

Pediatric and Adult Influenza Webinar

2026-2027 Influenza Season – September 23, 2026

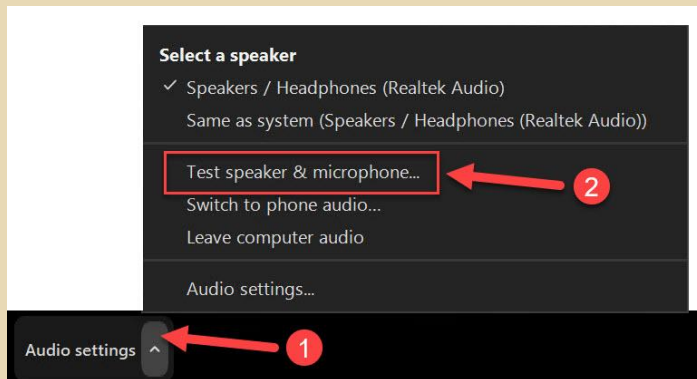
Presenters:

Arieanna Eaton, MPH

Andrea Becker, BSN, RN

Instructions for Webinar Participation

- The webinar will start at 12:00 PM EDT.
- Audio is through your computer speakers or headset; you may not hear sound until the webinar begins.
- Use audio settings to test speaker or headset.



- This webinar is being recorded, and a link will be provided to registrants within 48 hours.

How to Ask Questions:

1. Click on the  icon found at the bottom part of your screen.
2. A box will open where you can type in questions, comments, indicate sound problems, etc.
3. Use this throughout the webinar to ask questions.

Technical Help:

- Telephone (517) 432-6200 for MSU technical support.

Speaker Disclosures

- Speakers for today's webinar:
 - Andrea Becker, BSN, RN, Immunization Nurse Educator, MDHHS.
 - Arieanna Eaton, MPH, Immunization & Respiratory Virus Epidemiologist, MDHHS.
- All faculty presenters have nothing to disclose.
- No commercial support was provided for this CME/PCE activity.

CME Information

- This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of MSU and MDHHS. MSU is accredited by the ACCME to provide continuing education for physicians.
- Michigan State University designates this live activity for a maximum of 1.0 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

PCE Information

- This activity has been approved to meet knowledge-based educational needs and 1.0 Pharmacy Continuing Education (PCE). Credit will be awarded to participants by the Michigan Pharmacists Association (MPA).
- Michigan Pharmacists Association is accredited by the Accreditation Council for Pharmacy Education (ACPE) as a provider of continuing pharmacy education.

Webinar Objectives

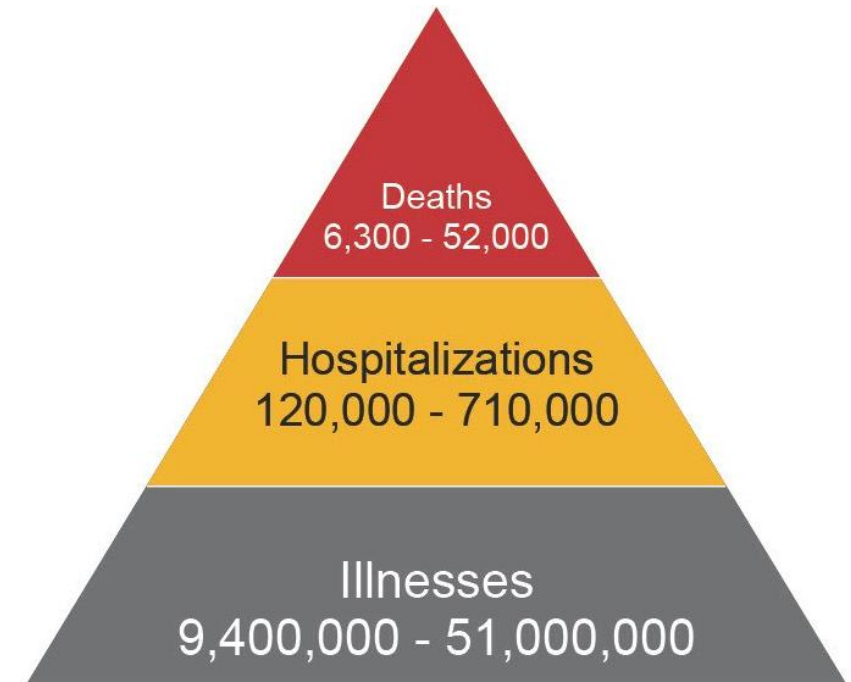
- Discuss influenza disease rates, surveillance, and vaccine coverage levels.
- Increase knowledge of vaccine recommendations for seasonal influenza vaccine.
- Identify strategies to improve influenza vaccination rates.



Influenza Disease Burden

- Difficult to predict severity and timing.
- Rates of serious illness and death greatest in:
 - Persons aged 65 years and older.
 - Children <5 years, especially children less than 2 years of age.
 - Persons with medical conditions that put them at high risk.
- Only half develop classic clinical flu symptoms.

Estimated Range of Annual-Burden of Flu in the US from 2010-2025

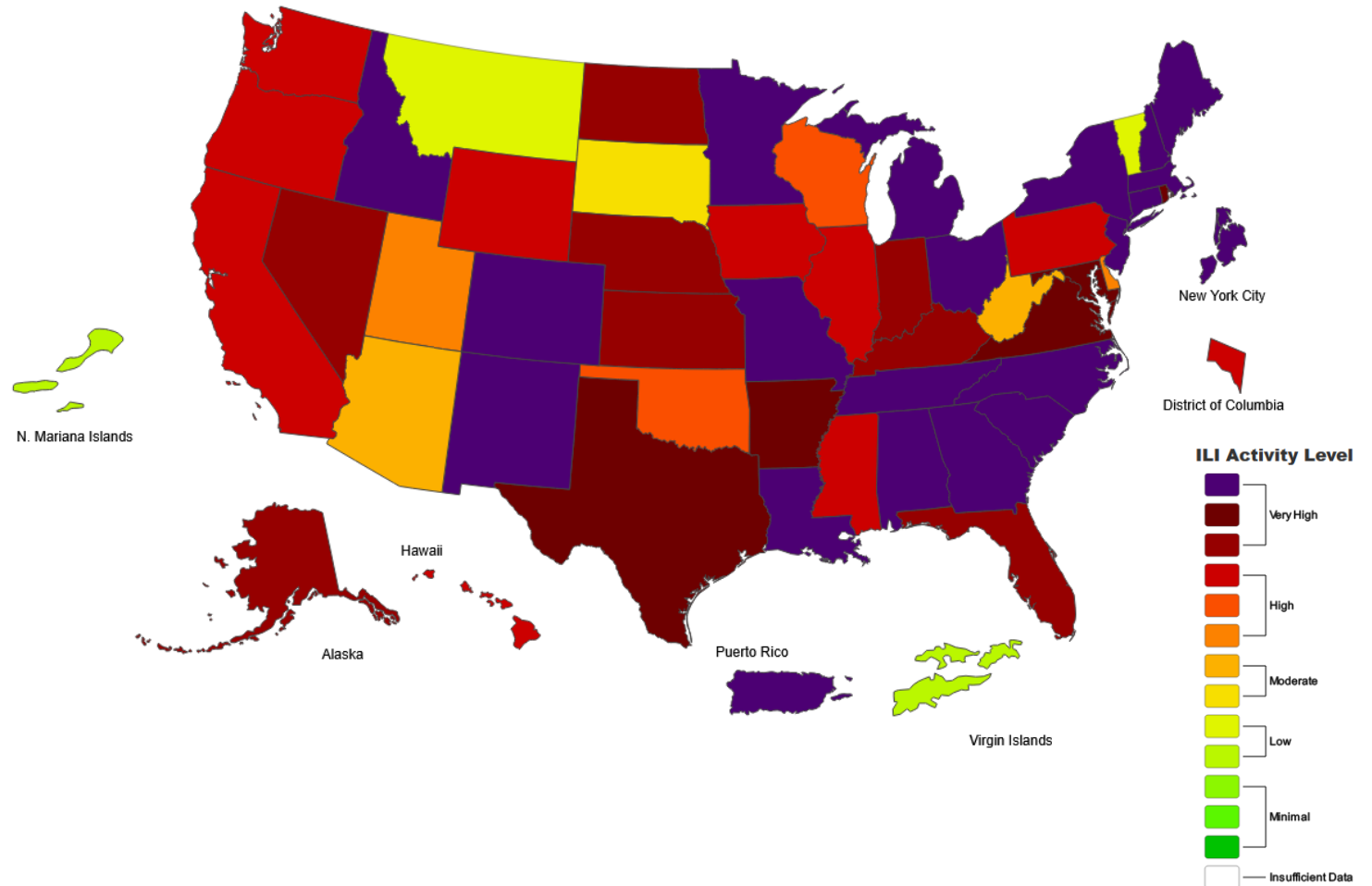


cdc.gov/flu-burden/php/about/index.html

Influenza Disease Burden (Continued)

2025-26 Influenza Season Week 52 ending December 27, 2025. ²

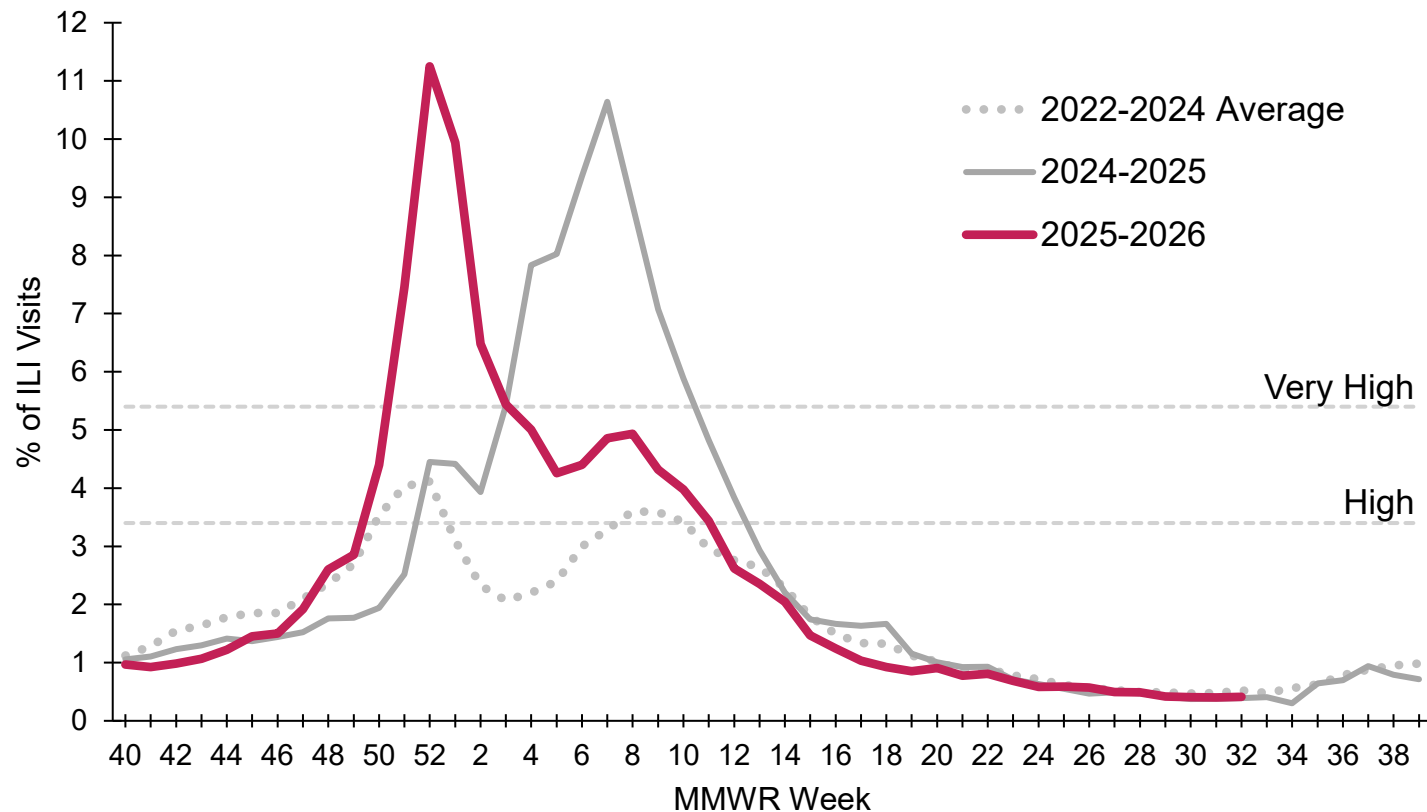
- Five categories of influenza surveillance: laboratory, mortality, hospitalization, geographic spread, and outpatient influenza-like illness (ILINet).¹
 - ILI is defined as a fever ($\geq 100^{\circ}\text{F}$ [37.8°C]) and a cough and/or a sore throat.
 - We need more ILINet providers!
 - For more information, email Arianna Eaton (eatona4@michigan.gov).



1. michigan.gov/flu/0,6720,7-321-101694-121722--,00.html
2. gis.cdc.gov/grasp/fluview/main.html

Outpatient Influenza Like Illnesses

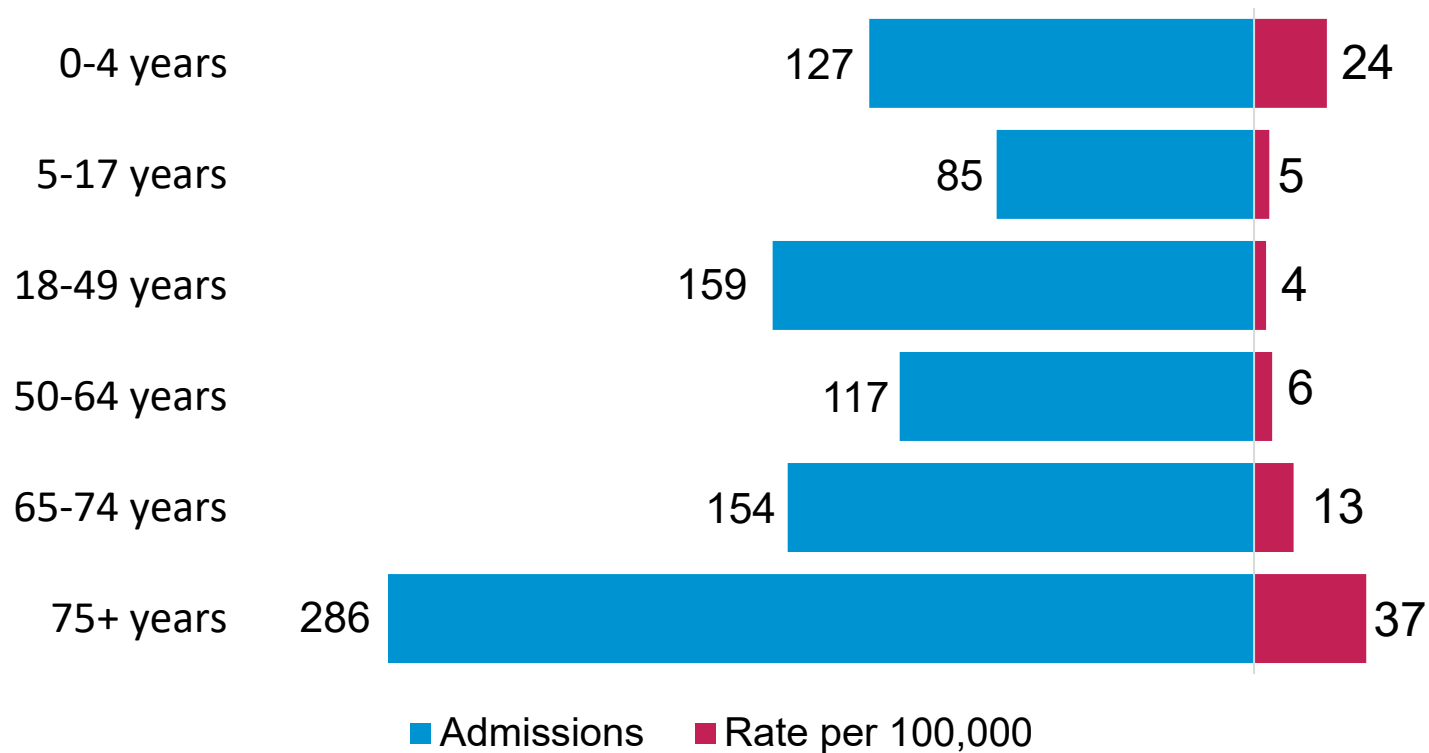
Percent of Outpatient ILI Visits in Michigan Reported to ILINet
2025-2026 and Previous Seasons



- During the 2025-26 season, Michigan's outpatient ILI activity peaked December 27th at **11.3%** and was classified as very high for **5** weeks.
 - This is the highest observed peak well before and since the pandemic.
- Overall activity was lower than the 2024-25 season, when activity was very high for **8** weeks.

