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To: Physicians, Pharmacists, Infection Preventionists, Long-Term Care Facilities, Local Health Departments, Tribal Health Clinics, Federally Qualified Health Centers, Visiting Nurse Agencies, and other immunization providers

From: James H. Conway, MD, FAAP
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Re: 2025–2026 Recommendations for Influenza Vaccination in Wisconsin

Influenza vaccination is recommended for all persons aged ≥6 months.

Influenza vaccines available during the 2025–2026 season are (**See Table 1**):

- Trivalent inactivated influenza vaccine (IIV3).
  - Sanofi Pasteur (Fluzone Trivalent)
  - GlaxoSmithKline (Fluarix Trivalent)
  - GlaxoSmithKline (FluLaval Trivalent)
  - Seqirus (Afluria Trivalent)
  - Sanofi Pasteur (Fluzone High-Dose Trivalent: HD-IIV3)
- Trivalent cell-culture based influenza vaccine (ccIIV3): Seqirus (Flucelvax Trivalent).
- Live-attenuated influenza vaccine, trivalent (LAIV3): AstraZeneca (FluMist Trivalent).
- Adjuvanted inactivated influenza vaccine, trivalent (aIIV3): Sequirus (Fluad Trivalent).
- Recombinant hemagglutinin (HA) influenza vaccine (RIV3): Sanofi Pasteur (FluBlok Trivalent).

Not all influenza vaccines are uniformly available in any given practice setting or geographic locality. ACIP recommends that adults aged ≥65 years preferentially receive an enhanced influenza vaccine (EIV) to improve their immunity. Any one of the following enhanced vaccines are preferred for this group: trivalent high-dose inactivated influenza vaccine – Fluzone High-Dose (HD-IIV3), FluBlok (RIV3), or Fluad (aIIV3). If none of these three vaccines are available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine can be used. Vaccination should not be delayed to obtain a specific product when an

appropriate one is already available. To avoid missed opportunities for vaccination, providers should offer vaccination during routine health care visits and hospitalizations when vaccine is available. Respiratory vaccine season is also a great time to check vaccine records or the Wisconsin Immunization Registry to see what other immunizations for which an individual may be eligible. **See Table 2** for a list of contraindications and precautions to receipt of influenza vaccine.

Children aged 6 months through 8 who have not previously been vaccinated against influenza should receive 2 vaccine doses this season (See Figure 1). Children should receive two vaccine doses this season if they did not previously receive at least 2 doses of trivalent or quadrivalent influenza vaccine in previous seasons. Children recommended to receive 2 doses should receive their first dose as soon as possible after vaccine becomes available; these children should receive the second dose ≥4 weeks later. This practice increases the opportunity for both doses to be administered during the same influenza season and before the onset of influenza activity.

All women who are pregnant or who might be pregnant during the upcoming influenza season should receive IIV3. Vaccination during pregnancy has been demonstrated to protect infants from influenza, including infants aged <6 months for whom no influenza vaccines are currently licensed. Specifically, infants born to vaccinated women had a 63% reduction in laboratory-confirmed influenza illness during the first six months of life (2,3). The ACIP, the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP) recommend that all women who are pregnant or who might be pregnant during the upcoming influenza season receive IIV because of an increased risk of serious illness and complications from influenza. LAIV is not recommended for use during pregnancy.

- Information about influenza vaccination during pregnancy and guidance on how to address concerns that patients may have about influenza vaccination is available.

Seasonal influenza vaccine should be offered as long as influenza viruses are circulating. Influenza was detected in Wisconsin residents during all 52 weeks of 2024 (the most current year for which we have complete data). Immunization clinics should therefore be scheduled throughout the respiratory virus season into 2026 until vaccine is expired (typically June 30).

Updated ACIP Recommendations

The 2025–2026 ACIP recommendations for the prevention and control of seasonal influenza with vaccines were formally issued on August 28, 2025. This document can be downloaded from the MMWR website.

