

What's New for the 2018-2019 Flu Season?

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For the 2018-2019 flu season:

- Flu vaccines have been updated to better match circulating viruses [the B/Victoria component was changed and the influenza A(H3N2) component was updated].
- The nasal spray flu vaccine (live attenuated influenza vaccine or “LAIV”) is again a recommended option for influenza vaccination for people for whom it is otherwise appropriate.

What flu vaccines are recommended this season?

For the 2018-2019 flu season flu vaccine, providers may choose to administer any licensed, age-appropriate flu vaccine including inactivated influenza vaccine or “IIV,” recombinant influenza vaccine or “RIV4,” or the nasal spray vaccine (live attenuated influenza vaccine or “LAIV”).

Options this season include:

- [Standard dose flu shots](#). Most are given into the muscle, usually with a needle, but two can be given to some people with a jet injector. (***Note** that no intradermal flu vaccine will be available during 2018-2019).
- A [high-dose shot](#) for people 65 and older.
- A [shot made with adjuvant](#) for people 65 and older.
- 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 or eggs.
- [Live attenuated influenza vaccine](#) (LAIV) – or the nasal spray vaccine – is also an option for use in otherwise healthy persons 2 through 49 years of age who are not pregnant. (Note that there is a precaution against the use of LAIV for people with certain underlying medical conditions.)



Getting an annual flu vaccine is the first and best available way to protect yourself and your family from flu and its potentially serious complications. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations. Flu vaccine also has been shown to significantly reduce a child's risk of dying from influenza. The more people who get vaccinated, the more people will be protected from flu, including older people, young children, pregnant women and people with certain long-term health problems who are more vulnerable to serious flu illness.

For more information, visit:
www.cdc.gov/flu or www.flu.gov
or call **1-800-CDC-INFO**



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What viruses do 2018-2019 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 2018-2019, three-component vaccines are recommended to contain:

- A/Michigan/45/2015 (H1N1)pdm09-like virus
- A/Singapore/INFIMH-16-0019/2016 A(H3N2)-like virus (updated)
- B/Colorado/06/2017-like (Victoria lineage) virus (updated)

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?

You should get a flu vaccine before flu begins spreading in your community. It takes about two weeks after vaccination for antibodies that protect against flu to develop in the body, so make plans to get vaccinated early in fall, before flu season begins. CDC recommends that people get a flu vaccine by the end of October. Getting vaccinated later, however, can still be beneficial and vaccination should continue to be offered throughout flu season, even into January or later.

Children who need [two doses](#) of vaccine to be protected should start the vaccination process sooner, because the two doses must be given at least four weeks apart.

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

The recommendations for people with egg allergies are the same as the 2017-2018 season.

- People who have experienced only hives after exposure to egg can get any licensed 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 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.

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Why get a flu vaccine?

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Yearly flu vaccination is the best tool currently available to protect against influenza (flu), a serious disease which sickens millions of people each year.

The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccination as the first and most important step in protecting against flu and its potentially serious complications. Millions of people have safely received flu vaccines for decades. Flu vaccination can reduce flu illnesses, doctors' visits, and missed work and school due to flu, as well as prevent flu-related hospitalizations.

Reasons to get a flu vaccine:

- Flu vaccination can keep you from getting sick from flu.
- Flu vaccination can reduce the risk of flu-associated hospitalization, including among children and older adults.
 - A 2014 study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012
 - Another study published in the summer of 2016 showed that people 50 years and older who got a flu vaccine reduced their risk of getting hospitalized from flu by 57%.
- Flu vaccination is an important preventive tool for people with chronic health conditions.
 - Vaccination was associated with lower rates of some cardiac events among people with heart disease, especially among those who had a cardiac event in the past year.
 - Flu vaccination also has been shown to be associated with reduced hospitalizations among people with diabetes (79%) and chronic lung disease (52%).
- Vaccination helps protect women during and after pregnancy. Getting vaccinated also protects the baby several months after birth.
 - A study that looked at flu vaccine effectiveness in pregnant women found that vaccination reduced the risk of flu-associated acute respiratory infection by about one half.
 - Another study found that babies of women who got a flu vaccine during their pregnancy were about one-third less likely to get sick with flu than babies in unvaccinated women. This protective benefit was observed for four months after birth.
- Flu vaccination also may make your illness milder if you do get sick.
- Getting vaccinated yourself also protects people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.



