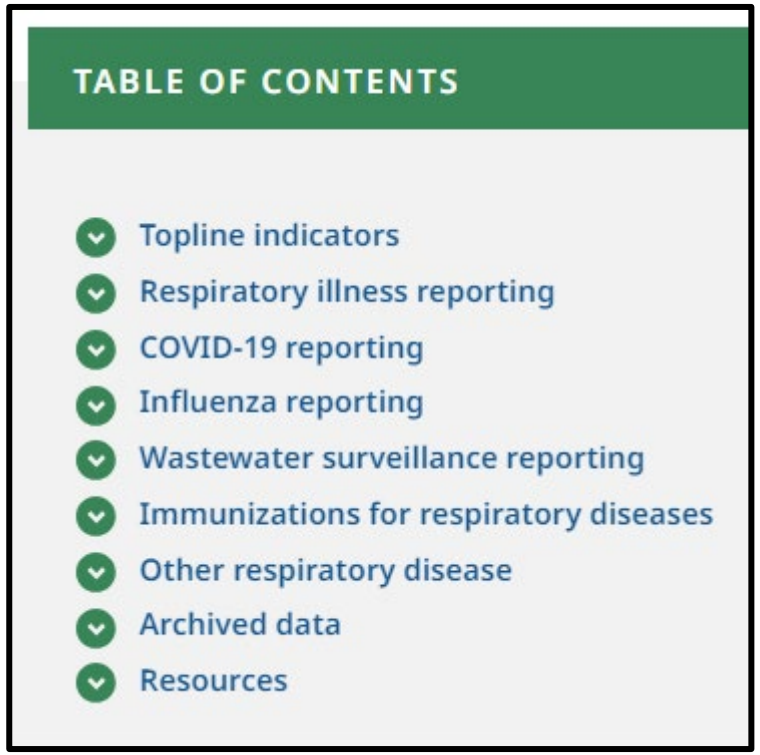
10/13/2026

Andrew Tibbs, MPH

Office of the State Epidemiologist and
Scientific Support

Viral Respiratory Illness Reporting Dashboards

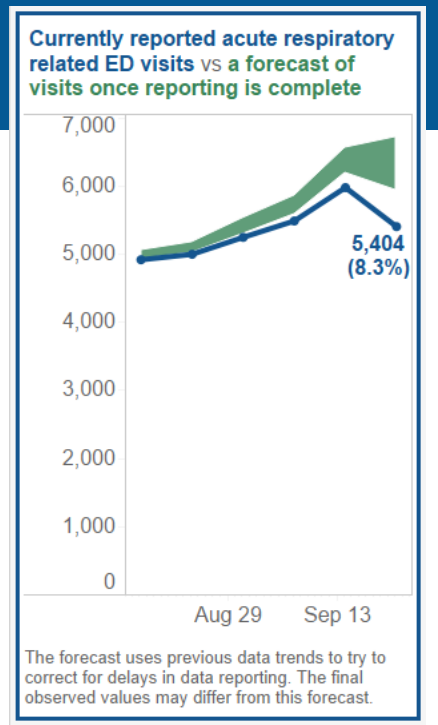
- Includes data on acute respiratory diseases, COVID-19, influenza (flu), respiratory syncytial virus (RSV) and vaccination activity across Massachusetts.
- All respiratory disease dashboards are updated once per week on Thursdays.
- https://mass.gov/respdiseasedata



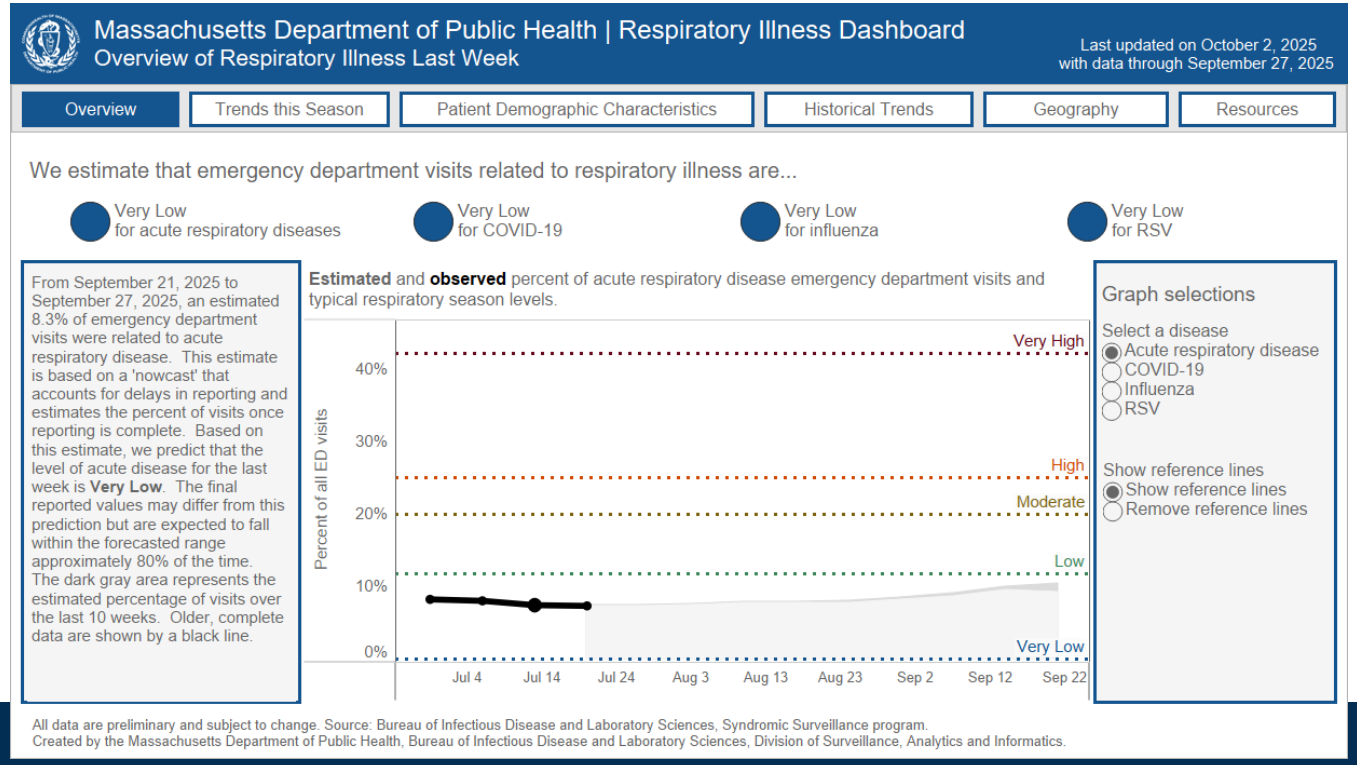
Forecasting Features

Forecasting uses historical data to contextualize and estimate future trends. Forecasting is used in two of the respiratory dashboards:

1. The topline indicator for acute respiratory related ED visits



2. Overview of respiratory illness reporting page



To learn more about the forecasting methodology:

- Nowcasting and Moving Epidemic Method (DPH factsheet)
- Email questions to DPH-BIDLS-OSESSRequests@mass.gov

- For more on the MA DPH respiratory emergency department visits definition:
  - Broad Acute Respiratory (NSSP Definition)
  - COVID-19, influenza, and RSV (CDC info page)

Wastewater

COVID, flu, and RSV

This dashboard shows wastewater monitoring results for COVID-19, influenza, and RSV at sites across Massachusetts. It includes virus levels over time, site-by-site results, and a signal level (**Low**, **Moderate**, or **High**) based on recent trends compared to the rest of the state and the country. Wastewater testing can help show whether illness activity is rising or falling in a community, even before people go to the doctor or get tested.

Massachusetts Wastewater Surveillance Dashboard — COVID-19, Influenza, and RSV

PUBLISHED
October 7, 2026

SARS-CoV-2 (COVID-19)	Influenza A	RSV
Week ending September 26, 2026	Week ending September 26, 2026	Week ending September 26, 2026
⚠ High	Very Low	Very Low
WVAL: 9.94	WVAL: 1	WVAL: 1
↑ Increasing	→ Stable	→ Stable
5 NWSS sites · 5 monitoring sites	5 NWSS sites · 5 monitoring sites	5 NWSS sites · 5 monitoring sites
CDC Wastewater Viral Activity Level	*CDC Wastewater Viral Activity Level*	*CDC Wastewater Viral Activity Level*

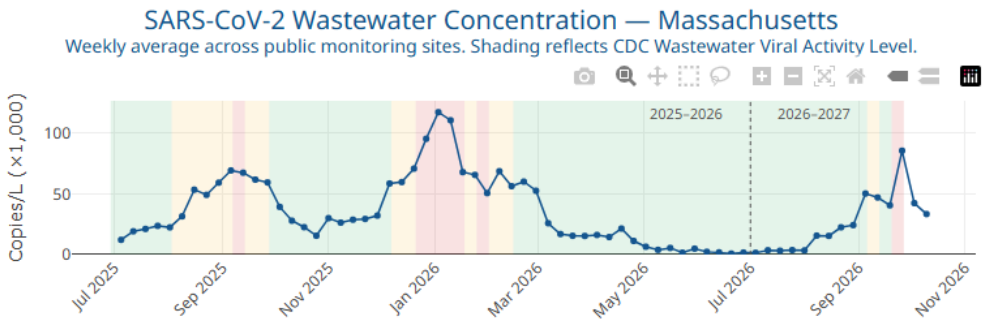
Signal levels use the CDC Wastewater Viral Activity Level (WVAL) methodology. Trend reflects two-week change in Massachusetts median WVAL. Learn more about WVAL methodology.

Wastewater testing done at the State Public Health Laboratory

Wastewater Dashboard updated with new look, and new disease targets!

SARS-CoV-2 (Covid-19) | Influenza (A&B) | RSV

As of September 26, 2026, the CDC Wastewater Viral Activity Level (WVAL) for **SARS-CoV-2 (COVID-19)** in Massachusetts wastewater is **high** (increasing). High and increasing virus in wastewater suggests elevated community spread that is growing in the wastewater collection area.



Download SARS-CoV-2 weekly trend data (CSV)

Source: Massachusetts State Public Health Lab and Biobot Analytics. Charts show two respiratory seasons (July 1 – June 30). Dotted line marks the start of the current season. Background shading reflects the CDC Wastewater Viral Activity Level (WVAL) — green: Low/Very Low, yellow: Moderate, red: High/Very High. Learn more about WVAL methodology.

Massachusetts Department of Public Health

Respiratory Illness Immunization Resources for LBOHs

10/13/2026

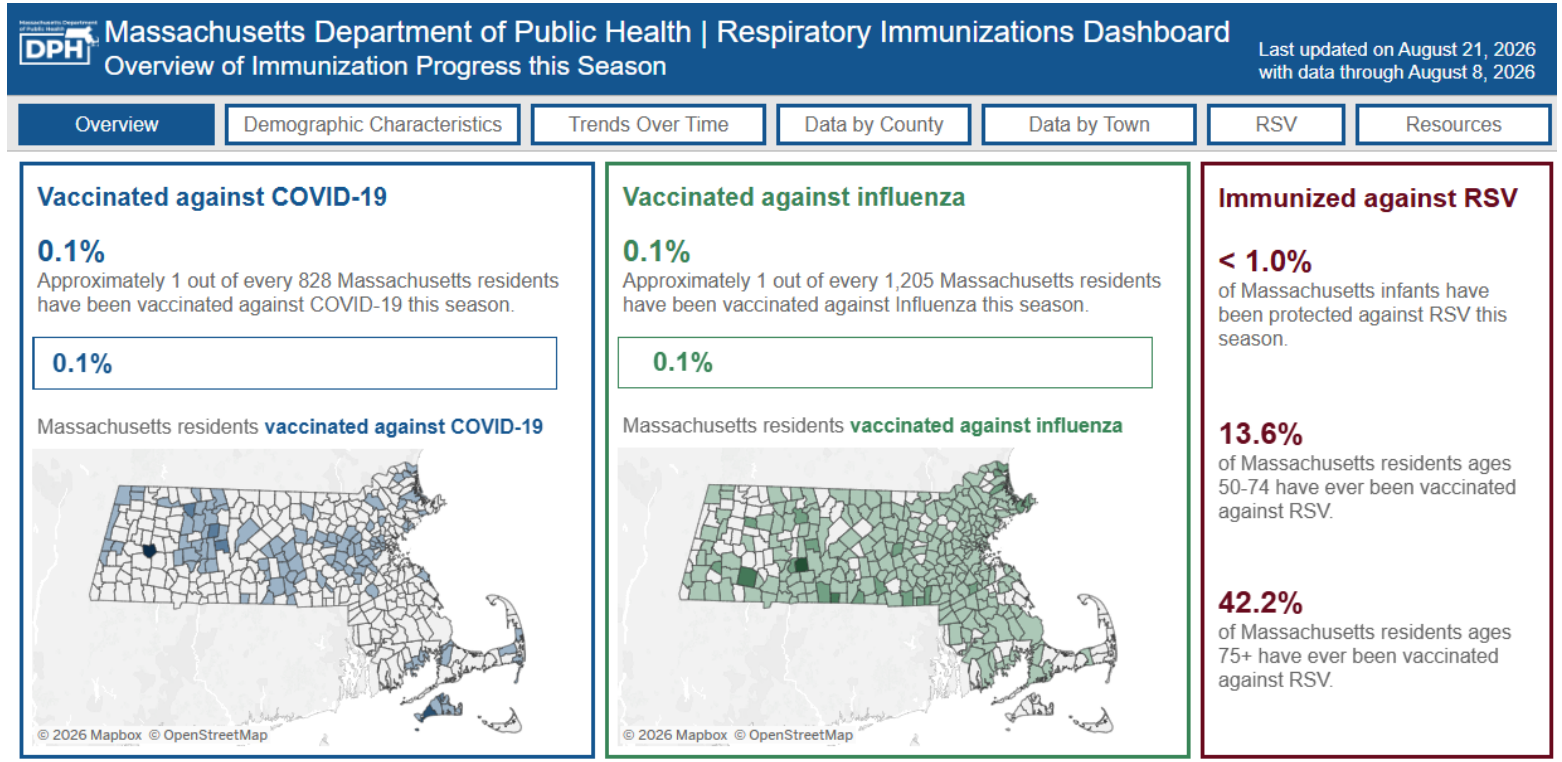
Data Assessment Unit

MDPH Immunization Division

Respiratory Immunization Dashboard 2026-27

Updated MDPH respiratory immunization dashboard planned for October*

- Seasonal immunization coverage for flu and COVID-19 will be available at the state and municipal level
- Cumulative coverage of RSV for adults at the municipal level
- Statewide estimates for infant RSV protection this season
- Coverage may be impacted by COVID-19 vaccine supply issues



