Maryland Seasonal Influenza Plan
2025-2026 Influenza Season
Version 15.0

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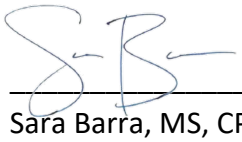

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Record of Changes

Date	Description	Version Number
August 2011	Revised draft prepared	2011-2012 Version 1.0
November 2012	Revised draft prepared	2012-2013 Version 2.0
September 2013	Revised draft prepared	2013-2014 Version 3.0
October 2014	Revised draft prepared	2014-2015 Version 4.0
September 2015	Revised draft prepared	2015-2016 Version 5.0
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I. ACRONYMS AND DEFINITIONS

Acronyms

ACIP	Advisory Committee on Immunization Practices
CDC	Centers for Disease Control and Prevention
COMAR	Code of Maryland Regulations
EDAS	Emergency Department Advisory System
ESSENCE	Electronic Surveillance System for the Early Notification of Community-based Epidemics
HHS	U.S. Department of Health and Human Services
HRSA	Health Resources & Services Administration
ILI	Influenza-like Illness
	ILINet Influenza-like-Illness Surveillance Network
JIC	Joint Information Center
JIS	Joint Information System
LHD	Local Health Department
MDEM	Maryland Department of Emergency Management
MDH	Maryland Department of Health
MIEMSS	Maryland Institute for Emergency Medical Services Systems
MMWR	Morbidity and Mortality Weekly Report
MRC	Medical Reserve Corps
MRITS	Maryland Resident Influenza Tracking Survey
RSV	Respiratory Syncytial Virus
SEOC	State Emergency Operations Center
VCF	Vaccines for Children
VIS	Vaccine Information Statements

Definitions

Antiviral Medications – prescription medications that can be used to prevent or treat influenza.

Community Prevention and Mitigation – tactics used by public health officials and the general public to reduce the effects of the influenza.

Early Influenza Season – characterized by the presence of some confirmed cases of influenza in Maryland. Geographic spread of influenza in Maryland is either sporadic or local and influenza activity level (percent positivity) is above the season baseline, but designated as Low.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) – a system used to gather, manage, and analyze health-related data to identify early warning of public health threats, hazards, and incidents.

Emergency Department Advisory System (EDAS) – system managed by the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to monitor emergency department capacity utilization and the Maryland EMS units at and en route to emergency departments throughout the state.

Influenza Activity Levels – determined weekly by the CDC using ILINet activity data, based on the percent of outpatient ILI visits among all visits. Levels are categorized as Minimal, Low, Moderate, High, or Very High. Maryland's activity level is available on the CDC Respiratory Illness Activity Map. The intensity and timing of virus activity can change significantly year to year, with some seasons seeing very high activity, particularly in certain age groups.

Influenza-like Illness (ILI) – a non-specific syndrome defined as fever (temperature of 100° F or greater) and cough and/or sore throat. It is used for flu surveillance worldwide. ILI can be caused by influenza virus infection and infections with other respiratory viruses.

Influenza-like-Illness Surveillance Network (ILINet) – system that collects data reported by ILINet sentinel providers to conduct surveillance for ILI in collaboration with the Maryland Department of Health (MDH) and the Centers for Disease Control and Prevention (CDC). Data reported by ILINet sentinel providers, in combination with other influenza surveillance data, provide a national picture of influenza virus and ILI activity in the United States. More than 3,000 sentinel providers around the country are currently enrolled in ILINet.

Influenza Vaccination – preventive medical intervention that reduces the likelihood of an individual being infected by seasonal influenza.

Late Influenza Season – characterized by decreasing levels of influenza in Maryland and when influenza activity level is designated as Low or Minimal. Additionally, the predominant strain of circulating influenza virus typically shifts to Type B.

Maryland Resident Influenza Tracking Survey (MRITS) — an online system designed to measure ILI in Maryland based on illness reported directly by residents each week.

Outbreak of Influenza or ILI – are an increase in the number of infections in a facility or community setting.

