

FALL 2024 VACCINE UPDATES

	WHAT IS AVAILABLE?	WHO SHOULD GET THIS VACCINE?	WHY SHOULD I GET THIS?	WHEN SHOULD I GET IT?
INFLUENZA (the “flu”)	<ul style="list-style-type: none"> • Inactivated vaccine: standard or high dose • Recombinant vaccine • Live attenuated vaccine 	<ul style="list-style-type: none"> • Inactivated vaccine: <ul style="list-style-type: none"> ◦ 6 months - 64 years old- any age-appropriate vaccine ◦ 65 years and older- either high dose vaccine (Fluzone High Dose or Flublock) or an attenuated vaccine(Fluad) • Live attenuated vaccine: Age 2-49 years old 	Influenza vaccine lowers the chance of needing to see the doctor by 40 to 60 percent. Influenza can lead to mild or severe disease, and even death.	Flu before boo! It’s good to try to get the vaccine by October, although it’s not too late through February
COVID-19- Updated Fall 2024	Updated 2024-2025 formulations are expected this fall, likely in September	Everyone age 6 months and older.	Previous COVID vaccines were about 60% effective in preventing hospitalization. COVID vaccines also prevent death from the infection.	Get the updated vaccine as soon as it’s available for protection against severe disease.
RSV (OLDER ADULTS)	Arexvy or Abrysvo	<ul style="list-style-type: none"> • All persons 75 years and older if they’ve not received the vaccine • Persons 60-74 years of age who are at increased risk of severe disease if they’ve not received it in the past 	Each year, it is estimated that between 60,000-160,000 older adults in the US are hospitalized and 6,000-10,000 die due to RSV. This vaccine protects against severe disease by over 80%.	Ideally, before the winter respiratory season starts . Only one dose needed.
RSV (PREGNANCY)	Abrysvo	Pregnant people (so the baby gets protection for the first few months of life).	RSV causes 58,000 and 80,000 infant hospitalizations each year. This vaccine is 82% effective in the first 3 months and 69% after 6 months.	Between 32 and 36 weeks of pregnancy. Only 1 dose- not to be repeated in subsequent pregnancies instead their infant(s) should receive nirsevimab.
RSV (Infants and Children)	Nirsevimab- This isn’t a vaccine, but a protein. Babies are given the antibodies they need to fight off RSV.	All infants < 8 months. High risk infants 8-19 months (as long as the mother didn’t receive the maternal vaccine at appropriate time)	Nirsevimab effectiveness against RSV-associated hospitalization was 91-98%.	October 1- March 31 Protection lasts about 4-6 months



Check with your healthcare provider to see what vaccines you need to stay healthy!

If you need help paying for vaccines, the Vaccines for Children program can help.

<https://hhs.iowa.gov/immtdb/immunization/vfc>

