

## MEMO

### 2025 - 2026 VFC and VFA Seasonal Influenza Vaccine

August 13, 2025

Prevention Partnership Providers and Local Public Health Units,

North Dakota Health and Human Services (ND HHS) Immunization Unit is supplying seasonal influenza vaccine for the 2025 - 2026 season to Vaccines for Children (VFC) enrolled providers for use in those children who are **VFC eligible**. This includes children 18 years and younger who are either Medicaid-eligible, American Indian, uninsured or underinsured. During the 2025 - 2026 influenza season the ND HHS Immunization Unit will also be supplying Vaccines for Adults (VFA) influenza vaccine for uninsured or underinsured adults for those providers who prebooked adult doses.

#### **Distribution:**

VFC providers pre-booked influenza vaccine with ND HHS in early 2025. The ND HHS Immunization Unit will allocate influenza vaccine to providers equitably based on what was pre-booked and how much vaccine has been allocated to ND HHS. Publicly-supplied influenza vaccine will be distributed by McKesson, the third-party distributor for the Centers for Disease Control and Prevention (CDC). Vaccine will be distributed in multiple shipments in late summer/early fall. Providers can expect their first shipments of state-supplied influenza vaccine in August or early September. An automated email will be sent out to the primary and secondary VFC vaccine contacts when an influenza vaccine order has shipped. Additional influenza vaccine cannot be ordered by providers until all pre-booked influenza vaccine has been distributed. Providers will be notified when ordering for additional influenza vaccine is available.

**Vaccine Recommendation for Children Ages Six Months – Eight Years:**

- Children ages six months through eight years receiving influenza vaccine for the first time require two doses, at least four weeks apart. ND HHS recommends scheduling the patient for the second dose when the first dose is administered.
- For any child who has received two or more doses of influenza vaccine prior to July 1, 2025, only one dose is recommended for this influenza season. Consideration of type of influenza vaccine is unnecessary. The number of doses given prior to July 1, 2025 is the only consideration necessary.
- Children who are 8 years old and need two doses of influenza vaccine should still receive the second dose even if they turn 9 between doses one and two.

**Importance of Influenza Vaccination**

[Influenza vaccination rates](#) amongst children have declined in North Dakota from pre-pandemic levels. Rates amongst adults younger than age 65 have also declined, while rates amongst those 65 and older have increased. The [Academy of Pediatrics \(AAP\)](#) continues to recommend everyone 6 months and older without medical contraindications get vaccinated with any vaccine appropriate for age and health status. During the 2024-2025 respiratory season there were 266 report pediatric influenza deaths - 90% of reported pediatric deaths occurred in children who were NOT fully vaccinated. Vaccination can begin as soon as possible in the season, without preference for one product or formulation. Vaccination to prevent influenza is particularly important for people who are at high risk of developing serious flu complications, including those 65 or older, American Indians, pregnant women, those with chronic medical conditions/immunocompromised and children younger than five.

There are many ways that providers can work to ensure that everyone 6 months and older are being vaccinated. Use reminder/recall and patient portals to notify patients of the availability of influenza vaccine. Vaccinating patients at every medical encounter, evening and weekend clinics, the use of mobile or offsite clinics, childcare or school-located vaccination clinics and offering vaccines at workplaces are all strategies to make vaccines more convenient and increase rates. To avoid missed opportunities for vaccination, please be sure to offer ALL vaccines the patient is eligible for at the same time as influenza vaccine.

Influenza vaccine resources are available for order using the [Immunization Resource](#) ordering survey.