- Childcare
  - Home Childcare or Childcare Center Cohort: 3 or more cases in a classroom or identified group within a 7-day period.
  - Facility-wide (Childcare Center): 10% or higher absentee rate AND >3 attendees sent home with ILI or influenza on that same day.
- Colleges and Universities
  - Cohort: 25% or more of a defined cohort or group develops symptoms within a 7-day period.
  - Campus-wide: When the proportion of ILI visits to the student health center is 10% or more of all visits to the health center.
- Healthcare Settings[1], including hospitals, nursing homes, assisted living facilities, adult medical daycares, and outpatient healthcare facilities
  - Influenza: 2 or more cases of ILI or pneumonia within a 3-day period and at least 1 individual has laboratory confirmation of influenza
  - Influenza-like illness (ILI): 3 or more cases in patients/residents/staff in a facility within a 7-day period
- K-12 Schools, Youth Sports, and Youth Camps
  - Cohort: 3 or more cases in a classroom or identified group within a 7-day period
  - School-wide: A doubling of the baseline absenteeism rate on one day AND 5 cases of ILI or influenza seen in the school health room on that same day
- Other Community Settings, such as correctional facilities, shelters, drug treatment centers, group homes, and other non-healthcare facilities: 3 or more cases of ILI or influenza (or other laboratory-confirmed respiratory pathogen) in a unit or section of a facility within a 7-day period or a marked increase in cases over the usual number.

Pandemic Influenza – occurs when a novel influenza A virus emerges for which there is no or little immunity in the human population. In the past, pandemic strains have caused serious illness and have spread easily from person-to-person worldwide.

Peak Influenza Season – characterized by an increase in confirmed cases of influenza in Maryland. The geographic spread of influenza in Maryland is either regional or widespread and influenza activity level (percent positivity) reaches the highest point in the season, or when influenza activity level is designated as Very High.

[1] Individuals with laboratory confirmation of influenza or other respiratory pathogen not otherwise defined in this document (e.g., RSV, parainfluenza) will count towards the outbreak threshold even if they do not have fever (and therefore do not meet ILI case definition).

Post-Influenza Season – characterized by the absence or minimal presence of influenza throughout Maryland at the end of influenza season, when influenza activity level (percent positivity) falls below the season baseline.

Pre-Influenza Season – characterized by the absence or minimal presence of influenza throughout Maryland, when influenza activity level (percent positivity) is still below the season baseline, prior to the beginning of influenza season.

Season Baseline – calculated by the CDC using the mean percentage of patient visits for ILI during non-influenza weeks for the most recent two seasons reported in ILINet. A non-influenza week is defined as two or more consecutive weeks in which each week accounted for less than 2% of the season's total number of specimens that tested positive for influenza in public health laboratories.

Seasonal Influenza – annual outbreaks of influenza that typically occur during the late fall through early spring. Most people do not have natural immunity, and a seasonal influenza vaccine is recommended and available each year. In a typical year, approximately 5-20% of the population gets seasonal influenza.

Social Distancing – Non-pharmaceutical interventions designed to minimize the spread of influenza by limiting face-to-face contact, increasing physical space between individuals, and avoiding crowds.

Surveillance – epidemiological activities of gathering and analyzing data to provide situational awareness.

II. INTRODUCTION

Influenza, commonly referred to as the “flu”, is a contagious respiratory illness caused by the influenza virus. Influenza virus strains perennially circulate throughout the world. Influenza seasons occur each year with varying severity. In the northern hemisphere, influenza season can begin as early as October and last until late May. However, Maryland conducts continuous statewide influenza surveillance year-round to monitor activity outside the typical flu season. The influenza virus can cause mild to severe illness and, at times, can lead to death. Older people, young children, and people with certain health conditions are at higher risk for serious influenza complications. **The best way to prevent influenza is to get vaccinated each year.**

Airborne droplets spread influenza when an infected person coughs, sneezes, or talks. Less often, a person might also contract influenza by touching a surface or object that has the influenza virus on it and then touching his or her own mouth, eyes, or nose.

People may be able to pass influenza to someone else even before they know they are sick, as well as while they are sick. Most healthy adults may be able to infect others beginning 1 day **before** symptoms develop and up to 5 to 7 days **after** becoming sick. Some people, especially children and people with weakened immune systems, might be able to infect others for an even longer time.