*Draft layout subject to change

School Survey Information

Yearly survey of students to assess compliance with immunization requirements:

- Childcare/Preschool
- Kindergarten
- Grade 7
- Grade 12
- College

Data available on mass.gov, including by school and county for each surveyed grade level:

https://www.mass.gov/info-details/school-immunizations

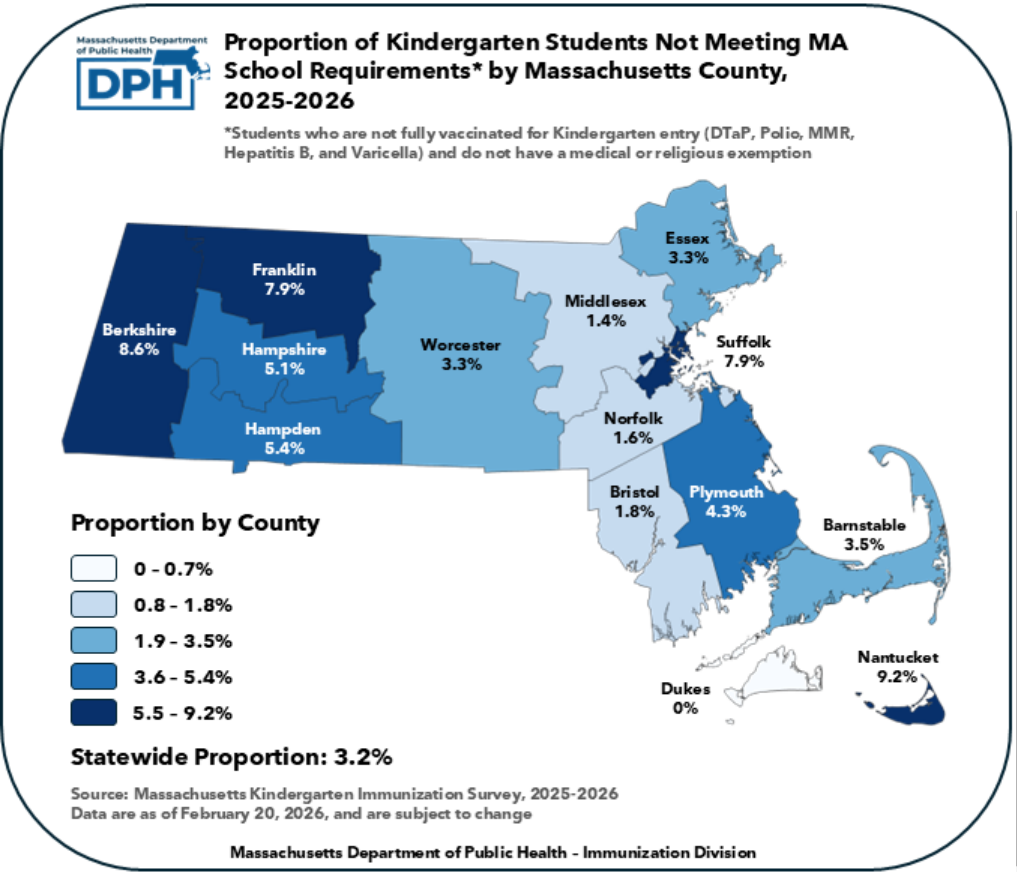
TABLE OF CONTENTS

- School and camp requirements
- Herd immunity and importance of vaccines
- School immunization data
- Childcare/Preschool data
- Kindergarten data
- Grade 7 data
- Grade 12 data
- College data
- Information for schools and childcare programs
- Conducting School Immunization Surveys

Kindergarten Immunization Data by School 2025-2026

Symbols and Limitations: * Did not respond; † Fewer than 30 students; N/A Zero Students ; ¶ Data discrepancies; ‡ Negative Gap

SCHOOL NAME	SCHOOL TYPE	MUNICIPALITY	COUNTY	5 DTAP	4 POLIO	2 MMR	3 HEP B	2 VAR	SERIES	EXEMPTION	UN-IMMUNIZED	NO RECORD	NON-COMPLIANCE
NORTH ELEMENTARY	PUBLIC	SOMERSET	BRISTOL	96%	96%	96%	96%	96%	96%	4%	4%	0%	0%
SOUTH ELEMENTARY SCHOOL	PUBLIC	SOMERSET	BRISTOL	97%	97%	97%	97%	97%	97%	3%	3%	0%	0%
GARDNER ELEMENTARY	PUBLIC	SWANSEA	BRISTOL	99%	99%	99%	99%	99%	99%	1%	0%	0%	0%
M.G. HOYLE ELEMENTARY	PUBLIC	SWANSEA	BRISTOL	98%	98%	98%	100%	98%	98%	2%	0%	0%	0%
SOUTH COAST EDUCATIONAL COLLABORATIVE	PUBLIC	SWANSEA	BRISTOL	†	†	†	†	†	†	†	†	†	†
OUR LADY OF LOURDES	PRIVATE	TAUNTON	BRISTOL	*	*	*	*	*	*	*	*	*	*
EAST TAUNTON ELEMENTARY	PUBLIC	TAUNTON	BRISTOL	95%	96%	95%	99%	95%	94%	5%	1%	0%	2%
EDMUND HATCH BENNETT	PUBLIC	TAUNTON	BRISTOL	93%	93%	93%	93%	93%	93%	7%	7%	0%	0%
ELIZABETH POLE SCHOOL	PUBLIC	TAUNTON	BRISTOL	96%	97%	98%	99%	97%	94%	1%	0%	0%	5%



Kindergarten Immunization and Exemption Rates by County 2025-2026

See "Notes" Tab for Explanation of Symbols and Limitations

County	Number of Schools *	Number of Children	5 DTaP	4 Polio	2 MMR	3 Hep B	2 Varicella	Series Complete	Medical Exemption	Religious Exemption	Total Exemption
Barnstable	34	1,446	95.0%	95.3%	95.2%	96.8%	94.8%	93.6%	0.1%	2.8%	2.9%
Berkshire	35	949	93.9%	94.1%	92.6%	96.4%	91.6%	88.9%	0%	2.4%	2.4%
Bristol	102	5,748	97.4%	97.9%	97.8%	98.7%	97.6%	96.7%	0.1%	1.4%	1.5%
Dukes	7	125	92.0%	90.4%	91.2%	91.2%	92.0%	90.4%	0.8%	8.8%	9.6%
Essex	169	8,083	96.3%	96.7%	96.5%	97.8%	96.1%	95.0%	0.1%	1.6%	1.7%
Franklin	26	495	89.3%	88.9%	89.7%	92.5%	88.7%	87.1%	0.6%	4.4%	5.1%
Hampden	101	4,552	93.7%	93.2%	94.2%	95.7%	93.6%	91.4%	0.2%	3.0%	3.2%
Hampshire	31	994	94.1%	94.2%	94.8%	96.7%	93.9%	92.1%	0.3%	2.5%	2.8%
Middlesex	312	16,569	98.0%	98.2%	98.1%	98.7%	97.9%	97.2%	0.2%	1.3%	1.4%
Nantucket	3	119	95.0%	93.3%	94.1%	91.6%	88.2%	87.4%	0%	3.4%	3.4%
Norfolk	138	7,119	97.6%	97.7%	97.7%	98.6%	97.8%	97.0%	0.1%	1.3%	1.4%
Plymouth	80	5,546	95.5%	95.7%	95.7%	97.4%	95.5%	93.8%	0.1%	1.8%	1.9%
Suffolk	127	5,159	94.8%	93.5%	94.2%	95.8%	93.6%	91.4%	0.1%	0.6%	0.7%
Worcester	161	8,418	96.0%	96.2%	96.2%	97.7%	95.8%	94.5%	0.2%	1.9%	2.2%
Grand Total	**1,326**	**65,322**	**96.4%**	**96.5%**	**96.5%**	**97.7%**	**96.2%**	**95.0%**	**0.2%**	**1.6%**	**1.8%**

Respiratory Illness Season and the MIIS

During respiratory illness season, MIIS can be a helpful resource to LBOHs:

- Order state-supplied vaccine
- Review patients previously vaccinated at your site
- Access individual vaccination records
- Identify residents in need of specific immunizations
- Jurisdiction-level vaccination coverage assessments
- Source of aggregated immunization data on the MDPH Viral Respiratory Dashboard

Inviting New Users to Register with MIIS

- Per State Legislation, M.G.L. Chapter 111, Section 24M, organizations that administer immunizations must register with and report to the MIIS
- LBOHs that do not administer are also granted access per the legislation for the purpose of disease prevention and control
  - If you are not registered with MIIS, contact the MIIS Help Desk, miishelpdesk@mass.gov, to initiate the registration process
- Each registered site should have an **Access Administrator**
  - These individuals can invite users to register by navigating to the top right of the MIIS home page and clicking the "**My Site**" button
  - Click the "**Invite User**" button and answer the prompts
  - If your Access Administrator has left or you are unsure who your Access Administrator is, contact the MIIS Help Desk at miishelpdesk@mass.gov

MIIS Reports and Patient-Level Records

Patients vaccinated report:

- Linelist of patient vaccination events reported by the site
- Can be limited by patient characteristics
- Jurisdiction-level linelist of vaccination events

Coverage reports:

- Jurisdiction-level coverage assessments are available for:
  - Custom coverage report (select any vaccine group of interest)
  - COVID-19 vaccine – this report is continually updated due to changing COVID-19 vaccine recommendations
  - Flu coverage report
  - Childhood coverage report (24-35 months)
  - Adolescent coverage report (13 years)
- Patient linelist is available and can be filtered by patient characteristic

Immunize MA

Massachusetts Immunization Information System

COVID-19 Coverage Report

Birth Date Range: 05/18/1972 - 05/17/2023
Selected PIN(s):
Assessment Date: 05/17/2023

Age Range: 0 Year(s) to 50 Year(s) (inclusive)
Today's Date: 05/17/2023
Provider Name:

Selected Parameters:
Patient Status: Active

Go LIVE Date: 10/15/2020
Number of Patients Assessed: 101
Evaluation of Immunization Rates as of: 05/17/2023

Status	Count of People	Percentage
Up to Date	33	32.7%
Primary Series Complete, but not Up to Date	10	9.9%
Primary Series Started, Incomplete	20	19.8%
No Dose	38	37.6%

MIIS Reports and Patient-Level Records

Reminder recall report

- Provides a list of patients that are due for a recommended vaccine, based on criteria specified by the user
- Can generate formatted letters and address labels for identified residents

Vaccine reports: (for vaccinating LBOHs)

- Order history
- Inventory status
- Invalid dose report

Massachusetts Immunization Information System

COVID-19 Coverage Report

Birth Date Range: 05/18/1972 - 05/17/2023
Selected PIN(s):
Assessment Date: 05/17/2023

Age Range: 0 Year(s) to 50 Year(s) (inclusive)
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Provider Name:

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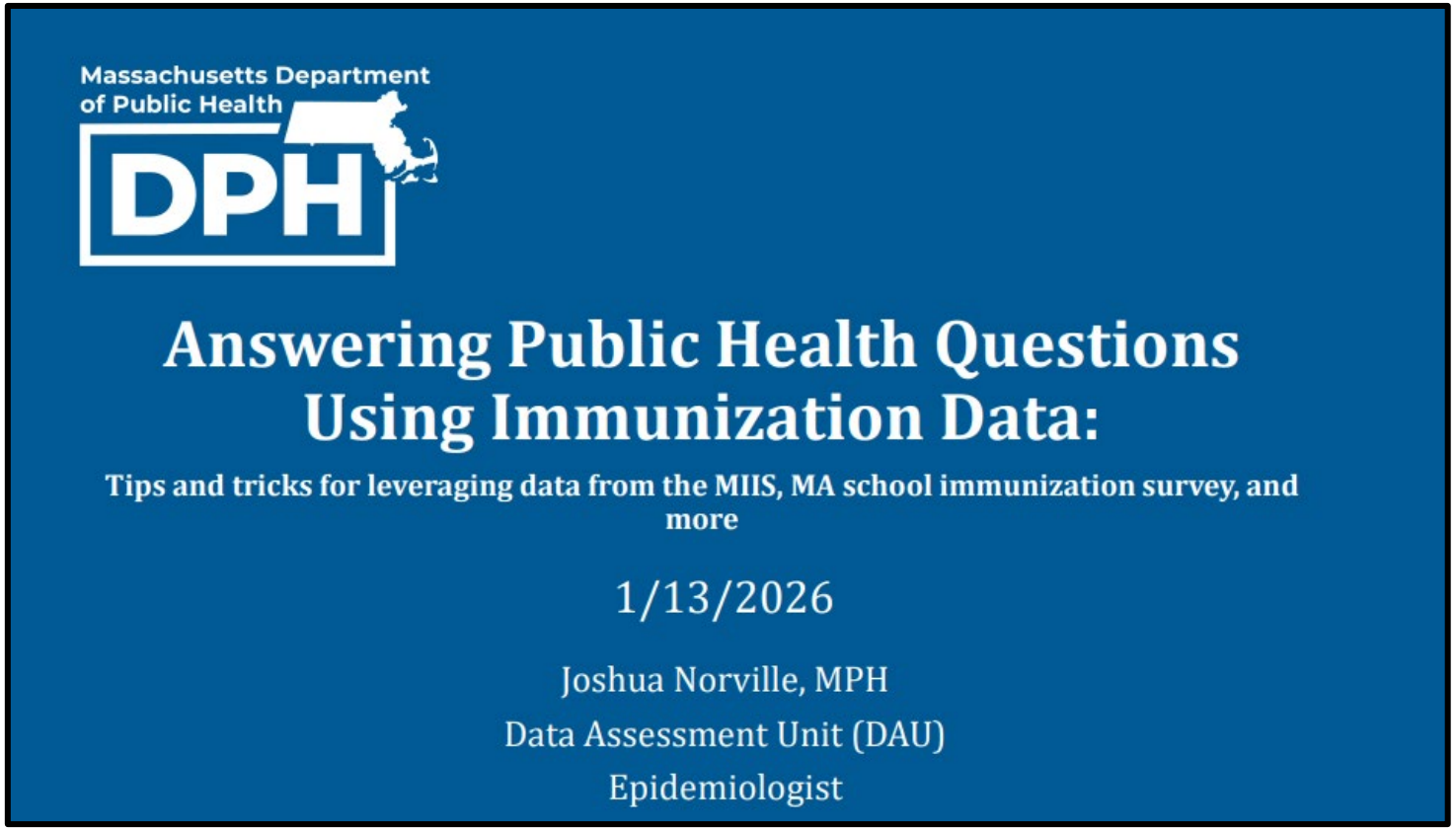
Up to Date	33	32.7%
Primary Series Complete, but not Up to Date	10	9.9%
Primary Series Started, Incomplete	20	19.8%
No Dose	38	37.6%

Answering Common Immunization Questions

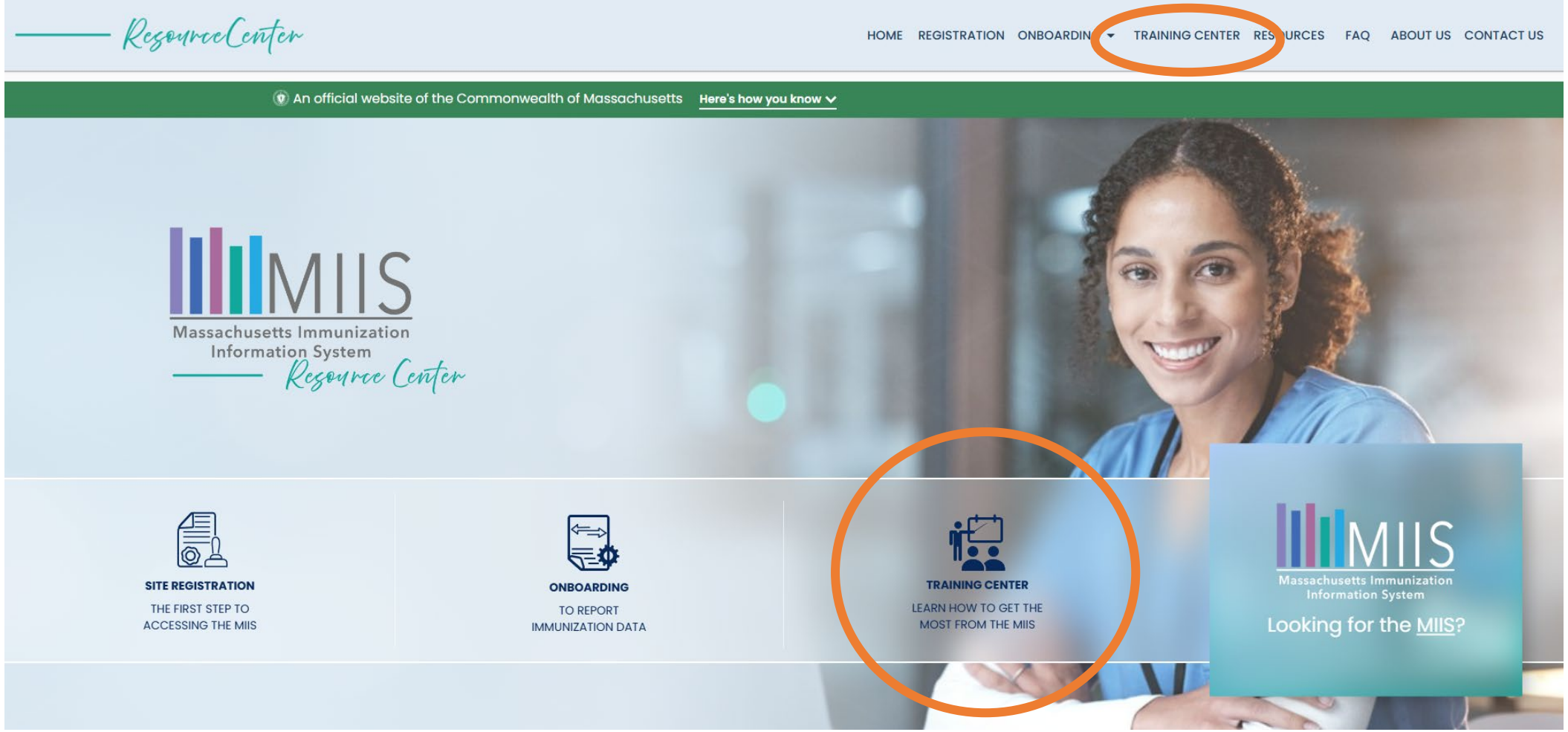
Covers questions like:

- How can I determine flu coverage for my town?
- What does my town's school coverage look like?
- How can I determine which residents are missing a particular vaccine?
- What would a measles exposure in a school look like?
- Where can I find translated immunization materials?



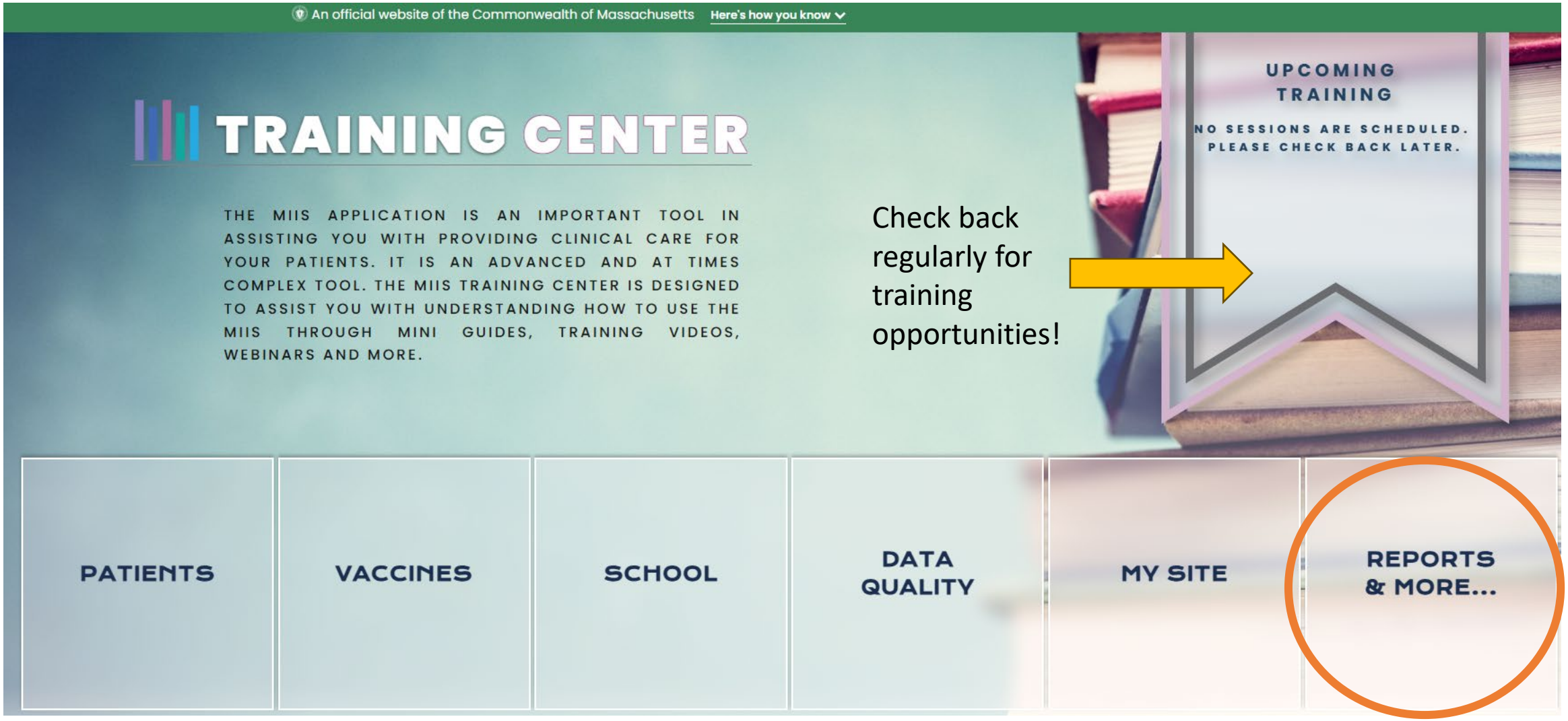
Slides and recorded webinar on the MAVEN Help website

MIIS Resource Center – New look, same resources!



https://resourcecenter.miis.dph.mass.gov/

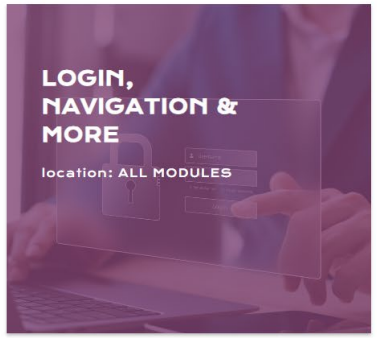
MIIS Resource Center – Training Center

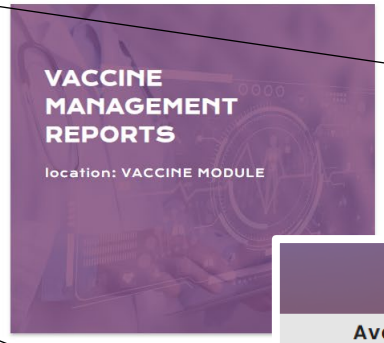


Check back regularly for training opportunities!