**Timing of Vaccination:**

Balancing considerations regarding the unpredictability of timing of onset of the influenza season and concerns that vaccine-induced immunity might wane over the course of a season, it is recommended that vaccination should be offered by the end of October. Children ages 6 months through 8 years who need two doses should receive their first dose as soon as possible

after vaccine becomes available to allow the second dose (which must be administered  $\geq 4$  weeks later) to be received by the end of October. Vaccination soon after vaccine becomes available may also be considered for pregnant women during the third trimester, as vaccination of pregnant women has been shown to reduce risk of influenza illness of their infants during the first months of life (a period during which they be too young to receive influenza vaccine). For non-pregnant adults, influenza vaccination during July and August should be avoided unless there is concern that later vaccination might not be possible. Influenza vaccine may be co-administered with other vaccines, including COVID-19 and respiratory syncytial virus (RSV).

### **Important Reminders and New Information About Influenza Vaccination:**

- The 2025 - 2026 trivalent vaccine contains strains: A/Victoria/4897/2022 (H1N1) pdm09-like virus, A/Croatia/10136RV/2023 (H3N2)-like virus and B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
- The 2025 - 2026 trivalent recombinant vaccine contains strains: A/Wisconsin/67/2022 (H1N1) pdm09-like virus, A/District of Columbia/27/2023 (H3N2)-like virus and B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
- The Food and Drug Administration (FDA) has approved self-administered LAIV during the 2025-2026 respiratory season. LAIV for self-administration will not be available from the VFC program this respiratory season.
- Flublok® has been FDA approved for ages 9 years and older for the 2025-2026 respiratory season.
- ACIP recommends that adults ages 65 and older should receive one of the high-dose or adjuvanted influenza vaccines, if available: trivalent high-dose inactivated influenza vaccine, trivalent recombinant influenza vaccine or trivalent adjuvanted influenza vaccine. No preference is expressed for any one of these three vaccines. If none of these three vaccines is available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine should be used.
- When entering influenza vaccines into your electronic medical record and/or into the North Dakota Immunization Information System (NDIIS), it is important to make sure you are entering the correct type of influenza vaccine. Please see the attached [influenza vaccine dosage guide](#). It is also available in the NDIIS help menu and attached to this email communication.
- The minimum interval between doses of influenza vaccines is four weeks.
- Live-attenuated influenza vaccine should not be administered until 48 hours after cessation of influenza antiviral therapy.
- If influenza antiviral medications are administered within 2 weeks after receipt of live-attenuated influenza vaccine, the vaccine dose should be repeated 48 or more hours after the last dose of antiviral medication. Live-attenuated influenza vaccine may be given on the same day as any other live or inactivated vaccine. However, if

two live vaccines are not given on the same day, they should be separated by at least four weeks.

- During influenza vaccination season, and at all times of the year, it is critically important that clinic staff who administer vaccines avoid injury to patients' shoulders by being knowledgeable about how to properly administer intramuscular injections in the deltoid muscle. Shoulder injury related to vaccine administration (SIRVA) can be prevented by ensuring that staff who administer vaccines recognize the anatomic landmarks for identifying the deltoid muscle and use proper intramuscular administration technique.
- If cclIV3 or RIV3 is administered to an individual with a history of severe allergic reaction (e.g., anaphylaxis) to any other influenza vaccine, vaccination should occur in an inpatient or outpatient medical setting and should be supervised by a health care provider who is able to recognize and manage severe allergic reactions. – Providers can also consider consultation with an allergist to help determine the vaccine component responsible for the allergic reaction.
- Because the use of thimerosal as a preservative in multidose vials of influenza vaccine is no longer recommended by the ACIP for the 2025-2026 respiratory season, doses prebooked as multi-dose vial presentations will be replaced by prefilled syringes. Providers have been notified of their updated allocations.

**Vaccine Information Statements:**

Influenza Vaccine Information Statements (VISs) are available from the CDC at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Influenza VISs were updated in January 2025 so please ensure that the correct version is being distributed. Providers are responsible for printing and supplying their own VISs. The National Childhood Vaccine Injury Compensation Act of 1986 requires that immunization providers provide a copy of the applicable VIS for each vaccine administered.

Please feel free to contact the ND HHS Immunization Unit with any questions or concerns at [vaccine@nd.gov](mailto:vaccine@nd.gov).