- In September 2024, FDA approved FluMist (LAIV3) for self-administration (for recipients aged 18 through 49 years) or administration by a caregiver aged ≥18 years (for children

and adolescents aged 2 through 17 years). FluMist for self-administration or caregiver administration is anticipated to become available during the 2025–2026 season.

- In March 2025, FDA expanded approval of Flublok (RIV3), previously approved for persons aged ≥18 years, to children and adolescents aged 9 through 17 years. Flublok is now approved for persons aged ≥9 years.

- In March 2025, FDA issued recommendations for the antigenic composition of the 2025–2026 U.S.-approved influenza vaccines which included updates to the influenza A(H3N2) component.

- On June 26, 2025, ACIP made a new recommendation that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative.

There are currently no known or anticipated supply issues affecting the availability of influenza vaccines. In the event of a shortfall in production or a delay in the delivery of an adequate supply of vaccine, you will be notified of any official prioritization of high-risk groups. If such an event should occur, a Prioritization Plan will be distributed. If needed, this plan will provide a sequence of prioritization for you to follow to assure that high-risk individuals receive their influenza vaccinations first. Because the annual supply and timing of distribution of influenza vaccine cannot be guaranteed, we continue to stress the importance of local partnerships. The recent history of vaccine delivery delays and shortages emphasizes the need for local coalitions to help coordinate redistribution and administration of influenza vaccine.

Influenza vaccination of persons with a history of egg allergy

For the 2025–2026 influenza season, ACIP recommends the following:

- ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used.

- It is no longer recommended that persons who have had an allergic reaction to egg involving symptoms other than urticaria should be vaccinated in an inpatient or outpatient medical setting supervised by a health care provider who is able to recognize and manage severe allergic reactions if an egg-based vaccine is used. Egg allergy alone necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg. All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

Coadministration with other vaccines

Providers may simultaneously administer COVID-19, influenza, and RSV vaccines to eligible patients in order to avoid missed opportunities. DHS will be sharing recommendations for the use of RSV and COVID-19 vaccines in separate, forthcoming communications.

If you have questions, please contact your Regional Immunization Program Representative:

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References

1. Kroger A, Bahta L, Long S, Sanchez P. General Best Practice Guidelines for Immunization. Best Practices Guidance of the Advisory Committee on Immunization Practices (ACIP). [www.cdc.gov/vaccines/hcp/acip-recs/general-recs/downloads/general-recs.pdf]. Accessed on August 29, 2025.

2. Zaman K, Roy E, Arifeen SE, et al. Effectiveness of maternal influenza immunization in mothers and infants. N Engl J Med 2008;359:1555–64.

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4. Buchan SA, Booth S, Scott AN, et al. Effectiveness of live attenuated vs inactivated influenza vaccines in children during the 2012-2013 through 2015-206 influenza seasons in Alberta, Canada. JAMA Pediatr. 2018;172(9):e181514.doi:10.1001/jamapediatrics.2018.1514

TABLE 1. Influenza vaccines, by formulation—United States, 2025–2026 influenza season*