MIIS Resource Center – Training Center

Reports & More





Available Resources	Document	Video	Webinar
Coverage Reports	MINI GUIDE		RECORDED WEBINAR
Invalid Dose Report	MINI GUIDE		
Patient Vaccinated Report	MINI GUIDE		RECORDED WEBINAR
Practice Population Report	MINI GUIDE		RECORDED WEBINAR
Reminder Recall Report	MINI GUIDE		

Many topics include resources in both PDF mini-guide and pre-recorded webinar format

https://resourcecenter.miis.dph.mass.gov/

Additional Immunization Communication

Monthly MIIS Newsletter

MIIS
Massachusetts Immunization Information System

October 2025 | Issue 43
Archive

Monthly News & Updates

In This Month's Newsletter:

- Skill UP! - Training Opportunities
- Upcoming Events
- MIIS Resource Spotlight
- DQ Matters
- Top 5 Resources of the Month
- All Aboard!

https://resourcecenter.miis.dph.mass.gov/pages/MIISNewsletterArchive

Vaccine Confidence Newsletter

MASSACHUSETTS VACCINE CONFIDENCE PROJECT

MassVaccineConfidenceProject.org

PROTECT YOUR PATIENTS DURING THE 2026-2027 RESPIRATORY VIRUS SEASON

Dear Massachusetts Healthcare Provider,

The 2026–2027 respiratory illness season is underway, and you play a critical role in protecting Massachusetts communities. The Massachusetts Vaccine Confidence Project (MVCP) is asking for your assistance in promoting immunizations to reduce disease across the state.

Cases of COVID-19, influenza, respiratory syncytial virus (RSV), and pneumococcal disease are expected to increase, straining our healthcare system. Your role in promoting respiratory immunizations is key to protecting patients and easing that burden.

Recent data as of July 4, 2026 show a decline in respiratory vaccine uptake: During the 2025-2026 season, 13% of Massachusetts residents were vaccinated against COVID-19 and 39% were vaccinated against influenza, less than the previous season. This trend underscores the **urgent need for strong vaccine recommendations from trusted providers like you.**

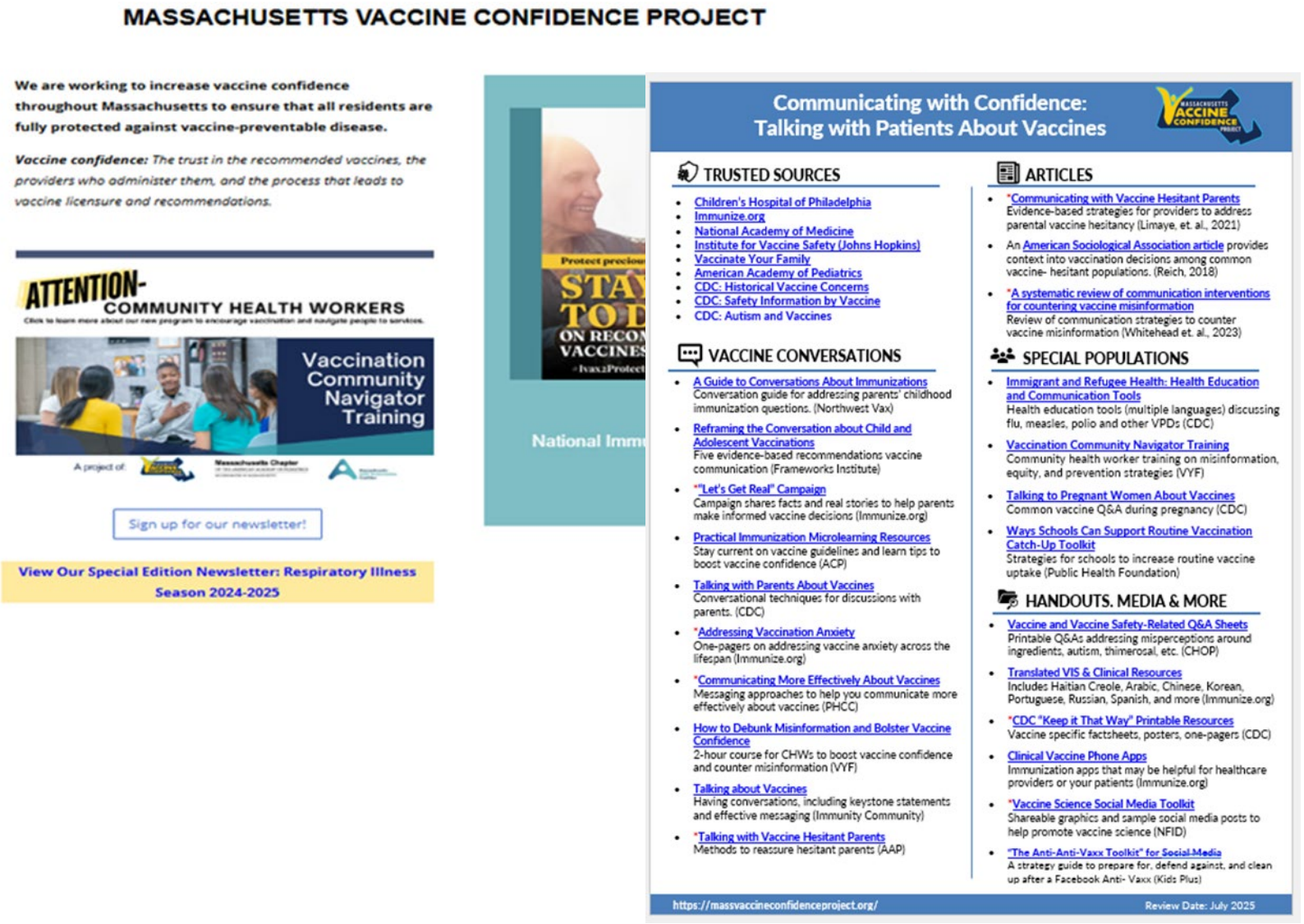
https://massvaccineconfidenceproject.org/

Vaccine Confidence Materials - MVCP

MVCP

https://massvaccineconfidenceproject.org/

- Evidence Based Resources
- Searchable Database
- Training Opportunities
- Upcoming Vaccine Confidence Conferences & Webinars
- MVCP Quarterly Newsletter Sign Up
- Events Calendar



MASSACHUSETTS VACCINE CONFIDENCE PROJECT

We are working to increase vaccine confidence throughout Massachusetts to ensure that all residents are fully protected against vaccine-preventable disease.

Vaccine confidence: The trust in the recommended vaccines, the providers who administer them, and the process that leads to vaccine licensure and recommendations.

ATTENTION- COMMUNITY HEALTH WORKERS

Vaccination Community Navigator Training

Sign up for our newsletter!

View Our Special Edition Newsletter: Respiratory Illness Season 2024-2025

Communicating with Confidence: Talking with Patients About Vaccines

TRUSTED SOURCES
- Children's Hospital of Philadelphia
- Immunize.org
- National Academy of Medicine
- Institute for Vaccine Safety (Johns Hopkins)
- Vaccinate Your Family
- American Academy of Pediatrics
- CDC: Historical Vaccine Concerns
- CDC: Safety Information by Vaccine
- CDC: Autism and Vaccines

VACCINE CONVERSATIONS
- A Guide to Conversations About Immunizations — Conversation guide for addressing parents' childhood immunization questions. (Northwest Vax)
- Reframing the Conversation about Child and Adolescent Vaccinations — Five evidence-based recommendations vaccine communication (Frameworks Institute)
- *"Let's Get Real" Campaign — Campaign shares facts and real stories to help parents make informed vaccine decisions (Immunize.org)
- Practical Immunization Microlearning Resources — Stay current on vaccine guidelines and learn tips to boost vaccine confidence (ACP)
- Talking with Parents About Vaccines — Conversational techniques for discussions with parents. (CDC)
- *Addressing Vaccination Anxiety — One-pagers on addressing vaccine anxiety across the lifespan (Immunize.org)
- *Communicating More Effectively About Vaccines — Messaging approaches to help you communicate more effectively about vaccines (PHCC)
- How to Debunk Misinformation and Bolster Vaccine Confidence — 2-hour course for CHWs to boost vaccine confidence and counter misinformation (VYF)
- Talking about Vaccines — Having conversations, including keystone statements and effective messaging (Immunity Community)
- *Talking with Vaccine Hesitant Parents — Methods to reassure hesitant parents (AAP)

ARTICLES
- *Communicating with Vaccine Hesitant Parents — Evidence-based strategies for providers to address parental vaccine hesitancy (Limaye, et. al., 2021)
- An American Sociological Association article provides context into vaccination decisions among common vaccine- hesitant populations. (Reich, 2018)
- *A systematic review of communication interventions for countering vaccine misinformation — Review of communication strategies to counter vaccine misinformation (Whitehead et. al., 2023)

SPECIAL POPULATIONS
- Immigrant and Refugee Health: Health Education and Communication Tools — Health education tools (multiple languages) discussing flu, measles, polio and other VPDs (CDC)
- Vaccination Community Navigator Training — Community health worker training on misinformation, equity, and prevention strategies (VYF)
- Talking to Pregnant Women About Vaccines — Common vaccine Q&A during pregnancy (CDC)
- Ways Schools Can Support Routine Vaccination Catch-Up Toolkit — Strategies for schools to increase routine vaccine uptake (Public Health Foundation)

HANDOUTS, MEDIA & MORE
- Vaccine and Vaccine Safety-Related Q&A Sheets — Printable Q&As addressing misperceptions around ingredients, autism, thimerosal, etc. (CHOP)
- Translated VIS & Clinical Resources — Includes Haitian Creole, Arabic, Chinese, Korean, Portuguese, Russian, Spanish, and more (Immunize.org)
- *CDC "Keep it That Way" Printable Resources — Vaccine specific factsheets, posters, one-pagers (CDC)
- Clinical Vaccine Phone Apps — Immunization apps that may be helpful for healthcare providers or your patients (Immunize.org)
- *Vaccine Science Social Media Toolkit — Shareable graphics and sample social media posts to help promote vaccine science (NFID)
- "The Anti-Anti-Vaxx Toolkit" for Social Media — A strategy guide to prepare for, defend against, and clean up after a Facebook Anti- Vaxx (Kids Plus)

https://massvaccineconfidenceproject.org/ Review Date: July 2025

Hosting Flu/COVID Clinics

LBOHs are a critical vaccination access point in many communities. Please consider how your LBOH can facilitate vaccination uptake. This may include:

- In-home/homebound vaccination
- School-located clinics (see DPH's guide on this topic here)
- Drop-in vaccination hours at your LBOH office
- Mobile clinics (especially in partnership with senior housing/council on aging)

If you have questions about the DPH vaccine program or running a vaccine clinic, please reach out to Chris Stuck-Girard, Mobile & Community Vaccination Coordinator (christophe.stuck-girard2@mass.gov)

Hosting A School-Located Vaccination Clinic: A Practical Guide

Developed by the Massachusetts Department of Public Health Immunization Division

Some Massachusetts families struggle to access critical immunizations. School-located clinics can be a powerful tool for increasing vaccination rates in your school community. This resource—as well as the additional resources in section 12—can help you think through how to organize and run your clinic. Reach out to christophe.stuck-girard2@mass.gov with questions and comments.

Contents

1. Understand the need for vaccination in your school(s) 1
2. Set a goal for your clinics 2
3. Ensure that you have the proper standing orders in place 3
4. Determine a place and time for your clinic(s) 3
6. Publicize your clinic 4
7. Setting up your clinic 5
8. Ensuring language access 6
9. Staffing/clinic roles 6
10. Clinic flow 7
11. After the clinic 8
12. Additional resources 9

Upcoming Immunization Events

- **MIAP: November 4th 2026**

30th Annual MIAP Pediatric Immunization Skills Building Conference
November 5, 2025 | 8:00 AM - 4:00 PM

- **MAIC: Spring 2027**

- **Immunization Updates Webinar Series: Early summer 2027**

Questions? Contact us!

