

## Prevention and control of seasonal influenza with vaccines: 2025–26 recommendations

### AAFP recommendations for the 2025–26 flu season

The American Academy of Family Physicians (AAFP) recommends annual influenza vaccination for all individuals 6 months and older who do not have medical contraindications.

Because vaccine recommendations change each year, recipients should be given an age-appropriate vaccine (i.e., one approved for their age group). The AAFP makes no preferential recommendation for a specific vaccine or formulation when multiple licensed and recommended options are available, except for vaccination of adults 65 years and older.

#### What's new for the 2025–26 flu season?

- Updated influenza vaccine composition
- Approval of FluMist (live attenuated influenza vaccine, trivalent [LAIV3]) for self-administration or caregiver administration
- Change in age indication for Flublok (recombinant influenza vaccine, trivalent [RIV3]) from 18 years and older to 9 years and older

### Updates for the 2025–26 flu season Influenza vaccine composition<sup>1</sup>

All influenza vaccines marketed in the United States for the 2025–26 flu season will be trivalent and will contain an updated influenza A(H3N2) component.

- U.S. egg-based influenza vaccines will contain hemagglutinin derived from the following:
  - An influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus
  - An influenza A/Croatia/10136RV/2023 (H3N2)-like virus
  - An influenza B/Austria/1359417/2021 (Victoria lineage)-like virus
- U.S. cell culture-based and recombinant influenza vaccines will contain hemagglutinin derived from the following:
  - An influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus
  - An influenza A/District of Columbia/27/2023 (H3N2)-like virus
  - An influenza B/Austria/1359417/2021 (Victoria lineage)-like virus

### FluMist (LAIV3) approved for self-administration or caregiver administration<sup>1,2</sup>

- Will be available for the 2025–26 flu season
- Approved by the FDA in September 2024 for self-administration or caregiver administration
  - Recipients 18 through 49 years: Approved for self-administration
  - Recipients 2 through 17 years: Approved for administration by a caregiver who is 18 years or older
- Will continue to be available for administration by health care professionals, as previously recommended
- No changes made to recommendations regarding appropriate population, contraindications or precautions<sup>1</sup>
- Adults 18 years and older can [order FluMist online](#) for delivery to eligible recipients.
  - Central pharmacy or primary care clinician reviews screening criteria to determine eligibility

### Flublok (RIV3) approved for individuals 9 through 17 years<sup>1,3</sup>

- Approved by FDA in March 2025 for use in individuals 9 years and older
- Previously approved for use in individuals 18 years and older

### Influenza vaccine selection

All influenza vaccines marketed in the United States for the 2025–26 flu season will be trivalent.<sup>1</sup> Considerations for vaccine selection include contraindications, precautions and the following recommendations<sup>1</sup>:

- All individuals should receive an influenza vaccine that is approved for their age group.
- Adults 65 years and older should preferentially receive a high-dose inactivated, adjuvanted inactivated or recombinant influenza vaccine, when available. If one of these options is not available at the time of vaccination, any other age-appropriate influenza vaccine should be administered.
- Solid organ transplant recipients 18 through 64 years who are receiving immunosuppressive medication regimens may receive either a high-dose inactivated or adjuvanted inactivated influenza vaccine, with no preference over other age-appropriate influenza vaccines.

- FluMist (LAIV3) should **not** be administered to children under 2 years or adults over 49 years.<sup>2</sup> It is also not recommended for the following<sup>1</sup>:
  - Patients who are pregnant
  - Patients who are immunocompromised
  - Patients with certain medical conditions
  - Patients who are receiving, have recently received or are about to receive influenza antiviral medications

The AAFP makes no preferential recommendation for a specific vaccine or formulation when multiple licensed and recommended options are available, except for vaccination of adults 65 years and older.

### Optimal influenza vaccination timing<sup>1</sup>

For individuals who require only one dose of influenza vaccine during the flu season, the optimal time for vaccination is September or October. Vaccination efforts should continue beyond October and throughout the flu season for as long as influenza viruses remain in circulation and unexpired vaccines are available.

Influenza vaccination during July and August is not recommended for most populations due to the potential for waning immunity—especially among older adults—before the flu season peaks. However, early vaccination during these months may be appropriate for individuals who might not have access to vaccination later in the season.

For most adults (especially adults 65 years and older) and for people in their first or second trimester of pregnancy, vaccination during July and August is generally discouraged unless there is a specific concern that delaying vaccination until September or October is not feasible.<sup>1</sup>

### Vaccination timing for specific populations

Influenza vaccination during July and August may be appropriate for some populations, including the following<sup>1</sup>:

- **Children who require two influenza vaccine doses:** Children 6 months through 8 years who have not received at least two doses of a trivalent or quadrivalent influenza vaccine before July 1, 2025—or whose vaccination history is unknown—should receive two doses of influenza vaccine during the 2025–26 flu season. The second dose must be administered at least four weeks after the first dose, so getting an initial vaccination in July or August allows these children to complete their two-dose series by the end of October.
- **Children of any age who require only one influenza vaccine dose:** Many children in this population may visit their primary care clinician in late summer for medical exams prior to the school year, which offers a timely opportunity to administer the influenza vaccine. While immunity can wane over time following vaccination, especially when vaccines are administered early in the season, limited studies have examined this effect specifically in children.