Trade name	Manufacturer	Presentation	Contains thimerosal as preservative	Age indication	Route	HA (IIVs and RIV4) or virus count (LAIV4) for each vaccine virus (per dose)
Inactivated influenza vaccine, trivalent (IIV3), standard dose, egg based†						
Afluria	Seqirus	0.5 mL PFS§	No	≥3 yrs§	IM¶	15 µg/0.5 mL
		5.0 mL MDV**	Yes 24.5 µg/0.5 mL**	≥6 mos§ (needle/ syringe)	IM¶	7.5 µg/0.25 mL
				18-64 yrs (jet injector)¶		15 µg/0.5 mL
Fluarix	GlaxoSmithKline	0.5 mL PFS	No	≥6 mos	IM¶	15 µg/0.5 mL
FluLaval	GlaxoSmithKline	0.5 mL PFS	No	≥6 mos	IM¶	15 µg/0.5 mL
Fluzone	Sanofi Pasteur	0.5 mL PFS††	No	≥6 mos††	IM¶	15 µg/0.5 mL
		5.0 mL MDV**	25	≥6 mos††	IM¶	7.5 µg/0.25 mL
						15 µg/0.5 mL
Inactivated influenza vaccine, cell culture-based trivalent (ccIIV3), standard dose						
Flucelvax	Seqirus	0.5 mL PFS	No	≥6 mos	IM¶	15 µg/0.5 mL
		5.0 mL MDV**	Yes 25 µg/0.5 mL**	≥6 mos**	IM¶	15 µg/0.5 mL
Adjuvanted inactivated influenza vaccine, trivalent (aIIV3), standard dose, egg based†						
Fluad	Seqirus	0.5 mL PFS	No	≥65 yrs	IM¶	15 µg/0.5 mL
Inactivated influenza vaccine, trivalent (HD-IIV3), high dose, egg based†						
Fluzone High-Dose	Sanofi Pasteur	0.5 mL PFS	No	≥65 yrs	IM¶	60 µg/0.5 mL
Recombinant influenza vaccine, trivalent (RIV3)						
FluBlok	Sanofi Pasteur	0.5 mL PFS	No	≥9 yrs	IM¶	45 µg/0.5 mL
Live attenuated influenza vaccine, trivalent (LAIV3), egg based†						
FluMist	AstraZeneca	0.2 mL prefilled single-use intranasal sprayer	No	2–49 yrs	NAS	$10^{6.5\text{-}7.5}$ fluorescent focus units/0.2 mL

Abbreviations: ACIP = Advisory Committee on Immunization Practices; aIIV3 = adjuvanted inactivated influenza vaccine, trivalent; ccIIV3 = cell culture–based inactivated influenza vaccine, trivalent; FDA = Food and Drug Administration; FFU = fluorescent focus units; HA = hemagglutinin; HD-IIV3 = high-dose inactivated influenza vaccine, trivalent; Hg = mercury; IIV3 = inactivated influenza vaccine, trivalent; IM = intramuscular; LAIV3 = live attenuated influenza vaccine, trivalent; MDV = multidose vial; NAS = intranasal; PFS = prefilled syringe; RIV3 = recombinant influenza vaccine, trivalent.

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information including, but not limited to, indications, contraindications, warnings, precautions. Package inserts for U.S.-licensed vaccines are available from FDA at Vaccines Licensed for Use in the United States. Availability and characteristics of specific products and presentations might change or differ from what is described in this table and in the text of this report.

† Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of egg-based IIV3s and LAIV3, ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine and that any influenza vaccine (egg based or non–egg based) that is otherwise appropriate for the recipient's age and health status can be used (see Persons with a History of Egg Allergy in Prevention and Control of Seasonal Influenza with Vaccines).

§ The approved dose volume for Afluria is 0.25 mL for children aged 6 through 35 months and 0.5 mL for persons aged ≥3 years. However, 0.25-mL PFSs are no longer available, and ACIP recommends that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative. The Afluria 0.5-mL PFS presentation should be used only for persons aged ≥3 years.

¶ IM-administered influenza vaccines should be administered by needle and syringe. Although the MDV presentation of Afluria is approved by FDA for administration via the PharmaJet Stratis jet injector for adults aged 18 through 64 years, ACIP recommends that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative. For older children and adults, the recommended site for IM influenza vaccination is the deltoid muscle. The preferred site for infants and young children is the anterolateral aspect of the thigh. Additional specific guidance regarding site selection and needle length for IM administration is available in the CDC General Best Practices for Immunization.

** An MDV formulation containing thimerosal might be available for the 2025–26 season. However, ACIP recommends that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative.

†† Fluzone is approved for children aged 6 through 35 months at either 0.25 mL or 0.5 mL per dose. However, 0.25-mL PFSs are no longer available, and ACIP recommends that children aged ≤18 years, pregnant women, and all adults receive seasonal influenza vaccines only in single-dose formulations that are free of thimerosal as a preservative. The Fluzone 0.5-mL PFS may be used for persons aged ≥6 months.