Hospitalization Surveillance

Influenza-associated hospital admissions and age-adjusted rates in Michigan, week of December 27, 2026



Older adults make up the majority of hospital admissions, but young children have the 2nd highest rate of hospitalization.

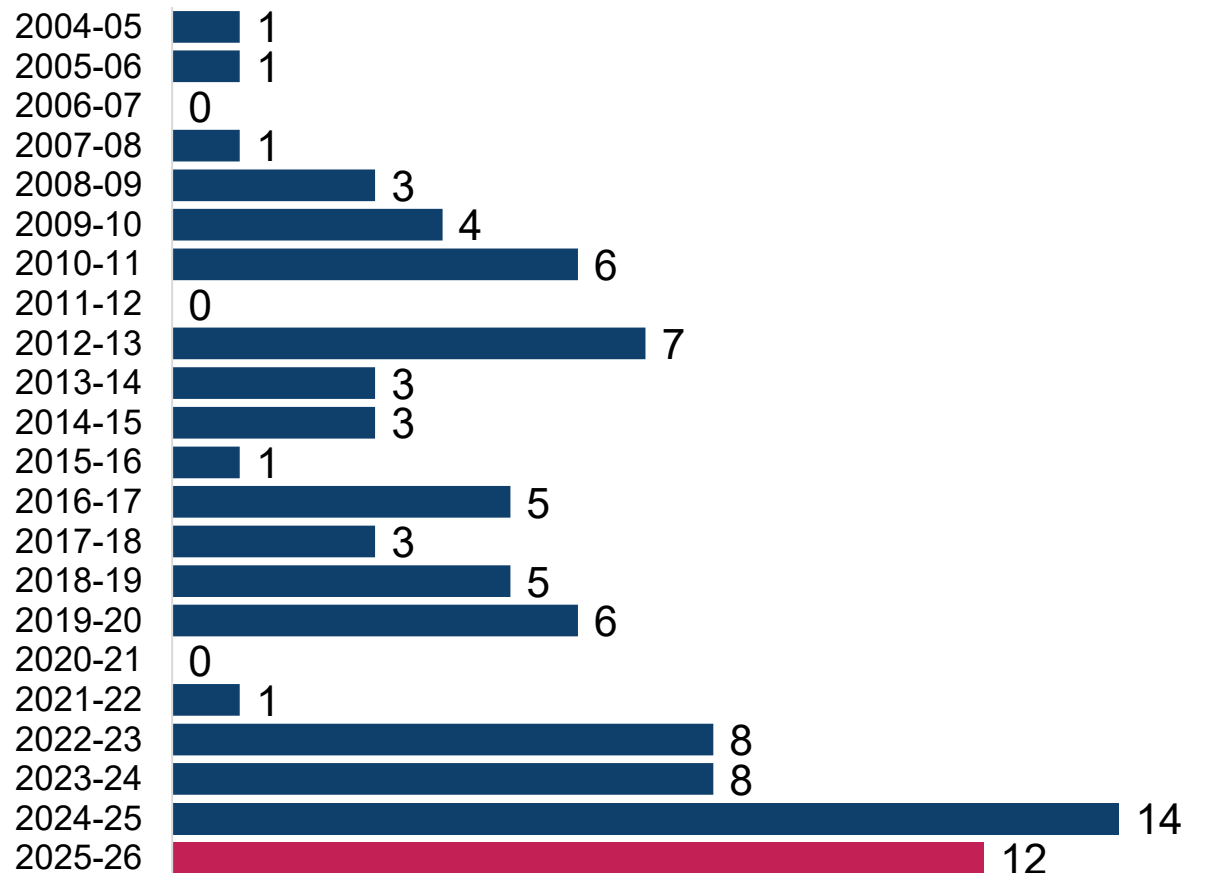
michigan.gov/COVIDFluRSV
Source: MDHHS, 2026

Age-specific rates are calculated using 2023 population estimates from the U.S. Census Bureau, provided by the MDHHS Division for Vital Records and Health Statistics.

Influenza-Associated Pediatric Deaths

- Became nationally reportable in 2004 for people younger than 18 years of age.
- 2025-2026: **192** flu-associated pediatric deaths reported in the US.¹
 - Second-highest total in Michigan in 20 years.
 - Of those eligible for a flu vaccine with a known vaccination status, 60% were unvaccinated in Michigan.

Number of Influenza-Associated Pediatric Deaths by Season in Michigan



1. gis.cdc.gov/grasp/fluview/pedfludeath.html

2026-2027 Influenza Vaccination Strains

- **Egg-based vaccines:**

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

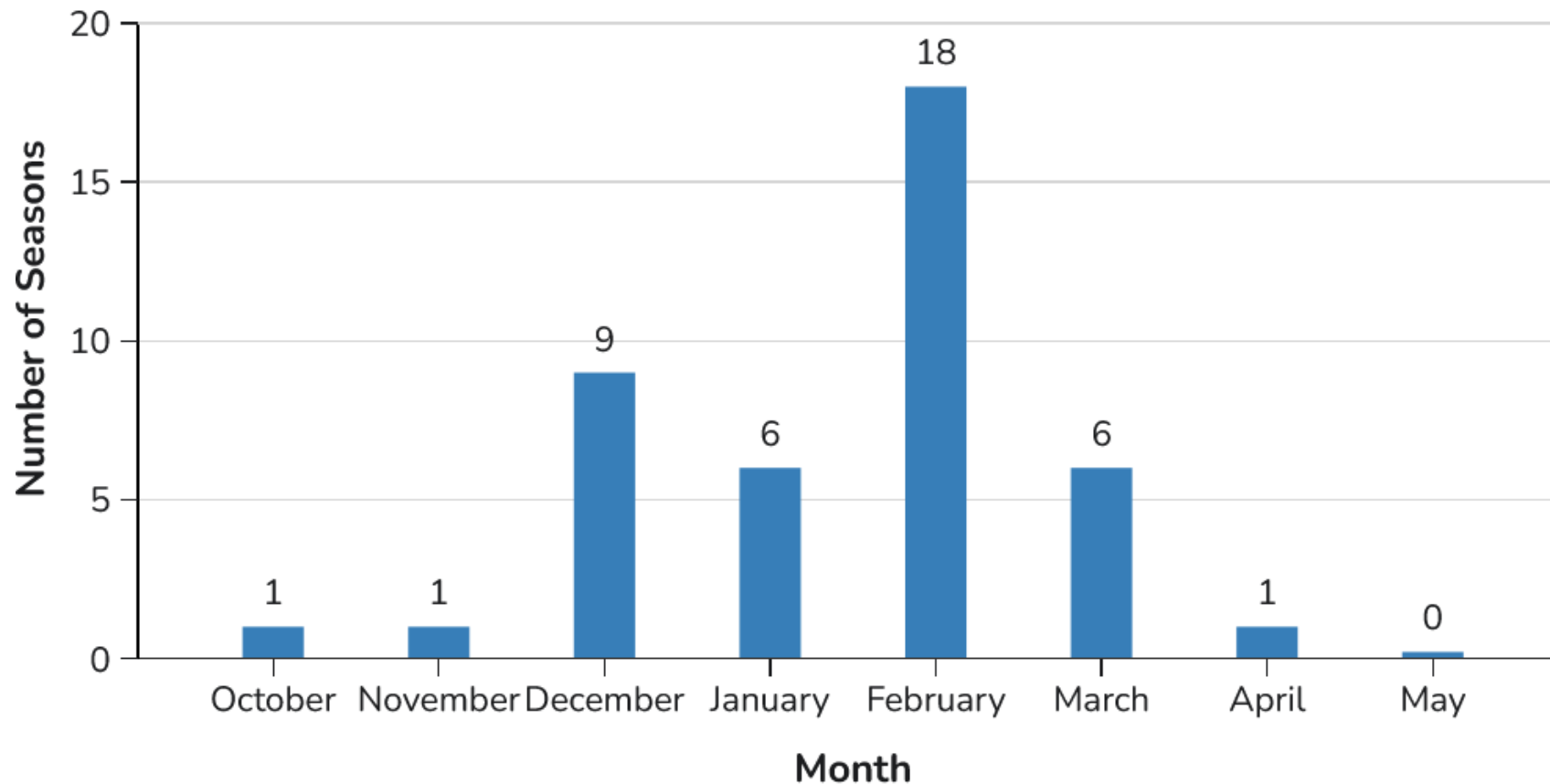
- **Cell culture- or recombinant-based vaccines:**

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

All strains have been updated, including a H3N2 strain to protect against the subclade K virus that was widespread during the 2025-26 season.

Flu Season Timing

Peak Month of Flu Activity 1982-1983 through 2024-2025



Don't forget to submit your questions
in the Questions and Answers box!

2026-2027 Seasonal Influenza Vaccine Recommendations.

AAP, AAFP, ACOG RECOMMENDATIONS.

FLU VACCINE TIMING.

INFLUENZA VACCINE PRODUCTS.

2026-2027 Influenza Vaccine Recommendations

Prepublication Release

AMERICAN ACADEMY OF PEDIATRICS

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of All Children

Recommendations for Prevention and Control of Influenza in Children, 2026–2027: Policy Statement

Committee on Infectious Diseases

All authors contributed substantially to the conception and design; review and interpretation of relevant literature; drafting and revisions; and final approval of the published version.

All authors have filed conflict of interest statements with the American Academy of Pediatrics. Any conflicts have been resolved through a process approved by the Board of Directors. Author disclosures are provided at the end of this article. The American Academy of Pediatrics has neither solicited nor accepted any commercial involvement in the development of the content of this publication.

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ABSTRACT. This statement updates recommendations of the American Academy of Pediatrics (AAP) for use of influenza vaccines and antiviral medications in prevention and treatment of influenza in children during the 2026–2027 influenza season. A review of evidence supporting these recommendations is in the accompanying technical report (<https://doi.org/10.1542/peds.2026-078779>).

The AAP recommends annual influenza vaccination of all children without medical contraindications starting at 6 months of age. Influenza vaccination is an important strategy for protecting children and the broader community as well as reducing the overall burden of respiratory illnesses when other viruses are cocirculating. Any licensed influenza vaccine



Scope

This guidance covers non-pregnant, immunocompetent adults ≥ 19 years and health care personnel (HCP). For other populations, see guidance from:

- **American Academy of Pediatrics** (individuals ≤ 18 years)
- **Infectious Diseases Society of America** (immunosuppressed individuals)
- **American College of Obstetricians & Gynecologists** (pregnant individuals)

Schedule

Recommendations in this document are anchored to the **AAPF Adult Immunization Schedule**. Where AAPF guidance differs from other bodies, the AAPF recommendation governs.

Summary of clinical recommendations¹

- **All adults ≥ 19 years should receive an annual influenza vaccine and an updated COVID-19 vaccine.**
- **Adults ≥ 65 years should preferentially receive an enhanced influenza vaccine** (high dose, adjuvanted, recombinant or mRNA) when available—but should not have vaccination delayed in order to obtain one.
- **Adults ≥ 65 years should receive two doses of the updated COVID-19 vaccine each season**, the first at month 0 and the second 6 months later.
- **Adults ≥ 75 years and adults 50–74 years who are at an increased risk should receive a single dose of the respiratory syncytial virus (RSV) vaccine.**
- **HCP should receive an annual influenza and updated COVID-19 vaccination**, given their repeated occupational exposure and contact with patients at high risk of severe disease.

Key points for vaccine implementation and acceptance

- **Recommend vaccines confidently and early:** Use a presumptive recommendation ("You are due for your flu and updated COVID-19 vaccines today."), followed by brief shared decision-making. A strong clinician recommendation is among the most reliable predictors of adult vaccine acceptance.²
- **Offer coadministration:** The influenza, COVID-19 and RSV vaccines (when indicated) can be given at the same office visit with no minimum interval and may be coadministered with other routine vaccines such as tetanus and pneumococcal vaccines.^{3,4}
- **Use every encounter as a vaccine opportunity:** Previsit planning, standing orders and EHR prompts keep vaccination from being deferred.²
- **Maintain continuity when vaccines are given elsewhere:** Ensure timely documentation back into the EHR/immunization information system (IIS).
- **Access the most up-to-date schedule and vaccine information at AAPF.org:** Recommendations and product details may change during the season; the [AAPF vaccine hub](#) carries the current recommendation version.

Background: Why respiratory immunization matters this season

Fall and winter respiratory season brings sharply elevated risk from three

Influenza in Pregnancy: Prevention and Treatment

Practice Advisory | August 2025

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Replaces Committee Statement Number 7, February 2024

Last updated September 2026

This Practice Advisory was developed by the American College of Obstetricians & Gynecologists' Immunization, Infectious Disease, and Public Health Preparedness Expert Work Group in collaboration with Neil S. Silverman, MD, FACOG, Flor M. Munoz, MD, Rhoda Sperling, MD, FACOG, Linda Eckert, MD, FACOG, Naima T. Joseph, MD, FACOG, and Kevin Ault, MD, FACOG.

Summary of Updates

This Practice Advisory provides an overview of guidance for the use of the annual influenza vaccine in prepregnant, pregnant, postpartum, and lactating individuals for the prevention of influenza infection and, particularly, the severe complications associated with it in pregnant people. Because the risks associated with influenza

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...recommending and providing the influenza vaccine to all patients who are pregnant during the respiratory illness season. The live-attenuated, intranasally administered influenza vaccine, approved for home self-administration after having been exclusively prescribed and administered in a medical setting or a pharmacy, is not approved for use in pregnant individuals. However, it is approved for use in otherwise healthy individuals over the age of 2 years and could be used for postpartum patients, including those who are lactating, who are averse to needle-based vaccines or prefer intranasal vaccine administration. A recently approved mRNA influenza vaccine also is only approved for individuals aged 50 years and older and is not recommended for use in pregnant individuals. For additional information regarding influenza infection, diagnosis, and treatment, see [ACOG's Influenza FAQs for Obstetrician–Gynecologists](#).

[AAP Recommendations for Prevention and Control of Influenza in Children 2026-2027](#)

[AAPF 2026-2027 Influenza, COVID-19 and RSV Recommendations](#)

[2026-2027 ACOG Maternal Influenza Vaccine Recommendations](#)

Core Influenza Vaccine Recommendation

- Routine annual flu vaccination is recommended for ALL persons aged 6 months and older who do not have contraindications.
- Except for adults 65 years and older, no preferential recommendation is made for one flu vaccine product over another when more than one licensed, recommended, and age-appropriate product is available.

Timing of Flu Vaccination

- It is recommended that flu vaccination be offered by the end of October.
- Children aged 6 months through 8 years who need 2 doses should receive their 1st dose ASAP after vaccine becomes available to allow the 2nd dose to be received ideally by the end of October.
 - Minimum interval: 4 weeks.
 - If both doses haven't been received by the end of October, still complete the 2-dose series.
- Children of any age needing 1 dose this season, should also ideally be vaccinated by the end of October. Vaccination of these children can occur as soon as vaccine is available, as there is less evidence to suggest waning immunity among children compared with adults.
- For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible.

