



What's New for 2025-2026

A couple of things are different for the 2025-2026 influenza (flu) season:

The <u>composition of flu vaccines</u> has been updated. Flu vaccines for the U.S. 2025-2026 season will contain the following:

Egg-based vaccines

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Croatia/10136RV/2023 (H3N2)-like virus; and (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

Cell- or recombinant-based vaccines

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/District of Columbia/27/2023 (H3N2)-like virus; and (Updated)
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.

All flu vaccines available in the United States for the 2025-2026 season will be trivalent vaccines containing hemagglutinin. Trivalent flu vaccines are formulated to protect against three flu viruses (an A(H1N1) virus, an A(H3N2) virus, and a B/Victoria virus). Both trivalent and quadrivalent flu vaccines are expected to offer similar protection against the flu viruses they protect against. B/Yamagata flu viruses have not circulated in the population after March 2020, so protection from trivalent and quadrivalent flu vaccines is expected to be similar. More information about trivalent flu vaccines is available.

• People with egg allergy may get any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Previously, it was recommended that people with severe allergy to egg (those who have had any symptom other than hives with egg exposure) be vaccinated in an inpatient or outpatient medical setting. For the 2025-2026 season, no additional safety measures are no longer recommended for flu vaccination of people with an egg allergy beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg. As with all vaccines, flu vaccines should be given in settings where allergic reactions can be recognized and treated quickly.



Flu Key Facts

What is Influenza (Flu)?

Flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent flu is by getting a flu vaccine each year.

Flu Symptoms

Influenza (flu) can cause mild to severe illness, and at times can lead to death. Flu symptoms usually come on suddenly. People who have flu often feel some or all of these symptoms:

- fever* or feeling feverish/chills
- cough
- sore throat
- runny or stuffy nose
- muscle or body aches
- headaches
- fatigue (tiredness)
- some people may have vomiting and diarrhea, though this is more common in children than adults.

How Flu Spreads

Most experts believe that flu viruses spread mainly by tiny droplets made when people with flu cough, sneeze, or talk. These droplets can land in the mouths or noses of people who are nearby. Less often, a person might get flu by touching a surface or object that has flu virus on it and then touching their own mouth, nose or possibly their eyes.

Period of Contagiousness

You may be able to spread flu to someone else before you know you are sick, as well as when you are sick with symptoms.

- People with flu are most contagious in the first 3-4 days after their illness begins.
- Some otherwise healthy adults may be able to infect others beginning one day **before** symptoms develop and up to five to seven days **after** becoming sick.
- Some people, especially young children and people with weakened immune systems, might be able to infect others for an even longer time.

^{*}It's important to note that not everyone with flu will have a fever.



Onset of Symptoms

The time from when a person is exposed and infected with flu to when symptoms begin is about two days, but can range from about one to four days.

People at Higher Risk from Flu

Anyone can get flu (even healthy people), and serious problems related to flu can happen at any age, but some people are at higher risk of developing serious flu-related complications if they get sick. This includes people 65 years and older, people of any age with certain chronic medical conditions (such as asthma, diabetes, or heart disease), pregnant people, and children younger than 5 years.

Preventing Seasonal Flu

The first and most important step in preventing flu is to get a flu vaccine each year. Flu vaccine has been shown to reduce flu related illnesses and the risk of serious flu complications that can result in hospitalization or even death. CDC also recommends everyday preventive actions (like staying away from people who are sick, covering coughs and sneezes, and frequent handwashing) to help slow the spread of germs that cause respiratory (nose, throat, and lungs) illnesses, like flu.

Flu Vaccine

What is the best time to get my influenza vaccine?

For most people who need only one dose of flu vaccine for the season, <u>September</u> and <u>October</u> are generally good times to be vaccinated against flu. Ideally, everyone should be vaccinated by the end of October.

Groups recommended for vaccination:

CDC continues to recommend that everyone 6 months of age and older, with rare exceptions, receive a routine annual flu vaccine to reduce the risk of influenza and its potentially serious complications. Providers are encouraged to prepare for influenza vaccination planning efforts now and to vaccinate patients as indicated once 2025-2026 influenza vaccines become available.

Most people need only one dose of the flu vaccine each season. While CDC recommends flu vaccination as long as influenza viruses are circulating, September and October remain the best times for most people to get vaccinated. Flu vaccination in July and August is not recommended for most people, but there are several considerations regarding vaccination during those months for specific groups:

• Pregnant people who are in their third trimester can get a flu vaccine in July or August to protect their babies from flu after birth, when they are too young to get vaccinated.



- Children who need two doses of the flu vaccine should get their first dose of vaccine as soon as it becomes available. The second dose should be given at least four weeks after the first.
- Vaccination in July or August can be considered for children who only need 1 dose of the flu vaccine for the season who have health care visits during those months if there might not be another opportunity to vaccinate them.
- For adults (especially those 65 years old and older) and pregnant people in the first and second trimester, vaccination in July and August should be avoided unless it won't be possible to vaccinate in September or October.

Are any of the available flu vaccines recommended over others?

The ACIP recommends seasonal flu vaccination with single-dose formulations that are free of thimerosal as a preservative for children, pregnant, women, and adults for the 2025-2026 flu season.

Yes, ACIP recommends that adults aged ≥65 years preferentially receive any one of the following:

- High-dose inactivated influenza vaccine (HD-IIV3, Fluzone High-Dose),
- Recombinant influenza vaccine (RIV3, Flublok)
- Adjuvanted inactivated influenza vaccine (aIIV3, Fluad)

Data support greater potential benefit of high-dose inactivated, adjuvanted inactivated, or recombinant vaccines relative to standard-dose unadjuvanted IIVs in adults aged ≥65 years, with the most data available for HD-IIV3; but comparisons of these vaccines with one another are limited.

What if a preferentially recommended flu vaccine is not available?

If none of these three vaccines is available at a vaccination opportunity, then any other age-appropriate influenza vaccine should be used.

Recent FDA approved label changes

FluMist, the nasal spray flu vaccine, is expected to be available for the 2025–2026 season and can be self-administered by adults 18–49 years old, or given by a caregiver aged 18 or older to children and teens 2–17 years old.

Flublok, the recombinant influenza vaccine, can now be given to individuals aged 9 years and older, expanding from the previous indication of 18 years and older.



Flu Treatment

If you get sick with flu, influenza antiviral drugs may be a treatment option. Antiviral drugs work best when started early, such as one to two days after your flu symptoms begin.

Check with your doctor promptly if you are at higher risk of serious flu complications and you get flu symptoms. People at higher risk of flu complications include young children, adults 65 years of age and older, pregnant people, and people with certain medical conditions such as asthma, diabetes and heart disease.

When treatment is started within 1-2 days after flu symptoms begin, influenza antiviral drugs can lessen symptoms and shorten the time you are sick by 1 or 2 days. They might also prevent some flu complications, like pneumonia. For people at higher risk of serious flu complications, treatment with influenza antiviral drugs can mean the difference between milder or more serious illness possibly resulting in a hospital stay.

Last Reviewed: 09/03/2025

Source: Centers for Disease Control and Prevention,

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