

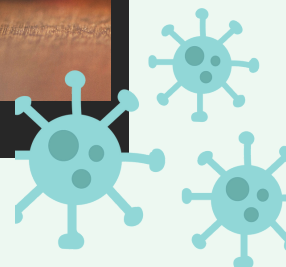


What's Happening This Season?



Inside This Issue:

Flu Overview	2
Who Should Not Receive The Flu Vaccine?	3
Flu Vaccine Information	4
Which Flu Vaccines Are Used?	5
COVID-19 Vaccine	6
What Is Beyfortus (RSV Protection)?	7
Beyfortus Recommendations	8
Flu Vaccine Availability & Payment	9
2025 Flu & COVID Clinic Dates	10



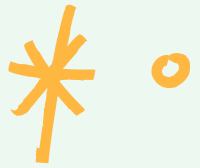
What is the Flu?

Influenza, commonly known as the flu, is a viral illness that affects the nose, throat, and lungs, similar to a cold. While most people recover within 1-2 weeks, the flu can sometimes lead to complications such as pneumonia, ear and sinus problems, dehydration, worsening asthma symptoms, myocarditis, and encephalitis.

What is the Flu Vaccine?

The flu vaccine is an immunization designed to protect against the influenza virus. The flu vaccine is updated annually to match the most common strains of the virus predicted for the upcoming flu season. It is recommended for most people, especially those at higher risk of complications from the flu, such as young children, the elderly, pregnant women, and individuals with certain chronic health conditions.

FLU OVERVIEW



What Are the Symptoms of the Flu?

- Fever
- Fatigue
- Cough
- Sore throat
- Runny or stuffy nose
- Headache and muscle ache
- Vomiting or diarrhea (more common in children)

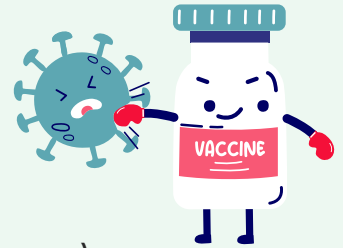
How Can I Catch the Flu?

The flu spreads easily from person to person through direct contact or airborne pathogens released when coughing and sneezing. Additionally, a person can contract the flu by touching their mouth, eyes, or nose after coming into contact with the virus.

Who Is Most at Risk for Getting the Flu?

Everyone is at risk of contracting the flu, but it can cause serious illness in certain individuals. Those most at risk include:

- All children aged 6 months to 5 years
- Everyone aged 50 years and older
- Children and adolescents (6 months to 18 years) on long-term aspirin therapy
- Pregnant women during the flu season
- Adults and children with lung (including asthma), heart (excluding high blood pressure), kidney, liver, brain/nerve, blood, or metabolic disorders (such as diabetes mellitus)



What Is the Treatment?

If your child gets the flu, antibiotics will not be effective. Over-the-counter medications can help alleviate symptoms, but they will not cure the flu or prevent complications. The best remedy for the flu is time. While most children start to feel better within a week, some symptoms may persist for 2-3 weeks. If your child is not improving as expected, you should return to our office for another examination. For information concerning the use of antivirals, please see <https://bluefishmd.com/news/tamiflu-best-use/>

How Can I Prevent the Flu?

The flu vaccine is the best way to protect against the flu. Everyone aged 6 months and older should receive a flu vaccine each year. Babies cannot get their first flu shot until they are 6 months old.

Teaching and reminding children to wash their hands and clean surfaces helps prevent the spread of germs. Encourage kids to wash their hands with soap and water, especially after coughing, sneezing, or wiping their noses.



WHO SHOULD NOT RECEIVE THE FLU VACCINE?

It is recommended that everyone, including breastfeeding mothers, receive the flu vaccine, unless contraindicated (see below for details). In the case of a flu vaccine shortage, the CDC may require us to implement a prioritization plan.

Who Should NOT Get the Injectable Flu Vaccine:

- Children younger than 6 months of age
- Individuals with severe, life-threatening allergies to any ingredient in a flu vaccine (such as gelatin, antibiotics, or other components, excluding egg proteins)
- Individuals who have had a severe allergic reaction to a previous dose of influenza vaccine should avoid receiving that specific flu vaccine again and may not be able to receive other influenza vaccines if they have a history of Guillain-Barré Syndrome (GBS), a severe paralyzing illness

People Who Should NOT Get the Nasal Spray Flu Vaccine:

- Children younger than 2 years old
- Adults 50 years or older
- People with a history of severe allergic reaction to any ingredient of the vaccine or to a previous dose of any flu vaccine
- Children aged 2 through 17 years who are receiving aspirin or salicylate-containing medications
- Children aged 2 through 4 years who have asthma or a history of wheezing in the past 12 months
- Individuals with a weakened immune system (immunosuppression) from any cause
- People who care for severely immunocompromised individuals requiring a protected environment (or avoid contact with them for 7 days after receiving the nasal spray vaccine)
- Individuals without a spleen, or with a non-functioning spleen
- Pregnant women
- Individuals with an active leak between the cerebrospinal fluid and the mouth, nose, ear, or other place within the skull
- Individuals with cochlear implants
- Individuals who have taken flu antiviral drugs within a specific time frame (48 hours for oseltamivir and zanamivir, 5 days for peramivir, and 17 days for baloxavir)



FLU VACCINE INFORMATION

When To Get Vaccinated?

Yearly flu vaccination should start in September and continue throughout the influenza season, which can last until March or beyond. The timing and duration of flu seasons can vary.

Although flu outbreaks can begin as early as October, the peak of influenza activity typically occurs in February or later. It takes about two weeks after vaccination for the body to develop antibodies that provide protection against the flu virus.



One or Two Shots Needed?

- Children 9 years and older: Regardless of past flu immunizations, only one shot is needed this flu season.
- Children under 9 years old: They may need two shots this year. Refer to the chart below to determine the number of shots your child will need this flu season.

If your child needs two flu shots, they should be spaced at least 4 weeks (28 days) apart. There is no specific deadline for the second shot, but the sooner it is administered after the 4-week interval, the better the protection.

	0 flu shots before July 2025	1 flu shot before July 2025	2 flu shots before July 2025
Under 9 years of age	2 flu shots needed	2 flu shots needed	1 flu shot needed
9 years or older	1 flu shot needed	1 flu shot needed	1 flu shot needed



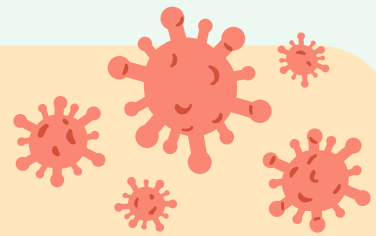
WHICH FLU VACCINES ARE USED?



Which Flu Vaccines Are Used?

Flu viruses continuously change, so the U.S. flu vaccines are reviewed and updated each year. The U.S. Food and Drug Administration's Vaccines and Related Biological Products Advisory Committee assesses the vaccine composition annually and makes adjustments to ensure it matches the flu strains expected to be most common in the upcoming season. Flu vaccines for the U.S. 2025-2026 season will include egg-based vaccines and cell/recombinant-based vaccines. Blue Fish will be administering the egg-based vaccine.

Egg-based Vaccines

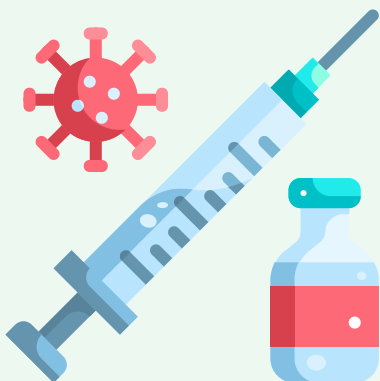


- An A/Victoria/4897/2022 (H1N1)pdm09-like virus
- A/Croatia/10136RV/2023 (H3N2)-like virus
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus

Per CDC, all children with egg allergy of any severity can receive the influenza vaccine without any additional precautions beyond those recommended for any vaccine.

The effectiveness of the flu vaccine can depend partly on how well the vaccine viruses match the circulating viruses. Preliminary estimates from last season show that people who received the flu vaccine were about 40% to 70% less likely to be hospitalized due to flu illness or related complications.

For healthy children aged 2-8 years, the Advisory Committee on Immunization Practices (ACIP) no longer recommends the intranasal spray flu vaccine over the injectable flu vaccine. Recent data from recent seasons have not shown superior effectiveness of the intranasal vaccine. Both the intranasal and injectable vaccines are equally recommended.



Age	Dose
6 months & older (injectable)	0.5 ml injection vaccine regardless of age
2 years & older (intranasal)	Same dosage regardless of age, limited supply this year

COVID-19 VACCINE

COVID-19

The American Academy of Pediatrics is recommending the COVID-19 vaccine for all children, but in particular, it is important for children under 2 years of age and for any child with an underlying medical condition.

The CDC now recommends that children 6 months or older may receive the vaccine if “the parent presents with a desire for their child to be vaccinated” and a healthcare provider recommends it.