Timing of Flu Vaccination, Cont.

- Pregnant Persons in First or Second Trimester:
 - Waiting to vaccinate until September or October is preferable, unless there is concern that later vaccination might not be possible.
- Pregnant Persons in Third Trimester:
 - Vaccination soon after vaccine becomes available (July/August) can be considered for pregnant persons during their third trimester, as vaccination during pregnancy has been shown to reduce the risk of influenza illness in infants during their first months of life.

Timing of Flu Vaccination, Cont. (Pt. 2)

Likelihood of persistence of vaccine-induced protection through the season.



Avoiding missed opportunities to vaccinate, or vaccinating after onset of flu circulation occurs.

- Continue to vaccinate if flu viruses are circulating, and unexpired vaccine is available.
- No recommendation is made for revaccination (i.e., providing a booster dose) later in the season for persons who have already been fully vaccinated.

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Types of Influenza Vaccine Available in 2026-27 Season

- Main Influenza vaccine types:
 - IIV3=inactivated influenza vaccine, trivalent.
 - RIV3=recombinant influenza vaccine, trivalent.
 - mRNA=messenger RNA-based influenza vaccine, trivalent.
 - LAIV3=live attenuated influenza vaccine, trivalent.
- Prefixes are used when necessary to refer to some specific IIVs.
 - a=adjuvanted inactivated influenza vaccine trivalent (aIIV3).
 - cc=cell culture-based inactivated influenza vaccine trivalent (ccIIV3).
 - HD=high-dose inactivated influenza vaccine trivalent (HD-IIV3).
- Numerals following the letter abbreviations indicate the number of flu strains represented in the vaccine.
 - All influenza vaccines available in the U.S. for the 2026-2027 season are trivalent.

A Look at IIV3

IIV3

Flu Strains: 2 A, 1 B.

Route: Intramuscularly (IM).

Age Indication: 6 months and older.

Product Type: Egg-based, standard-dose (SD), unadjuvanted.

For persons who are healthy, have any underlying medical conditions, or who are pregnant.

[Resources for Health Professionals](#)

A Look at HD-IIV3 and aIIV3

HD-IIV3 (Fluzone® High-Dose Trivalent)	aIIV3 (Fluad® Trivalent)
Flu Strains: 2 A, 1 B.	
Route: Intramuscularly (IM).	
Age Indication: 65 years and older.	
Has 4x more antigen than SD flu vaccine.	Adjuvant (MF59) added to create stronger immune response.
For persons who are healthy or have any underlying medical conditions.	

[Resources for Health Professionals](#)

A Look at cclIV3 and RIV3

cclIV3 (Flucelvax® Trivalent)	RIV3 (Flublok® Trivalent)
Flu Strains: 2 A, 1 B.	
Route: Give intramuscularly (IM).	
Age: <u>6 months</u> and older.	Age: <u>9 years</u> and older.
Produced in a mammalian cell line.	Produced in an insect cell line.
For persons who are healthy, have any underlying medical conditions, or who are pregnant.	

[Resources for Health Professionals](#)

A Look at mRNA (NEW)

mRNA (mFlusiva[®] Trivalent)

Flu Strains: 2 A, 1 B.

Route: Intramuscularly (IM).

Age Indication: 50 years and older.

Egg-free and first flu vaccine using messenger RNA (mRNA) technology.

For persons who are healthy or have any underlying medical conditions. Not recommended for pregnant persons.

[ACOG Releases 2026-27 Respiratory Virus Season Immunization Recommendations for Pregnant and Postpartum Individuals | ACOG](#)

[Resources for Health Professionals](#)

A Look at LAIV3

**LAIV3
(FluMist® Trivalent)**

Flu Strains: 2 A, 1 B.

Route: Intranasally (IN/NAS).

Age Indication: 2-49 years (healthy, not pregnant).

Do not miss an opportunity to vaccinate, use any age-appropriate flu vaccine that is available!

[Resources for Health Professionals](#)

FluMist Home

FluMist Home is as easy as 1, 2, 3...4



Order online for yourself
and your household



Order reviewed by a
healthcare professional*

*Eligible orders receive approval based on
medical questionnaire.



Get FluMist delivered to
your door



Use FluMist at home!

FluMist.com

Influenza Vaccination for Persons 65 Years and Older

- AAFP recommends that adults aged 65 years and older **preferentially** receive any one of the following higher dose, adjuvanted, recombinant or mRNA influenza vaccines:
 - Trivalent high-dose inactivated influenza vaccine (HD-IIV3),
 - Trivalent recombinant influenza vaccine (RIV3),
 - Trivalent adjuvanted inactivated influenza vaccine (aIIV3), or
 - Trivalent messenger RNA-based influenza vaccine (mRNA).
- If none of these four vaccines are available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be administered.

[AAFP 2026-2027 Influenza, RSV, & COVID Guidance](#)

Solid Organ Transplant Recipients

- Recommend high-dose inactivated (HD-IIV3) and adjuvanted inactivated (aIIV3) influenza vaccines as **acceptable options** for influenza vaccination of solid organ transplant recipients aged 18 through 64 years who are on immunosuppressive medication regimens, without a preference over other age-appropriate IIV3s or RIV3.

[AAFP 2026 Immunization Schedule](#)

2026-2027 Flu Vaccine Presentation Chart

- Lists flu vaccine products, trade names, age indications, product presentations.

Influenza Vaccine Products for the 2026–2027 Influenza Season

Manufacturer	Trade Name (vaccine abbreviation) ¹	How Supplied	Mercury Content (mcg Hg/0.5 mL)	Age Range	CVX Code	Vaccine Product Billing Code ²
						CPT
AstraZeneca	FluMist (LAIV3)	0.2 mL (single-use nasal spray)	0	2 through 49 years	111	90660
					333*	NA*
GSK	Fluarix (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
	FluLaval (IIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
Moderna	mFlusiva (mRNA)	0.38 mL (single-dose syringe)	0	50 years & older	TBD	90616
Sanofi	Fluzone (IIV3)	0.5 mL (single-dose syringe)	0	9 years & older	155	90673
		0.5 mL (single-dose syringe)	0	6 months & older ³	140	90656
		0.5 mL (single-dose vial)	0	6 months & older ³	140	90656
		5.0 mL multi-dose vial (0.25 mL dose)	25	6 through 35 months ³	141	90657
		5.0 mL multi-dose vial (0.5 mL dose)	25	6 months & older	141	90658
	Fluzone High-Dose (HD-IIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	135	90662
CSL Seqirus	Fluad (aIIV3)	0.5 mL (single-dose syringe)	0	65 years & older ⁴	168	90653
	Flucelvax (ccIIV3)	0.5 mL (single-dose syringe)	0	6 months & older ³	153	90661

NOTES

1. All 2026–2027 seasonal influenza vaccines are trivalent. IIV = egg-based inactivated influenza vaccine (injectable); where necessary to refer to cell culture-based vaccine, the prefix "cc" is used (e.g., ccIIV); RIV = recombinant hemagglutinin influenza vaccine (injectable); aIIV = adjuvanted inactivated influenza vaccine. mRNA = messenger RNA-based influenza vaccine (standard abbreviation TBD)

2. An administration code should always be reported in addition to the vaccine product code. Note: Third party payers may have specific policies and guidelines that might require providing additional information on their claim forms.

3. Dosing for infants and children age 6 through 35 months:

- Fluarix 0.5 mL
- Flucelvax 0.5 mL
- FluLaval 0.5 mL
- Fluzone 0.25 mL or 0.5 mL

4. Beginning in 2024, CDC states HD-IIV and aIIV are acceptable options for solid organ transplant recipients age 18 through 64 years receiving immunosuppressive medications. There is no preference over other age-appropriate IIV or RIV.

* Self- or caregiver-administered at home



FOR PROFESSIONALS www.immunize.org

[Influenza Vaccine Products for the 2026–2027 Influenza Season \(immunize.org\)](https://www.immunize.org/catg.d/p4072.pdf)

[catg.d/p4072.pdf](https://www.immunize.org/catg.d/p4072.pdf)
072 (8/12/2026)



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Don't forget to submit your questions
in the Questions and Answers box!

Flu Vaccine Guidance for Use in Children

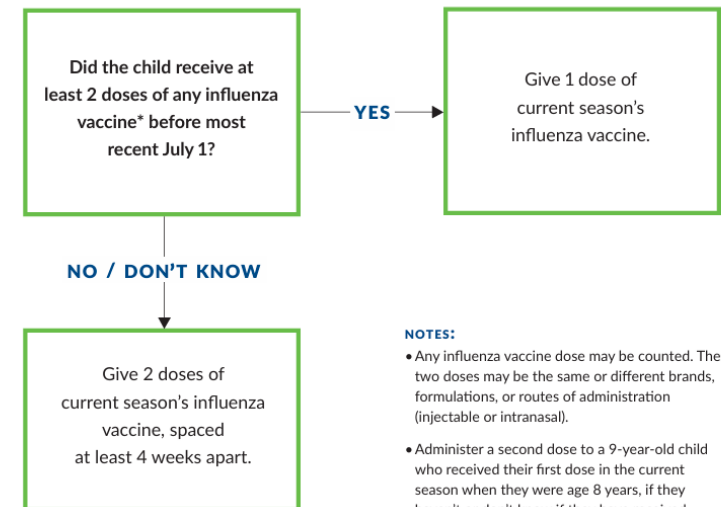
NUMBER OF DOSES NEEDED IN 2026-27 SEASON.

2-Dose Recommendation: 6 Months Through 8 Years

- # of doses needed is based on child's age at time of 1st dose of 2026-27 flu vaccine and # of doses of flu vaccine received in previous seasons.
- How many seasonal (i.e., trivalent, quadrivalent) flu vaccines received before 7/1/2026.
 - If 2 or more doses: give 1 dose this season.
 - If only 1 dose or has NEVER received flu vaccine: give 2 doses this season (separated by 4 weeks).
- 2 doses do not need to be from the same season or consecutive seasons, need to be spaced at least 4 weeks apart.
- Give 1st dose as soon as possible after vaccine is available, 2nd dose by end of October.
- **If the child turns 9 years between dose 1 and dose 2, still give dose 2.**

MCIR is programmed for 2-dose assessment. Make sure to use MCIR!

Guide for Determining the Number of Doses of Influenza Vaccine to Give to Children Age 6 Months Through 8 Years



NOTES:

- Any influenza vaccine dose may be counted. The two doses may be the same or different brands, formulations, or routes of administration (injectable or intranasal).
- Administer a second dose to a 9-year-old child who received their first dose in the current season when they were age 8 years, if they haven't or don't know if they have received 2 doses in prior years.

* The two doses need not have been received during the same season or consecutive seasons.

REFERENCE

Adapted from American Academy of Pediatrics (AAP). AAP Committee on Infectious Diseases. Recommendations for Prevention and Control of Influenza in Children, 2026–2027: Policy Statement. *Pediatrics*. 2026; <https://publications.aap.org/pediatrics/article/doi/10.1542/peds.2026-078778/208572/Recommendations-for-Prevention-and-Control-of>

immunize.org

Flu Vaccine & Pregnancy

Pregnancy Flu Vaccine Recommendation

- Those who are pregnant or postpartum have been observed to be at higher risk for severe illness and complications from flu, particularly during 2nd and 3rd trimesters.
- Flu vaccination during pregnancy lowers risk of flu hospitalization by average 40%.¹
- Flu vaccination during pregnancy reduced the risk of flu in infants younger than 6 months by one-third.²
- ACOG recommends that:
 - All who are pregnant or who might be pregnant or postpartum during the flu season receive flu vaccine.
 - Any licensed, recommended, and age-appropriate IIV or RIV may be used (**LAIV, aIIV, and mRNA should not be used during pregnancy**).
 - Administer at any time during pregnancy, before, and during the flu season.

1. [Flu Vaccine Safety and Pregnancy | Influenza \(Flu\) | CDC](#)

2. [Flu Vaccination During Pregnancy Decreases Flu Hospitalizations and Emergency Department Visits in Infants Younger Than 6 Months | Influenza \(Flu\) | CDC](#)

3. [ACOG Maternal 2026 immunization-schedule.pdf](#)

Don't forget to submit your questions
in the Questions and Answers box!

Influenza Vaccination Administration

SCREENING FOR VACCINATION.

EGG ALLERGY.

VACCINE ADMINISTRATION.

COADMINISTRATION.

- Screen for contraindications and precautions every time vaccines are indicated.
- Use a standardized form.
- Help prevent vaccine errors.
- Follow only valid contraindications and precautions.
- Document any permanent or temporary contraindications or precautions in the chart/EMR.

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Injectable Influenza Vaccine (Inactivated "IIV," Cell Culture "ccIIV," Recombinant "RIV," or mRNA)

For additional details, see resources listed below.

For supporting documentation on the answers given below, refer to CDC's Interim United States (www.cdc.gov/flu/hcp/vax-summary/seasonal-influenza-vaccines.htm).

1. Is the person to be vaccinated sick today?

There is no evidence that acute illness reduces vaccine efficacy or increases vaccine adverse events. People with a moderate or severe illness usually should not be vaccinated until their symptoms have improved. Minor illnesses with or without fever are acceptable.

Information for Healthcare Professionals about the Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

Are you interested in knowing why we included certain information below? If you want to find out even more, visit [www.immunize.org/contraindications](#). Influenza vaccine (IIV) includes cell culture-based vaccines.

Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

PATIENT NAME _____

DATE OF BIRTH / /
month day year

For use with people age 2 through 49 years: The following questions will help us determine if there is any reason we should not give you or your child live attenuated intranasal influenza vaccine (LAIV, FluMist) today. If you answer "yes" to any question, it does not necessarily mean you (or your child) should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the person to be vaccinated sick today?	☐	☐	☐
2. Does the person to be vaccinated have an allergy to an ingredient of the influenza vaccine?	☐	☐	☐
3. Has the person to be vaccinated ever had a serious reaction to influenza vaccine in the past?	☐	☐	☐
4. Is the person to be vaccinated younger than age 2 years or older than age 49 years?	☐	☐	☐
5. Does the person to be vaccinated have a long-term health problem with heart disease, lung disease (including asthma), kidney disease, neurologic disease, liver disease, or metabolic disease (such as diabetes)?	☐	☐	☐
6. If the person to be vaccinated is a child age 2 through 4 years, in the past 12 months, has a healthcare provider told you the child had wheezing or asthma?	☐	☐	☐
7. Does the person to be vaccinated have a) an open channel between the cerebrospinal fluid (CSF) and the mouth, throat, nose or ear or any other cranial CSF leak, or b) a cochlear implant, or c) an immunocompromising condition due to any cause (such as medication, congenital or acquired immunodeficiency, HIV infection, or a missing or non-functioning spleen)?	☐	☐	☐
8. Is the person to be vaccinated currently taking influenza antiviral medications, or have they taken any within the past 3 weeks?	☐	☐	☐
9. Is the person to be vaccinated a child or teen age 6 months through 17 years who is receiving aspirin therapy or salicylate-containing medicine?	☐	☐	☐
10. Is the person to be vaccinated pregnant?	☐	☐	☐
11. Has the person to be vaccinated ever had Guillain-Barré Syndrome?	☐	☐	☐
12. Does the person to be vaccinated live with or expect to have close contact with a person whose immune system is severely compromised and who must be in protective isolation (such as an isolation room of a bone marrow transplant unit)?	☐	☐	☐
13. Has the person to be vaccinated received any other vaccinations in the past 4 weeks?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

FOR PROFESSIONALS www.immunize.org / FOR THE PUBLIC www.vaccineinformation.org

www.immunize.org/catg.d/p4067.pdf
Item #P4067 (9/8/2006)

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Screening Checklist for Contraindications to Injectable Influenza Vaccination
Screening Checklist for Contraindications to Live Attenuated Intranasal Influenza Vaccination

Contraindications to Flu Vaccine

- IIV3/LAIV3: History of severe allergic reaction to any component of the vaccine* or to a previous dose of any influenza vaccine (i.e., any egg-based IIV, cclIV, RIV, or LAIV).
- cclIV3: History of severe allergic reaction to a previous dose of any cclIV or any component of cclIV3.
- RIV3: History of severe allergic reaction to a previous dose of any RIV or any component of RIV3.
- mRNA: History of severe allergic reaction to a previous dose of mFlusiva or any component of mFlusiva.
- LAIV3:
 - Concomitant aspirin- or salicylate-containing therapy (children and adolescents).
 - Children aged 2-4 years with a history of asthma or wheezing.
 - Anatomic or functional asplenia.
 - Immunocompromised due to any cause, including but not limited to, medications and HIV infection.
 - Close contacts/caregivers of severely immunosuppressed persons who require a protected environment.
 - Pregnancy.
 - Active communication between CSF and oropharynx, nasopharynx, nose, or ear or any other cranial CSF leak.
 - Cochlear implants.
 - Receipt of flu antivirals within previous 48 hours (oseltamivir, zanamivir), previous 5 days (peramivir), previous 17 days (baloxavir).