One objective of Healthy People 2030 is to increase the annual seasonal influenza vaccination rate for individuals aged 6 months and older. This objective aims to achieve a 70% vaccination rate, a significant increase from the 2019–2020 baseline of 51.6%. As of the 2022–2023 flu season, the rate stood at 50.5%, indicating minimal change and remaining considerably below the target.

To address this, the U.S. Department of Health and Human Services (HHS) has outlined several key strategies: implement public education campaigns to raise awareness and combat misinformation, expand vaccine access to non-traditional settings like workplaces and retail stores, send vaccination reminders, and offer vaccines at no or reduced cost.

Achieving this vaccination target is a critical public health priority. A higher vaccination rate can prevent millions of flu illnesses, reduce hospitalizations and deaths from serious complications, and address existing disparities in vaccine coverage across different demographics, including insurance status and race/ethnicity, ultimately improving access for all populations.

Additional Resources

- CDC Influenza Information: https://www.cdc.gov/flu/
- Maryland Influenza Information: https://phpa.health.maryland.gov/influenza/Pages/home.aspx
- Maryland Influenza Surveillance: https://phpa.health.maryland.gov/influenza/fluwatch/Pages/Index.aspx
- Maryland Avian Flu: https://health.maryland.gov/phpa/OIDEOR/CZVBD/Pages/Avian-Influenza.aspx

III. PURPOSE AND SCOPE

Purpose

The Maryland Department of Health (MDH) developed the Maryland Seasonal Influenza Plan to prepare for, prevent, and mitigate the number and severity of seasonal influenza cases within the state. Influenza is a serious disease that affects many Maryland residents every year. This plan acts as a guide for Maryland residents, state and local health departments (LHDs), and the healthcare community.

Scope

This plan establishes the framework for MDH's response to the influenza season, defines roles and responsibilities, and identifies the procedures for protecting public health. Within this plan, MDH has identified and published essential tips for Maryland residents to prevent and mitigate the spread of influenza. Additionally, this plan outlines the efforts of the state and local health departments in surveillance, communication, and community prevention and mitigation. The plan also provides guidance for healthcare systems and healthcare providers to dictate actions to reduce the effect that influenza virus has on Maryland and its residents.

The concept of operations for the Maryland Seasonal Influenza Plan addresses operations for each audience type (Maryland residents, state and LHDs, and healthcare systems and providers) that occur before the start of the influenza season, during influenza season, and post-influenza season. Communication and Public Information actions will follow the MDH Public Information Communication Plan and could be taken by state agencies, local agencies, or both. The activities may also be coordinated through a Joint Information Center (JIC) or Joint Information System (JIS).

Additionally, this document includes high-impact and pandemic threat warnings that can aid in identifying outlier influenza activity potentially caused by an unusual influenza season or a pandemic. When these warnings are noted, the response may be shifted to the MDH Pandemic Influenza Annex. If there is a need to activate additional resources beyond MDH and LHDs, the Maryland Department of Emergency Management (MDEM) may activate the State Emergency Operations Center (SEOC).

IV. PRE-INFLUENZA SEASON OPERATIONS

Trigger: Prior to the beginning of the Maryland influenza season, when influenza activity level (percent positivity) is still below the season baseline.
Time Period: June through September

Tips for Maryland Residents

- Getting vaccinated is your best strategy to prevent influenza. It is essential to get vaccinated before influenza viruses start to spread in your community. Make plans to get

vaccinated in September through late October (Based on CDC guidance, "Who Needs a Flu Vaccine").

- Identify the best location to receive your annual influenza vaccination. Many primary care providers offer vaccines. Vaccines are also available at pharmacies and health clinics. Go to Vaccines.gov to find a pharmacy near you.
- Take protective measures and practice proper hygiene, such as coughing into your sleeve; regularly washing your hands; avoiding touching your eyes, nose, and mouth; and avoiding close contact with sick people.
- Stay home and away from others, including people you live with who are not sick, if you have respiratory virus symptoms that are not better explained by a non-contagious cause, such as allergies.
- For additional information and tips on how to prevent and reduce the spread of the virus, visit the CDC's recommendations page: Preventing Spread of Respiratory Viruses When You're Sick | Respiratory Illnesses | CDC.
- Stay informed by monitoring MDH's influenza surveillance reporting website and the MDH Influenza Dashboard.

