

What's New for the 2017-2018 Flu Season?

FIGHT FLU



For the 2017-2018 flu season:

- Only injectable flu shots are recommended for use again this season.
- The H1N1 component of 2017-2018 flu vaccines was updated.
- There is a quadrivalent recombinant influenza vaccine that is new for the 2017-2018 flu season. (Last season, only trivalent recombinant influenza vaccine was available.)
- For the first time, a cell-grown H3N2 vaccine reference virus was used to produce the H3N2 component of the [cell-based vaccine, Flucelvax](#). (The remaining Flucelvax vaccine components were manufactured using egg-grown reference viruses.)

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 two can be given to some people with a jet injector). One is given [into the skin](#).
- 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 **not** recommended for use during the 2017-2018 season because of concerns about its effectiveness.

Are there new flu vaccines this season?

A new quadrivalent vaccine (“Afluria Quadrivalent” IIV) was licensed last season after the annual recommendations were published.

A quadrivalent recombinant influenza vaccine (“Flublok Quadrivalent” RIV) is newly available this season.



Getting an annual flu vaccine is the first and best available way to protect yourself and your family from 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, young children, pregnant women and people with certain long-term health problems who are more vulnerable to serious flu complications.

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 2017-2018 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 2017-2018, three-component vaccines are recommended to contain:

- A/Michigan/45/2015 (H1N1)pdm09-like virus (updated)
- A/Hong Kong/4801/2014 (H3N2)-like virus
- B/Brisbane/60/2008-like (B/Victoria lineage) virus

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 into 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.

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

The recommendations for people with egg allergies were updated for 2016-2017 and remain the same for 2017-2018:

- 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.

Why is it significant that a cell-grown vaccine reference virus (H3N2) was used to produce flu vaccine?

Cell-grown reference viruses do not have the changes that are present in egg-grown reference viruses, so they should be more similar to circulating “wild-type” viruses. Vaccine effectiveness depends in part on the match between the vaccine virus and circulating flu viruses.

Is flu vaccine made using a cell-grown reference virus and cell-based technology more effective than vaccine made using an egg-grown reference virus and egg-based technology?

While the use of cell-grown reference viruses and cell-based technology may offer the potential for better protection over traditional, egg-based flu vaccines because they result in vaccine viruses that are more similar to flu viruses in circulation, there are no data yet to support this. There is no preferential recommendation for one injectable flu vaccine over another.