***Excluding egg-persons with history of egg allergy receive any flu vaccine otherwise appropriate for their age/health status.**

Precautions to Flu Vaccine

- IIV3/ccIIV3/RIV3/mRNA/LAIV3: Moderate or severe acute illness with or without fever and history of Guillain-Barré syndrome within 6 weeks of previous flu vaccine.
- ccIIV3: History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, RIV, or LAIV)*.
- RIV3: History of severe allergic reaction to a previous dose of any other influenza vaccine (i.e., any egg-based IIV, ccIIV, or LAIV)*.
- LAIV3:
 - Asthma in persons aged 5 years and older.
 - Other underlying medical conditions that might predispose to complications after wild-type influenza infection (e.g., chronic pulmonary, cardiovascular [excluding isolated hypertension], renal, hepatic, neurologic, hematologic, or metabolic disorders [including diabetes mellitus]).

*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 consultation with an allergist in such cases, to assist in identification of the component responsible for the allergic reaction.

Quick Looks at Using IIV, cclIV, RIV, mRNA and LAIV

Quick Look at Inactivated Influenza Vaccines (Trivalent): IIV3, High-Dose IIV3 (HD-IIV3), and Adjuvanted IIV3 (aIIV3), 2026-27

Indications for Use and Schedule:

- Age range for use varies by brand and presentation:
 - IIV3 (IM): for persons aged 6 months and older.
 - HD-IIV3, and aIIV3 (IM): for persons aged 65 years and older (see additional information below for solid organ transplant recipients).
- Vaccination is recommended to be offered by the end of October and **continued throughout the flu season** until vaccine expires (see below for timing considerations).

Key Points:

- With the exception of adults 65 years and older** there is no preference for any flu vaccine product over another.
 - Ensure vaccination occurs with an **age-appropriate product and dose volume**.
- Adults 65 years and older** should preferentially receive either HD-IIV3, RIV3, aIIV3, or mRNA.
 - If none of these vaccines are available, then any age-appropriate influenza vaccine should be used.
- Some children aged 6 months through 8 years may need 2 doses of 2026-27 seasonal flu vaccine to best protect them (see below).
- Persons aged 9 years and older (at the time of their first dose of 2026-27 flu vaccine) only need 1 dose of flu vaccine, regardless of previous flu vaccination history.

Influenza dose volume is based on age and flu vaccine product:

- For children aged 3 through 17 years and adults aged 18 years and older, there are multiple options for flu vaccine products.
- Dose volume per dose of **Fluzone® Trivalent** can be:
 - Dose volume per dose of this age group.
 - For either Fluzone dose volume for this age group.
 - Dose volume per dose of **Flucelex® Trivalent (cclIV)** for children 6 months through 35 months.
 - Fluzone Trivalent for children 6 through 35 months dose, however, the 0.25-mL prefilled syringes are a prefilled syringe or single-dose vial of Fluzone Trivalent dose volume will be 0.5 mL.
 - Fluzone Trivalent MDV can be used for either the dose or the maximum number of doses has been removed.
- For dose volumes of other IIVs, refer to "Influenza Vaccination" at www.michigan.gov/flu/resources/resources-for-health-professionals.

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Quick Look at Cell Culture-based Inactivated Influenza Vaccine (Trivalent): cclIV3, 2026-27

Indications for Use and Schedule:

Quick Look at Recombinant Influenza Vaccine (Trivalent): RIV3, 2026-27

Indications for Use and Schedule:

- Use RIV3 (Flublok® Trivalent) for persons aged **9 years and older**.
- Vaccination is recommended to be offered by the end of October and **continued throughout the flu season** until vaccine expires (see below for further timing considerations).

Key Points:

- With the exception of adults 65 years and older** there is no preference for any flu vaccine product over another.
 - Ensure vaccination occurs with an **age-appropriate product and dose volume**.
- Adults 65 years and older** should preferentially receive either HD-IIV3, RIV3, aIIV3, or mRNA.
 - If none of these vaccines are available, then any other age-appropriate influenza vaccine should be used.
- Children who need 2 doses of vaccine for the 2026-2027 flu season and who turn 9 years of age before they receive their second dose may receive the RIV3 vaccine.

Influenza dose volume is based on age and flu vaccine product:

- RIV3 dosage for persons aged 9 years and older is **0.5 mL** per dose.

Contraindications (persons who should not receive RIV3):

- Severe allergic reaction (e.g., anaphylaxis) to a previous dose of any RIV or any component of RIV3.

Precautions (in certain circumstances, persons may receive RIV3):

- Moderate or severe acute illness with or without fever.
- History of Guillain-Barré syndrome (GBS) within 6 weeks of previous flu vaccination.
- Persons with a history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of any egg-based IIV, cclIV, or LAIV of any valency. If using RIV3, administer in medical setting under supervision of health care provider who can recognize and manage severe allergic reactions. May consult an allergist.

Further points to consider:

- Recommended that all persons aged 6 months and older with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used. Refer to "2026-2027 Influenza Vaccination for Persons Who Report Egg Allergy" at www.michigan.gov/flu/resources/resources-for-health-professionals.
 - All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.
 - RIV3 **does not** contain egg protein.
- Vaccination is recommended to be offered by the end of October and **continued throughout the flu season** until vaccine expires.

Vaccine Administration:

- Administer **intramuscular (IM)** in the deltoid of the arm (preferred) or anterolateral thigh.
 - Use professional judgement when selecting needle length and site.
- Children: 1- to 1.25-inch needle; 22-25 gauge.¹
- Adolescents/adults: 1- to 1.5-inch needle; 22-25 gauge.¹
- Can be given simultaneously with other vaccines (use separate sites spaced at least 1-inch apart).

Storage and Handling:

- Store in the refrigerator at **36°F to 46°F (2°C to 8°C)**.
- Pharmaceutical-grade or purpose-built units are preferred for vaccine storage.
- Do not freeze**; keep in original box with lid on/protect from light.
- Store different flu vaccine formulations apart and label with age indications.
- Do not use** expired vaccine.

Vaccine Administration:

Quick Look at Messenger RNA (mRNA) Influenza Vaccine (Trivalent): 2026-27

Indications for Use and Schedule:

- mRNA influenza vaccine (mFlusivax® Trivalent) was approved by the U.S. Food and Drug Administration (FDA) for:
 - Adults 65 years and older as one of the enhanced influenza vaccines that is preferentially recommended for this age group.
 - Adults 50 through 64 years of age without preferential recommendation.
- Influenza vaccination is recommended to be offered by the end of October and **continued throughout the flu season** until vaccine expires (see below for timing considerations).

Key Points:

- Adults 65 years and older should preferentially receive either HD-IIV3, RIV3, aIIV3, or mRNA.
 - If none of these vaccines are available, then any other age-appropriate influenza vaccine should be used.
- There is no preference for any flu vaccine product over another for persons 50-64 years. Ensure vaccination occurs with an **age-appropriate product and dose volume**.

Contraindications (persons who should not receive flu mRNA):

- Severe allergic reaction (e.g., anaphylaxis) after a previous dose of mRNA flu or any of its components.

Precautions (in certain circumstances, persons may receive mRNA):

- Moderate or severe acute illness with or without fever.
- History of Guillain-Barré syndrome (GBS) within 6 weeks of previous flu vaccination.

Further points to consider:

- This product is not approved for use in pregnancy and has no data for lactating individuals. The inactivated or recombinant influenza vaccines remain the only vaccines that are recommended for use in pregnancy during any trimester.
- Recommended that all persons aged 6 months and older with egg allergy should receive influenza vaccine. Any influenza vaccine (egg based or nonegg based) that is otherwise appropriate for the recipient's age and health status can be used. Refer to "2026-2027 Influenza Vaccination for Persons Who Report Egg Allergy" at www.michigan.gov/flu/resources/resources-for-health-professionals.
 - All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.
 - mRNA **does not** contain egg protein.
- AAFP recommends adults 65 years and older preferentially receive any of the following influenza vaccines: Trivalent high-dose inactivated influenza vaccine (HD-IIV3, Fluzone® High-Dose), trivalent recombinant influenza vaccine (RIV3, Flublok®), trivalent adjuvanted inactivated influenza vaccine (aIIV3, Fludax®), or mRNA influenza vaccine (mFlusivax®). If none of these vaccines are available for vaccine administration, then any other age-appropriate influenza vaccine should be administered.

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Quick Look at Live Attenuated Influenza Vaccine (Trivalent): LAIV3, 2026-27

Indications for Use and Schedule:

- LAIV3 (intranasal) is for persons **2 years and older**.

Vaccine Administration:

- Administer **intranasal** 0.2 mL:
 - Spray 0.1 mL into **each nostril** as indicated by dose-dividing clip on sprayer.
 - Use 0.2 mL dose for all ages 2 through 49 years.
- LAIV3 can be given with other vaccines at the same visit – do not miss an opportunity.
- If LAIV3 is not given on the same day as other live vaccines (MMR, Var, MMRV), separate by 28 days.
- For more on LAIV3 administration, refer to "How to Administer Intramuscular and Intranasal Influenza Vaccines" at www.immunize.org/faq-content/uploads/cdc/cdp2024.pdf.

Storage and Handling:

- Store in the refrigerator at **36°F to 46°F (2°C to 8°C)**.
- Pharmaceutical-grade or purpose-built units are preferred for vaccine storage.
- Do not freeze**; keep in original box with lid on/protect from light.
- Do not use** expired vaccine.
- LAIV3 expiration dates differ from other flu vaccine expiration dates.

2 doses of flu vaccine:

- For persons who have received 1 or fewer doses of flu vaccine received in previous seasons:
 - For children aged 6 months through 8 years, only need 1 dose of 2026-27 flu vaccine.
 - For adults 18 years and older, need 2 doses of 2026-27 flu vaccine (including July and August if available) to allow completion of the 2-dose series.

For persons who have received 2 or more doses of flu vaccine in previous seasons (i.e., any egg-based IIV, cclIV, RIV, or LAIV):

- For children aged 6 months through 8 years, only need 1 dose of 2026-27 flu vaccine to give to Children Age 6 Months Through 8 years.
- For adults 18 years and older, need 2 doses of 2026-27 flu vaccine to give to Children Age 6 Months Through 8 years.

For persons who have received 2 or more doses of flu vaccine in previous seasons (i.e., any egg-based IIV, cclIV, RIV, or LAIV):

www.michigan.gov/flu → Resources → Resources for Health Professionals
www.michigan.gov/vaccineclinicalresources

Flu Vaccination for Persons With Egg Allergy

- All persons aged 6 months and older with egg allergy should receive influenza vaccine unless a contraindication exists.
- Any influenza vaccine that is otherwise appropriate for the recipient's age and health status can be used (egg based or non-egg based).
- Egg allergy in and of itself necessitates no additional safety measures for influenza vaccination beyond those recommended for any recipient of any vaccine, regardless of severity of previous reaction to egg.
- Severe and life-threatening reactions to vaccines can rarely occur with any vaccine and in any vaccine recipient, regardless of allergy history.
- All vaccines should be administered in settings in which personnel and equipment needed for rapid recognition and treatment of acute hypersensitivity reactions are available.

How to Administer Intramuscular and Intranasal Influenza Vaccines

Intramuscular injection (IM)

All injectable influenza vaccines

- 1 Select the appropriate needle length according to the tables below.
- 2 Identify your landmark for the injection: anterolateral thigh muscle for children 6 months through 2 years, deltoid muscle (or anterolateral thigh as an alternative) for people 3 years and older. For more information and illustrations on where to give IM injections, see www.immunize.org/catg.d/p2020.pdf.
- 3 With your non-dominant hand, bunch up the muscle to minimize the chance of striking bone, unless using a shorter needle-length option that requires skin to be stretched flat.

Injection Site and Needle Size		
Intramuscular (IM) injection		
Use a 22–25 gauge needle. Choose the injection site and needle length that is appropriate to the person's age and body mass.		
AGE	NEEDLE LENGTH	INJECTION SITE
Newborns (first 28 days)	½"¹	Anterolateral thigh muscle
Infants (1 through 11 mos)	1"	Anterolateral thigh muscle
Toddlers (1 through 2 yrs)	1–1½"	Anterolateral thigh muscle²
	¾"–1"	Deltoid muscle of arm
Children (3 through 10 yrs)	¾"–1"	Deltoid muscle of arm²
	1–1½"	Anterolateral thigh muscle
Adolescents and teens (11 through 18 yrs)	¾"–1"	Deltoid muscle of arm²
	1–1½"	Anterolateral thigh muscle

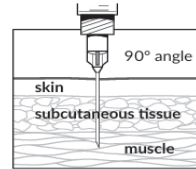
Intranasal administration (NAS)*

Live Attenuated Influenza Vaccine (LAIV)

- 1 FluMist (LAIV) is for intranasal administration only. Do not inject FluMist.
- 2 Remove rubber tip protector. Do not remove dose-divider clip at the other end of the sprayer.
- 3 With the recipient in an upright position, place the tip just inside the nostril to ensure LAIV is delivered into the nose. The patient should breathe normally.
- 4 With a single motion, depress plunger as rapidly as possible until the dose-divider clip prevents the plunger from going further.
- 5 Pinch and remove the dose-divider clip from the plunger.
- 6 Place the tip just inside the other nostril, and with a single motion, depress plunger as rapidly as possible to deliver the remaining vaccine.
- 7 Dispose of the applicator in a sharps container.

*These instructions describe delivery of LAIV in a clinical setting. People who order LAIV for home use should read and follow the manufacturer's instructions for preparation and administration of LAIV.

NOTE: LAIV may be administered to people with minor acute illnesses, such as a mild upper respiratory infection (URI). However, if clinical judgment suggests the recipient has nasal congestion that might keep the vaccine from making good contact with the nasopharyngeal mucosa, consider deferring LAIV until the congestion resolves or using an appropriate alternative influenza vaccine, if available.



- 4 With your dominant hand, insert the needle at a 90° angle to the skin with a quick thrust.
- 5 Push down on the plunger and inject the entire contents of the syringe. There is no need to aspirate.
- 6 Remove the needle and then apply pressure to the injection site with a dry cotton ball or gauze. Hold in place for several seconds.
- 7 If there is any bleeding, cover the injection site with a bandage.
- 8 Put the used needle and syringe in a sharps container.