MIIS Help Desk: MIIS technical assistance, vaccine reporting.
Contact: 617-983-4335 or miishelpdesk@mass.gov

My Vax Records Consumer Portal for immunization records access.
Contact: myvaxrecords@mass.gov

Quality Assurance Unit VFC Compliance Visits, and Unannounced Storage and Handling Visits.
Contact: immQA@mass.gov

Vaccine Unit Ordering, inventory management and storage & handling of vaccines.
Contact: 617-983-6828 or dph-vaccine-management@mass.gov

Immunization Nurses Clinical nursing subject matter expertise, immunization best practice.
Contact: MDPH nurse for your region https://www.mass.gov/doc/regional-immunization-nurses

Data Assessment Unit School immunization surveys, IQIP program, MIIS data quality, data requests.
Contact: ImmAssessmentUnit@mass.gov or 617-983-4330

Influenza

Massachusetts Department of Public Health

2026-27 Influenza Surveillance for Local Boards Of Health

Division of Epidemiology
Juliana Duncan, MPH

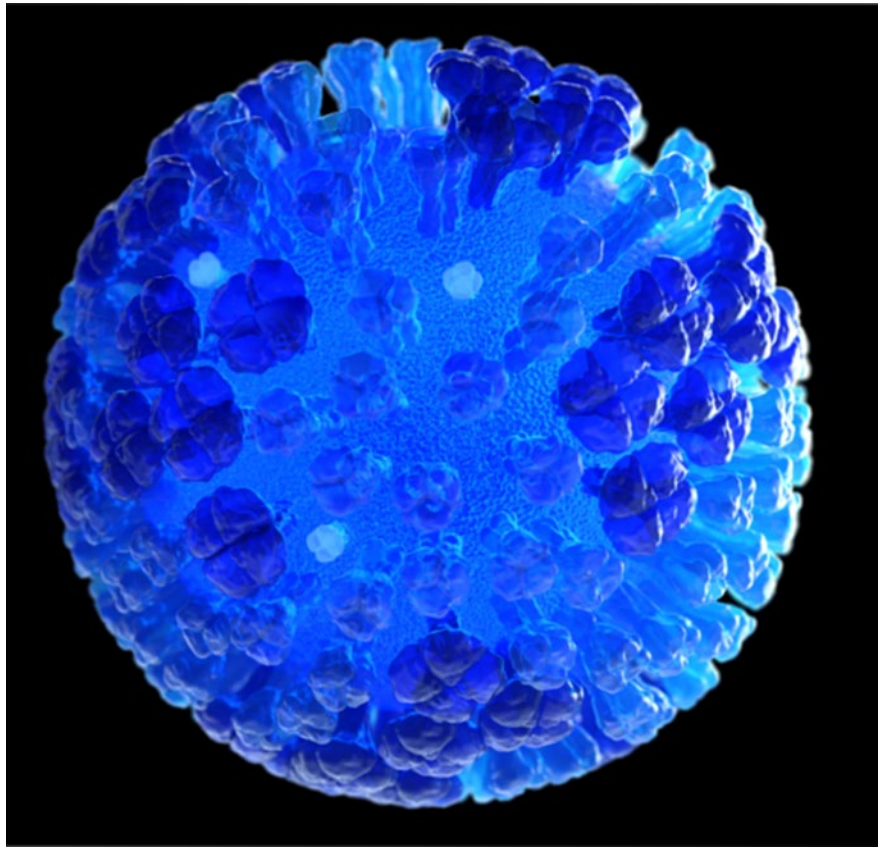
Influenza Agenda Today:

- Background, Clinical Presentation, and Epidemiology of Flu
- Influenza Reporting and Surveillance in MA
  1. Influenza-like illness (ILI)
  2. Hospitalizations
  3. Influenza Positive Lab Test Results reported to the MDPH
  4. Deaths
- Role of Local Health in Influenza-like illness (ILI) Clusters and Follow-up
  1. Positive Influenza Lab Results
  2. Influenza-Associated Pediatric Deaths (< 18 years old)
  3. Respiratory/Influenza Clusters

Risk Less. Do More. HHS Campaign Materials Available

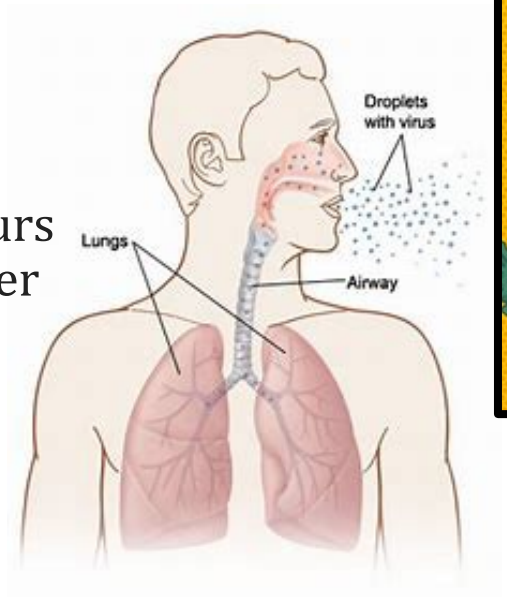
Influenza (Flu) Viruses

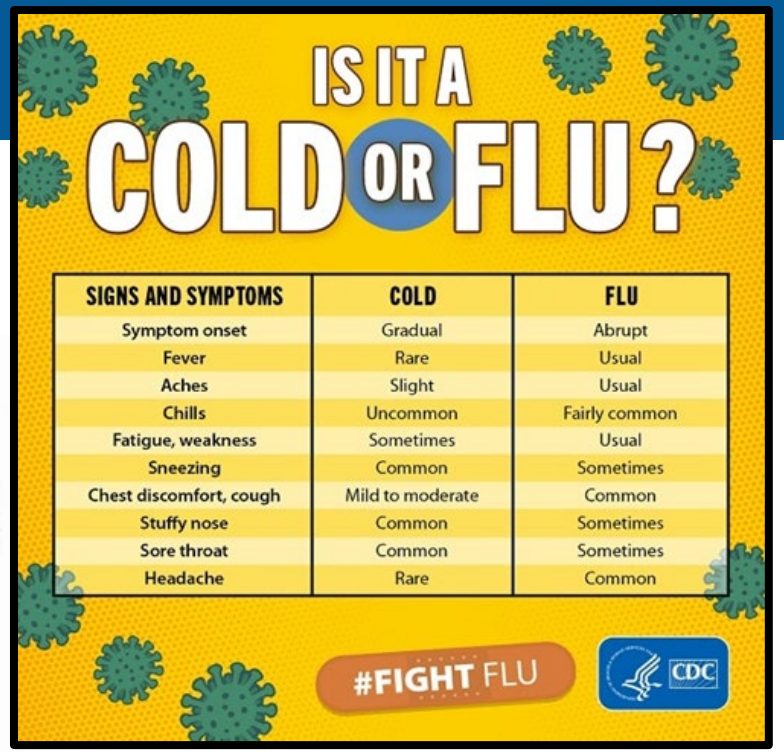
- Influenza is an acute respiratory disease caused by infection with influenza viruses.
- There are two main types of human flu viruses: types A and B. The flu A and B viruses that routinely spread in people are responsible for seasonal flu epidemics each year.
- Influenza is not to be confused with *Haemophilus influenzae* infections caused by bacteria, or the "stomach flu."



Influenza: The Basics

- **Transmission:** Mainly droplet transmission
  - Less often, surface transmission may be possible
- **Incubation Period:** Ranges from 1 to 4 days
- **There is NO quarantine for influenza exposure**
- **Infectious Period:** Peak virus shedding usually occurs from 1 day before onset of symptoms to 3-4 days after (up to 5-7 days after).
- **Prevention:**
  - Flu vaccination!
  - Everyday preventive actions (staying away from people who are sick, covering coughs & sneezes, and handwashing)
- **Treatment:** There are flu antiviral drugs that can be used to treat flu illness.



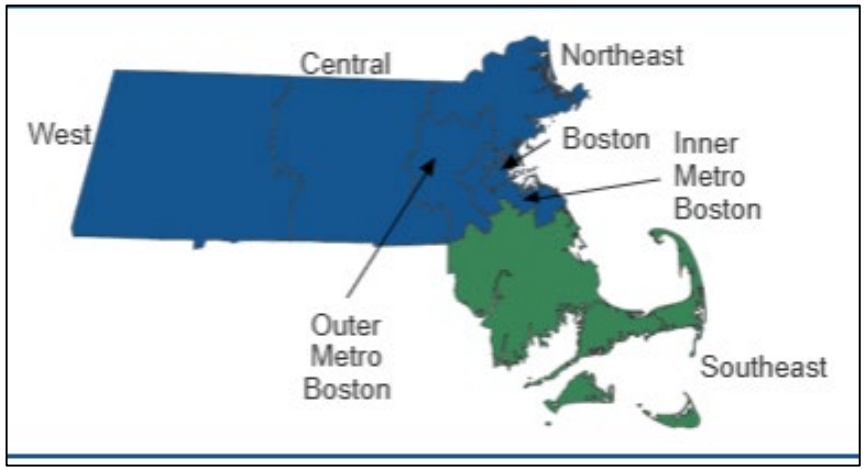


SIGNS AND SYMPTOMS	COLD	FLU
Symptom onset	Gradual	Abrupt
Fever	Rare	Usual
Aches	Slight	Usual
Chills	Uncommon	Fairly common
Fatigue, weakness	Sometimes	Usual
Sneezing	Common	Sometimes
Chest discomfort, cough	Mild to moderate	Common
Stuffy nose	Common	Sometimes
Sore throat	Common	Sometimes
Headache	Rare	Common

Seasonality: While detected year-round, "flu season" is October through May, typically peaking between December and February.

The Goal of Influenza Surveillance

- **Tracking the Influenza Virus** each season is multifaceted (it's not as simple as counting cases!) and we look at many different data sources combined to help CDC to:
  - Find out when and where influenza activity is occurring
  - Track influenza-related illness
  - Determine what influenza viruses are circulating
  - Detect changes in influenza viruses
  - Measure the impact influenza is having on hospitalizations and deaths in the United States



Last week (week 39)

So what does MDPH do when it comes to flu?

- **Tracking Influenza each season** requires data from many sources and is less about exact numbers than identifying trends in real time.
  - We know not every sick person receives a reported influenza test, so we look to other indicators to see where we are in the season and how the virus has changed from one season to the next (so we can allocate resources and plan for next season's vaccines).
- **We look at:**
  1. Influenza-like illness (ILI) from participating Sentinel Surveillance Sites
  2. Hospitalizations
  3. Influenza Positive Lab Test Results reported to the MDPH
  4. Regional Activity Levels
  5. Influenza Mortality
- These weekly markers are analyzed and assist us to classify the severity using historical data collected during past influenza seasons.

Influenza Dashboard – mass.gov

Find regional ILI activity levels here

All positive molecular tests reported by MA labs

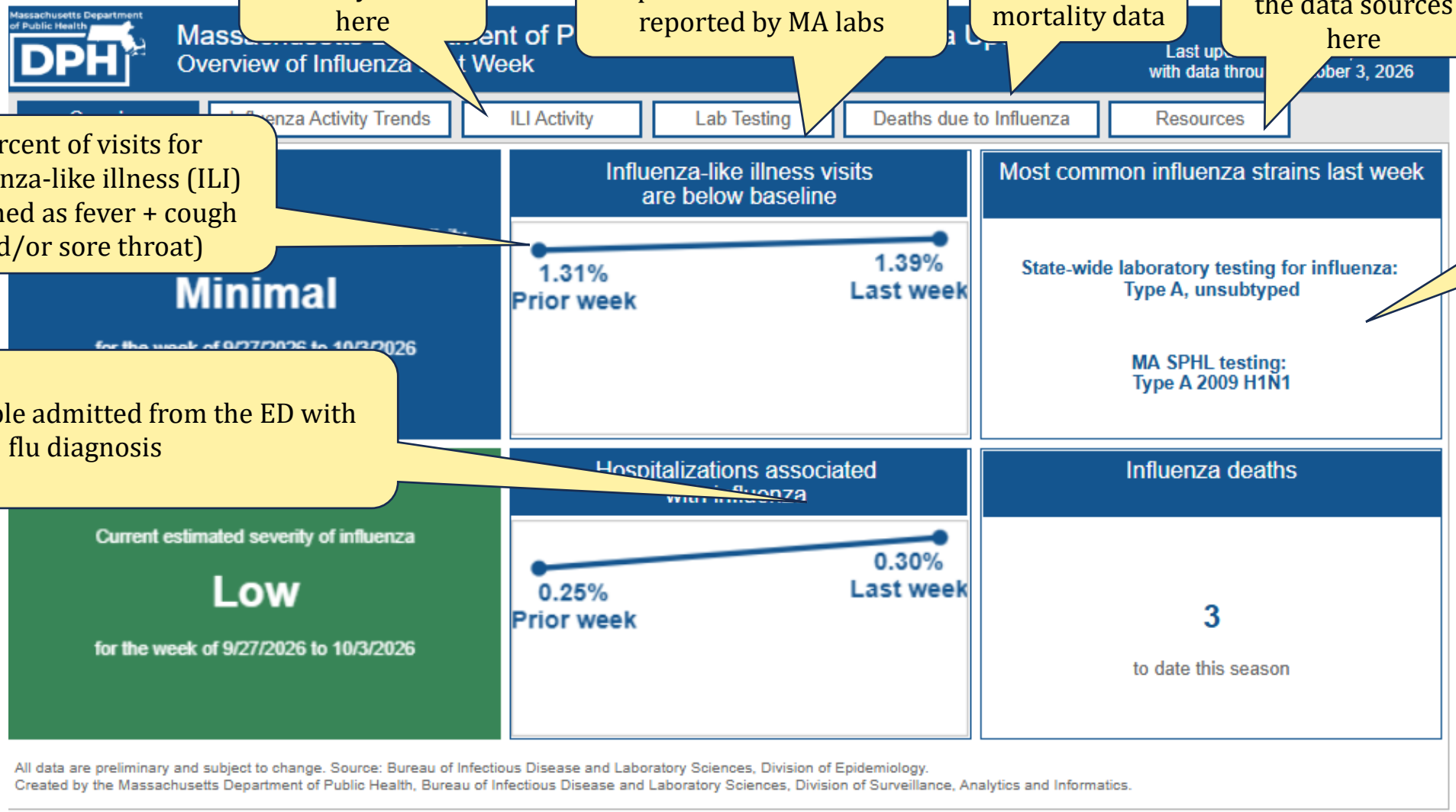
Adult and pediatric mortality data

Learn more about the data sources here

Percent of visits for Influenza-like illness (ILI) (defined as fever + cough and/or sore throat)

