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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: Stephanie Schauer, Ph.D, Wisconsin Immunization Program Manager

Jasmine Zapata, MD, MPH, Chief Medical Officer and State Epidemiologist for Maternal & Child Health

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Re: 2026–2027 Recommendations for Influenza Vaccination in Wisconsin

Wisconsin DHS Recommends Influenza Vaccination for All People Aged ≥6 months

Dear Wisconsin Health Care and Public Health Partners,

As we enter the fall respiratory virus season, the Wisconsin Department of Health Services (DHS) is sharing our clinical guidance for the 2026–2027 influenza season. At this time, the federal Advisory Committee on Immunization Practices (ACIP) is inactive and the Centers for Disease Control and Prevention (CDC) has maintained the July 2025 immunization schedule in effect for the 2026–2027 season. Because this standing federal schedule does not incorporate recently approved vaccine products or updated clinical evidence, DHS is aligning its state recommendations with the updated consensus guidelines published by national medical professional societies:

- **Children:** *Recommendations for Prevention and Control of Influenza in Children, 2026–2027* were published by the American Academy of Pediatrics (AAP) on August 10, 2026, and are available for download on the AAP website.

- **Adults:** *2026-2027 Influenza, RSV and SARS-CoV-2 Immunization Recommendations* were published by the American Academy Family of Physicians (AAFP) on September 2, 2026, and are available for download on the AAFP website.

- **Special populations:** Guidelines for the use of influenza vaccines in special populations have also been updated by the Infectious Disease Society of America (immunocompromised patients) and the American College of Obstetricians and Gynecologists (pregnant, postpartum, and lactating patients and their infants).

Regulatory and formulation updates

- **Universal transition to trivalent formulations:** All U.S. seasonal influenza vaccines for the 2026–2027 season are trivalent (IIV3, ccIIV3, RIV3, LAIV3, and mRNA). Following the global extinction of the B/Yamagata lineage, previous quadrivalent formulations are no longer marketed in the United States, and all "-4" and "Quadrivalent" designations have been officially retired.

- **Updated strain composition:** In March 2026, the Food and Drug Administration (FDA) issued recommendations for the antigenic composition of the 2026–2027 U.S.-approved influenza vaccines, which included updates to the influenza A(H3N2), A(H1N1), and B components to match circulating strains.

- **FDA approval of first mRNA influenza vaccine**: Moderna's mRNA-1010 (mFLUSIVA) was FDA-approved on August 5, 2026. It is approved for use in adults aged ≥50 years (full approval for ages 50–64 years; accelerated approval for ages ≥65 years) as a single 0.38 mL intramuscular dose. mFLUSIVA is not indicated for children.

- **Discontinuation of Afluria**: Seqirus Afluria Trivalent (standard-dose, egg-based inactivated vaccine) has been discontinued and is no longer manufactured or available in the United States for the 2026–2027 season.

- **FDA safety labeling update on febrile seizures:** Prescribing information for standard-dose trivalent inactivated vaccines has been updated to note a low-magnitude risk of febrile seizures on the day of or day after vaccination in children aged 6 months through 4 years (estimated at 1 excess episode per 22,624 trivalent doses).

- **Expanded delivery for intranasal vaccine**: AstraZeneca's FluMist Trivalent (LAIV3) is approved for at-home self-administration (ages 18–49 years) or caregiver administration (recipients aged 2–17 years) via an online pharmacy program. Doses obtained through the home program are not eligible for VFC coverage this season.

Available vaccine products

Not all influenza vaccines are uniformly available in any given practice setting or geographic locality. Influenza vaccines available in the United States during the 2026–2027 season are (**See Table 1**):

- Trivalent inactivated influenza vaccine (IIV3):
  - Sanofi Pasteur (Fluzone Trivalent)
  - GlaxoSmithKline (Fluarix Trivalent)
  - GlaxoSmithKline (FluLaval Trivalent)
  - Sanofi Pasteur (Fluzone High-Dose Trivalent: HD-IIV3)
- Trivalent mRNA influenza vaccine: Moderna (mFLUSIVA Trivalent)
- 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): Seqirus (Fluad Trivalent).