Biological sex and weight of patient 19 yrs or older	NEEDLE LENGTH	INJECTION SITE
Female or male <130 lbs	¾"–1"	Deltoid muscle of arm
Female or male 130–152 lbs	1"	Deltoid muscle of arm
Female 153–200 lbs Male 153–260 lbs	1–1½"	Deltoid muscle of arm
Female more than 200 lbs Male more than 260 lbs	1½"	Deltoid muscle of arm
Female or male, any weight	1½"–1¾"	Anterolateral thigh muscle

1. If skin is stretched tightly and subcutaneous tissues are not bunched.
2. Preferred site.
3. Alternative needle lengths may be used for IM injections if the skin is stretched tightly, the subcutaneous tissues are not bunched, and the injection is made at a 90° angle to the skin as follows: a) a ¾" needle for vaccine recipients weighing less than 130 lbs (less than 60 kg) or b) a 1" needle for administration in the thigh muscle for adults of any weight.



www.immunize.org/catg.d/p2020.pdf
[How to Administer Intramuscular and Intranasal Influenza Vaccines \(immunize.org\)](http://www.immunize.org)

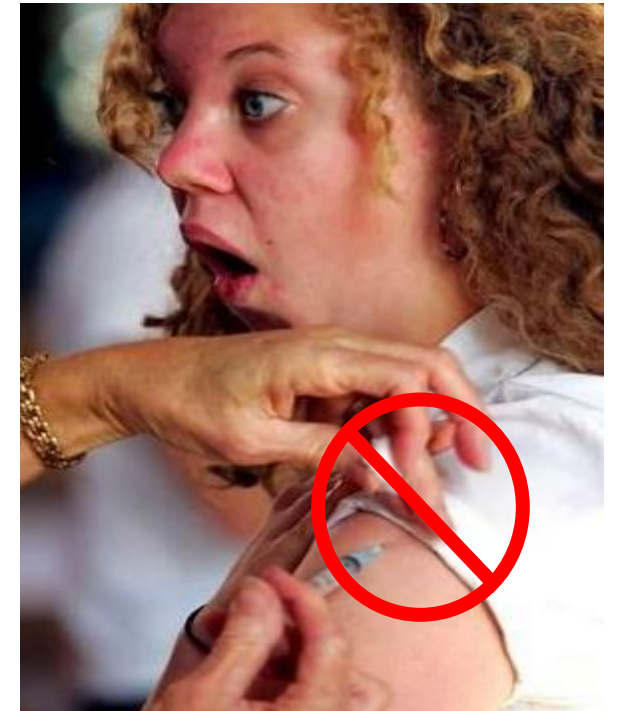


Flu Vaccine Administration

- Covers intramuscular (IM) and intranasal (NAS) administration techniques.
- Do skills check-offs for staff in your office.

Improper IM Injection Technique

- Inflammatory reaction resulting from incorrect administration of a vaccine intended for IM injection in deltoid, into/around the underlying bursa of the shoulder.
- Causes shoulder pain and limited range of motion.



Images Courtesy of CDC

Proper IM Injection Technique

- Administer in thickest, most central part of the muscle.
- Use needle length based on patient's age and weight.
- Insert the needle into the muscle at a 90° angle.

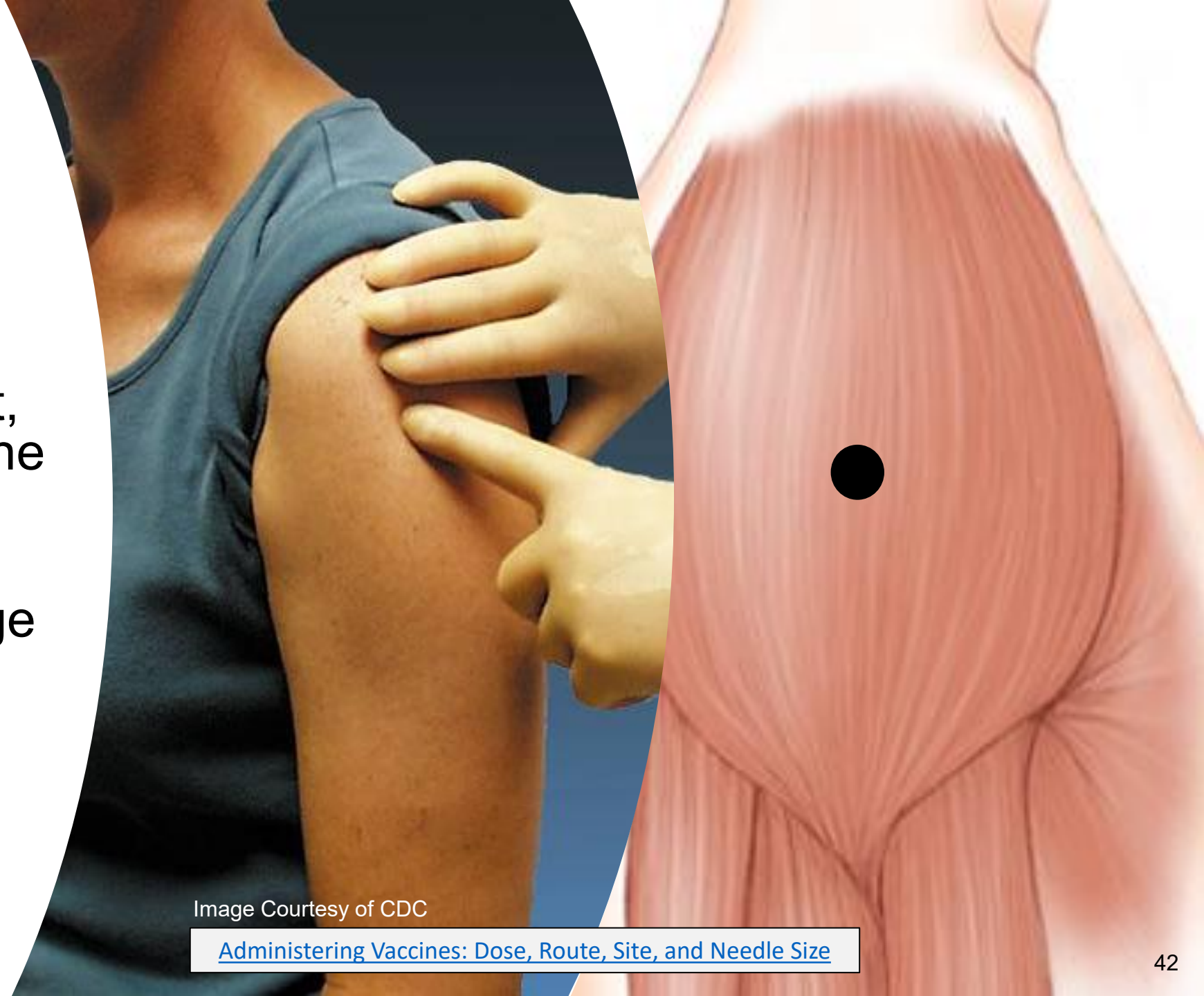


Image Courtesy of CDC

[Administering Vaccines: Dose, Route, Site, and Needle Size](#)

Coadministration

- IIV3s, RIV3, and mRNA can be administered simultaneously or sequentially with other inactivated vaccines or live vaccines.
 - Injectable vaccines that are given simultaneously should be administered at separate anatomic sites.
 - When administering more than one vaccine at the same clinical visit, providers should separate injection sites by at least 1 inch if possible and consider administering vaccines that are associated with an enhanced local reaction in separate limbs.
- LAIV3 can be administered simultaneously with other live or inactivated vaccines.
 - However, if two live vaccines are not given simultaneously, at least 4 weeks should pass after administration of one live vaccine (such as LAIV3) before another live vaccine is administered.

CDC & Immunize.org Vaccine Administration Job Aides

Administering Vaccines: Dose, Route, Site, and Needle Size

Vaccine	Dose	Route
COVID-19 For product and dosage information for COVID-19 vaccine, see Immunize.org's "Checklist of Current Versions of U.S. COVID-19 Vaccination Guidance and Clinic Support Tools" at www.immunize.org/covid19 .		
Dengue (DENVAXYD)	0.5 mL	Subcut
Diphtheria, Tetanus, Pertussis (DTaP, Tdap, Td)	0.5 mL	IM
Haemophilus influenzae type b (Hib)	0.5 mL	IM
Hepatitis A (HepA)	≤18 yrs: 0.5 mL ≥19 yrs: 1.0 mL	IM
Hepatitis B (HepB)	Engerix-B, Recombivax HB ≥15 yrs: 0.5 mL ≥20 yrs: 1.0 mL	IM
Human papillomavirus (HPV)	Hepivax-B, ≥18 yrs: 0.5 mL	IM
Influenza, live attenuated (LAIV)	0.2 mL (0.1 mL in each nostril)	Intranasal spray
Influenza, inactivated (IIV), 4 thru 35 mos	Afluria: 0.25 mL	IM
• Egg-based IIV: Afluria, Fluzone, Fluad, Flucelvax	Fluzone: 0.25 or 0.5 mL Fluarix, Flucelvax, FluLaval: 0.5 mL	IM
• Cell-culture based (ccIIV): Flucelvax		
Influenza, inactivated (IIV) and • Cell-culture based (ccIIV), 3+ yrs		
• Recombinant (RIV, Flublok), 18+ yrs	0.5 mL	IM
• Adjuvanted (aIIV, Fluzel) 65+ yrs		
• High-dose (HD-IIV, Fluzone High Dose) 65+ yrs		
Measles, Mumps, Rubella (MMR)	0.5 mL	IM or Subcut
Meningococcal serogroups A, C, W, Y (MenACWY)	MMR II (Merck) Priorix (GSK)	IM or Subcut
Meningococcal serogroup B (MenB)	0.5 mL	IM
Mpox (Jynneos)	0.5 mL	Subcut ²
Pneumococcal conjugate (PCV)	0.5 mL	IM
Pneumococcal polysaccharide (PPSV23)	0.5 mL	IM or Subcut
Polio, inactivated (IPV)	0.5 mL	IM or Subcut
Respiratory Syncytial Virus (RSV) vaccine	0.5 mL	IM
RSV preventive antibody (nirsevimab)	0.5 mL, 1 mL, or 2 mL based on weight and/or age	IM
Rotavirus (RV)	Rotarix: 1.0 mL RotaTeq: 2.0 mL	Oral
Varicella (VAR)	0.5 mL	IM or Subcut
Zoster (RZV)	Shingrix: 0.5 mL	IM
Combination Vaccines		
DTaP-HepB-IPV (Pediaris)	0.5 mL	IM
DTaP-IPV/Hib (Pentacel)	0.5 mL	IM
DTaP-IPV (Kinrix, Quadracel)	0.5 mL	IM
DTaP-IPV-Hib-HepB (Vaxelis)	0.5 mL	IM
MenACWY (Pentavac; Penmenvax)	0.5 mL	IM
MMRV (ProQuad)	0.5 mL	IM or Subcut
HepA-HepB (Twivix)	1.0 mL	IM

- 1 HD-IIV or aIIV are also options for solid organ transplant recipients 18–64 years on an immunosuppressive medication regimen.
- 2 Administration of Jynneos subcut (0.5 mL) is preferred. If an adult patient desires intradermal administration (0.1 mL), it is permitted under FDA emergency use authorization ([see www.fda.gov/media/140774/download](https://www.fda.gov/media/140774/download)).
- 3 The Shingrix (RZV) vial may contain more than 0.5 mL.

Intramuscular (IM) injection

Injection Site and Needle Size

Subcutaneous (Subcut) Injection
Use a 23–25 gauge needle. Choose the site to the person's age and body mass.

AGE	NEEDLE LENGTH
Infants (younger than 12 mos)	5/8"
Children 12 mos or older, adolescents, and adults	1"

Intramuscular (IM) Injection

Use a 22–25 gauge needle. Choose the site that is appropriate to the person's age and

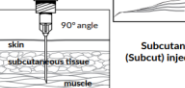
AGE	NEEDLE LENGTH
Newborns (1st 28 days)	5/8"
Infants (1 through 11 mos)	1"
Toddlers (1 through 2 yrs)	1–1 1/8"
Children (3 through 10 yrs)	1–1 1/8"
Adolescents and teens (11 through 18 yrs)	1–1 1/8"

Biological sex and weight of patient 19 yrs or older

Children (3 through 10 yrs)	5/8" - 1-1 1/2"
Adolescents and teens (11 through 18 yrs)	5/8" - 1-1 1/2"
Biological sex and weight of patient 19 yrs or older	NEED LENG
Female or male <130 lbs	5/8" - 1"
Female or male 130-152 lbs	1"
Female 153-200 lbs	1-1 1/8"
Male 153-260 lbs	1-1 1/8"
Female more than 200 lbs	1 1/8"
Male more than 260 lbs	1 1/8"
Female or male, any weight	1"-1 1/8"

- 4 If skin is stretched tightly and subcutaneous tissues are not bunched.
- 5 Alternate needle lengths may be used if the skin is stretched tightly and subcutaneous tissues are not bunched, as follows: a) 5/8" needle in toddlers, children, and patients weighing less than 130 lbs (less than 60 kg) for IM injection in the deltoid muscle only, or b) a 1" needle for administration in the thigh muscle for adults of any weight.
- 6 Preferred site

Intranasal (NAS) administration of Flumist (LAIV) vaccine



Vaccine Administration: Intramuscular (IM) Injection Children 7 through 18 years of age

Administer these vaccines by IM injection:

- COVID-19 (1vCOV-mRNA), (1vCOV-aP5)
- Influenza vaccine, recombinant (RIV (9 of age and older))
- Haemophilus influenzae type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Hepatitis A and hepatitis B (HepA-HepB (18 years of age and older))
- Human papillomavirus (HPV vaccine)
- Influenza vaccine, inactivated (IIV)
- Influenza vaccine, recombinant (RIV (9 of age and older))
- Inactivated polio vaccine (IPV)*
- Measles, mumps, rubella (M-M-R-II)*
- Measles, mumps, rubella, and varicella (MMRV)*
- Meningococcal conjugate (MenACWY)
- Meningococcal polysaccharide (PPSV23)*
- Respiratory syncytial virus (RSV)
- Tetanus and diphtheria toxoid, and acellular pertussis (Tdap)
- Varicella (VAR)*

Note: Age, recommendations for use, and other indications vary by product. Always review manufacturers' product information and immunization schedule for children and adolescents (<https://www.cdc.gov/vaccines/hcp/immunization-schedule/child-adolescent>) before administering vaccine.

*May also be administered by subcutaneous injection

To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new, separate needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, when changing gloves (if worn), and after vaccine administration.

Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. **Use the correct syringe and needle.**
 - Administer vaccine using either a 1-mL or 3-mL syringe.
 - Use a 22–25-gauge needle.
 - Use the correct needle length (5/8– to 1.5-inch needle).^{*}
**The unadjuvanted thigh may be used for children 7 through 18 years of age; use a 1- to 1.5-inch (25–32 mm) needle for 11 through 18 years of age; use a 1- to 1.5-inch (25–32 mm) needle for 11 through 18 years of age.*
2. **Identify the injection site.**
 - Preferred site: Deltoid muscle in the upper arm
 - Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be below the bone and above the axillary fold/arm pit.
3. **Administer the vaccine correctly.**
 - Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
 - If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.

Deltoid Muscle



Acromion process

Humerus

Axillary fold/arm pit

Vaccine Administration Resource Library



Vaccine Administration: Preventing Vaccine Administration Errors

A vaccine administration error is any preventable event that may cause or lead to inappropriate medication administration errors can have many consequences, including inadequate immunological protection, inconvenience, and reduced confidence in the health care delivery system. Take preventive actions to avoid and establish an environment that values reporting and investigating errors as part of risk management.

Vaccine administration errors may be due to causes such as:

- Insufficient staff training
- Distraction
- Changes in recommendations
- Lack of standardized protocols
- Patient misidentification
- Using nonstandard or error-prone abbreviations

If an error occurs, determine how it occurred and take the appropriate actions to put staff on alert to prevent the error. The following table outlines common vaccine administration errors and how to prevent them.