State and Local Health Department Actions

Epidemiological and Laboratory

- Coordinate with the CDC to identify influenza strains most likely to affect Maryland during the influenza season.
- Monitor influenza activity in the southern hemisphere to inform decision-making.
- Monitor any disease outbreaks with patients exhibiting upper-respiratory infections or symptoms of ILI.
- Monitor ILI activity in hospital emergency departments for statistically significant warnings and threats using the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE).
- Conduct laboratory testing to identify, confirm, and characterize influenza cases prior to Early Influenza Season.
- Monitor adverse reactions to the influenza vaccination.

Communication and Public Information

- Develop materials and coordinate public health messaging to promote vaccination, recommend preventive measures including hand washing and cough etiquette, and steps to take if you get sick.
- Provide information for the healthcare community, including recommendations on vaccine ordering and availability and current vaccine information statements (VIS).
- Provide updates on vaccine supplies and distribution.

- Announce seasonal influenza vaccination clinics at schools and LHDs and share influenza clinic information from other partners, such as community centers, as available.

Community Prevention and Mitigation

- Assess cache of medical countermeasures and equipment.
- Update seasonal influenza plan.
- Receive and distribute vaccines to local healthcare providers and LHDs participating in the Vaccines for Children (VFC) program.
- Coordinate with school systems to offer influenza vaccination.
- Activate the Maryland Responds Medical Reserve Corps (MRC) professional volunteers to provide support to LHD-sponsored vaccination clinics when appropriate.

Healthcare System and Provider Actions

- Conduct vaccination clinics.
- Vaccinate healthcare workers and patients.
- Review plans and prevention strategies, including antiviral medication distribution, for seasonal influenza in the healthcare setting, including implementation of respiratory hygiene, appropriate management of ill staff, and infection control precautions. CDC clinical guidance for influenza can be found: http://www.cdc.gov/flu/professionals/index.htm.

High Impact and Pandemic Threat Warning

- ESSENCE data that suggest a significant increase in ILI outside of the typical influenza season.
- Outbreak or multiple outbreaks of ILI outside of the typical influenza season.

V. EARLY INFLUENZA SEASON OPERATIONS

Trigger: When influenza activity level (percent positivity) is above the season baseline, but designated as Low.
Time Period: Lasts until seasonal influenza increases in intensity and spreads, which triggers Peak Influenza Season operations.

During any period that influenza activity is detected (i.e., early, peak, or late), healthcare providers, epidemiologists, and the public should monitor for other respiratory viruses, such as COVID-19 or Respiratory Syncytial Virus (RSV). The influx of other respiratory viruses will likely impact healthcare resources, the severity of illnesses persons can contract, and patient wait times.

- For additional information and monitoring on COVID-19 within the State, visit: MDH COVID-19.

- For additional information and monitoring on RSV within the State, visit: MDH Respiratory Syncytial Virus (RSV).

Tips for Maryland Residents

- Get vaccinated against influenza if you have not already done so. Vaccination is the best way to prevent influenza. Many primary care providers offer vaccines. Vaccines are also available at pharmacies and health clinics. Go to Vaccines.gov to find a pharmacy near you.
- Continue to take protective measures and practice proper hygiene, such as coughing into your sleeve; regularly washing your hands; avoiding touching your eyes, nose, and mouth; and avoiding close contact with sick people.
- Continue to stay home and away from others, including people you live with who are not sick, if you have respiratory virus symptoms that are not better explained by a non-contagious cause, such as allergies.
- Stay informed by monitoring MDH's influenza surveillance reporting website and the MDH Influenza Dashboard.
- For additional information and tips on how to prevent and reduce the spread of the virus, visit the CDC's recommendations page: Preventing Spread of Respiratory Viruses When You're Sick | Respiratory Illnesses | CDC

