



Influenza Vaccination

FACT SHEET

Recommendations for the 2023-2024 Flu Season

The American Academy of Family Physicians has endorsed updated recommendations on vaccines for seasonal influenza from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention.

The AAFP and the ACIP recommend all patients ≥ 6 months who do not have contraindications receive a licensed and age-appropriate seasonal influenza vaccine.¹

Here are **six key facts** from the ACIP recommendations for the 2023-2024 flu season¹:

- 1 Vaccine acceptance** – Patients are more likely to accept a vaccine recommendation from a source they know well and trust, such as their family physician or community leaders.

Co-administration – The influenza vaccine can be co-administered with other vaccines, including COVID-19 vaccines and respiratory syncytial virus vaccines, if the patient is eligible and the timing for each vaccine is consistent with their vaccination schedule.²

Vaccine composition – In the United States, influenza vaccines for the 2023-2024 flu season are quadrivalent and will contain an updated influenza A(H1N1)pdm09 component.

- U.S.-licensed egg-based influenza vaccines will contain hemagglutinin derived from the following:
 - One influenza A/Victoria/4897/2022 (H1N1)pdm09-like virus
 - One influenza A/Darwin/9/2021 (H3N2)-like virus
 - One influenza B/Austria/1359417/2021 (Victoria lineage)-like virus
 - One influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus

- U.S.-licensed cell culture-based and recombinant influenza vaccines will contain HA derived from the following:
 - One influenza A/Wisconsin/67/2022 (H1N1)pdm09-like virus
 - One influenza A/Darwin/6/2021 (H3N2)-like virus
 - One influenza B/Austria/1359417/2021 (Victoria lineage)-like virus
- 4** – One influenza B/Phuket/3073/2013 (Yamagata lineage)-like virus

Vaccination timing – Vaccination in July and August is not recommended for most groups. Ideally, most people who only need one dose of influenza vaccine for the flu season should be vaccinated in September or October. However, vaccination should continue throughout the season as long as influenza viruses are circulating.

Older adults – Adults ≥ 65 years should preferentially receive any one of the following higher-dose or adjuvanted vaccines:

- Quadrivalent high-dose inactivated influenza vaccine (HD-IIV4)
- Quadrivalent recombinant influenza vaccine (RIV4)
- Quadrivalent adjuvanted inactivated influenza vaccine (aIIV4)

If none of these vaccines is available at an opportunity for vaccine administration, any other age-appropriate influenza vaccine should be used.

People with history of egg allergy – All patients ≥ 6 months with an egg allergy should receive an influenza vaccine. Any influenza vaccine (egg- or non-egg-based) that is otherwise appropriate for the recipient's age and health status can be used. The ACIP no longer recommends that people who have had an allergic reaction to egg should be vaccinated in an inpatient or outpatient medical setting supervised by a clinician.

Misconceptions and Facts About the Influenza Vaccine

The uptake of influenza vaccination has decreased in recent years. Many patients have hesitated to visit a clinic in person or experienced vaccine fatigue. Your patients may also have misconceptions about the flu and the influenza vaccine. It is important to be ready to counter these misconceptions with facts so that you can effectively encourage your patients to get vaccinated.

Family physicians and team members can protect patients from severe illness and health complications by strongly recommending influenza vaccination as soon as it is available each year and providing the vaccine throughout the flu season.

Misconception	Fact
The flu vaccine will make me sick.	You cannot get the flu from an influenza vaccine. Some people report mild side effects after getting a flu shot, but these usually resolve in one to two days. Side effects may include soreness, redness or swelling at the injection site; low-grade fever; headache; and muscle aches.
It's better to get sick with the flu than to get the flu vaccine.	Even for healthy people, the flu can cause serious health complications that increase the risk of hospitalization or death.
I don't need a flu vaccine this year because I got one last year.	The ACIP recommends annual influenza vaccination for everyone ≥6 months because vaccine protection declines over time and flu viruses are constantly changing.
The flu vaccine increases my risk of getting COVID-19.	There is no evidence that getting an influenza vaccine increases your risk of getting sick from a coronavirus like COVID-19.
My immune system is fine, so I don't need to get vaccinated.	Getting vaccinated also protects those around you, including those who are vulnerable to serious health complications from the flu.
I can't get the flu vaccine because I'm pregnant.	The ACIP recommends that all pregnant people should receive an influenza vaccine. This protects pregnant people and has the added benefit of protecting babies until they can be vaccinated at 6 months of age.
I didn't get the flu vaccine early enough in the season, so it's too late to get it now.	It is best to get vaccinated by the end of October, but circulation of influenza viruses can last until January or later. It is better to get vaccinated later in the flu season than not at all.

References

1. Grohskopf LA, Blanton LH, Ferdinands JM, et al. Prevention and control of seasonal influenza with vaccines: recommendations of the Advisory Committee on Immunization Practices — United States, 2023–24 influenza season. *MMWR Recomm Rep.* 2023;72(No. RR-2):1-25.

2. American Academy of Family Physicians. Immunization schedules. Accessed January 12, 2024. <https://www.aafp.org/family-physician/patient-care/prevention-wellness/immunizations-vaccines/immunization-schedules.html>