Error(s)	Possible Preventive Actions
Wrong vaccine, route, site, or dosage (amount); or improperly prepared.	- Circle important information on the packaging to emphasize the difference. - Include the brand name with the vaccine abbreviation whenever possible in orders, medical screens, etc. - Separate vaccines into bins or other containers according to type and identification labels on vaccine storage containers. - Store look-alike vaccines in different areas of the storage unit (e.g., per the same vaccine on different shelves in the unit). - Do not list vaccines with look-alike names sequentially on computer records, if possible. - Consider using "name alert" or "look-alike" stickers on packaging and are stored. - Establish "Do NOT Disturb" or no-interruption areas or times when vaccines are administered. - Prepare vaccine for one patient at a time. Once prepared, label the syringe. - Do not administer vaccines prepared by someone else. - Triple-check work before administering a vaccine and ask another staff member to verify. - Keep reference materials on recommended sites, routes, and needle length in your facility in the medication preparation area. - Clearly identify diluents if the manufacturer's label could mislead staff.

Use standing orders, if appropriate.

1. National Coordinating Council for Medication Error Reporting and Prevention, <https://www.nccmerp.org/about/medication-errors>
06/29/2025 CS 120289-A



Vaccine Administration: Intramuscular (IM) Injection Adults 19 years of age and older

Administer these vaccines by IM injection:

- COVID-19 (1vCOV-mRNA, 1vCOV-aP5)
- Haemophilus influenzae type b (Hib)
- Hepatitis A (HepA)
- Hepatitis B (HepB)
- Hepatitis A and hepatitis B (HepA-HepB)
- Human papillomavirus (HPV vaccine)
- Influenza vaccine, inactivated (IIV)
- Influenza vaccine, recombinant (RIV)
- Meningococcal conjugate (MenACWY)
- Meningococcal serogroup B (MenB)
- Meningococcal serogroups A, B, C, W, Y (MenACWY)
- Pneumococcal conjugate (PCV15, PCV20, PCV21)
- Pneumococcal polysaccharide (PPSV23)*
- Respiratory syncytial virus (RSV)
- Tetanus and diphtheria toxoid (Td)
- Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap)
- Zoster, recombinant (RZV)

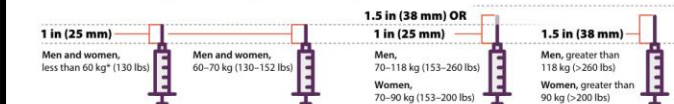
To ensure vaccines are safe and effective, it's important to prepare and administer them correctly:

- Follow aseptic technique.
- Use a new needle and syringe for each injection.
- Perform hand hygiene before vaccine preparation, between patients, when changing gloves (if worn), and any time hands become soiled.¹

Gloves are not required unless the person administering the vaccine is likely to come in contact with potentially infectious body fluids or has open lesions on the hands. If worn, perform hand hygiene and change gloves between patients.

1. Use the correct syringe and needle.

- Administer vaccine using either a 1-mL or 3-mL syringe.
- Use a 22– to 25-gauge needle.
- Use the correct needle length based on the patient's sex and weight. For adults, use a 1- to 1.5-inch needle.



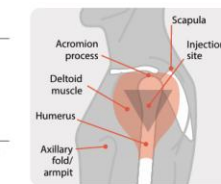
**Some experts recommend a 5/8-inch needle for men and women who weigh less than 60 kg (130 lbs). If used, the skin must be stretched fully and the subcutaneous tissues must not be bunched.*

2. Identify the injection site.

- Recommended site: Deltoid muscle in the upper arm
- Use anatomical landmarks to determine the injection site. The deltoid muscle is a large, rounded, triangular shape. Find the acromion process, which is the bony point at the end of the shoulder. The injection site will be approximately 2 inches below the bone and above the axillary fold/arm pit.

3. Administer the vaccine correctly.

- Inject the vaccine into the middle and thickest part of the muscle. Insert the needle at a 90-degree angle and inject all of the vaccine in the muscle tissue.
- If administering more than one vaccine in the same arm, separate the injection sites by 1 inch if possible.



For additional information, go to CDC's resources on vaccine administration General Best Practice Guidelines for Immunization: www.cdc.gov/vaccines/hcp/guidelines/best-practices/vaccine-administration.html



09/25/2025

Administering Vaccines: Dose, Route, Site, and Needle Size

For additional information, go to CDC's General Best Practice Guideline for Immunization Vaccine Administration section at <https://www.cdc.gov/vaccines/hcp/guidelines/best-practices/vaccine-administration.html>

09/25/2025

Flu Vaccine Information Statements (VIS)

- Current IIV/RIV and LAIV VIS edition dates: 1/31/25.
- For newly approved immunizations such as mFlusiva, The current influenza VIS should continue to be used, and the provider can supplement it, as appropriate, either verbally or with the manufacturer's package insert or other print materials.
- To access VISs go to: www.michigan.gov/VIS or www.cdc.gov/vaccines/hcp/current-vis

4. Risks of a vaccine reaction

- Soreness, redness, and swelling where the shot is given, fever, muscle aches, and headache can happen after influenza vaccination.
- There may be a very small increased risk of Guillain-Barré Syndrome (GBS) after inactivated influenza vaccine (the flu shot).

Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTap vaccine at the same time might be at slightly more risk.

6. The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Claims regarding alleged injury or death due to vaccination have a time limit for filing, which may be as short as two years. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and

VACCINE INFORMATION STATEMENT
Influenza (Flu) Vaccine (Inactivated or Recombinant): What you need to know

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Influenza vaccines

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season.

Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Has ever had **Guillain-Barré Syndrome** (also called "GBS")

In some cases, your health care provider may decide to postpone influenza vaccination until a future visit.

Influenza vaccine can be administered at any time during pregnancy. Women who are or will be pregnant during influenza season should receive inactivated influenza vaccine.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting influenza vaccine.

Your health care provider can give you more information.

Many vaccine information statements are available in Spanish and other languages. See www.michigan.gov/vic

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.michigan.gov/vic



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

flu complications (such as lung disease, heart disease, kidney disease like diabetes, kidney or liver disorders, neurologic or neuromuscular or metabolic disorders)

- Does **not** have a spleen, or has a **non-functioning spleen**
- Has a **cochlear implant**
- Has a **cerebrospinal fluid leak** (a leak of the fluid that surrounds the brain to the nose, throat, ear, or some other location in the head)
- Has had **Guillain-Barré Syndrome** within 6 weeks

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

VACCINE INFORMATION STATEMENT
Influenza (Flu) Vaccine (Live, Intranasal): What You Need to Know

1. Why get vaccinated?

Influenza vaccine can prevent influenza (flu).

Flu is a contagious disease that spreads around the United States every year, usually between October and May. Anyone can get the flu, but it is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk of flu complications.

Pneumonia, bronchitis, sinus infections, and ear infections are examples of flu-related complications. If you have a medical condition, such as heart disease, cancer, or diabetes, flu can make it worse.

Flu can cause fever and chills, sore throat, muscle aches, fatigue, cough, headache, and runny or stuffy nose. Some people may have vomiting and diarrhea, though this is more common in children than adults.

In an average year, **thousands of people in the United States die from flu**, and many more are hospitalized. Flu vaccine prevents millions of illnesses and flu-related visits to the doctor each year.

2. Live, attenuated influenza vaccine

CDC recommends everyone 6 months and older get vaccinated every flu season. **Children 6 months through 8 years of age** may need 2 doses during a single flu season. **Everyone else** needs only 1 dose each flu season.

Live, attenuated influenza vaccine (called "LAIV") is a nasal spray vaccine that may be given to men and non-pregnant women **2 through 49 years of age**.

It takes about 2 weeks for protection to develop after vaccination.

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against the influenza viruses believed to be likely to cause disease in the upcoming flu season. Even when the vaccine doesn't exactly match these viruses, it may still provide some protection.

Influenza vaccine does not cause flu.

Influenza vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Is **younger than 2 years or older than 49 years** of age
- Is **pregnant**. Live, attenuated influenza vaccine is not recommended for pregnant women
- Has had an **allergic reaction after a previous dose of influenza vaccine**, or has any **severe, life-threatening allergies**
- Is a **child or adolescent 2 through 17 years of age** who is receiving aspirin or aspirin- or salicylate-containing products
- Has a **weakened immune system**
- Is a **child 2 through 4 years old** who has **asthma** or a **history of wheezing** in the past 12 months
- Is **5 years or older** and has **asthma**
- Has taken **influenza antiviral medication** in the last 3 weeks
- Cares for **severely immunocompromised people** who require a protected environment
- Has other **underlying medical conditions** that can put people at higher risk of serious



U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Don't forget to submit your questions
in the Questions and Answers box!

Treatment of Influenza

TREATING CASES OF INFLUENZA

PRESCRIBING ANTIVIRALS

Treatment for Patients with Influenza

- Antiviral treatment is recommended as soon as possible for any patient with suspected or confirmed flu who:
 - Is hospitalized.
 - Has severe, complicated, or progressive illness.
 - Is at higher risk for flu complications.
- Decision to start antiviral treatment should not wait for lab confirmation of flu.
- Clinical benefit is greatest when treatment is administered early, within 48 hours of illness onset.
 - Antivirals can be prescribed to persons with illness onset greater than 48 hours.
- A history of flu vaccination does not rule out the possibility of influenza infection or the need to use antivirals to treat flu.

Who Should Be Treated With Flu Antivirals?

- Children younger than 2 years, adults 65 years and older.
- People with asthma.
- Persons with chronic pulmonary, cardiovascular, renal, hepatic, hematological, and metabolic disorders, endocrine disorders, or neurologic and neurodevelopment conditions.
- Persons with immunosuppression due to disease or medications.
- Persons who are pregnant or postpartum (within 2 weeks of delivery).
- Younger than 19 years on long-term aspirin or salicylate therapy.
- Non-Hispanic Black, Hispanic or Latino, and American Indian or Alaska Native.
- People with certain disabilities.
- People who have had a stroke.
- BMI of 40 or greater.
- Residents of nursing homes and other long term care facilities.

Influenza Antiviral Medications: Summary for Clinicians

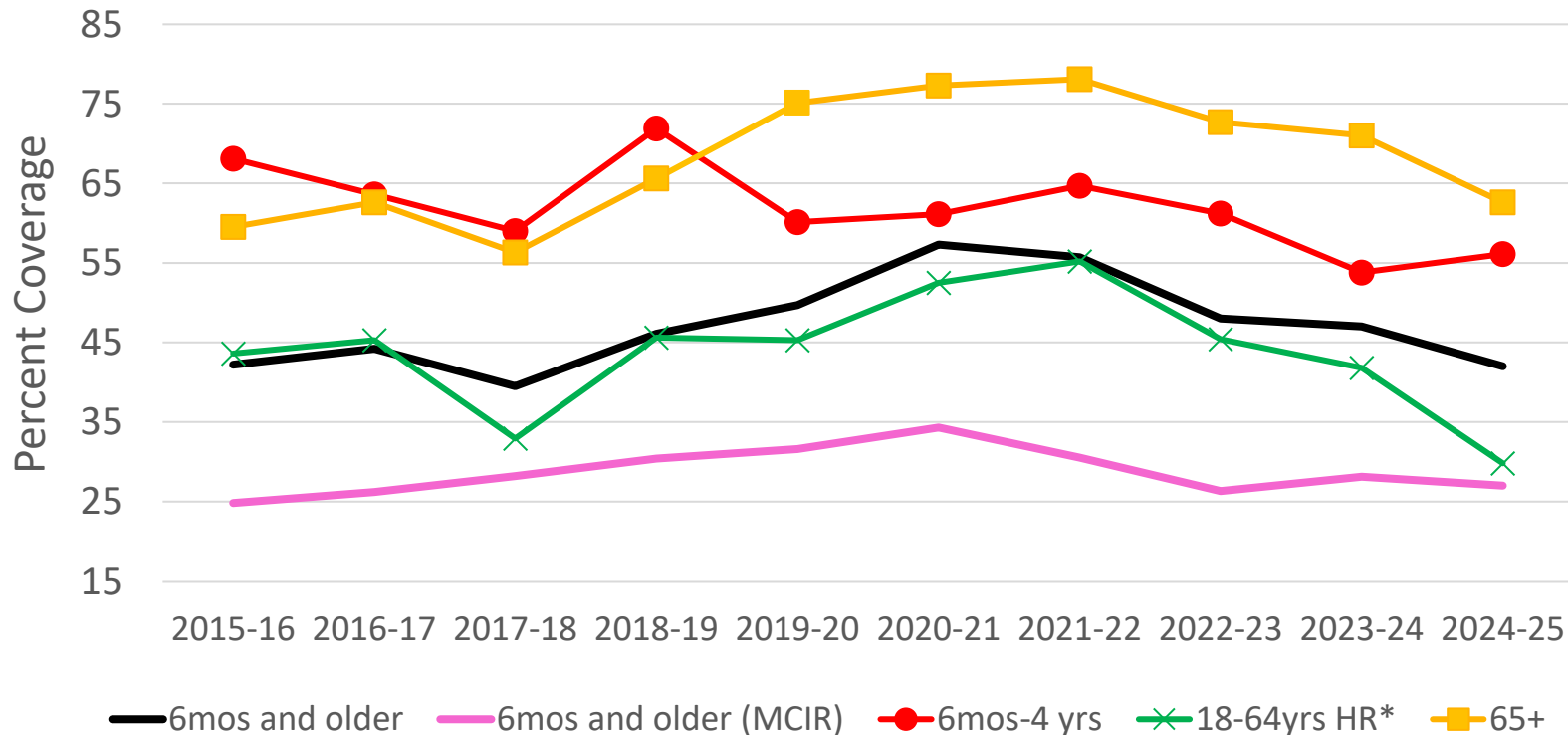
ANTIVIRAL AGENT	USE	RECOMMENDED FOR	NOT RECOMMENDED FOR USE IN
Oseltamivir/Tamiflu® (oral)	Treatment	Any age ¹	N/A
	Chemoprophylaxis	3 months & older ¹	N/A
Zanamivir/Relenza® (inhaled)	Treatment	7 years & older ³	People with underlying respiratory disease (e.g., asthma, COPD)
	Chemoprophylaxis	5 years & older ³	People with underlying respiratory disease (e.g., asthma, COPD)
Peramivir/Rapivab® (IV)	Treatment	6 months & older ⁴	N/A
	Chemoprophylaxis ⁵	Not recommended	N/A
Baloxavir/Xofluza® (oral)	Treatment	5 years & older ⁶	N/A
	Chemoprophylaxis ⁶	Approved for post-exposure prophylaxis in persons 5 years and older ⁶	

For footnote information and more details, please refer to CDC's
[Influenza Antiviral Medications: Summary for Clinicians](#)

Don't forget to submit your questions
in the Questions and Answers box!

Influenza Vaccination Coverage Levels and Strategies to Increase Flu Vaccination

Michigan Influenza Vaccination Coverage, Select Ages, According to National Surveys and MCIR, 2014-2023



*HR = High Risk

cdc.gov/fluview/interactive/general-population-coverage.html | michigan.gov/COVIDfluRSV

- Minimal improvement over 8 seasons.
- “Everyone, every year.”
 - Overall Michigan coverage 42%.
 - National estimates 44%.
- Healthy People 2030 goals.
 - 70% for healthy adults (18+ years) and children 6 months through 17 years of age.
- Michigan’s immunization registry (MCIR) estimates are below national estimates for MI coverage.



Michigan Stadium – aka “The Big House” – is the largest stadium in the Western Hemisphere.