State and Local Health Department Actions

Epidemiological and Laboratory

- Monitor the following data:
    - ILINet sentinel providers;
    - Maryland Resident Influenza Tracking Survey (MRITS);
    - Severity of the virus including number of hospitalizations and deaths;
    - Clinical laboratories testing result, including flu types;
    - Reportable conditions, defined in COMAR 10.06.01.03, related to influenza including pneumonia cases in healthcare workers resulting in hospitalization, pediatric influenza deaths, and novel strains of Type A influenza;
    - ILI-activity in hospital emergency departments in ESSENCE for statistically significant warnings and threats;
    - Hospital emergency department status, intensive care units, and hospital bed capacities;
    - Characterization of the virus including subtypes and resistance to antiviral medications;
    - Adverse reactions to influenza vaccination; and
    - Vaccine supply and availability.
- Provide the public with flu data via the MDH Influenza Dashboard.

- Investigate and respond to influenza / ILI outbreaks throughout Maryland.
- Conduct laboratory testing to identify, confirm, and characterize influenza cases in the MDH laboratory.
- Provide recommendations regarding the use of antiviral medications.

Communication and Public Information

- Continue to provide educational messages and coordinate public health messaging to promote vaccination, recommend preventive measures including hand washing and cough etiquette, and steps to take if you get sick.
- Continue to promote seasonal influenza clinic dates and locations.
- Communicate disease severity and monitor news coverage.

Community Prevention and Mitigation

- Implement CDC guidance and recommendations for use of antiviral medications.
- Coordinate with school systems to offer influenza vaccination.
- Activate Maryland Responds MRC professional volunteers to provide support to LHD-sponsored vaccination clinics when appropriate.

Healthcare System and Provider Actions

- Continue to conduct vaccination clinics.
- Continue to vaccinate healthcare workers and patients.
- Emphasize seasonal influenza vaccines for patients, especially those at elevated risk for complications due to influenza.
- Consider testing for influenza when viruses are circulating in the community–regardless of influenza vaccination history
- Implement infection control practices in the healthcare setting. This may include adherence to standard precautions for hand hygiene and use of personal protective equipment.

High Impact and Pandemic Threat Warning

- Laboratory suspected or confirmed test showing a novel strain of influenza.
- Initial severe influenza cases (hospitalizations or deaths) in atypical populations, such as healthy adults.

VI. PEAK INFLUENZA SEASON OPERATIONS

Trigger: When influenza activity level (percent positivity) reaches the highest point in the season, or when influenza activity level is designated as Very High. Peak seasonal influenza activity is characterized by an increase in the spread, intensity, or both of influenza.

Time Period: Occurs largely during winter and lasts until seasonal influenza decreases in intensity and spread, which triggers Late Influenza Season operations.

Tips for Maryland Residents

- Get vaccinated against influenza if you have not done so already. Vaccination is the best way to prevent influenza. Many primary care providers offer vaccines. Vaccines are also available at pharmacies and health clinics. Go to Vaccines.gov to find a pharmacy near you.
- Continue to take protective measures and practice proper hygiene, such as coughing into your sleeve; regularly washing your hands; avoiding touching your eyes, nose, and mouth; and avoiding close contact with sick people.
- Continue to stay home and away from others, including people you live with who are not sick, if you have influenza-like symptoms or do not feel well.
- Know the warning signs that require urgent medical attention, including high or prolonged fever, shortness of breath, dehydration, chest pain, and fainting.
- Stay informed by monitoring MDH's influenza surveillance reporting website and the MDH Influenza dashboard.

State and Local Health Department Actions

Epidemiological and Laboratory

- Continue all monitoring actions outlined for Early Influenza Season operations and monitor:
    - Changes in viral characteristics, including antiviral resistance;
    - Geographic spread and intensity of influenza;
    - Information that could indicate a severe influenza impact, such as influenza hospitalization rate, school absenteeism rate, and morbidity and mortality rate.
- Continue to investigate and respond to influenza / ILI outbreaks throughout Maryland.

Communication and Public Information

- Continue to provide educational messages and coordinate public health messaging with partners to promote vaccination, describe disease characteristics, recommend preventive measures including hand washing and cough etiquette, and steps to take if you get sick.
- Communicate disease severity and alerts and monitor news coverage.
- Issue guidance on avoiding hospital emergency departments unless illness is severe.
- Provide information regarding mitigating medications, if applicable.