Learn if we're seeing more flu A or flu B

Percent of people admitted from the ED with flu diagnosis



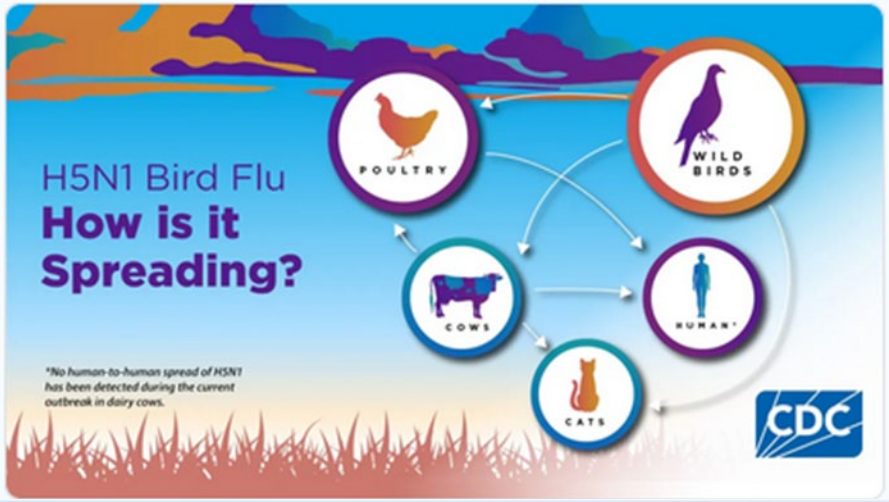
Our Weekly Flu Dashboard is part of https://mass.gov/respdiseasedata!

Influenza Surveillance FAQs

- **Q. Can I track our flu data in MAVEN?**
  - **A.** Yes, you could run a report for flu events in your jurisdiction by doing an Event Information Extract by Disease (Select Influenza) (see MAVEN Reports Tip Sheet) but remember there are many other data points that go into monitoring and tracking the flu season and just looking at positive labs may not show the whole picture.
    - There are also the Massachusetts Flu Dashboard and CDC's Flu View page which show national weekly trends.
- **Q. Are ILI and Flu Hospitalization Data Tracked in MAVEN?**
  - **A.** No, these data are not in MAVEN and are compiled from other reporting sources. Remember to check out the Respiratory Illness Reporting Dashboard for more information.

Highly Pathogenic Avian Influenza (HPAI) Update!

- **Monitoring is ongoing.** We will continue to subtype flu positive specimens received at MA SPHL so that we can identify any variant or novel strains.
- **Where did it go?** Bird flu activity typically decreases in the summer before increasing in the winter partly due to migration patterns; for dairy herds, there may be less susceptible herds available for infection
- USDA APHIS continues testing and is identifying the virus.
- Questions related to wildlife, livestock and agricultural fairs should be directed to the Massachusetts Department of Agricultural Resources (**MDAR**) at **617-626-1700**.



Highly Pathogenic Avian Influenza (HPAI) Update!

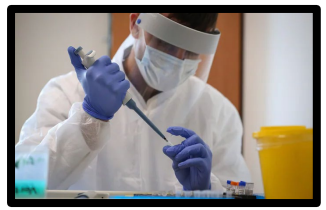
- Reporting observations of sick or dead wild birds to the Division of Fisheries and Wildlife.
  - If you find 5 or more deceased or ill wild birds at a single location OR
  - You observe a deceased bald eagle, peregrine falcon, or snowy owl
- Report observations of illness in domestic poultry to MDAR.
- MDAR will notify DPH of positive domestic flocks or herds and in turn, DPH will notify LBOHs of any required follow up.
- What happens if there are a few dead birds on a homeowner's property and local animal control is unable to help?
  - Instructions for safely disposing of dead birds.

LBOH & Influenza

LBOH Overview: Influenza In MAVEN

1. **Positive Influenza Lab Results are reported electronically to MAVEN by Clinical Laboratories.**
   - These generate Influenza Virus events in MAVEN but require no follow-up and appear in your **LBOH Notification but no follow up needed workflow.** You can use the bulk action feature to update Step 1 (LBOH Notification) to YES. See Tipsheet Here

2. **Influenza-Associated Pediatric Deaths (< 18 years old) must be reported directly to the Epidemiology Program by Healthcare Providers.**
   - Pediatric Deaths are high profile and require additional investigation and data collection. Sometimes there may be community control measures (such as a flu vaccination campaign at the child's school or other support for the community). MDPH Epis will work with you to assist in these situations.



3. **Respiratory/Influenza Clusters are reportable via the Influenza/Respiratory Illness Facility Cluster Reporting Form in facilities such as:**
   - Long Term Care Facilities (LTCFs), Assisted Living Facilities (ALFs), Group Homes, Correctional Facilities, Daycares/Schools/Colleges, Hospitals, and Other Congregate Settings.
   - LBOH can provide guidance on control measures and assist with follow-up as needed.
   - Clusters can be updated by opening the email submitters receive after submission and clicking on the link provided in the email.

1. Individual Influenza Cases

- **Individual cases of influenza typically are not investigated.**
  - We expect to see positive flu labs in MAVEN each year, but LBOH are not expected to do more than **bulk acknowledge** these cases (in the **LBOH Notification but no follow-up required** Workflow).
  - The rare exception to this might be severe or unusual complications (such as a pediatric death) or when the infecting virus is suspected or confirmed to be of animal origin (most frequently highly pathogenic avian influenza (HPAI)), or a variant strain. (DPH Epi will provide Guidance)
  - **Isolation & Quarantine:** There is no official isolation or quarantine period for cases or exposed individuals. Ill individuals should stay home while sick and comply with typical school or work sick policies. See Staying home to prevent the spread of respiratory viruses | Mass.gov for guidance.
  - **NOTE:** Rapid antigen flu tests are not reportable. LBOH should not create an individual flu event. If you have questions, contact MDPH and we can help troubleshoot.

2. Influenza-Associated Pediatric Deaths

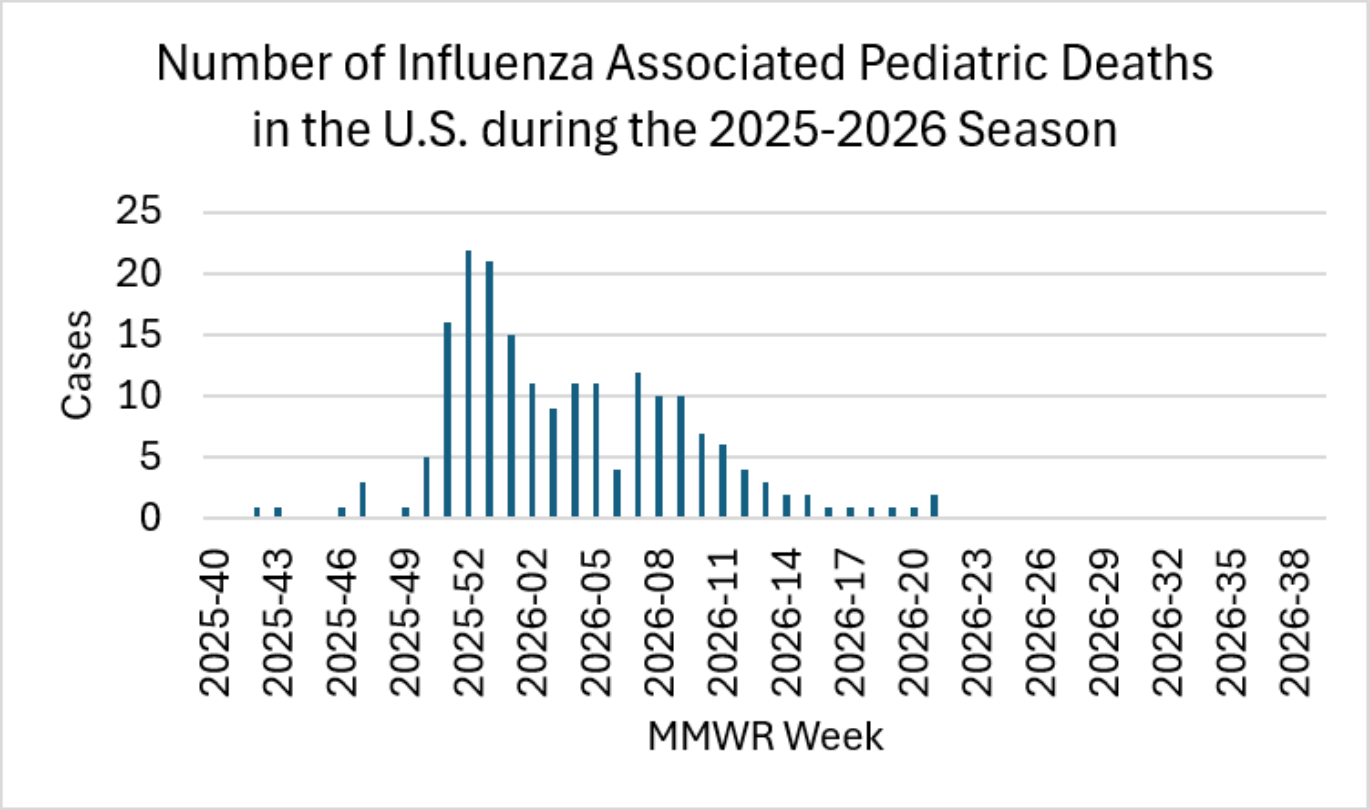
- **Influenza-Associated Pediatric Mortality Reporting**
  - Influenza-associated deaths in children (persons less than 18 years of age) were added as a nationally notifiable condition in 2004. Any laboratory-confirmed influenza-associated death in a child is reported through this system.
  - Demographic and clinical information are collected on each case and transmitted to CDC.
- **MDPH Epis will take the lead on these events but work closely with local jurisdictions.**

Pediatric Influenza-Associated Deaths in MA

Year	Count
2010-2011	0
2011-2012	1
2012-2013	0
2013-2014	6
2014-2015	1
2015-2016	1
2016-2017	2
2017-2018	2
2018-2019	1
2019-2020	4
2020-2021	0
2021-2022	1
2022-2023	7
2023-2024	5
2024-2025	10
2025-2026	9

2. Influenza-Associated Pediatric Deaths, con't.

- **MA Data: 9 deaths during the 2025-2026 season**
  - 7 children were not vaccinated
    - 4 had coinfections
    - 3 had underlying illnesses
  - Among the vaccinated children
    - 1 had coinfections
    - 1 had underlying illnesses
- National data through 9/12/2026 indicate there have been 193 pediatric deaths this past season
  - 48.2% female & 51.8% male
  - Vaccination data only known through the May 2026 update: 85% of the 174 deaths occurred in children who were not fully vaccinated

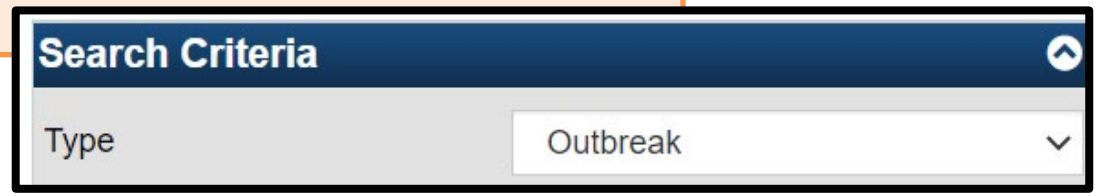


3. Influenza Clusters in Long Term Care Facilities (LTCFs) /Assisted Living Facilities (ALFs)

- If you get a call from a facility in your community reporting a cluster of respiratory illness or influenza illness:
  - Facility should complete the reporting form online here: Infectious Disease Case Report Forms (mass.gov)
  - This will create a cluster event in MAVEN. Clusters can be updated by opening the auto email submitters receive after submission and clicking on the link provided in the email.
  - Epidemiologists are available should a facility or LBOH have questions. We will reach out if there is missing information or to discuss control measures as needed.
  - As the LBOH, you can task yourself to the cluster as well.