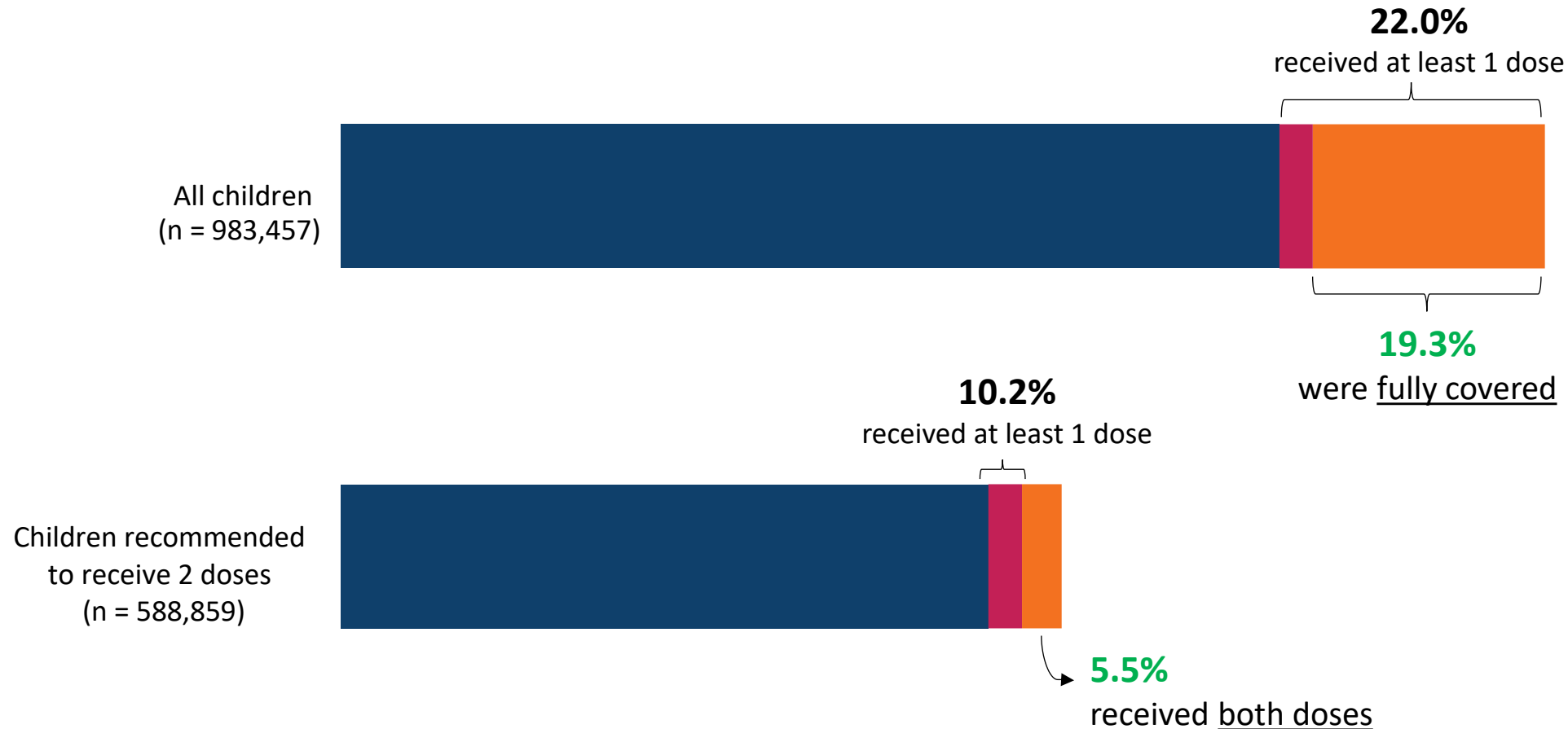
Michigan’s **flu vaccine coverage has dropped 12% since 2022**, meaning 970,000 fewer people were protected last year: **that's enough empty seats to fill 9 sold-out Big Houses.**

Child vaccine coverage alone fell 17% – about 90,000 children – **nearly enough to fill the stadium on their own.**

Focus Area #1: 2-Dose Coverage

2025-26 flu vaccine coverage in Michigan children 6 months through 8 years, MCIR data.

■ No doses ■ 1 dose but not up-to-date ■ 2+ doses/up-to-date



Methods to Improve Flu Coverage in Young Children

31% of parents are hesitant for their child to receive the annual flu vaccine.¹

Reasons for hesitation ²	Provider response ³
Perceived low vaccine effectiveness	“While the flu vaccine won’t prevent all illnesses, it is the best way to reduce severe flu illness and its complications.”
Safety concerns	“Flu vaccines are very safe. The most common side effects from the shot are soreness, redness, or swelling where you got the shot. These go away quickly and happen in about 20 out of 100 people.”
Perception that the flu vaccine causes the flu	“The flu vaccine cannot give you the flu. The vaccine has pieces of the virus that are either killed or made from just part of the virus. It might cause mild symptoms like a runny nose or sore throat, but it doesn’t grow well in the lungs, so it can’t cause serious illness like the real flu.”

1. Santibanez TA, et al., Vaccine, 2024. doi.org/10.1016/j.vaccine.2024.07.040

2. De St. Maurice, A. et al., Pediatrics, 2020. doi.org/10.1542/peds.2020-1770

3. Adapted from “Communicating the Benefits of Influenza Vaccination” from Immunize.org. immunize.org/wp-content/uploads/catg.d/p3115.pdf

Methods to Improve Flu Coverage in Young Children (Continued)

- Initiate the conversation with parents/patients about the importance of flu vaccine.
 - Tell a personal story:
michigan.gov/mdhhs/adult-child-serv/childrenfamilies/immunizations/public/stories.
- Ensure children who need 2 doses get their first dose early.
- No missed opportunities.
 - Assess patients during every visit.
 - Provide a strong recommendation and offer flu vaccine to every patient.
 - “Your child is due for their annual flu vaccine today.”



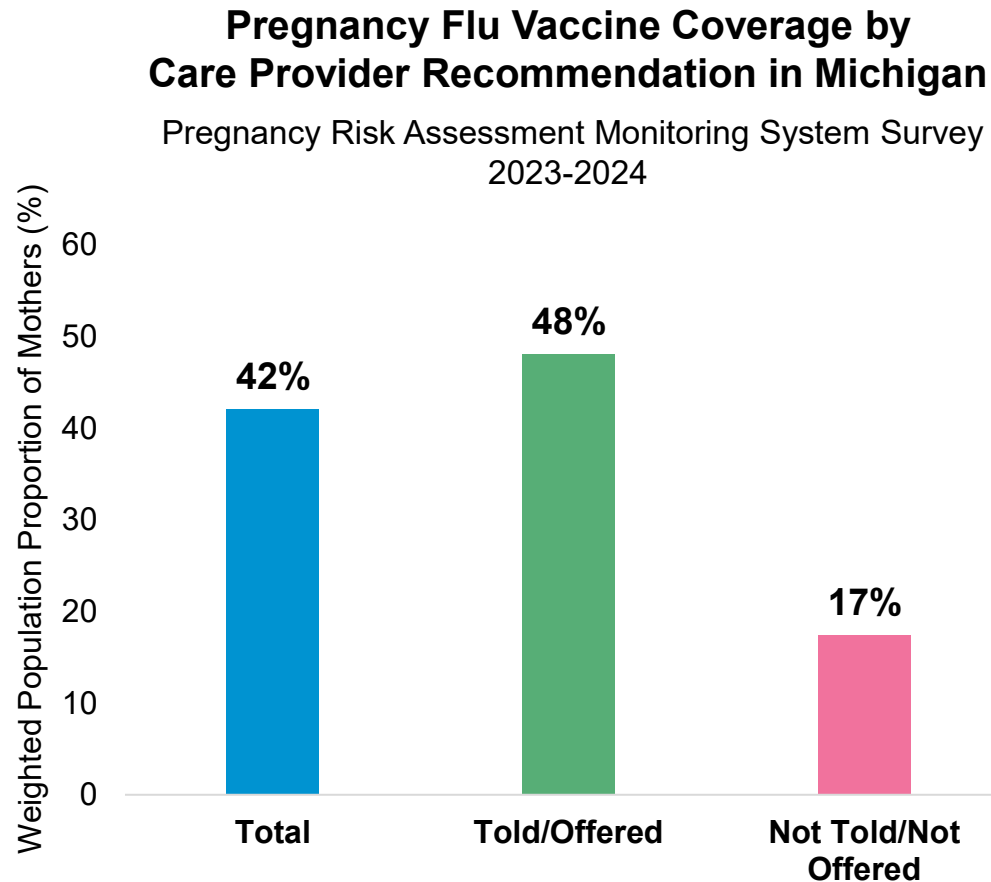
Kaden Stevenson
Grand Blanc, MI.

Kaden was an otherwise healthy, active 7-year-old who ended up losing both of his legs due to complications from flu.

familiesfightingflu.org/family-story/the-stevenson-family/

Focus Area #2: Pregnancy

- Among those pregnant anytime between August 2025–March 2026 in the US, 35% reported receiving a dose of flu vaccine in the past 12 months.¹



Flu vaccination was almost **2x** more common among pregnant patients who were offered or told to get vaccinated by their healthcare provider! ²

- cdc.gov/fluview/dashboard/pregnant-women-coverage.html
- michigan.gov/mdhhs/adult-child-serv/childrenfamilies/prams

Methods to Improve Coverage

Make a Strong Recommendation Using the SHARE Model

- CDC suggests using the SHARE five-part approach to make a strong flu vaccine recommendation to enable patients to make informed decisions about flu vaccination.



SHARE

the tailored reasons why the recommended vaccine is right for the patient given his or her age, health status, lifestyle, occupation, or other risk factors.



HIGHLIGHT

positive experiences with vaccines (personal or in your practice), as appropriate, to reinforce the benefits and strengthen confidence in vaccination.



ADDRESS

patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.



REMIND

patients that vaccines protect them and their loved ones from many common and serious diseases.



EXPLAIN

the potential costs of getting the disease, including serious health effects, time lost (such as missing work or family obligations), and financial costs.

www.cdc.gov/flu/professionals/vaccination/flu-vaccine-recommendation.htm

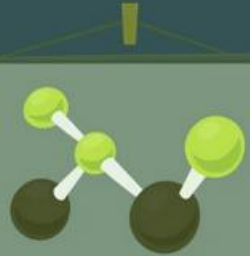
Practice Your Skills

PICK A ROOM



ROOM 1
Choosing the right vaccine
for the 65+ patient

ROOM 2
How adjuvants work and
why they matter





ROOM 3
Strain mismatch without
the panic

ROOM 4
Initiating conversations at
the point of care

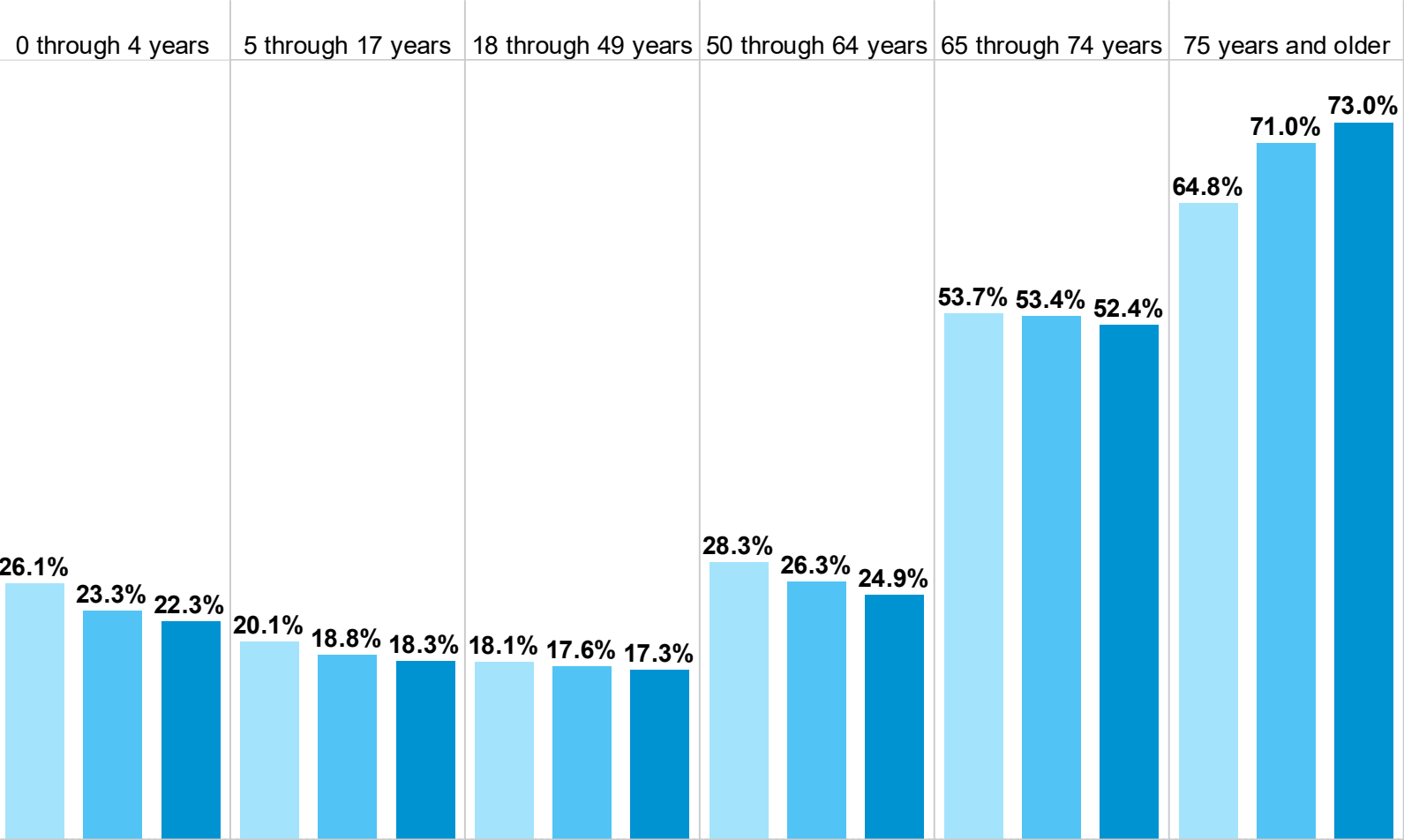


PLAY

Focus Area #3:

Adolescent/Young Adult and Race/Ethnicity Vaccination Coverage

Influenza Vaccination Coverage and Doses Administered by Age Group in Michigan:
2023-2024, 2024-2025 & 2025-2026 Seasons

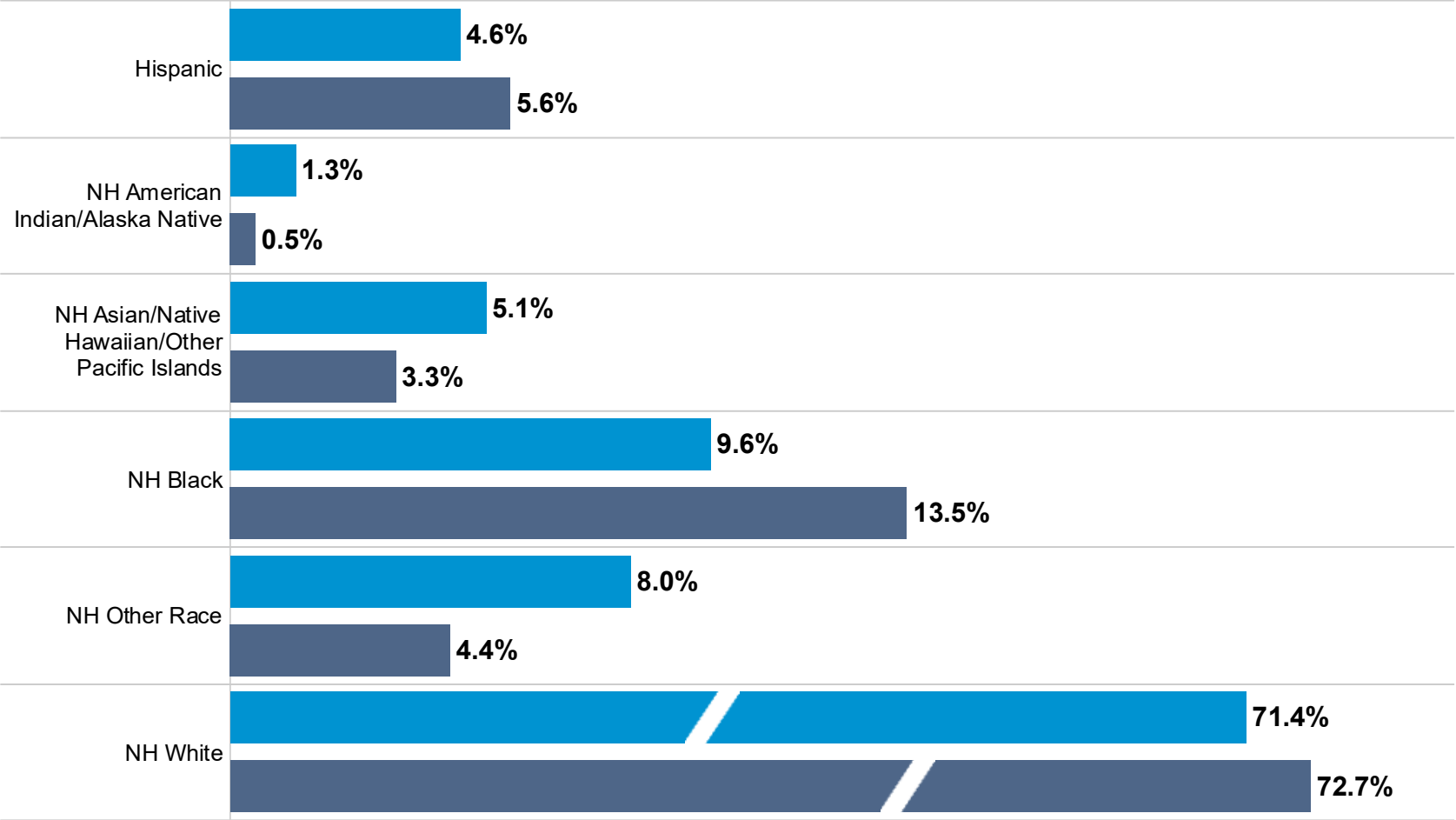


Despite representing nearly 60% of all influenza-associated pediatric deaths in Michigan, children 5-17 years old have the second lowest vaccine coverage of all age groups.