- Recombinant hemagglutinin (HA) influenza vaccine (RIV3): Sanofi Pasteur (FluBlok Trivalent).

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. Call 211 to identify a location (for example, clinic or community pharmacy) to receive influenza vaccine.

Updated clinical recommendations

Children aged 6 months through 8 years who have not previously been vaccinated against influenza should receive two vaccine doses this season (See Figure 1). Children who require two doses of influenza vaccine should receive their first dose as soon as possible after vaccine becomes available, with the second dose administered ≥4 weeks later. This schedule increases the opportunity for both doses to be administered within the same influenza season and before seasonal virus circulation peaks. Children require two doses this season if they have not previously received at least two total lifetime doses of trivalent or quadrivalent influenza vaccine ≥4 weeks apart prior to July 1, 2026 (the two prior doses do not need to have been received during consecutive seasons). These two doses do not need to be from the same manufacturer, and doses administered up to 4 days prior to the minimum 4-week interval are considered clinically valid.

All individuals who are pregnant, or who might be pregnant during the upcoming influenza season, should receive a seasonal influenza vaccine. Pregnant individuals may receive any age-appropriate trivalent inactivated (IIV3), cell-culture based (ccIIV3), or recombinant (RIV3) influenza vaccine during any trimester of gestation or postpartum. Live attenuated vaccine (LAIV3) is contraindicated during pregnancy. 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 6 months of life (2,3).

Adults aged ≥65 years should 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:

- Trivalent high-dose inactivated vaccine: Fluzone High-Dose (HD-IIV3)
- Trivalent adjuvanted inactivated vaccine: Fluad (aIIV3)
- Trivalent recombinant vaccine: FluBlok (RIV3)
- Trivalent mRNA vaccine: mFLUSIVA (mRNA-1010)

mFLUSIVA is not one of the three formulations classified as "enhanced," but joins the other three EIV options as being preferentially recommended for this age group based on immunogenicity superior to a high-dose comparator and relative efficacy in adults ≥65. If none of these four 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.

Influenza vaccination of people with a history of egg allergy. Wisconsin DHS recommends that all people aged ≥6 months with a history of egg allergy of any severity should receive influenza vaccine. Any licensed, trivalent influenza vaccine (egg-based or non-egg-based) that is otherwise appropriate for the recipient's age and health status can be safely administered. In alignment with coordinated national medical society guidelines, egg allergies alone necessitate no additional safety measures, special observation periods, or brand-specific restrictions. It is no longer recommended that individuals with histories of severe egg-allergic reactions (including anaphylaxis) be vaccinated strictly in specialized inpatient or outpatient environments. Medical offices do not need to include questions about egg allergy on pre-vaccination clinical screening forms. As is standard practice for all immunizations, vaccinations should occur in clinical settings equipped with the personnel and equipment needed to recognize and treat rare, acute hypersensitivity reactions

Coadministration with other vaccines
Providers may simultaneously administer other vaccines, including 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.

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 2027 until vaccine is expired (typically June 30).

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 an individual may be eligible for. See Table 2 for a list of contraindications and precautions to receipt of influenza vaccine.

Statewide standing prescription order for 2026–27. To support vaccine access across Wisconsin, the DHS has issued a statewide standing medical order for influenza vaccines for the 2026–2027 respiratory season. Because authorization of pharmacy-based vaccine administration in Wisconsin is linked to active ACIP recommendations, the current inactivity of ACIP creates

uncertainty for many immunizers. This order authorizes qualified Wisconsin-licensed healthcare personnel, including pharmacists, pharmacy interns, and qualified pharmacy technicians, to assess and vaccinate eligible individuals aged ≥6 months without a patient-specific prescription. A copy of the order is available on the DHS website.

If you have questions, please contact your regional immunization program representative:

Shayna Nickell	Eau Claire Regional Office	608-692-3541
Susan Nelson	Green Bay Regional Office	920-448-5231
Thanee Xiong	Madison Central Office	608-267-9391
Monica Thakur	Milwaukee Regional Office	414-227-3995
Christie Larmie	Rhinelander Regional Office	715-365-2709

References

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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.