- **People in their third trimester of pregnancy during July and August:** Multiple studies have shown that vaccination during late pregnancy is associated with a reduced risk of influenza illness in infants during their first months of life when they are too young to be vaccinated themselves.

**For more information, please visit the [CDC's Prevention and Control of Seasonal Influenza with Vaccines: Recommendations of the Advisory Committee on Immunization Practices-United States, 2025-26 Influenza Season](#).**

### Guidance on influenza vaccination in children

The AAFP's recommendation aligns with the American Academy of Pediatrics' (AAP's) recommendation that all children without medical contraindications should receive an annual influenza vaccination starting at 6 months of age.<sup>4</sup> The AAP states, "Influenza vaccination is an important strategy for protecting children and the broader community as well as reducing the overall burden of respiratory illnesses when other viruses are cocirculating. Any licensed influenza vaccine appropriate for age and health status can be administered, as soon as possible in the season, without preference for one product or formulation."<sup>4</sup>

**For more information, please visit the [AAP's Recommendations for Prevention and Control of Influenza in Children, 2025-2026: Policy Statement](#).**

### Guidance on influenza vaccination during pregnancy

The AAFP's recommendation aligns with the American College of Obstetricians and Gynecologists' (ACOG's) strong recommendation that all individuals who are or will be pregnant during the 2025-26 flu season should receive an inactivated or recombinant influenza vaccine as soon as it is available, during any trimester of pregnancy.<sup>5</sup> This recommendation reflects the increased risks associated with influenza infection for both pregnant patients and their newborns. ACOG recommends influenza vaccination before the flu season starts but encourages vaccination at any time during the season to ensure protection while the virus is circulating in the community.

Guidance from ACOG notes, "The new live-attenuated, intranasally administered influenza vaccine, which has recently been approved for home self-administration after having been exclusively prescribed and administered in a medical setting or a pharmacy, is not approved for use in pregnant individuals. However, it ... could be used for postpartum patients, including those who are lactating, who are averse to needle-based vaccines or [who] prefer intranasal vaccine administration."<sup>5</sup> ACOG's guidance also provides recommendations related to the treatment of influenza during pregnancy, including the use of antiviral medications.

For more information, please visit [ACOG’s Influenza in Pregnancy: Prevention and Treatment](#).

### Influenza treatment<sup>6</sup>

Recommended antiviral medications for influenza treatment are shown in *Table 1*. The AAFP recommends starting empiric antiviral treatment as soon as possible for any patient with suspected or confirmed influenza who is hospitalized; has severe, complicated or progressive illness; or is at higher risk for influenza complications. It is important for family physicians to start antiviral treatment quickly for patients in these priority groups who have suspected influenza. They should not wait for laboratory confirmation of influenza virus infection.

For outpatients with suspected influenza who are not at increased risk for complications, family physicians can consider early empiric antiviral treatment—based on clinical judgment—if it can be initiated within 48 hours of illness onset.

**Table 1. Recommended antiviral medications for influenza treatment**

Patient population	Recommended antiviral medication
Hospitalized patients with suspected or confirmed influenza	Initiation of antiviral treatment with <b>oral or enterically administered oseltamivir</b> as soon as possible
Outpatients with complications or progressive disease and suspected or confirmed influenza (e.g., pneumonia, exacerbation of underlying chronic medical conditions)	Initiation of antiviral treatment with <b>oral oseltamivir</b> as soon as possible
Outpatients with suspected or confirmed uncomplicated influenza	<b>Oral oseltamivir, inhaled zanamivir, intravenous peramivir or oral baloxavir*</b> may be used, depending on approved age groups and contraindications.

\*In one randomized controlled trial, baloxavir had greater efficacy than oseltamivir in adolescents and adults with influenza B virus infection.<sup>7</sup>

Information from reference 6.

### For more information, please visit:

- [Influenza Antiviral Medications: Summary for Clinicians](#) (CDC)
- [Clinical practice guideline on antiviral treatment and chemoprophylaxis for seasonal influenza](#) (Infectious Diseases Society of America [IDSA])
- [Clinical practice guideline on community-acquired pneumonia in adults](#) (American Thoracic Society and IDSA).

### References

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2. U.S. Food and Drug Administration. FluMist. July 1, 2025. Accessed September 24, 2025. <https://www.fda.gov/vaccines-blood-biologics/vaccines/flumist>
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4. Committee on Infectious Diseases. Recommendations for prevention and control of influenza in children, 2025-2026: policy statement. *Pediatrics.* e2025073620. Updated September 22, 2025. Accessed September 22, 2025. <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2025-073620/202845/Recommendations-for-Prevention-and-Control-of>
5. American College of Obstetricians and Gynecologists’ Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group; Silverman NS, Munoz FM, Sperling R, et al. Influenza in pregnancy: prevention and treatment. Updated August 2025. Accessed September 8, 2025. <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2025/08/influenza-in-pregnancy-prevention-and-treatment>
6. Centers for Disease Control and Prevention. Influenza antiviral medications: summary for clinicians. December 8, 2025. Accessed September 8, 2025. <https://www.cdc.gov/flu/hcp/antivirals/summary-clinicians.html>
7. Ison MG, Portsmouth S, Yoshida Y, et al. Early treatment with baloxavir marboxil in high-risk adolescent and adult outpatients with uncomplicated influenza (CAPSTONE-2): a randomised, placebo-controlled, phase 3 trial. *Lancet Infect Dis.* 2020;20(10):1204-1214.