Pharmacist's Letter
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Know What's New With Flu Vaccines for 2026-2027

Top Takeaways

-*Continue to recommend annual flu vaccination for everyone age 6 months and older, ideally in September or October.*
-*Preferentially use a higher-dose or adjuvanted flu vaccine for patients 65 and older, when available.*
-*Be aware that the first mRNA-based flu vaccine for patients 50 and older seems to provide greater protection than the standard flu shot, but it causes more side effects and payer coverage will vary.*

Patients will look to you for **guidance on 2026-2027 flu vaccines**.

Continue to recommend annual influenza vaccination for everyone 6 months and up...know what's new...and be ready to answer common questions.

Which flu vaccine is "best"? Be aware that all influenza vaccines will be trivalent again...with updates to both A strains and the B strain.

Select a product based on evidence-based recs, your protocol, etc.

For patients age 65 and up, continue to give a higher-dose (Fluzone High-Dose, Flublok) or adjuvanted flu vaccine (Fluad)...if available.

For patients 50 and older, the first mRNA-based flu vaccine mFlusiva is also now approved. Evidence suggests it prevents about 1 additional case of influenza for every 125 patients vaccinated...compared with a standard flu shot. But clinical efficacy hasn't been directly studied versus higher-dose or adjuvanted options. Accelerated approval in ages 65+ is due to immune data only.

Plus, mFlusiva causes more injection-site pain and flu-like symptoms (fatigue, etc) than standard flu vaccines. And payer coverage may vary.

Use ANY age-appropriate injectable flu vaccine for most patients under age 65.

Or consider live intranasal flu vaccine (FluMist) as an option for healthy, NONpregnant patients age 2 through 49. Like last year, FluMist will also be available direct-to-consumer for patients to administer at home. But don't dispense your stock for home- or self-administration.

Keep in mind, a high-dose or adjuvanted flu vaccine is still an option for adults 18 to 64 who've received a solid organ transplant and are taking immunosuppressants (tacrolimus, etc).

When is the right time for flu vaccination? Vaccinate ideally in September or October...and continue as long as flu is circulating.

Remind patients it's best to be vaccinated BEFORE flu activity becomes widespread...since it takes about 2 weeks for the vaccine to kick in.

Point out flu vaccine offers protection for at least 5 to 6 months. Don't give a flu "booster"...regardless of when patients are immunized.

How effective are flu vaccines? Educate that flu vaccine effectiveness often falls between 40%-60%. But it was lower in 2025-26...partly due to a mismatch between the vaccine and circulating viruses.

Emphasize that even when flu vaccines aren't perfectly matched, they still reduce flu severity and the risk of serious outcomes. For example, last season's vaccines reduced the risk of flu-related emergency department or urgent care visits by about 35% and hospitalizations by 27%.

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What other vaccines can be given at the same time? Explain that all needed vaccines can usually be administered at the same visit. Ask about pneumococcal, RSV, shingles, Tdap, etc...to help get patients up-to-date.

Use different arms if possible...or separate injection sites by at least 1 inch...to reduce the chance of local reactions overlapping.

Use our *Flu Vaccines for 2026-27* chart to sort through products. And get our resource, *Communicating About Flu Vaccination*, for answers to FAQs about immunizing patients who are pregnant, have an egg allergy, etc.

Key References:

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