A note about MAVEN:

- Flu/ILI clusters do not appear in a workflow
- You can search for them using the MAVEN ID *or* search using Type = "Outbreak":



Control Measures for Long Term Care Facilities (LTCFs) /Assisted Living Facilities (ALFs)

Test	Isolate	Treat	Prevent	Report
• Symptomatic people for COVID and flu • Consider full respiratory panel • NO 'outbreak' testing like with COVID-19	• Flu cases on droplet precautions • Cohort flu and COVID cases separately	• Discuss use of antivirals for ill residents • Consider PEP for non-ill residents	• Surveillance for new cases • Hand hygiene and cough etiquette among staff • Vaccinate! (residents and staff)	• DPH Epi (Infectious Disease Case Report Forms (mass.gov)) • LBOH • Licensing agency (HCSQ or EOEA)

Influenza Clusters in Schools/Daycares

- **Q: What if a school calls you and says that 20% of their 4th and 5th grade students are out due to respiratory illness?**

A: Depending on the time of year and the ILI activity we are seeing, this may not be surprising. They can always report this via the cluster reporting form Infectious Disease Case Report Forms (mass.gov) and we can make recommendations, including:

- Emphasize vaccination – both flu and COVID
- Stay home when sick and consider testing
- Good hand hygiene and covering coughs/sneezes
- Take antivirals if your clinician prescribes them for you
- Consider sending a fact sheet about influenza/notification to families about flu season

Flu Follow-Up FAQs

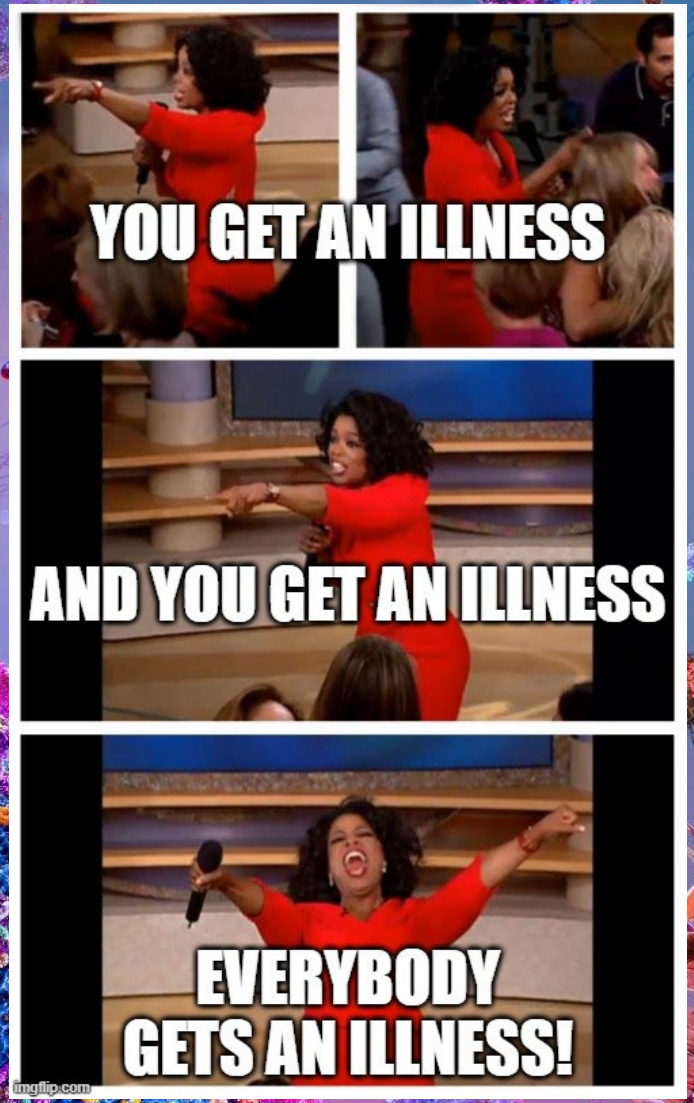
- **Q: What happens if a school in your community calls you and they want to shut down due to cases of flu in the school?**
  - **A**: Typically, we try to discourage closing of schools. Unless there are not enough staff to keep a school running safely, we want schools to remain open. Feel free to call 617-983-6800 to speak to an epidemiologist if this occurs.
- **Q: Should we recommend mask wearing if there is an outbreak of respiratory illness in a school setting or some other setting?**
  - **A**: We defer to local jurisdictions for decision making around control measures. We can certainly be consulted and provide guidance, but the decision is up to the local health department.

Summary of LBOH Role in Flu Casework

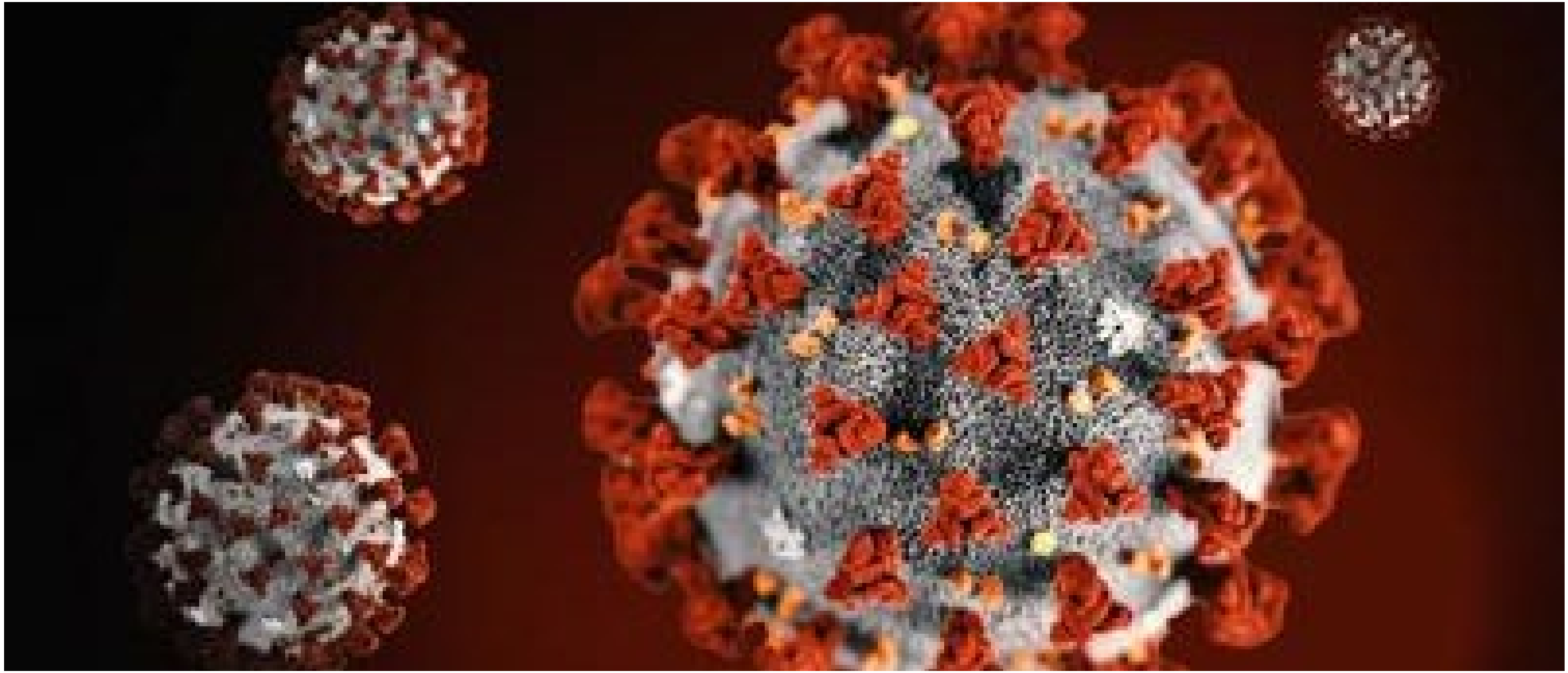
- **Individual Influenza MAVEN Cases/Events** – no follow-up required!
  - Will be in "LBOH Notification but no follow up needed" workflow for bulk review.
- **MAVEN ILI & Influenza Clusters -** Infectious Disease Case Report Forms (mass.gov)
  - Long Term Care Facilities (LTCF)/Assisted Living Facilities (ALF)
    - Have sites submit online a cluster report form if they haven't already
  - Schools/Daycares
    - Provide general guidance found here Staying home to prevent the spread of respiratory viruses
    - LBOH can complete cluster report form if helpful or have them complete the cluster report form which will initiate a DPH epi response to provide guidance.

Guidance for Additional Respiratory Illnesses

- COVID-19
- RSV
- *Haemophilus influenzae* (HI)
- *Streptococcus pneumoniae*



COVID-19



COVID-19 in MAVEN

- **Reminder: MDPH expectations for comprehensive COVID-19 case investigation and contact tracing at the local level for all individual cases were discontinued in December 2021.**
  - AKA: The LBOH provides control recommendations and support as needed and advises on implementation of Respiratory Illness Guidance in your community.
  - LBOHs are no longer required to document/chase down each individual COVID-19 case.
- **Summer 2023 Update:** COVID-19 is no longer an "immediate" disease in MAVEN.
  - You have two COVID-19 Notification Workflows.
  - How to Treat COVID-19 Events in MAVEN:

★	LBOH Notification for Adult (= or > 18 years) Immediate Disease (COVID only)
★	LBOH Notification for Pediatric (<18 years) Immediate Disease (COVID only)

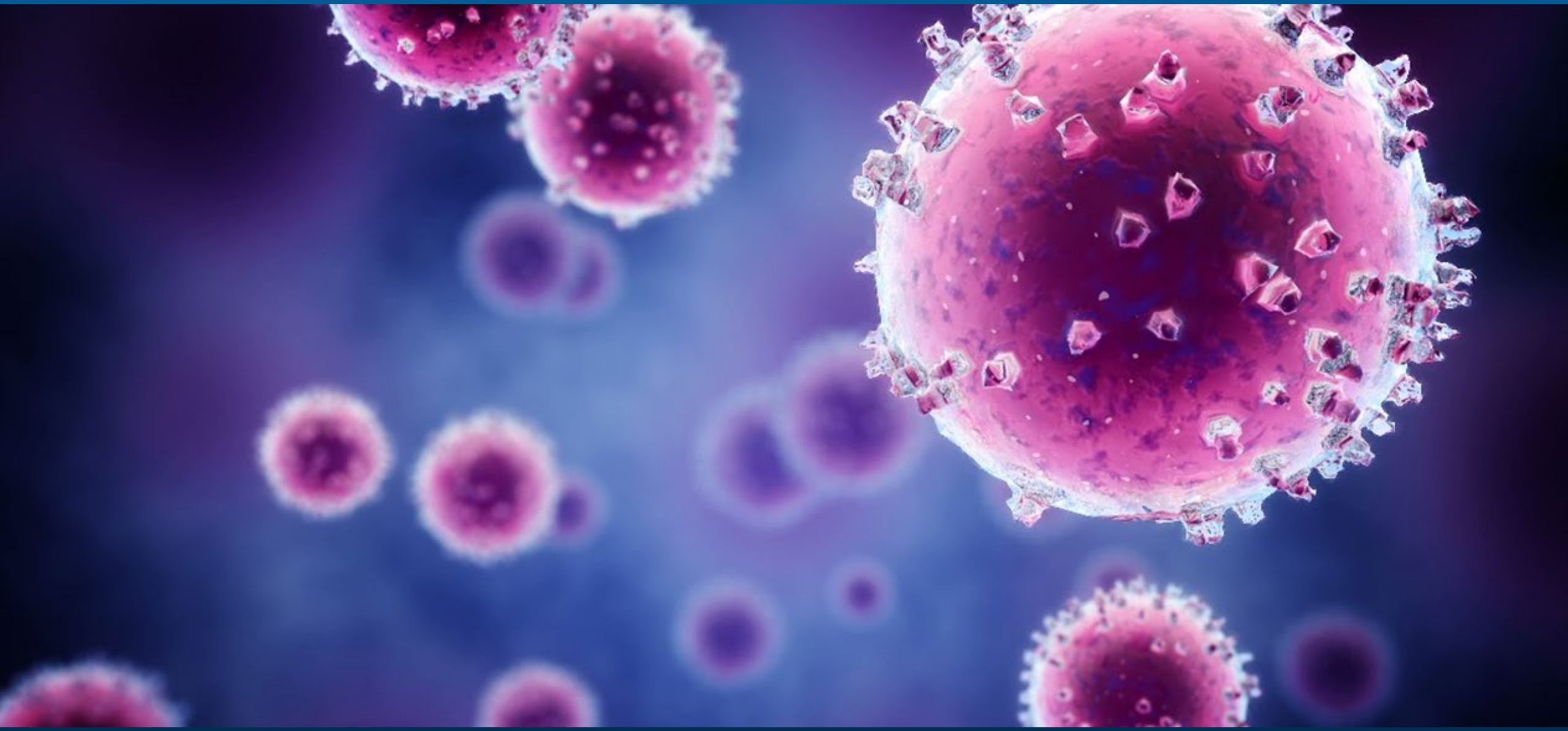
    - Two LBOH Notification Workflows remain to provide a snapshot view of reported COVID-19 cases in your jurisdiction. Timely acknowledgement for COVID-19 Events by LBOH MAVEN Users will help keep workflows in operation.
      - **Individual Events:** Populate Admin QP Step 1 manually by going into each case individually, or
      - **Bulk Action:** Selecting a bulk action "Set LBOH Notification to Yes" to acknowledge all events in the workflow simultaneously.
    - Due to workflow volume restrictions, COVID-19 Events will only remain in the two Notification Workflows for approximately 7 days from 1st positive specimen date, then MAVEN automatically removes them from the workflow.

