

Influenza Vaccine Recommendations (2025-2026)

The following is a **summary** of current influenza vaccine recommendations from the CDC/ACIP. The updated **2025-2026** formulations are all trivalent and protect against A(H1N1), A(H3N2), and B/Victoria lineage viruses. **Single-dose** flu vaccines are now recommended for children, pregnant patients, and all adults. These formulations do not contain **thimerosal**, a preservative in **multidose** vaccine vials. There is **no evidence** of harm caused by the low doses of thimerosal in vaccines.

PATIENT GROUP	RECOMMENDED VACCINES: SELECT <u>ONE</u> OF THE FOLLOWING*	VACCINE SCHEDULE/NOTES
6 months to 8 years	Inactivated: Afluria (≥3 years^), Fluarix, FluLaval, or Fluzone <ul style="list-style-type: none">Egg-free option: Flucelvax Live attenuated (intranasal) : FluMist (for ages ≥2 years)	No previous vaccination or received <2 doses: 2 doses separated by ≥4 weeks <i>Administer the initial dose at the earliest opportunity to ensure that the second dose can ideally be administered by the end of October.</i> Previously received ≥2 doses ≥4 weeks apart: 1 dose annually
9-64 years	Inactivated: Afluria, Fluarix, FluLaval, or Fluzone <ul style="list-style-type: none">Egg-free option: Flucelvax Recombinant: Flublok (egg-free option) Live attenuated (intranasal)[†]: FluMist (for ages <50 years)	1 dose annually
≥65 years	High-dose inactivated: Fluzone High-Dose Adjuvanted inactivated: Fluad Recombinant: Flublok (egg-free option)	1 dose annually <i>If these preferentially recommended vaccines are not available, any inactivated influenza vaccine should be administered.</i>
Solid organ transplant recipient (18-64 years) receiving immunosuppressant therapy	High-dose inactivated: Fluzone High-Dose Adjuvanted inactivated: Fluad Inactivated: Afluria, Fluarix, FluLaval, or Fluzone <ul style="list-style-type: none">Egg-free option: Flucelvax Recombinant: Flublok (egg-free option)	1 dose annually <i>Currently, there are no other conditions (e.g., HIV, diabetes, cancer) which make patients ages <65 years eligible to receive the high-dose or adjuvanted influenza vaccine.</i>

*There is no preference for one vaccine formulation over another within each patient group. Unless otherwise noted, all vaccines mentioned are administered intramuscularly.

^There is no preservative-free formulation of Afluria for patients ages <3 years.

[†] LIVE ATTENUATED INFLUENZA VACCINE (LAIV) CONSIDERATIONS	LAIV (i.e., FluMist) is not recommended for immunocompromised patients, pregnant patients, or patients with certain medical conditions. LAIV is also not recommended for patients receiving, who have recently received, or are about to receive influenza antiviral medications . Avoid contact with severely immunocompromised people (who require a protected environment) for 7 days after vaccination.
TIMING OF VACCINATION	It is best to consider vaccination in September or October . Nevertheless, vaccination efforts should continue beyond October. It is advisable to avoid vaccination during July or August due to concerns of waning immunity before the end of flu season.
VACCINE COADMINISTRATION	Inactivated or recombinant influenza vaccines may be given at the same time or without regard to timing of other vaccines. LAIV may be given at the same time or without regard to the timing of non-live vaccines (any interval between doses). LAIV may also be administered simultaneously with other live vaccines, but if two live vaccines are not given simultaneously, they should be separated by ≥4 weeks . If multiple vaccinations are given at the same time , they should be administered at separate injection sites (≥1 inch apart).
VACCINATION DURING PREGNANCY	Influenza vaccination is recommended for pregnant patients. Any age-appropriate inactivated or recombinant influenza vaccine may be safely administered at any time during pregnancy. LAIV should not be given to pregnant patients.
EGG ALLERGY	Patients with an egg allergy may receive any influenza vaccine (egg-based or non-egg-based) appropriate for their age and health status. Multiple trials where egg-based influenza vaccines were given to egg-allergic individuals did not demonstrate any cases of anaphylaxis.



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