Association of Immunization Managers

Summary of 2026-2027 Seasonal Influenza Vaccine Indications and Recommendations

(As of September 2)

Updates to guidance around the use of seasonal influenza vaccines by the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), the American College of Obstetricians and Gynecologists (ACOG), and the Infectious Diseases Society of America (IDSA), were released by the American Medical Association and the Vaccine Integrity Project on September 2, 2026:

AAP guidance has not changed from the 2025 recommendations for the following pediatric populations:

- **All children 6 months and older:** vaccination is recommended universally
- **Live attenuated influenza vaccine (FluMist™) should not be used for:** immunocompromised persons, persons with certain chronic medical conditions, or children younger than 2 years of age
- **Children ages 6 months through 8 years of age** at the time of first vaccine dose: need to receive two doses, given at least four weeks apart
- **Influenza vaccine should be offered as soon as it becomes available**: especially to children who require two doses. Ideally, vaccination should occur prior to the end of October

AAFP guidance for non-pregnant, immunocompetent adults ≥19 years now also includes guidance for healthcare personnel (HCP):

- **All adults ≥19 years:** should receive an annual influenza vaccine
- **Adults ≥65 years:** should receive an enhanced influenza vaccine (high dose, adjuvanted, or recombinant) when available but should not delay vaccination if only standard dose is available
- **HCP should receive an annual influenza vaccination given their repeated occupational exposure and contact with patients at high risk of severe disease** *(new recommendation)*

ACOG guidance *(released in June)*:

- Flu vaccine is recommended during any trimester and at any time of the year, with a preference for vaccination in early fall

IDSA guidance for individuals with compromised immunity:

- Administer age-appropriate flu vaccinations to adults and children with compromised immunity as soon as possible
- Vaccination must be repeated annually to provide optimal protection
- Approved flu vaccines include all but live-attenuated influenza vaccines, which are contraindicated for immunocompromised individuals and should also be avoided in close contacts of severely immunocompromised individuals
- COVID-19, seasonal influenza, and RSV vaccines may be given together
- Household members and close contacts should be up to date with COVID-19 vaccination

Centers for Disease Control and Prevention (CDC) Seasonal Influenza Vaccination Guidance *(Note: The Clinical Considerations webpage was updated September 1, 2026, and links to the August 29, 2024, Morbidity and Mortality Weekly Report (MMWR) for the 2024-2025 influenza season)*

- CDC recommends annual influenza vaccination for all people aged 6 months and older who do not have a contraindication to vaccination
- CDC preferentially recommends adults aged ≥65 receive higher dose or adjuvanted influenza vaccines
- Children younger than age 2, individuals aged >49, pregnant people, and those with immunocompromising conditions should not receive live attenuated flu vaccine (Flumist™)
- Individuals aged ≥6 months with egg allergy may receive any age-appropriate flu vaccine, regardless of its manufacturing platform (egg-based, cell-based, mRNA, etc.)

Consolidated guidance and the evidence base from the Vaccine Integrity Project and the American Medical Association (AMA) can be found here.

2026-2027 Recommended Seasonal Influenza Vaccines

Vaccine	Trade Name (Manufacturer)	Age Group	Presentation and Hemagglutinin Antigen Content (IIVs and RIV3) or Virus Count (LAIV3) per Dose for Each Antigen	Recommended Dose	Thimerosal Mercury Content[a] (mcg Hg/0.5-mL dose)
Trivalent Standard Dose – Egg-Based Vaccines					
SD-IIV3	Fluarix (GlaxoSmithKline)	≥6 mo	0.5-mL prefilled syringe (15 mcg/0.5 mL)	0.5 mL	0
SD-IIV3	FluLaval (GlaxoSmithKline)	≥6 mo	0.5-mL prefilled syringe (15 mcg/0.5 mL)	0.5 mL	0
SD-IIV3	Fluzone (Sanofi Pasteur)	≥6 mo 6 through 35 mo ≥36 mo	0.5-mL prefilled syringe (15 mcg/0.5 mL) 5-mL multidose vial[b,c] (15 mcg/0.5 mL) 5-mL multidose vial[b] (15 mcg/0.5 mL)	0.5 mL 0.25 or 0.5 mL 0.5 mL	0 25 25
Trivalent High Dose – Egg-Based Vaccines					
HD-IIV 3	Fluzone High-Dose (Sanofi Pasteur)	≥65 y[d]	0.5-mL prefilled syringe (60 mcg/0.5 mL)	0.5 mL	0
Trivalent Standard Dose – Cell Culture-Based Vaccines					
ccIIV3	Flucelvax (Seqirus)	≥6 mo	0.5-mL prefilled syringe (15 mcg/0.5 mL)	0.5 mL	0
Recombinant Vaccine					
RIV3	Flublok (Sanofi Pasteur)	≥9 y	0.5-mL prefilled syringe (45 mcg/0.5 mL)	0.5 mL	0
Live Attenuated Vaccine-Egg Based Vaccine					
LAIV3	FluMist (AstraZeneca)	2–49 y	0.2-mL prefilled intranasal sprayer (virus dose: $10^{6.5–7.5}$ FFU/0.2 mL) 10 pack for health care provider office use -single pack for home use available through online pharmacy	0.2 mL (0.1 mL per nostril)	0

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Abbreviations: IIV3, trivalent adjuvanted inactivated (non-live) influenza vaccine; ccIIV3, trivalent cell culture-based inactivated (non-live) influenza vaccine; FFU, fluorescent focus unit; LAIV3, trivalent live attenuated influenza vaccine; RIV3, trivalent recombinant (non-live) influenza vaccine.