COVID-19 Reporting in Healthcare Settings

DPH.BHCSQ@mass.gov
(617) 753-8000

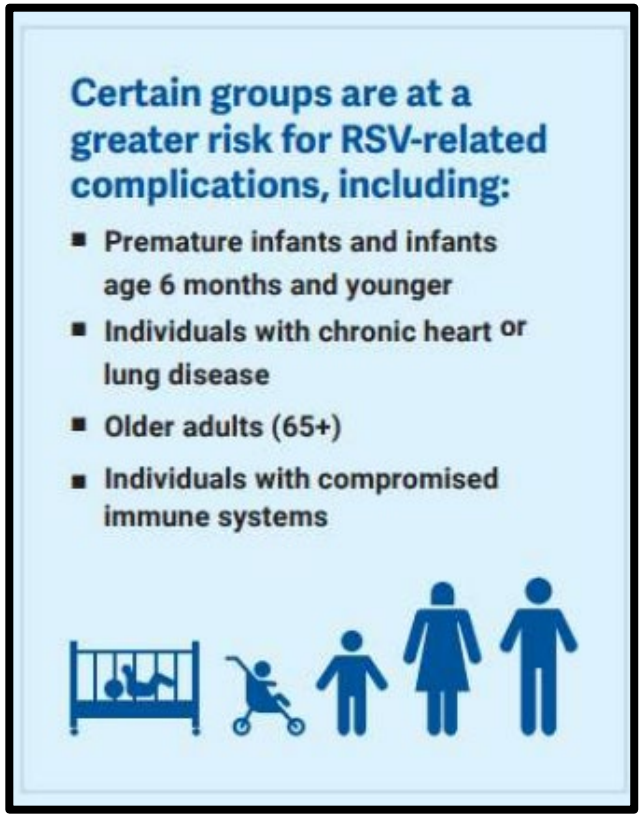
- **LBOH: If you get a call from a healthcare facility in your community reporting a cluster of COVID-19:**
  - Support the facility and refer them to the 24/7 Epi Line: 617-983-6800 if they need additional guidance or support.
    - DPH Epidemiologists are no longer routinely assigned to investigate COVID-19 clusters.
  - Facility should complete BHCSQ reporting in HCFRS: Health Care Facility Reporting | Mass.gov.
    - Reports should only be submitted when it has been greater than 28 days since the last positive case.
  - Facilities are also required to submit weekly respiratory virus data (including staff and resident vaccination) to NHSN: Nursing Homes Data Dashboard | NHSN | CDC

Respiratory Syncytial Virus (RSV)



Respiratory Syncytial Virus (RSV)

- **Respiratory syncytial virus** (RSV) is a common cause of respiratory illness in all age groups.
  - Almost all children will have had an RSV infection by their second birthday.
- **Symptoms** include:
  - Runny nose
  - Coughing
  - Sneezing
  - Fever
  - Decreased appetite
  - Wheezing
- **Infectious Period**: Typically begins 1-2 days before symptoms begin through 3-8 days after symptom onset.
- **Seasonality**: Begins in fall and peaks in the winter in most regions of the US
- Most people recover in 1-2 weeks, but it can also cause severe infections such as bronchiolitis and pneumonia or even death.
  - Infants, young children and older adults are at increased risk of severe RSV.

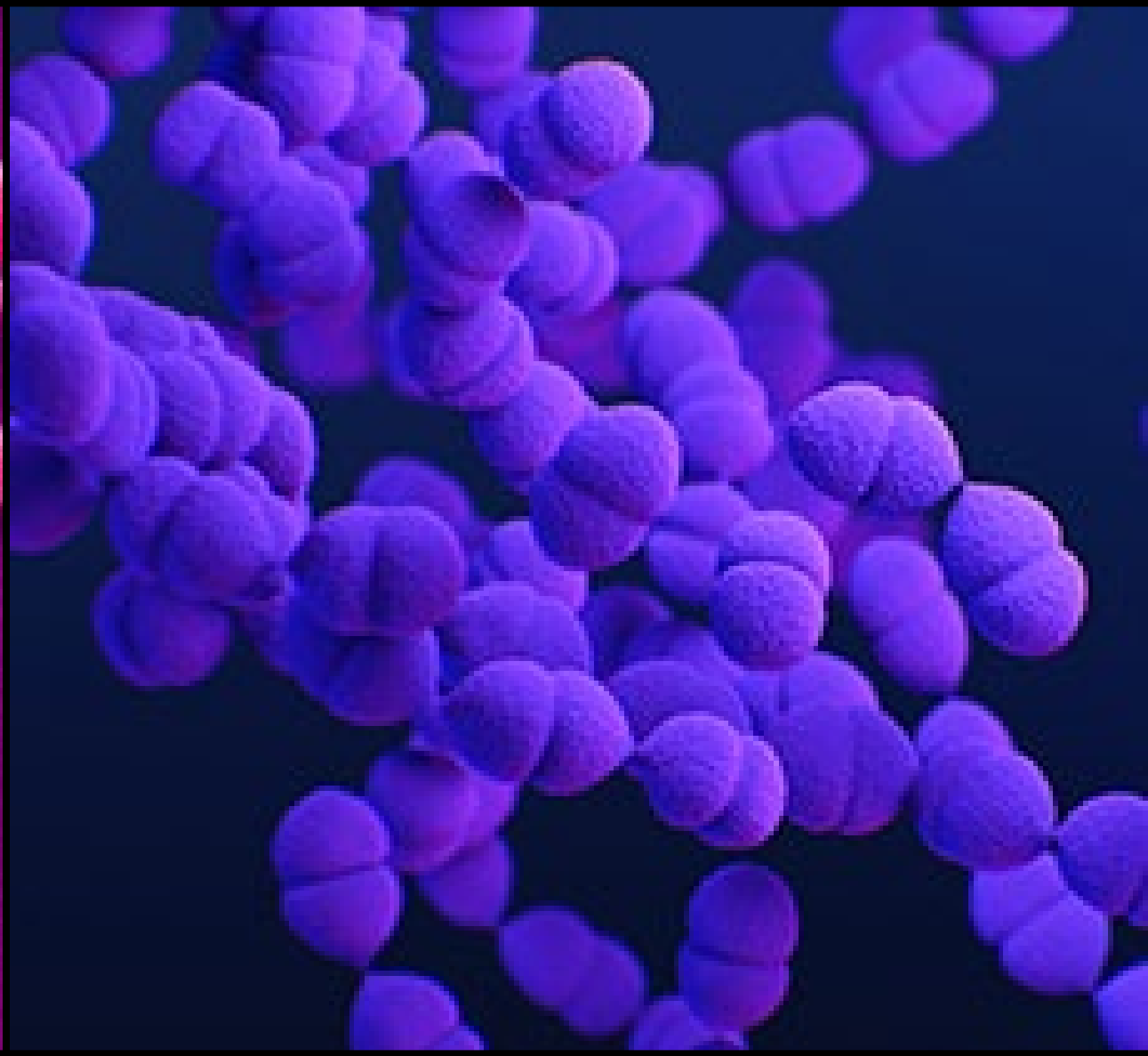


Symptoms and Care of RSV (Respiratory Syncytial Virus) | CDC

RSV: No LBOH Follow-Up

- RSV is **NOT** a reportable condition in MA.
- **Generally, RSV cases will not be in MAVEN** and do not need to be created if you learn of a case.
  - The exception is if someone is tested with a panel that includes a reportable condition (like COVID-19). If they are positive for RSV, that result will appear but NO follow-up needs to occur.
  - DPH does investigate RSV-associated pediatric deaths (identified through Vital Statistics and provider reporting).
- **Clusters of RSV (in healthcare or non-healthcare settings)** may be reported using the Respiratory Cluster Report Form (Infectious Disease Case Report Forms (mass.gov))
  - LBOH can provide general infection control guidance.

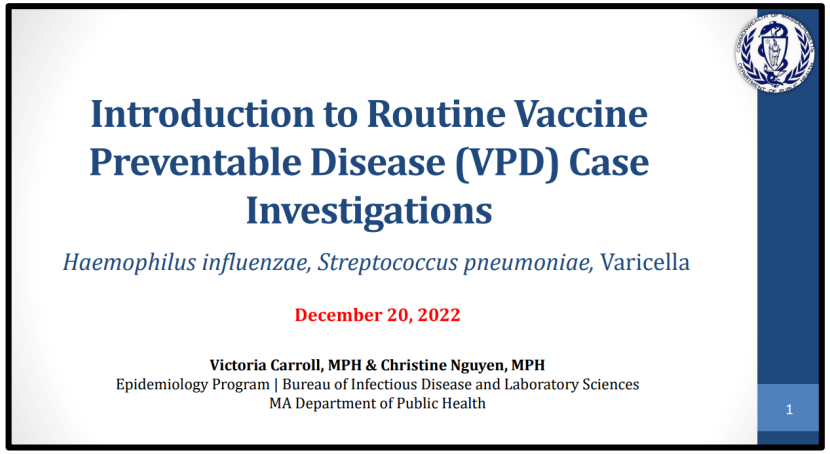
Haemophilus influenzae (HI) & *Streptococcus pneumoniae*



Routine MAVEN Events (See MAVEN Help for Guidance!)

- ***Haemophilus influenzae* (HI)**
  - Clinical Presentation and Epidemiology of HI
  - Role of Local Health Follow-up (MAVEN and Control Measures)

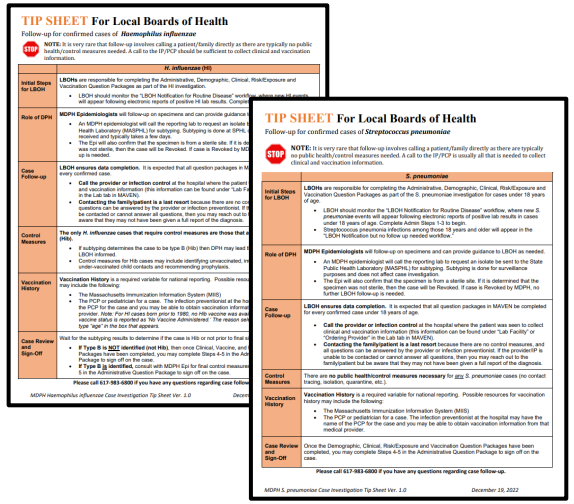
HI LBOH Tip Sheet



Presentation Slides, Recording

- ***Streptococcus pneumoniae***
  - Clinical Presentation and Epidemiology of *S. pneumo*
  - Role of Local Health Follow-up (MAVEN and Control Measures)

S. pneumo LBOH Tip Sheet



HI & *Strep pneumo*: Routine LBOH Follow-Up

- Cases of ***Haemophilus influenzae*** and ***Streptococcus pneumoniae*** generally don't require any public health intervention (no isolation, no quarantine, etc.).
  - EXCEPT *Haemophilus influenzae* type B (Hib) which may require prophylaxis and vaccination recommendations.
- The main goal of public health follow-up is data collection, so please complete all MAVEN question packages for all cases.
  - This can be done by contacting the Infection Preventionist or PCP. Families typically do <u>not</u> need to be contacted directly.

Summary Slide Key Points from Today

- **Vaccine Remains our biggest defense for most of our respiratory season illnesses.**
  - Lots of great vaccine resources and information available.
- **MA Respiratory Illness Dashboard has TONS of information you can access.**
- **LBOH Expectations in MAVEN:**
  - **Routine Casework for Individual Events:**
    - ***Haemophilus influenzae* (HI)** – Routine Event Casework
    - ***Streptococcus pneumoniae*** – Routine Event Casework
  - **NO Casework for Individual Events:**
    - **Influenza** – Lots of surveillance work happening at multiple levels but individual case work not recommended.
      - Influenza Clusters – LBOH may provide guidance on control measures.
    - **RSV** – no individual casework (not reportable)
    - **COVID-19** – no individual casework (yes reportable)

Key Massachusetts Respiratory Illness Resources

- **MA Respiratory Illness Prevention Guidance**
  - General Public: https://www.mass.gov/info-details/staying-home-to-prevent-the-spread-of-respiratory-viruses
  - Health Care Personnel: https://www.mass.gov/doc/guidance-for-health-care-personnel-with-a-respiratory-viral-pathogen-infection-or-exposure

- **MA Respiratory Illness Dashboards** https://mass.gov/respdiseasedata

- **Massachusetts 2026-2027 Respiratory Illness Season Vaccine Recommendations**
  - https://www.mass.gov/info-details/dph-recommended-vaccines#respiratory-virus-season-immunization-recommendations

- **MA DPH Stading Orders Page** https://www.mass.gov/lists/vaccine-model-standing-orders

QUESTIONS?