TABLE 2. Contraindications and precautions to the use of influenza vaccines—United States, 2025–2026 influenza season*

Vaccine	Contraindications	Precautions
Egg-based IIV3s	History of severe allergic reaction (for example, anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (that is, any egg-based IIV, ccIIV, RIV, or LAIV)§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within six weeks of receipt of influenza vaccine
ccIIV3	History of severe allergic reaction (for example, anaphylaxis) to a previous dose of any ccIIV or any component of ccIIV3§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within six weeks of receipt of influenza vaccine History of severe allergic reaction to a previous dose of any other influenza vaccine (that is, any egg-based IIV, RIV, or LAIV)¶
RIV3	History of severe allergic reaction (for example, anaphylaxis) to a previous dose of any RIV or any component of RIV3§	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within six weeks of receipt of influenza vaccine History of severe allergic reaction to a previous dose of any other influenza vaccine (that is, any egg-based IIV, ccIIV, or LAIV)¶
LAIV	History of severe allergic reaction (for example, anaphylaxis) to any component of the vaccine† or to a previous dose of any influenza vaccine (that is, any egg-based IIV, ccIIV, RIV, or LAIV)§ Concomitant aspirin or salicylate-containing therapy in children and adolescents§ Children aged 2 through 4 years who have received a diagnosis of asthma or whose parents or caregivers report that a health care provider has told them during the preceding 12 months that their child had wheezing or asthma or whose medical record indicates a wheezing episode has occurred during the preceding 12 months Children and adults who are immunocompromised due to any cause, including but not limited to immunosuppression caused by medications, congenital or acquired immunodeficiency states, HIV infection, anatomic asplenia, or functional asplenia (for example, due to sickle-cell anemia) Close contacts and caregivers of severely immunosuppressed persons who require a protected environment Pregnancy Persons with active communication between the CSF and the oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak Persons with cochlear implants**	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within six weeks of receipt of influenza vaccine Asthma in persons aged ≥5 years Other underlying medical conditions that might predispose to complications after wild-type influenza infection (for example, chronic pulmonary, cardiovascular [except isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus])

	Receipt of the influenza antiviral medications oseltamivir or zanamivir within the previous 48 hours; receipt of peramivir within the previous 5 days; or receipt of baloxavir within the previous 17 days[††]	

Abbreviations: ACIP = Advisory Committee on Immunization Practices; ccIIV = cell culture–based inactivated influenza vaccine (any valency); ccIIV3 = cell culture–based inactivated influenza vaccine, trivalent; CSF = cerebrospinal fluid; IIV = inactivated influenza vaccine (any valency); IIV3 = inactivated influenza vaccine, trivalent; LAIV = live attenuated influenza vaccine (any valency); LAIV3 = live attenuated influenza vaccine, trivalent; RIV = recombinant influenza vaccine (any valency); RIV3 = recombinant influenza vaccine, trivalent.

* Manufacturer package inserts and updated CDC and ACIP guidance should be consulted for additional information including, but not limited to, indications, contraindications, warnings, and precautions. When a contraindication is present, a vaccine should not be administered. When a precaution is present, vaccination should generally be deferred but might be indicated if the benefit of protection from the vaccine outweighs the risk for an adverse reaction (General Best Practices for Immunization | CDC). Package inserts for U.S.-licensed vaccines are available from FDA at Vaccines Licensed for Use in the United States.

† Although a history of severe allergic reaction (e.g., anaphylaxis) to egg is a labeled contraindication to the use of egg-based IIV3s and LAIV3, ACIP recommends that all persons aged ≥6 months with egg allergy should receive influenza vaccine and that any influenza vaccine (egg based or non–egg based) that is otherwise appropriate for the recipient's age and health status can be used (see Persons with a History of Egg Allergy in Prevention and Control of Seasonal Influenza with Vaccines).

