U.S. Centers for Disease Control and Prevention National Center for Immunization and Respiratory Diseases

2024-25 Influenza Season Update and Seasonal Influenza Vaccine Recommendations for the 2025-26 U.S. Influenza Season

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CDC

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Overview

- 2024-25 influenza season summary
- Proposed updates to the seasonal influenza vaccine recommendations for the 2025-26 influenza season including the following recent FDA approvals:
 - Influenza vaccine composition for the 2025-26 season
 - FluMist (live attenuated influenza vaccine, trivalent) for self- or caregiver administration
 - Change in age indication for Flublok (recombinant influenza vaccine, trivalent) from ≥18 years to ≥9 years

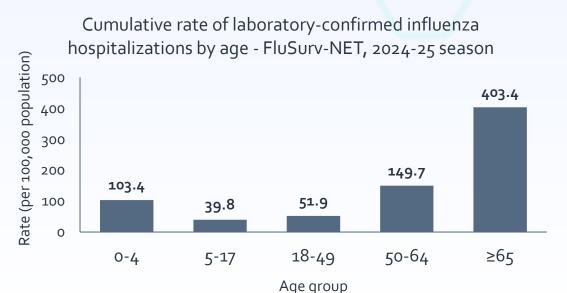
2024-25 Influenza Season

2024-25 U.S. Influenza Season

- High severity season overall and for all age groups
 - First high severity season since 2017-2018
- Highest cumulative influenza-associated hospitalization rate since 2010-2011
 - October 1, 2024 through April 30, 2025: 128.1 per 100,000
 - Cumulative rate was 102.9 per 100,000 for the severe 2017-18 season
- As of June 7, 246 influenza-associated pediatric deaths have been reported this season

Influenza-Associated Hospitalizations, FluSurv-NET, 2024-2025 Season

- Lab-confirmed influenza-associated hospitalizations in select counties in 14 states
- Approx. 9% of U.S. population
- As of May 17, cumulative rate of 128.1 per 100,00 - Was 102.9 for 2017-18
- Approx 16% of hospitalized patients required ICU admission and 6% required invasive mechanical ventilation

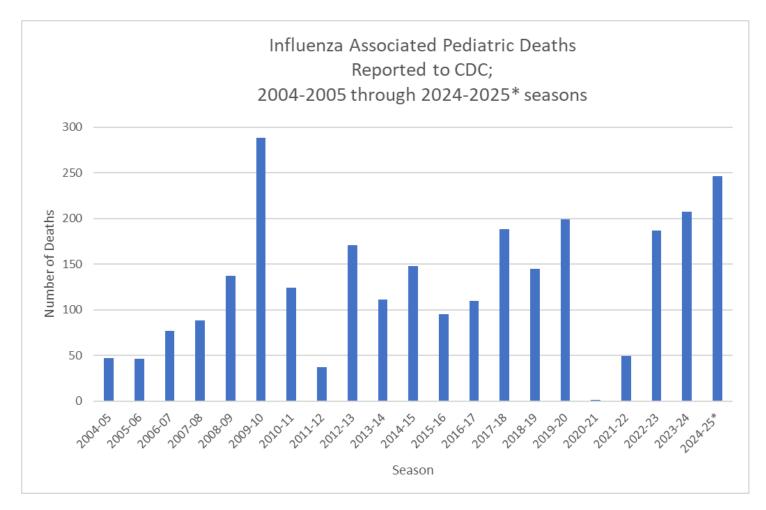


Cumulative rate of laboratory-confirmed influenza hospitalizations by season — FluSurv-NET, 2010-11 - 2024-25 seasons 140 128.1 120 100,000 population 102.9 100 80 60 Rate per 40 20 0 2015:16 2017-18 2018-19 2016-27 2019-20 022:23 2022-22 2022-23 01324 15 Influenza Season 5