Focus Area #3:

Adolescent/Young Adult and Race/Ethnicity Vaccination Coverage (Continued)

Proportion of **Flu** Vaccine Doses Given by Race in Michigan Compared to the **Population**, 2025-2026



Hispanic and Black populations are underrepresented in flu vaccine administrations relative to their share of Michigan’s population.

Bars higher for population than for vaccination indicate underrepresentation in vaccine uptake.

FluMist at Home

**FluMist at Home Administrations in Michigan
2025-2026 Season**



Age Groups	Doses	% of Total
0 through 4 years	56	5.1%
5 through 17 years	592	55.8%
18 through 49 years	497	38.7%
50 through 64 years	4	0.3%
Grand Total	1149	100.0%

FluMist at Home can reduce
barriers to vaccination for
families.

And Remember...



 **PROJECT
FIRST LINE**

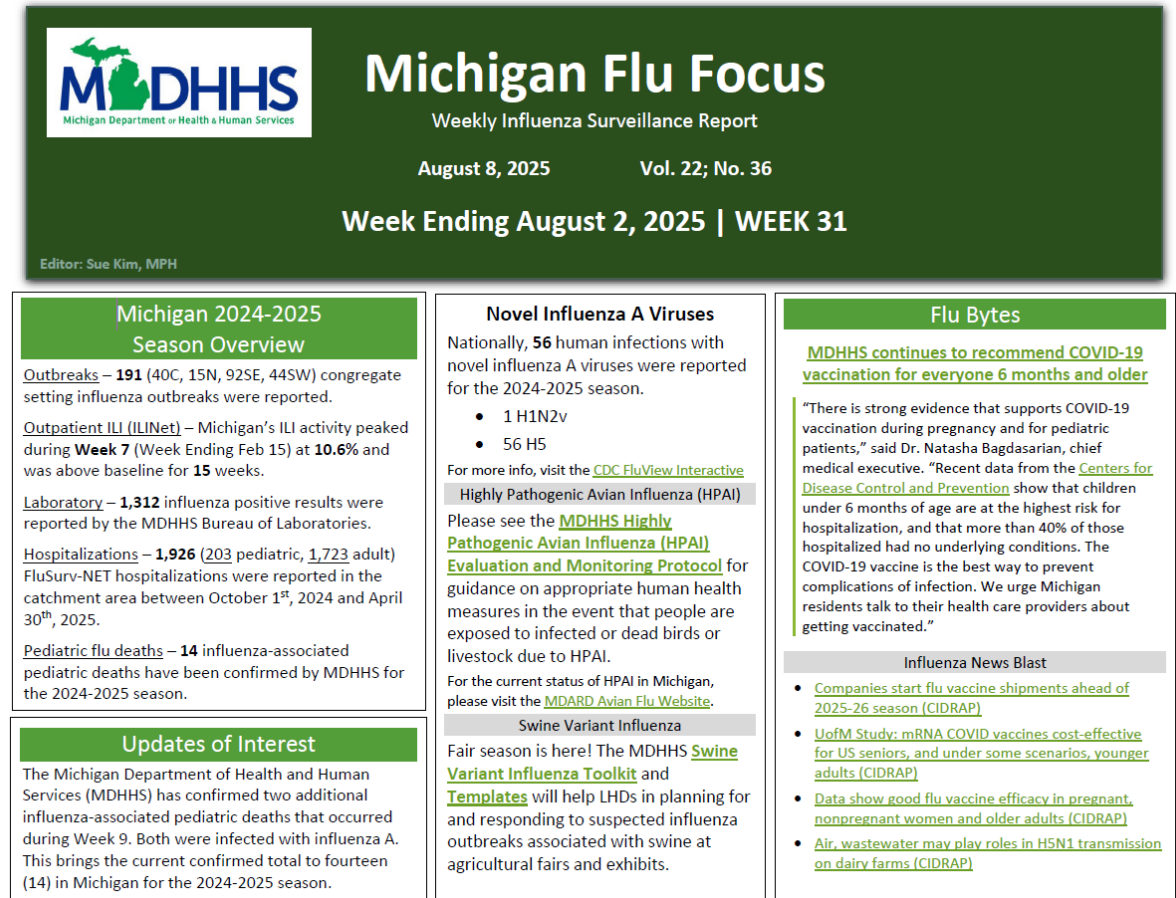
Healthcare Workers

**Get your updated
vaccines this
respiratory
virus season**



Resources Throughout the Season

- Michigan Flu Focus
 - Weekly flu updates during the flu season.
 - Includes surveillance system updates, updates of interest, journal articles, and other news.
- To receive MI Flu Focus email Arianna Eaton (eatona4@michigan.gov) with the subject line: MI Flu Focus.



The image shows the cover of the Michigan Flu Focus Weekly Influenza Surveillance Report. The cover is green with white text. At the top left is the MDHHS logo. The title 'Michigan Flu Focus' is in large white letters, followed by 'Weekly Influenza Surveillance Report' in smaller white letters. Below that, it says 'August 8, 2025' and 'Vol. 22; No. 36'. The main heading for this issue is 'Week Ending August 2, 2025 | WEEK 31'. At the bottom left, it says 'Editor: Sue Kim, MPH'. The cover is divided into four main sections: 'Michigan 2024-2025 Season Overview', 'Novel Influenza A Viruses', 'Flu Bytes', and 'Updates of Interest'. Each section has a green header and contains text and links. The 'Flu Bytes' section has a quote from Dr. Natasha Bagdasarian. The 'Updates of Interest' section mentions two additional influenza-associated pediatric deaths. The 'Novel Influenza A Viruses' section lists 1 H1N2v and 56 H5. The 'Flu Bytes' section includes a link to 'MDHHS continues to recommend COVID-19 vaccination for everyone 6 months and older' and a quote from Dr. Natasha Bagdasarian. The 'Updates of Interest' section mentions two additional influenza-associated pediatric deaths. The 'Novel Influenza A Viruses' section lists 1 H1N2v and 56 H5. The 'Flu Bytes' section includes a link to 'MDHHS continues to recommend COVID-19 vaccination for everyone 6 months and older' and a quote from Dr. Natasha Bagdasarian.

Michigan 2024-2025 Season Overview

Outbreaks – 191 (40C, 15N, 92SE, 44SW) congregate setting influenza outbreaks were reported.

Outpatient ILI (ILINet) – Michigan's ILI activity peaked during **Week 7** (Week Ending Feb 15) at **10.6%** and was above baseline for **15** weeks.

Laboratory – **1,312** influenza positive results were reported by the MDHHS Bureau of Laboratories.

Hospitalizations – **1,926** (203 pediatric, 1,723 adult) FluSurv-NET hospitalizations were reported in the catchment area between October 1st, 2024 and April 30th, 2025.

Pediatric flu deaths – **14** influenza-associated pediatric deaths have been confirmed by MDHHS for the 2024-2025 season.

Updates of Interest

The Michigan Department of Health and Human Services (MDHHS) has confirmed two additional influenza-associated pediatric deaths that occurred during Week 9. Both were infected with influenza A. This brings the current confirmed total to fourteen (14) in Michigan for the 2024-2025 season.

Novel Influenza A Viruses

Nationally, **56** human infections with novel influenza A viruses were reported for the 2024-2025 season.

- 1 H1N2v
- 56 H5

For more info, visit the [CDC FluView Interactive](#)

Highly Pathogenic Avian Influenza (HPAI)

Please see the [MDHHS Highly Pathogenic Avian Influenza \(HPAI\) Evaluation and Monitoring Protocol](#) for guidance on appropriate human health measures in the event that people are exposed to infected or dead birds or livestock due to HPAI.

For the current status of HPAI in Michigan, please visit the [MDARD Avian Flu Website](#).

Swine Variant Influenza

Fair season is here! The MDHHS [Swine Variant Influenza Toolkit](#) and [Templates](#) will help LHDs in planning for and responding to suspected influenza outbreaks associated with swine at agricultural fairs and exhibits.

Flu Bytes

[MDHHS continues to recommend COVID-19 vaccination for everyone 6 months and older](#)

"There is strong evidence that supports COVID-19 vaccination during pregnancy and for pediatric patients," said Dr. Natasha Bagdasarian, chief medical executive. "Recent data from the [Centers for Disease Control and Prevention](#) show that children under 6 months of age are at the highest risk for hospitalization, and that more than 40% of those hospitalized had no underlying conditions. The COVID-19 vaccine is the best way to prevent complications of infection. We urge Michigan residents talk to their health care providers about getting vaccinated."

Influenza News Blast

- [Companies start flu vaccine shipments ahead of 2025-26 season \(CIDRAP\)](#)
- [UofM Study: mRNA COVID vaccines cost-effective for US seniors, and under some scenarios, younger adults \(CIDRAP\)](#)
- [Data show good flu vaccine efficacy in pregnant, nonpregnant women and older adults \(CIDRAP\)](#)
- [Air, wastewater may play roles in H5N1 transmission on dairy farms \(CIDRAP\)](#)

michigan.gov/flu/surveillance/past-michigan-flu-focus-surveillance-reports

MDHHS Respiratory and Immunizations Websites

Seasonal Respiratory Viruses

Michigan Seasonal Respiratory Viruses



As of **August 15**, about **0.1%** of emergency department visits and **34** hospital admissions in Michigan were associated with acute respiratory viruses (COVID-19, influenza, or RSV).

From last week's ED visits:

< 0.1%
were associated with
COVID-19



< 0.1%
were associated with
Influenza



< 0.1%
were associated with
RSV



From last week's hospital admissions:

22
were associated with
COVID-19



4
were associated with
Influenza



8
were associated with
RSV



For the 2025-2026 respiratory season:

9.6%
of Michiganders have received a
COVID-19 vaccine

27.0%
of Michiganders have received an
Influenza vaccine

34.6%
of Michiganders
0-7 months old
have received an
RSV antibody

45.7%
of Michiganders
75 years and older
have received an
RSV vaccine

- Emergency department (ED) visits are displayed as the percentage of discharge diagnoses for each respiratory condition out of all ED visits for that time frame. Reporting is based on individuals who present at EDs and may not be representative of the general population.
- Hospital admission counts are reported to MDHHS from over 90% of hospitals in the state. Counts for select respiratory illnesses are determined when a patient is admitted to a facility and tests positive for the specified illness. All data are self-reported by hospitals and rely on consistent participation. They may not represent the entire state population.
- Vaccination coverage includes only data on updated vaccines/immunizations for the current season (2025-2026) for each of the respiratory illnesses.

Last updated: 8/20/2026 | Data as of: 8/15/2026



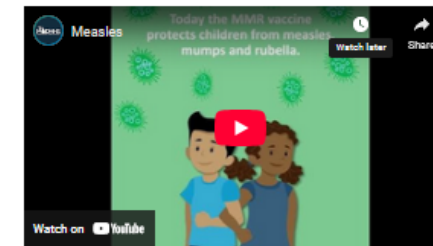
Michigan.gov/COVIDfluRSV

Division of Immunization

Home > Adult & Children's Services > Children & Families > Division of Immunization

MDHHS Division of Immunization

Welcome to the Division of Immunization Website!



New! Learn about measles and MMR vaccination from Dr. Natasha Bagdasarian, Michigan's Chief Medical Executive



Immunization Information for the Public

Information for the General Public on Vaccines and Vaccine Preventable Diseases



Healthcare Providers & Local Health Departments

Information for Immunizing Healthcare Providers and Local Health Departments



Data and Statistics

Data and Statistics on Immunizations and Vaccine Preventable Diseases in Michigan

Michigan.gov/Immunize

Resources for Health Professionals

Go to Michigan.gov/flu  Resources  Resources for Health Professionals to find our updated handouts.

Resources for Health Professionals

> Resources > Resources for Health Professionals

2026-2027 Influenza Vaccine Updates

- [Guide for Determining the Number of Doses of Influenza Vaccine to Give to Children Age 6 Months Through 8 Years](#)
- [Influenza Vaccine Products for the Influenza Season](#)
- [How to Administer Intramuscular and Intranasal Influenza Vaccines](#)
- [2025-2026 Vaccines for Children \(VFC\) Influenza Vaccine](#)
- [Quick Look at the 2026-2027 Cell Culture-based IIV \(ccIIV3\)](#)
- [Quick Look at the 2026-2027 Inactivated Influenza Vaccines \(IIV3, HD-IIV3, aIIV3\)](#)
- [Quick Look at 2026-2027 Live Attenuated Influenza Vaccine \(LAIV3\)](#)
- [Quick Look at 2026-2027 Recombinant Influenza Vaccine \(RIV3\)](#)
- [2026-2027 Influenza Vaccination for Persons Who Report Egg Allergy](#)

Pediatric and Adult Influenza Webinar: 2026-2027 Flu Season

- Pediatric and Adult Influenza Webinar Slides (2026-2027)-Coming Soon
- 2026-2027 Influenza Webinar Recording-Coming Soon

Q and A Session

Please type your questions in
the Questions and Answers
Box.



To Obtain MPA CPE Credit

- **Complete post-test and evaluation by November 22, 2026, at:**
<https://www.lecturepanda.com/a/MichigansPediatricandAdultInfluenzaWebinar2026-2027>.
- Participants must pass the posttest with 70% or higher.
- When completing the program evaluations and posttests, you will be required to provide your CPE Monitor ID number. Register at www.MyCPEMonitor.net.

Thank you for your attendance!

- Physicians/nurses, to obtain 1 AMA PRA Category 1 Credit for participating today:
 - Complete the post-test through the CME tracker site found on the Activity Information Page (AIP) at <https://cmetracker.net/MSU>.
 - Enter the activity code: 95936.
 - Needs to be completed by **October 21, 2026**.
 - If you have any questions, contact the CME office at MSU at handyrya@msu.edu.

If we don't have time to address your questions:

- Andrea Becker: BeckerA1@Michigan.gov.
- Arianna Eaton: Eatona4@Michigan.gov.

The webinar recording & slides will be posted soon at www.michigan.gov/flu → Resources → Health Professionals Resources. Check that site frequently!