

Influenza (Flu) Vaccine FAQs: Healthcare Professionals

1. What types of influenza vaccines are there, and which ones are indicated for which patients?

The current seasonal influenza vaccines are trivalent (2 strains of influenza A, 1 strain of influenza B) and offer the same protection. There are different types of influenza vaccines: inactivated influenza vaccines (IIV3s), which can be standard dose or high dose; recombinant influenza vaccine (RIV3); and a live attenuated influenza vaccine (LAIV3). The FDA also recently approved an mRNA influenza vaccine (mFlusiva) for adults 50 years and older. The live attenuated vaccine is a nasal spray (FluMist) and is approved for those aged 2-49 years.

Pregnant patients can receive any of the vaccines approved for those under 65 years, except for the live attenuated vaccine. For those aged 65 years and older, a high-dose vaccine (Fluzone or Fluad), the recombinant vaccine (Flublok), or the mRNA vaccine (mFlusiva) is preferred.

2. Can flu vaccines be co-administered with other vaccines?

Coadministration of vaccines is common clinical practice. Most vaccines can be given at the same visit. Patients may feel more minor side effects, such as fatigue or arm soreness when receiving more than one vaccine at the same visit.

3. How can I explain to patients why the flu vaccine changes each year?

Flu is a rapidly changing virus, so the vaccine is not always a perfect match for the currently circulating strain. Scientists select vaccine strains based on what influenza viruses are circulating worldwide, how well last season's vaccine worked, and the ability of a vaccine virus to provide cross-protection against other types in that lineage.

The flu vaccine does not prevent every case of flu, but it can still make a big difference. It helps lower your risk of getting very sick, needing hospital care, or dying from flu. Because flu viruses change from year to year, the vaccine works better in some seasons than others. Even when it is not a perfect match, a flu vaccine still offers important protection by reducing complications.

4. Should anyone not receive an influenza vaccine?

Few people should not receive an influenza vaccine. Children younger than 6 months are too young to get a flu vaccine. People with a severe allergy to any vaccine ingredient (other than egg protein) should not receive that vaccine. Those who have had a severe allergic reaction to a previous influenza vaccine dose should not receive that vaccine again and may not be able to receive other influenza vaccines. Each vaccine type has its own contraindications and precautions.



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5. What should I do if the patient gets the wrong vaccine dose or experiences an adverse event?

All vaccination providers are responsible for reporting adverse events after vaccination. **Vaccine Adverse Event Reporting System (VAERS)** is a national vaccine safety monitoring program jointly managed by the CDC and FDA. VAERS accepts reports from anyone. A VAERS report does not by itself mean a vaccine caused the event, but it helps detect safety patterns and identify cases for further review.

6. Without the Advisory Committee on Immunization Practices, how were the 2026-2027 vaccine recommendations determined?

Recognizing the ongoing need for evidence-based guidance, the AMA and the Vaccine Integrity Project announced a collaboration in February 2026 to support the 2026–2027 respiratory season evidence review. The collaboration reflects a shared commitment to transparency, scientific rigor, multidisciplinary engagement, and consistency of voice in the importance of vaccines across the medical enterprise.

The 2026–2027 review process began with engagement of national medical specialty societies, public health experts, epidemiologists, vaccinologists, and evidence review experts to identify priority policy and clinical questions. Key research questions were developed to evaluate vaccine effectiveness against infection, medically attended illness, hospitalization, intensive care unit admission, and death. Additional questions examined vaccine safety, including the identification of new or emerging safety signals and the assessment of risks and benefits across different populations. Medical specialty societies used these evidence reviews to inform vaccine recommendations for specific patient populations.



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