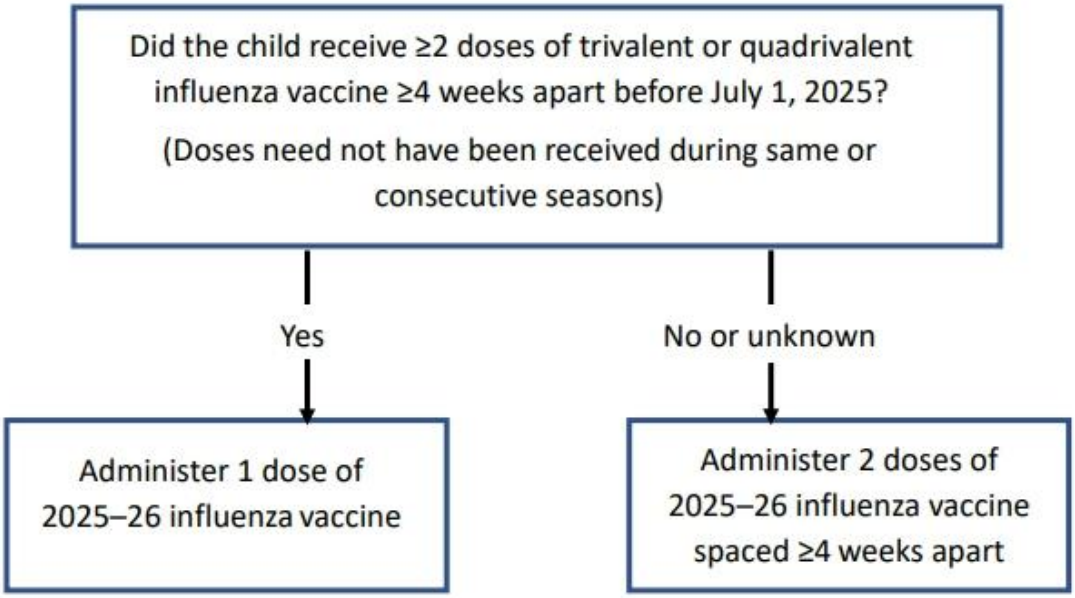
§ Labeled contraindication noted in package insert.

¶ If administered, vaccination should occur in a medical setting and should be supervised by a health care provider who can recognize and manage severe allergic reactions. Providers can consider consulting with an allergist in such cases to assist in identification of the component responsible for the allergic reaction.

** Injectable vaccines are recommended for persons with cochlear implant because of the potential for CSF leak, which might exist for a period after implantation. Providers might consider consultation with a specialist concerning risk for persistent CSF leak if an inactivated or recombinant vaccine cannot be used.

†† Use of LAIV3 in the context of influenza antivirals has not been studied; however, interference with activity of LAIV3 is biologically plausible, a possibility that is noted in the package insert for LAIV3. In the absence of data supporting an adequate minimum interval between influenza antiviral use and LAIV3 administration, the intervals provided are based on the half-life of each antiviral. The interval between influenza antiviral receipt and LAIV3 for which interference might occur might be further prolonged in the presence of medical conditions that delay medication clearance (e.g., renal insufficiency). Influenza antivirals might also interfere with LAIV3 if initiated within 2 weeks after vaccination. Persons who receive antivirals during the period starting with the specified time before receipt of LAIV3 through 2 weeks after receipt of LAIV3 should be revaccinated with an age-appropriate IIV3 or RIV3.

Figure 1. Influenza vaccine dosing algorithm for children aged 6 months through 8 years*–United States, 2025–26 influenza season.



* Children aged 6 months through 8 years who require 2 doses of influenza vaccine should receive their first dose as soon as possible (including during July and August, if vaccine is available) to allow the second dose (which must be administered ≥4 weeks later) to be received, ideally, by the end of October. For children aged 8 years who require 2 doses of vaccine, both doses should be administered even if the child turns age 9 years between receipt of dose 1 and receipt of dose 2.