

What's New for the 2016-2017 Flu Season?

FIGHT FLU



New for the 2016-2017 flu season:

- Only injectable flu shots are recommended this season.
- Flu vaccines have been updated to better match circulating viruses.
- There will be some new vaccines on the market this season.
- The recommendations for vaccination of people with egg allergies have changed.

What flu vaccines are recommended this season?

This season, only injectable flu vaccines (flu shots) should be used.

Options this season include:

- [Standard dose flu shots](#). Most are given into the muscle (usually with a needle, but one can be given to some people with a jet injector). One is given [into the skin](#).
- A [high-dose shot](#) for older people.
- A [shot made with adjuvant](#) for older people.
- A [shot made with virus grown in cell culture](#).
- A shot made using a vaccine production technology ([recombinant vaccine](#)) that does not require the use of flu virus.



[Live attenuated influenza vaccine](#) (LAIV) – or the nasal spray vaccine – is not recommended for use during the 2016-2017 season because of concerns about its effectiveness.

What flu vaccines are new this season?

This season, a flu vaccine with adjuvant will be available for the first time in the United States. Adjuvant is a vaccine ingredient that helps create a stronger immune response in the patient's body. This new vaccine ("[FLUAD™](#)") is approved for use in people 65 years and older.

This season, a flu shot that protects against four flu viruses made with [virus grown in cell culture](#) will be available for the first time in the U.S ("[FLUCELVAX™](#)"). (Last season, FLUCELVAX™ protected against three flu viruses.) FLUCELVAX™ is approved for use in people 4 years and older.

For more information, visit:

www.cdc.gov/flu

or call **1-800-CDC-INFO**



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

What viruses do 2016-2017 flu vaccines protect against?

There are many flu viruses and they are constantly changing. The composition of U.S. flu vaccines is reviewed annually and updated to match circulating flu viruses. Flu vaccines protect against the three or four viruses that research suggests will be most common. For 2016-2017, three-component vaccines are recommended to contain:

- A/California/7/2009 (H1N1)pdm09-like virus,
- A/Hong Kong/4801/2014 (H3N2)-like virus and a
- B/Brisbane/60/2008-like virus (B/Victoria lineage).

Four component vaccines are recommended to include the same three viruses above, plus an additional B virus called B/Phuket/3073/2013-like virus (B/Yamagata lineage).

When and how often should I get vaccinated?

Everyone 6 months and older should get a flu vaccine every year by the end of October, if possible. However, getting vaccinated later is OK. Vaccination should continue throughout the flu season, even in January or later. Some young children might need two doses of vaccine. A health care provider can advise on how many doses a child should get.



Getting an annual flu vaccine is the first and best way to protect yourself and your family from the flu. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. The more people who get vaccinated, the more people will be protected from flu, including older people, very young children, pregnant women and people with certain health conditions who are more vulnerable to serious flu complications.

Can I get a flu vaccine if I am allergic to eggs?

The recommendations for people with egg allergies have been updated for this season:

- People who have experienced only hives after exposure to egg can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health.
- People who have symptoms other than hives after exposure to eggs, such as angioedema, respiratory distress, lightheadedness, or recurrent emesis; or who have needed epinephrine or another emergency medical intervention, also can get any licensed and recommended flu vaccine that is otherwise appropriate for their age and health, but the vaccine should be given in a medical setting and be supervised by a health care provider who is able to recognize and manage severe allergic conditions. (Settings include hospitals, clinics, health departments, and physician offices). People with egg allergies no longer have to wait 30 minutes after receiving their vaccine.