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How well do flu vaccines work?

Studies by CDC researchers and other experts indicate that flu vaccine reduces the risk of doctor visits due to flu by approximately 50% to 60% among the overall population when the vaccine viruses are like the ones spreading in the community. Other studies have shown similar protection against flu-related hospitalizations.

A flu vaccination does not guarantee protection against the flu. Some people who get vaccinated might still get sick. However, people who get a flu vaccine are less likely to get sick with flu or hospitalized from flu than someone who does not get vaccinated.

The most important factors that affect how well the flu vaccine works include:

- The “match” between the flu vaccine and the flu viruses that are spreading that season; and
- Factors such as the age and overall health of the person being vaccinated. For example, older people with weaker immune systems may respond less well to vaccination.

Experts are working to create flu vaccines that work better, but existing flu vaccines still offer important health benefits to the community.



The following is a list of all the health and age factors that are known to increase a person’s risk of getting serious complications from the flu:

- Asthma
- Blood disorders (such as sickle cell disease)
- Chronic lung disease (such as chronic obstructive pulmonary disease [COPD] and cystic fibrosis)
- Endocrine disorders (such as diabetes mellitus)
- Extreme obesity (people with a body mass index [BMI] of 40 or greater)
- Heart disease (such as congenital heart disease, congestive heart failure and coronary artery disease)
- Kidney disorders
- Liver disorders
- Metabolic disorders (such as inherited metabolic disorders and mitochondrial disorders)
- Neurological and neurodevelopmental conditions
- People younger than 19 years of age and on long-term aspirin therapy
- Weakened immune system due to medication (such as people with HIV or AIDS, or cancer, or those on chronic steroids)

Other people at high risk from the flu:

- Adults 65 years and older
- Children younger than 5 years old, but especially children younger than 2 years old
- Pregnant women and women up to 2 weeks after the end of pregnancy
- American Indians and Alaska Natives

It is especially important that these people get a flu vaccine and seek medical treatment quickly if they get flu symptoms.

Flu Vaccination: Who Should Do It, Who Should Not

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Everyone 6 months and older should get an annual flu vaccine, with rare exceptions. Talk to your doctor or nurse if you have any questions about which flu vaccines are best for you and your family.

Vaccination to prevent flu is particularly important for people who are at high risk for serious complications from flu. For a complete list of people who are at higher risk for flu complications, visit: https://www.cdc.gov/flu/about/disease/high_risk.htm.

For the 2017-2018 season, CDC recommends use of injectable flu vaccines--inactivated influenza vaccine (or IIV) or the recombinant influenza vaccine (RIV).

Some people should not be vaccinated, or should talk with their healthcare provider before receiving the vaccine.

People who can't get a flu shot:	People who should talk to their doctor before getting a flu shot:
<ul style="list-style-type: none"> • Children younger than 6 months are too young to get a flu shot. • People with severe, life-threatening allergies to flu vaccine or any ingredient in the vaccine. This might include gelatin, antibiotics, or other ingredients. See Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine. 	<ul style="list-style-type: none"> • If you have an allergy to eggs, talk to your doctor about your allergy. See CDC's Special Considerations Regarding Egg Allergy for more information about egg allergies and flu vaccine. • If you ever had Guillain-Barré Syndrome (a severe paralyzing illness, also called GBS). Some people with a history of GBS should not get this vaccine. Talk to your doctor about your GBS history. • If you are not feeling well, talk to your doctor about your symptoms.

Note: There are certain flu shots that have different age indications. For example, people younger than 65 years of age should not get the [high-dose flu shot](#) or the [flu shot with adjuvant](#) and people who are younger than 18 years old or older than 64 years old should not get the [intradermal flu shot](#).

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