Weekly US Influenza Surveillance Report: Key Updates for Week 20, ending May 17, 2025 | FluView | CDC

Influenza-Associated Pediatric Mortality, 2024-2025 Season*

- Death in a person <18 yrs of age</p>
- with clinically compatible illness
- and influenza positive laboratory test
- and no period of complete recovery between illness and death
- Nationally notifiable since 2004
- 246 deaths reported*
- All age groups affected
 - o-5 months: 7%
 - 6-23 months: 13%
 - 2-4 years: 18%
 - 5-11 years: 37%
 - 12-17 years: 26%



Influenza-Associated Pediatric Mortality, 2024-2025 Season*

- Among 246 influenza-associated pediatric deaths reported thus far for 2024-25*,
 - 42% had no known high risk underlying medical condition
 - 40% had a bacterial co-infection of a sterile site
 - 89% of those eligible for influenza vaccination were not fully vaccinated
 - Compared with 82% for the 2023-24 season
 - Highest number of pediatric deaths reported in any non-pandemic influenza season since condition became reportable in 2004

2025-26 Seasonal Influenza Vaccine Recommendations

Seasonal Influenza Vaccine Recommendations, 2025-26

- Annual influenza vaccination remains recommended for those aged ≥6 months who do not have contraindications
- As previously,
 - No preferential recommendations are made with the exception that high-dose inactivated, recombinant, and adjuvanted inactivated influenza vaccines are preferentially recommended for persons aged ≥65 years when available
 - Recipients should receive an age-appropriate influenza vaccine (one approved for their age), with the exception that solid organ transplant recipients aged ≥18 years who are taking immunosuppressive medications regimens may receive either high-dose or adjuvanted inactivated vaccines (without preference over other appropriate influenza vaccines)
- Recommendations concerning timing, vaccine selection, and contraindications and precautions remain the same as previously

Recommendations for 2025-26: Updates

- The 2025-26 recommendations include three updates, all of which reflect recent FDA approvals:
 - Influenza vaccine composition for the 2025-26 season
 - FluMist (live attenuated influenza vaccine, trivalent; LAIV₃) for self- or caregiver administration
 - Change in age indication for Flublok (recombinant influenza vaccine, trivalent; RIV3) from ≥18 years to ≥9 years

U.S. Influenza Vaccine Composition for the 2025-26 Influenza Season

- All influenza vaccines marketed in the United States for the 2025-26 season will be trivalent
- U.S. influenza vaccine composition for 2025-26 includes an update to the influenza A(H₃N₂) component:
 - An A/Victoria/4897/2022 (H1N1)pdm09-like virus for egg-based vaccines or an A/Wisconsin/67/2022 (H1N1)pdm09-like virus for cell and recombinant vaccines;
 - An A/Croatia/Y10136RV/2023 (H3N2)-like virus for egg-based vaccines or an A/District of Columbia/27/2023 (H3N2)-like virus for cell and recombinant vaccines;
 - A B/Austria/1359417/2021 (B/Victoria lineage)-like virus

FluMist (LAIV3) for Self- or Caregiver Administration

- Approved by FDA in September 2024¹; presented to ACIP in April 2025
- Anticipated to be available for the 2025-26 influenza season
- Consumers will be able to order FluMist for delivery for eligible recipients
 - Screening for eligibility performed by central pharmacy, based on ACIP criteria
 - Approved for self-administration for persons aged ≥18 years, or by a caregiver aged ≥18 years for recipients aged 2 through 17 years
- LAIV3 will continue to be available for administration by healthcare providers as previously
- No changes made to recommendations regarding appropriate populations, contraindications, or precautions

Approval of Flublok (RIV3) for Persons Aged 9 through 17 Years

- Approved by FDA in March 2025¹
- Previously approved for ≥18 years; new age indication is ≥9 years
- Information has been updated in the Table of available U.S. influenza vaccines for 2025-26

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 <u>www.cdc.gov</u>

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