2024 Vaccine Updates: COVID-19, RSV & Influenza 2024 Updates

COVID-19 Update: Understanding the FLiRT Variants and Latest Vaccines

As we continue to navigate the evolving landscape of COVID-19, staying informed about the latest variants and vaccines is crucial. Here's a brief overview of the current situation and what you need to know:

The FLiRT Variants

The term **FLiRT variants** refer to a group of dominant COVID-19 variants in the U.S. as of July 2024. These variants have evolved from the Omicron strain and are named based on key mutations in the spike protein. One notable variant, **JN1**, has shown a high efficiency at evading the immune system, which can reduce the effectiveness of vaccines administered in previous years. Despite this, current testing and therapeutics are believed to remain effective against these emerging variants.

Updated COVID-19 Vaccines for 2024-2025

To combat these new variants, the 2024-2025 COVID-19 vaccines have been specifically formulated. There are currently three available vaccines:

1. **Pfizer** (mRNA vaccine)
2. **Moderna** (mRNA vaccine)
3. **Novavax** (adjuvant vaccine), which was authorized for emergency use in August 2024.

While Pfizer and Moderna vaccines use mRNA technology, Novavax employs an adjuvant approach similar to vaccines for flu, hepatitis, shingles, and RSV.

Vaccination Schedules

It's important to note that vaccination schedules may vary for individuals who are immunocompromised, completing an initial series, or have received doses outside the U.S. Detailed vaccination schedules can be found on the CDC website.

Respiratory Syncytial Virus (RSV)

Respiratory Syncytial Virus (RSV) is a contagious virus that causes respiratory infections, commonly found in children below the age of 2 years. It can be transmitted through large droplets and secretions from contact with an infected person. A few examples of symptoms include the following: congested or runny nose, fever, sore throat, sneezing, headache.

To prevent infection with RSV, it is recommended to regularly wash hands with soap and water, disinfect any potential surfaces, and avoid close contacts with those suspected to be infected. In addition, monoclonal antibodies are also available for infants and children up to 2 years of age. The monoclonal antibodies are available for prevention of RSV, examples include Synagis and Beyfortus for a select group of infants and children. If infected, treatment for RSV includes mainly symptomatic control and proper hydration.

An important update about RSV vaccine is the newly approved RSV vaccine called mRESVIA. The vaccine, mRESVIA, is a recombinant RSV prefusion F protein vaccine indicated for active immunization of adults 60 years of age and older to prevent RSV-associated lower respiratory tract disease (LRTD). Approved by the FDA on May 31st, 2024, the vaccine utilizes a proprietary technology to produce a

prefusion F protein which is the primary target of neutralizing antibodies. This formulation has been shown to elicit a robust immune response, resulting in a significant reduction in RSV-associated LRTD hospitalization in the target population.

Influenza

2024-2025 Influenza Updates:

All flu vaccines for use in the United States are trivalent (three component) vaccines for the 2024-2025 season. Trivalent influenza (flu) vaccines are designed to protect against three flu viruses.

Recommendations for the use of Influenza Vaccines 2024 –2025:

Routine annual influenza vaccination of all persons aged ≥ 6 months who do not have contraindications continues to be recommended. All persons should receive an age-appropriate influenza vaccine (one that is approved for their age), with the exception that solid organ transplant recipients aged 18 through 64 years who are receiving immunosuppressive medication regimens may receive either HD-IIV3 or aIIV3 as acceptable options.

The Advisory Committee on Immunization Practices (ACIP) makes no preferential recommendation for the use of any one influenza vaccine over another when more than one licensed and recommended vaccine is available, except for selection of influenza vaccines for persons aged ≥ 65 years[†]

Influenza Vaccines Age Indications [expected to be available 2024-25 Flu season] [†]			
≥ 6 months	**≥ 3 yrs**	**2 through 49 years**	**≥ 65 yrs**
Fluarix (egg-based)	Afluria (egg- based)	FluMist (egg-based)	Fluzone, High Dose (egg-based)
FluLaval (egg-based)			Fluad (egg-based)
Fluzone (egg-based)			
Flublok (recombinant HA)			

Flumist:

On September 20, 2024, The Food and Drug Administration (FDA) approved the nasal spray flu vaccine, FluMist, for self or caregiver administration. FluMist is sprayed into the nose and is approved for the prevention of influenza disease in individuals 2 through 49 years of age. FluMist is currently available for administration by a health care provider in a health care setting (including a pharmacy) only. The option for self or caregiver administration is not expected to be available until next flu season (2025-2026).

Timing of Vaccination

Decisions about timing need to consider the unpredictability of the influenza season, possible waning of vaccine-induced immunity over the course of a season, and practical considerations. For most persons who need only 1 dose of 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 viruses are circulating, and unexpired vaccine is available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations. Revaccination (i.e., providing a booster dose) to persons who have been fully vaccinated for the season is not recommended, regardless of when the current season vaccine was received.

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