Community Prevention and Mitigation

- Conduct a conference call with healthcare partners and LHDs to provide guidance and assess the status of seasonal influenza in Maryland, including any resource needs.

- Track the status of antiviral medications in the commercial supply chain on a weekly basis.
- Monitor statewide hospital bed availability through EDAS dashboard.
- Activate Maryland Responds MRC professional volunteers to provide support to LHD-sponsored vaccination clinics when appropriate.

Healthcare System and Provider Actions

- Manage visitor access and movement within the facility to minimize risk of transmission of influenza and other respiratory viruses.
- Ensure environmental infection control and standard disinfection procedures are occurring in patient-care areas.
- Continue to conduct vaccination clinics.
- Continue testing patients with ILI for influenza.
- Continue to vaccinate healthcare workers and patients and focus vaccination efforts on CDC-recommended target populations.

High Impact and Pandemic Threat Warning

- Laboratory suspected or confirmed test showing a novel strain of influenza.
- Significantly higher severity of influenza cases in comparison to previous years.

Mitigating a High Impact

Seasonal influenza, when it is both geographically widespread and of high intensity, can lead to a high impact. The disease circulates throughout Maryland and may cause many residents to become ill and seek hospital treatment, increasing the number of patients in healthcare settings. Influenza simultaneously infects healthcare workers, which reduces the workforce at these hospitals and community health centers. This dual impact may be severe and can greatly affect the community. Considerations for mitigating a high impact include:

1. Non-pharmaceutical Intervention and Communications
    a. Conduct regular assessment conference calls with healthcare partners and LHDs to provide situational awareness and initiate mitigation tactics.
    b. Increase the number of public press releases and information on seasonal influenza.
    c. Operationalize portions of the State Pandemic Influenza Annex, including recommendations regarding social distancing and travel restrictions as necessary.
    d. Review potential declarations including a State of Preparedness, State of Emergency, or the Catastrophic Health Emergencies Act.
    e. Consider enacting the Office of Personnel Services and Benefits Policy related to Pandemic Flu and Other Infectious Diseases Attendance and Leave.

f. Review policies and procedures for potential school closures with the Maryland State Department of Education and local public school systems.
g. Issue guidance regarding visitor access to patients in healthcare settings and screening visitors for symptoms of acute respiratory illness before entering healthcare settings.
h. Hospitals should consider designing and installing additional engineering controls to reduce potential exposure to influenza and other hospital-acquired infections.

2. Medical Countermeasures
    a. Encourage universal vaccination efforts and increase the number of vaccine clinics.
    b. If necessary, allocate and distribute antiviral medications to local community partners for potential dispensing.
    c. Monitor the commercial supply chain for availability of vaccines, antivirals, personal protective equipment, and ancillaries and consider purchase as needed.
    d. Request resources from the CDC Strategic National Stockpile if a shortage of medical countermeasures is identified in the commercial supply chain or state stockpile.

VII. LATE INFLUENZA SEASON OPERATIONS

Trigger: When influenza activity level (percent positivity) shows a downward trend and when influenza activity level is designated as Low or Minimal. Additionally, the predominant strain of circulating influenza virus typically shifts to Type B.
Time Period: Generally occurs in spring.

Tips for Maryland Residents

- Get vaccinated against influenza if you have not done so already. Vaccination is the best way to prevent influenza.
- Continue to take protective measures and practice proper hygiene, such as coughing into your sleeve; regularly washing your hands; avoiding touching your eyes, nose, and mouth; and avoiding close contact with sick people.
- Continue to stay home and away from others, including people you live with who are not sick, if you have influenza-like symptoms or do not feel well.
- Stay informed by monitoring MDH's influenza surveillance reporting website and the MDH Influenza dashboard.

State and Local Health Department Actions

Epidemiological and Laboratory

- Continue all monitoring actions outlined for Early Influenza Season operations.

- Continue to investigate and respond to influenza / ILI outbreaks throughout Maryland.

Communication and Public Information

- Continue to provide educational messages and coordinate public health messaging to promote vaccination, describe disease characteristics, recommend preventive measures including hand washing and cough etiquette, and steps to take if you get sick.