3. Tapia MD, Sow SO, Tamboura B, et al. Maternal immunisation with trivalent inactivated influenza vaccine for prevention of influenza in infants in Mali: a prospective, active-controlled, observer-blind, randomised phase 4 trial*. Lancet Infect Dis*. 2016;16(9):1026-1035.

4. Buchan SA, Booth S, Scott AN, et al. Effectiveness of live attenuated vs inactivated influenza vaccines in children during the 2012-2013 through 2015-2016 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, 2026–2027 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†						
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
Messenger RNA (mRNA) influenza vaccine, trivalent (mRNA-1010)						
mFLUSIVA	Moderna	0.38 mL PFS	No	≥50 yrs	IM¶	37.5 µg/0.38 mL

Abbreviations: 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, applicable professional medical organization webpages, and updated CDC 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 (for example, 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).

** An MDV formulation containing thimerosal might be available for the 2026–27 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, 2026–2027 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[††]	
mRNA	History of severe allergic reaction (for example, anaphylaxis) to a previous dose of mFLUSIVA or any component of mFLUSIVA	Moderate or severe acute illness with or without fever History of Guillain-Barré syndrome within six weeks of receipt of influenza vaccine

Abbreviations: 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; mRNA = messenger RNA

* 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).

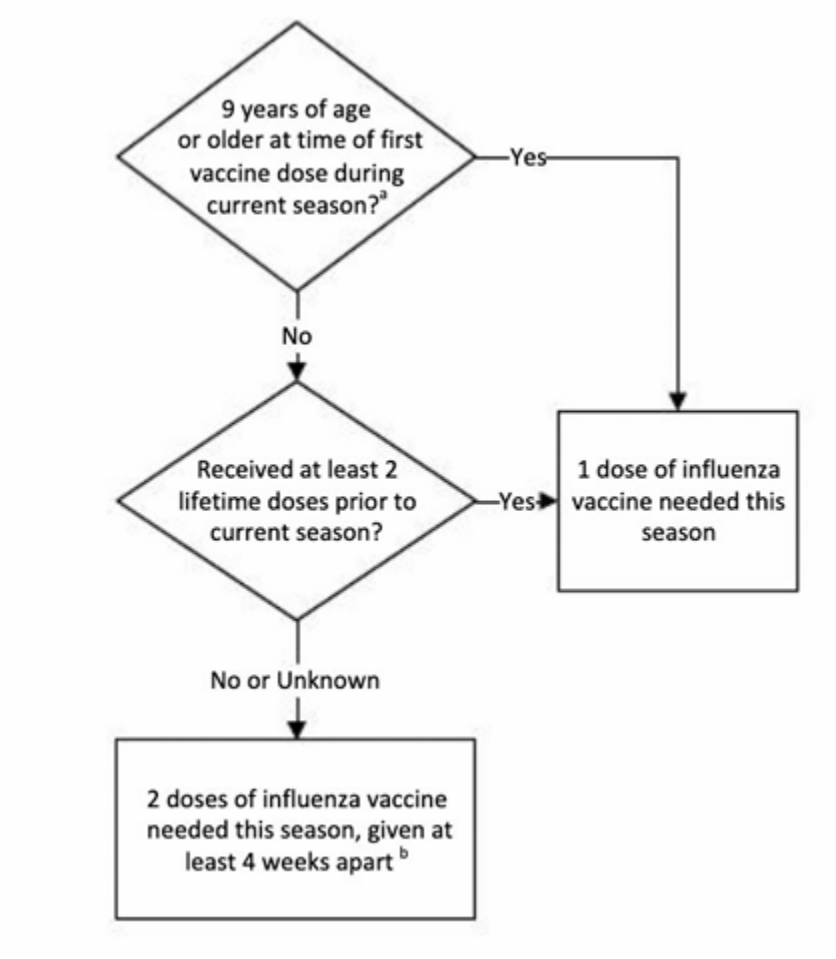
§ Labeled contraindication noted in package insert.

¶ 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. Number of 2026–2027 seasonal influenza vaccine doses recommended for children based on age and prior vaccination history



[a] Must be at least 6 months of age to be eligible for influenza vaccine.
[b] Second dose still required for children who turn 9 between first and second dose. The same vaccine formulation is not required for the first and second dose.