



Prevention and control of seasonal influenza with vaccines: 2026-27 recommendations

AAFP recommendations for the 2026-27 flu season

The American Academy of Family Physicians (AAFP) recommends annual influenza vaccination for all individuals ≥ 6 months who do not have medical contraindications.¹ Since vaccine recommendations change each year, recipients should receive an age-appropriate vaccine. The AAFP makes no preferential recommendation for a specific vaccine or formulation when multiple licensed and recommended options are available, except for adults ≥ 65 years, for whom a high-dose, adjuvanted, recombinant or messenger RNA (mRNA) influenza vaccine is preferred when available.

What's new for the 2026-27 flu season?¹⁻³

- Updated 2026-27 influenza vaccine composition
- FDA approval of mFlusiva® for adults ≥ 50 years
- Afluria no longer available for 2026-27

Updates for the 2026-27 flu season

Influenza vaccine composition⁴

All influenza vaccines marketed in the United States for the 2026-27 flu season are trivalent. All three vaccine components have been updated for this season.

- U.S. egg-based influenza vaccines will contain hemagglutinin derived from the following:
 - An influenza A/Missouri/11/2025 (H1N1)pdm09-like virus
 - An influenza A/Darwin/1454/2025 (H3N2)-like virus
 - An influenza B/Tokyo/EIS13-175/2025 (Victoria lineage)-like virus
- U.S. cell culture-based and recombinant influenza vaccines will contain hemagglutinin derived from the following:
 - An influenza A/Missouri/11/2025 (H1N1)pdm09-like virus
 - An influenza A/Darwin/1415/2025 (H3N2)-like virus
 - An influenza B/Pennsylvania/14/2025 (Victoria lineage)-like virus

FluMist (LAIV3) for self-administration or caregiver administration^{5,6}

- Available for the 2026-27 flu season

- FDA-approved for self-administration or caregiver administration:
 - Adults 18 through 49 years may self-administer.
 - Recipients 2 through 17 years may receive the vaccine administered by a caregiver ≥ 18 years.
- Health care professionals may continue to administer FluMist® to eligible recipients.
- Eligibility, contraindications and precautions are otherwise unchanged.
- Adults ≥ 18 years can order FluMist online for home delivery to eligible recipients.
 - A centralized pharmacy or clinician reviews screening criteria to determine eligibility.

mFlusiva (mRNA influenza vaccine) approved for adults ≥ 50 years²

- The FDA approved mFlusiva on August 5, 2026, for adults ≥ 50 years.
- For adults ≥ 65 years, the AAFP includes mFlusiva among preferred options when available; for adults 50 through 64 years, it is an age-appropriate option without preferential status.

Influenza vaccine selection⁷

All influenza vaccines marketed in the United States for the 2026-27 flu season are trivalent. Considerations for vaccine selection include contraindications, precautions and the following recommendations:

- All individuals should receive an influenza vaccine that is approved for their age group.
- Adults ≥ 65 years should preferentially receive a high-dose inactivated, adjuvanted inactivated, recombinant or mRNA 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.
- Individuals with compromised immunity should receive an age-appropriate, non-live influenza vaccine annually; vaccine selection and timing may need to be individualized according to the type and timing of immunosuppression.
- FluMist (LAIV3) should not be administered to children < 2 years or adults > 49 years. It is also **not** recommended for the following:
 - Patients who are pregnant
 - Patients who are immunocompromised

- Patients with certain medical conditions or other product-specific contraindications
- Patients who are receiving, have recently received or are about to receive influenza antiviral medications

For adults ≥ 65 years, a high-dose, adjuvanted, recombinant or mRNA influenza vaccine is preferred when available.

Optimal influenza vaccination timing⁷

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

Influenza vaccination in July and August is generally discouraged for most adults, especially those ≥ 65 years, since protection can wane before the flu season peaks. Earlier vaccination is reasonable when delaying vaccination until September or October is not feasible or when influenza is already circulating at elevated levels in the community.

Vaccination timing for specific populations⁷

Timing should also account for age, prior vaccination history, pregnancy and the likelihood that the patient can return later in the season.

- **Children who require two influenza vaccine doses:** Children 6 months through 8 years who are receiving influenza vaccine for the first time, have received only one dose before July 1, 2026, or have an unknown vaccination history should receive two doses during the 2026-27 season, administered at least 4 weeks apart. Starting administration in July or August can ensure completion of the series by the end of October.
- **Children who require only one influenza vaccine dose:** Vaccinate as soon as the vaccine is available, ideally by the end of October. Patient visits in the late summer may be used as a vaccination opportunity, particularly when a return visit later in the season is uncertain.
- **Individuals who are pregnant:** Inactivated or recombinant influenza vaccine may be administered during any trimester. Individuals who are or will be pregnant during flu season should be vaccinated as soon as the vaccine is available, ideally before community circulation begins. Vaccination should continue throughout the season for those not yet vaccinated.

For more information, please visit the AAFP's [Respiratory virus vaccines: clinical guidance and resources for the 2026-27 season](#).

Guidance on influenza vaccination in children⁸

The AAFP recommendation is consistent with the American Academy of Pediatrics (AAP) recommendation for annual influenza vaccination of all children without medical contraindications beginning at 6 months. Any licensed influenza vaccine appropriate for the child's age and health status may be used, with no preference for any one product or formulation.

For more information, please visit the AAP's [Recommendations for prevention and control of influenza in children, 2026-2027: policy statement](#).

Guidance on influenza vaccination during pregnancy^{7,9}

The AAFP recommendation is consistent with the American College of Obstetricians and Gynecologists (ACOG) recommendation that all individuals who are or will be pregnant during flu season receive an inactivated or recombinant influenza vaccine during any trimester. Vaccination should be offered as soon as the vaccine is available, and it may be given at the same visit as other vaccines recommended during pregnancy.

Live attenuated influenza vaccine (FluMist) should not be used during pregnancy. It may be used postpartum, including during lactation, in otherwise eligible individuals. Vaccination during pregnancy also provides passive protection to infants during the first months of life, before they are old enough to receive the influenza vaccine.

For more information, please visit ACOG's [Influenza in pregnancy: prevention and treatment](#).

Influenza treatment⁸⁻¹⁰

Recommended antiviral medications for influenza treatment are shown in *Table 1*. Start empiric antiviral treatment as soon as possible for patients with suspected or confirmed influenza who are hospitalized; have severe, complicated or progressive illness; or are at higher risk for influenza complications. Do not delay treatment in these priority groups while awaiting laboratory confirmation.

- For pregnant patients with suspected influenza, initiate empiric antiviral treatment as soon as possible, ideally within 48 hours of symptom onset; oral oseltamivir is the preferred treatment.
- 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.
- For children, follow AAP age-specific antiviral guidance. Oseltamivir is the preferred antiviral and is recommended for hospitalized children.

Table 1. Recommended antiviral medications for influenza treatment¹⁰

Patient population	Recommended antiviral medication
Hospitalized patients with suspected or confirmed influenza	Initiation of antiviral treatment with oral or enterically administered oseltamivir 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 oral oseltamivir as soon as possible
Outpatients with suspected or confirmed uncomplicated influenza	Oral oseltamivir, inhaled zanamivir, IV peramivir or oral baloxavir* 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.¹¹ Information on antiviral selection and dosing is available in reference 10.

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).

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