Updated 2025-2026 COVID-19 Vaccine Recommendation:

Important data from the winter of 2024-2025 which supports being proactive with the COVID vaccine this winter, especially in children under 2yo age:

1. From July 2024-April 2025, a period that included a high severity influenza season, more infants <1 years had hospitalizations associated with COVID-19 than influenza and more children <2 had reported deaths associated with COVID-19 than influenza.
2. COVID-19 still causes severe disease in infants ages <6 month. It is especially prudent for family members of these infants to be recently vaccinated as the infant cannot receive the vaccine until 6 months of age. COVID vaccines during pregnancy are beneficial.
 - a. Among infants <6 months hospitalized for COVID-19
 - i. 22% were admitted to the ICU
 - ii. 71% had no underlying medical conditions
3. 89 % of COVID-19 vaccine-eligible children and adolescents who were hospitalized with COVID-19 had no record of receiving the most recently recommended COVID-19 vaccines.



The virus that causes COVID-19, SARS-CoV-2, is constantly evolving, and protection from vaccines diminishes over time. Receiving the updated 2025-2026 COVID-19 vaccine can restore and enhance protection against the current variants responsible for most infections and hospitalizations in the United States. COVID-19 vaccination also lowers the risk of developing Long COVID, which can persist after an acute infection and last for an extended period.

Last season, people who received the 2024-2025 COVID-19 vaccine experienced greater protection against illness and hospitalization compared to those who did not. To date, hundreds of millions of people have safely received a COVID-19 vaccine under the most extensive vaccine safety monitoring in U.S. history.

BEYFORTUS (NIRSEVIMAB)

What is Beyfortus ?

Beyfortus™ (nirsevimab) is a prescription long-acting monoclonal antibody used to help prevent severe lung disease caused by Respiratory Syncytial Virus (RSV). Unlike a vaccine, nirsevimab offers immediate protection by providing ready-made antibodies.

The American Academy of Pediatrics recommends nirsevimab for all infants, particularly those at high risk, to protect against severe RSV disease. RSV is a highly contagious virus that leads to significant respiratory illness and annual outbreaks.

Each year in the U.S., RSV results in 58,000 to 80,000 hospitalizations among children under 5 years old, with some needing oxygen, IV fluids, or mechanical ventilation. It also contributes to 100 to 300 deaths in this age group annually.



How Does Beyfortus Prevent RSV ?

Nirsevimab contains monoclonal antibodies, which are man-made proteins that protect against RSV. Though it does not activate the immune system the way an infection or vaccine would, a nirsevimab shot provides protection similar to that of a vaccine.

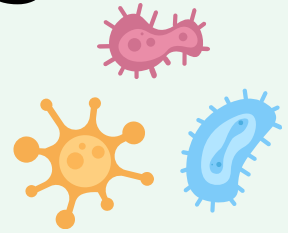
The protection that nirsevimab provides is called "passive immunity" because it does not come from the person's own immune system. Instead, the protection comes from antibodies produced outside a person's body.

On the other hand, the protection that vaccines provide is called "active immunity" because the antibodies are made by a person's own immune system. "Active immunity" requires a person's immune system to take action to defend itself.

How Well Does Beyfortus Work?

Nirsevimab reduces the risk of severe RSV disease by about 80%. One dose provides protection for at least 5 months, which covers the length of an average RSV season. Since nirsevimab does not activate the immune system, its effectiveness is highest in the weeks immediately following administration and decreases over time. While nirsevimab does not offer long-term protection against RSV, it safeguards infants during the period when they are most vulnerable to severe illness. As children grow older, their risk of severe RSV decreases.

BEYFORTUS RECOMMENDATIONS



Beyfortus is Recommended for:

- All infants younger than 8 months old who are either born during RSV season (October through March) or entering their first RSV season. However, if the infant was born more than 14 days after their mother received an RSV vaccine (Abrysvo), Beyfortus (nirsevimab) is not needed.
- Some children aged 8 to 19 months who are at higher risk for severe RSV disease and entering their second RSV season (October through March).
- Some hospitals will offer Beyfortus after birth. However, if the infant did not receive Beyfortus in the hospital **AND** mom did not receive the RSV vaccine (Abrysvo) 14 days prior to birth, Blue Fish will have Beyfortus available to protect the infant. Please discuss this with your pediatrician at any visit.

Who Should NOT Get Beyfortus?

