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Influenza Vaccine Recommendations for the 2026–27 Season

Introduction

Seasonal influenza vaccination is recommended annually for everyone aged 6 months and older who does not have a contraindication to vaccination. Vaccination remains the primary strategy for reducing the risk of influenza-associated illness, hospitalization, and death. For the 2026–27 season, all three influenza vaccine virus components have been updated from those used in the 2025–26 season to better reflect currently circulating influenza viruses.

2026–27 Influenza Vaccine Composition

Influenza vaccines for the 2026–27 season are trivalent and will be available in single dose formulations.¹

Egg-based influenza vaccines contain hemagglutinin (HA) derived from:

- A/Missouri/11/2025 (H1N1) pdm09-like virus
- A/Darwin/1454/2025 (H3N2)-like virus
- B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus

Cell culture-based and recombinant influenza vaccines contain HA derived from:

- A/Missouri/11/2025 (H1N1) pdm09-like virus
- A/Darwin/1415/2025 (H3N2)-like virus
- B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus

General Recommendations for Vaccination

Influenza vaccine recommendations remain unchanged from the 2025–26 influenza season.^{2,3} Annual influenza vaccination is recommended for all persons aged ≥ 6 months without a contraindication to vaccination.² For adults aged ≥ 65 years, CDC preferentially recommends high-dose, adjuvanted, or recombinant vaccines, which may provide greater protection than standard-dose vaccines.

Recommendations for Persons with an Egg Allergy¹

Persons with a mild to moderate history of egg allergy are recommended to receive influenza vaccine. Egg allergy alone does not necessitate additional precautions, but a history of anaphylaxis to egg-based vaccine is a contraindication to receiving an egg-based vaccine. Any licensed, recommended influenza vaccine that is appropriate for the recipient's age and health status can be used, including egg-based vaccines.

Guidance for Persons at Increased Risk for Severe Illness²

Influenza vaccination is important for persons at increased risk for severe illness and complications from influenza, including:

- All children aged 6 months through 4 years;
- All persons aged ≥ 50 years;
- Adults and children who have chronic pulmonary (including asthma), cardiovascular (excluding isolated hypertension), renal, hepatic, neurologic, hematologic, or metabolic disorders (including diabetes mellitus);
- Persons who are immunocompromised due to any cause (including but not limited to immunosuppression caused by medications or HIV infection);
- Persons who are or planning to become pregnant during the influenza season;
- Children aged 6 months through 18 years receiving aspirin- or salicylate-containing medications who might be at risk for experiencing Reye syndrome after influenza virus infection;
- Residents of nursing homes or long-term care facilities;
- American Indian or Alaska Native people; and
- Persons who are extremely obese (body mass index ≥ 40 for adults).

Timing of Vaccination²

September and October are the best times for most people to get vaccinated against influenza (note: influenza A activity is [already increasing](#) in Alaska).

- Children aged 6 months through 8 years who have never received a flu vaccine or who have only received one dose total in the past should receive two doses this season.
- Children who need two doses of flu vaccine should get their first dose as soon as vaccine becomes available. The second dose should be given at least 4 weeks after the first.
- Flu vaccination should be given in the third trimester of pregnancy as soon as vaccine is available.

Vaccines Available

The Alaska Immunization Program will supply Fluzone® (Sanofi Pasteur), Flucelvax® (Seqirus), Flumist® (AstraZeneca), Fluzone® High Dose (Sanofi Pasteur), and Fluad® (Seqirus). Additional options available in the United States include Afluria®, Fluarix®, FluLaval®, and mFlusiva®. All vaccine types are summarized below.

Inactivated Influenza Vaccines (IIV)

The IIV vaccines available this season are:

- Egg-based (IIV3): Afluria® MDV, Fluarix®, FluLaval®, and Fluzone® are licensed for persons aged ≥ 6 months.³
- Cell culture-based (ccIIV3): Flucelvax® is licensed for persons aged ≥ 6 months.³
- Egg-based high dose (HD-IIV3): Fluzone High-Dose® is licensed for persons aged ≥ 65 years.³
- Egg-based with MF59 adjuvant (aIIV3): Fluad® is licensed for persons aged ≥ 65 years.³

Recombinant Influenza Vaccine

Flublok® contains recombinant HA produced in an insect cell line using genetic sequences from cell-derived influenza viruses and may be used in persons aged ≥ 9 years.³

Live-Attenuated Influenza Vaccine

FluMist® contains live, attenuated viruses that only replicate efficiently at temperatures present in the nasal mucosa. FluMist® is available for persons aged 2 through 49 years who are not pregnant.²

mRNA Influenza Vaccine

mFlusiva® (mRNA-1010) is a new influenza vaccine for the 2026–2027 influenza season and is the first mRNA influenza vaccine approved in the United States. It is a trivalent vaccine containing a nucleoside-modified mRNA encoding the HA antigen from each of the three influenza vaccine strains. It is FDA-approved for use in adults aged ≥ 50 years.⁴

Storage

All influenza vaccine should be stored at 36°–46°F (2°–8°C) and should not be frozen.¹ Additional storage and handling guidelines are available on the vaccine package inserts.⁴

References

1. FDA. Influenza Vaccine Composition for the 2026–2027 U.S. Influenza Season. Available: <https://www.fda.gov/vaccines-blood-biologics/vaccines/influenza-vaccine-composition-2026-2027-us-influenza-season>
2. CDC. Interim Clinical Considerations for the Use of Seasonal Influenza Vaccines in the United States. Updated Sept. 1, 2026.
3. Alaska Epidemiology Bulletin. Influenza Vaccine Recommendations and Administration for the 2025–26 Season.
4. FDA. Vaccines, Blood, and Biologics: Manufacturer Package Inserts.