Healthcare System and Provider Actions

- Ensure environmental infection control and standard disinfection procedures are occurring in patient-care areas.
- Continue vaccinating patients and focus vaccination efforts on CDC-recommended target populations.

High Impact and Pandemic Threat Warning

- Sudden increase in reported cases of ILI late in the influenza season.

VIII. POST-INFLUENZA SEASON OPERATIONS

Trigger: When influenza activity level (percent positivity) returns to below the season baseline.
Time Period: Occurs in late spring, unless public health experts recommend a different date based on extenuating circumstances.

State and Local Health Department Actions

Epidemiological and Laboratory

- Publish epidemiological data, collected between September 28, 2025 and May 16, 2026 (unless public health experts recommend an expanded time period), and the influenza season summary.

Community Prevention and Mitigation

- Collect After-Action Reports, when applicable, from affected local jurisdictions and determine best practices to be included in the following year's planning efforts.
- Review and update the Maryland Seasonal Influenza Plan, including a review of local plans and resources.
- Evaluate interventions and review evaluation tools to monitor effectiveness.

Healthcare Systems and Providers Actions

- Assess medications and personal protective equipment caches and refill stocks as necessary.
- Review and update seasonal influenza plans and medical surge plans.

APPENDIX A: LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Jurisdiction	Phone Number	Website
Allegany	301-759-5000	https://health.maryland.gov/allegany/Pages/Home.aspx
Anne Arundel	410-222-7095	https://www.aahealth.org/
Baltimore City	410-396-4398	https://health.baltimorecity.gov/
Baltimore	410-887-2243	http://www.baltimorecountymd.gov/Agencies/health/
Calvert	410-535-5400	http://www.calverthealth.org/
Caroline	410-479-8000	https://www.carolinehd.org/
Carroll	410-876-2152	http://cchd.maryland.gov/
Cecil	410-996-5550	http://cecilcountyhealth.org/
Charles	301-609-6900	http://www.charlescountyhealth.org/
Dorchester	410-228-3223	http://www.dorchesterhealth.org/
Frederick	301-600-1029	http://health.frederickcountymd.gov/
Garrett	301-334-7777	http://garretthealth.org/
Harford	410-838-1500	http://harfordcountyhealth.com/
Howard	410-313-6300	https://www.howardcountymd.gov/Departments/Health
Kent	410-778-1350	http://www.kenthd.org/
Montgomery	240-777-0311	http://www.montgomerycountymd.gov/hhs/
Prince George	301-883-7879	http://www.princegeorgescountymd.gov/1588/Health-Services
Queen Anne	410-758-0720	https://health.maryland.gov/qahealth/Pages/qacdoh-home.aspx
Saint Mary	301-475-4330	http://www.smchd.org/
Somerset	443-523-1700	http://somersethealth.org/
Talbot	410-819-5600	https://health.maryland.gov/talbotcounty/Pages/home.aspx
Washington	240-313-3200	https://washcohealth.org
Wicomico	410-749-1244	http://www.wicomicohealth.org/
Worcester	410-632-1100	http://www.worcesterhealth.org/

APPENDIX B: KEY RECOMMENDATIONS AND UPDATES FOR THE 2025-2026 INFLUENZA SEASON FROM THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)

Vaccine Recommendations (2025-26 Season):

- Routine vaccination for everyone aged six (6) months and older who do not have any contraindications continues to be recommended.
- CDC recommends that individuals receive any influenza vaccine appropriate for their age and health status annually. For those under 65, no single vaccine is preferred over another.
- Different flu vaccines are available. Individuals should receive any licensed, recommended, and age-appropriate vaccine and should consult with their healthcare provider about available flu vaccine options.

Thimerosal-Free Options:

- ACIP recommends only single-dose, thimerosal-free formulations for children, pregnant individuals, and adults for the 2025-2026 season. Most of the projected vaccine supply will be thimerosal-free or thimerosal-reduced (i.e., preservative-free).