- Children aged 8 months and older who are not at increased risk for severe RSV disease should not receive nirsevimab.
- In most cases, infants younger than 8 months do not need nirsevimab if their mothers received the RSV vaccine at least 14 days before delivery.
- Infants and children with a history of serious allergic reactions to nirsevimab or any of its components should not receive the vaccine.
- Infants and children with bleeding disorders, such as hemophilia, can receive nirsevimab. However, parents should inform their child's healthcare provider so that additional precautions can be taken, as with all intramuscular shots.
- Infants and children with moderate or severe acute illnesses should generally wait until they recover before receiving nirsevimab. The healthcare provider may decide to postpone the vaccination until the child feels better. However, children with minor illnesses, such as a cold, can still receive nirsevimab.

Who Should Get Beyfortus?

Nirsevimab is recommended for infants younger than 8 months old who are either born during or entering their first RSV season if:

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

In general, infants whose mothers received the RSV vaccine do not need nirsevimab.

Additionally, some infants and young children aged 8 to 19 months at increased risk for severe RSV disease should receive nirsevimab before their second RSV season, including:

- Children born prematurely with chronic lung disease
- Children who are severely immunocompromised
- Children with cystic fibrosis and severe disease
- American Indian and Alaska Native children

Children who are recommended to receive nirsevimab but have not yet done so can get it at any time during RSV season.

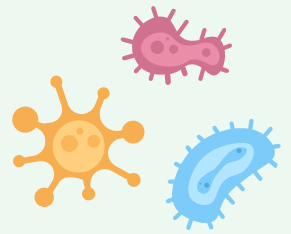
AVAILABILITY & PAYMENT

When Will the Vaccines Be Available?

Starting in September, the flu and COVID vaccine will be available during regular office hours at well visits for all patients of Blue Fish Pediatrics and family members living with patients under 6 months old. Flu and COVID vaccines will also be administered during sick visits if recommended by the doctor. To better serve our busy families, we are offering Saturday flu and COVID clinics. The COVID-19 vaccine will also be available during our clinics. This year, any Blue Fish patient can attend any of our Saturday clinics, regardless of their home office. These clinics are also open to family members living with patients under 6 months old.

Please note:

- We do not carry the high-dose flu vaccine for patients 65 and older.
- The intradermal and recombinant flu vaccines are not available at Blue Fish.
- Flu and COVID vaccine availability may be limited towards the end of the season.
- Blue Fish will only have the Moderna COVID vaccine available this season.
- Combination flu and COVID vaccines are NOT expected until Fall of 2025.



To schedule your flu and/ or COVID vaccine for the Saturday clinics, use our Bookafy system. The scheduling link is available [here](#). For more information and to book online, please visit our 2025-2026 Flu Information page on our website.

Flu Vaccine Payment

Please review the following information carefully, as it involves some complexities that are beyond our control.

For parents and family members who are not Blue Fish patients, the flu vaccine will be available at cash prices. If you prefer to use your insurance, please arrange for the flu vaccine through your regular doctor. The COVID vaccine will only be available for Blue Fish patients.

Cash-Paying Patients

- Injection: \$45
- Nasal Vaccine: \$45
- If eligible for VFC and the VFC flu vaccine is in stock: \$13.75 for the administration fee

Medicaid & CHIP

The vaccine is covered by your insurance if we have VFC flu vaccine available. If our VFC supply runs out, you can choose to pay the cash price for the vaccine.

Commercial Insurance

You will need to pay your copay for your insurance. Even if your copay is higher than what we charge our cash paying patients, we are contractually obligated by the insurance carrier to charge you the full copay amount. Insurance companies are firm concerning this matter. We understand this may be inconvenient and apologize for any frustration. Alternatively, you may choose to receive the flu vaccine at a grocery store or pharmacy for their cash price, as they are not bound by your insurance contract.

2025 FLU & COVID VACCINE CLINIC DATES & LOCATIONS

All Clinics Are From 8:00 AM to 1:00 PM

Any Blue Fish patient can attend any of our Saturday clinics, regardless of their home office. Please make an appointment at <https://blue-fish-pediatrics.bookafy.com/>



	Memorial	Cypress	Katy	Woodlands	Sienna
9/6	✗	✓	✓	✗	✗
9/13	✓	✗	✗	✓	✓
9/20	✗	✓	✓	✗	✗
9/27	✓	✗	✗	✗	✗
10/4	✗	✓	✓	✗	✗
10/11	✓	✗	✗	✓	✓
10/18	✗	✓	✓	✗	✗
10/25	✓	✗	✗	✗	✗
11/1	✗	✓	✓	✗	✗
11/8	✓	✗	✗	✗	✗
11/15	✗	✓	✓	✗	✗
11/22	✓	✗	✗	✗	✗