Food and Drug Administration (FDA) Approvals and Recommendations:

- FluMist (nasal spray vaccine) was approved in September 2024 for self- or caregiver administration. This option is expected to be available in some states (including Maryland) for the 2025-2026 season for individuals aged 2-49 (self-administration for individuals aged 18-49, caregiver who is 18 years or older for individuals aged 2-17).
- Flublok (recombinant influenza vaccine) was approved in March 2025 for ages 9 years and older; it was previously approved for ages 18 years and older.

Vaccine Composition (2025-2026 Season):

- All U.S. flu vaccines are anticipated to be trivalent, protecting against an A(H1N1) virus, an A(H3N2) virus, and a B/Victoria lineage virus.
    - **Egg-based will contain**: A/Victoria/4897/2022 (H1N1)pdm09-like virus, A/Croatia/10136RV/2023 (H3N2)-like virus, and B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
    - **Cell- or recombinant-based vaccines will contain**: A/Wisconsin/67/2022 (H1N1)pdm09-like virus, A/District of Columbia/27/2023 (H3N2)-like virus, and B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Vaccine Dosing and Timing:

- Most people need only one dose of the flu vaccine each season.
- September and October are generally the best times for vaccination.
- Flu vaccination during July and August is generally not recommended for most people, but there are several exceptions for July/August vaccination:
    - Pregnant people in their third trimester (to protect babies).
    - Children needing two doses (first dose as soon as available, second dose 4+ weeks later).
    - Children with healthcare visits in those months, if vaccination opportunities are limited.
    - Children aged 6 months through 8 years getting vaccinated for the first time, those with only one previous dose, or with unknown vaccination history, should get two doses this season.
- For 8-year-olds requiring two doses, both should be administered even if the child turns 9 between doses.

Pregnant People and Flu Vaccine:

- Pregnant women can receive any licensed, recommended, age-appropriate **injectable** influenza vaccine (IIV or RIV4).
- LAIV4 (intranasal) should **not** be used during pregnancy.
- Flu vaccine can be administered at any time during pregnancy, before and during flu season, to protect newborns from flu when they are too young to be vaccinated.

Specific Populations:

- **Solid Organ Transplant Recipients (ages 18-64 on immunosuppressants)**: High-dose (HD-IIV3) and adjuvanted (AllV3) inactivated influenza vaccines are acceptable options, with no preference over other age-appropriate inactivated or recombinant vaccines.
- **Immunocompromised Persons**: IIV or RIV4 should be used instead of LAIV4 due to potential risk from the vaccine virus.

Post-Vaccination Observation:

- Providers should consider observing patients for 15 minutes after vaccination to reduce injury risk from syncope.

Contraindications and Allergies:

- Persons not at high risk for severe flu complications who experienced Guillain-Barré Syndrome within six weeks of a previous flu vaccination generally should not be vaccinated.
- **Egg Allergy**: Persons with an egg allergy may receive any appropriate vaccine (egg-based or non-egg-based). Additional safety measures for egg allergy are no longer recommended beyond those for any vaccine.
- **Other Allergies**: People with severe allergic reactions to other vaccine components or to a flu vaccine in the past should discuss with their healthcare provider, as they may not be able to receive certain vaccines.
- All vaccines should be administered in settings with personnel and equipment for rapid recognition and treatment of allergic reactions.

Deferring Vaccination:

- Vaccination of moderately or severely ill persons may be delayed until they recover to avoid confusing illness symptoms with vaccine reactions.
- Other reasons to postpone vaccination include current influenza activity, the recipient's risk of severe illness, use of immunosuppressants, and the risk of exposing others in the vaccination setting.

Projected Supply:

- Manufacturers project up to 154 million doses of flu vaccine for the U.S. in 2025-2026, though these numbers can change.

Cost and Access:

- Most health insurance plans cover flu vaccination as preventative care, often at no cost.
- For children, CDC's Vaccines for Children (VFC) Program offers no-cost vaccines to eligible children (American Indian/Alaska Native; Medicaid-eligible; uninsured; underinsured) up to 18 years of age.
- Individuals without insurance or with limited coverage may find no-cost or low-cost options through their healthcare provider, pharmacies, Health Resources & Services Administration (HRSA)-supported health centers, employers, schools, or community organizations.
- Resources like Vaccines.gov can help locate vaccination sites.