



Maryland Seasonal Influenza Plan

2024-2025 Influenza Season

TABLE OF CONTENTS

I.	Introduction	4
II.	Purpose	6
III.	Definitions	7
IV.	Pre-Influenza Activity	8
	<i>Tips for Maryland Residents</i>	8
	<i>State and Local Health Department Actions</i>	8
	<i>Healthcare Systems and Provider Actions</i>	9
	<i>High Impact and Pandemic Threat Warning</i>	9
V.	Early Influenza Activity	10
	<i>Tips for Maryland Residents</i>	10
	<i>State and Local Health Department Actions</i>	10
	<i>Healthcare Systems and Provider Actions</i>	11
	<i>High Impact and Pandemic Threat Warning</i>	11
VI.	Peak Influenza Activity	12
	<i>Tips for Maryland Residents</i>	12
	<i>State and Local Health Department Actions</i>	12
	<i>Healthcare Systems and Provider Actions</i>	13
	<i>High Impact and Pandemic Threat Warning</i>	13
	<i>Severe Influenza Impact Factors and Threshold</i>	14
	<i>Additional Considerations for Mitigating a Severe Influenza Impact</i>	15
VII.	Late Influenza Activity	16
	<i>Tips for Maryland Residents</i>	16
	<i>State and Local Health Department Actions</i>	16
	<i>Healthcare Systems and Provider Actions</i>	16
	<i>High Impact and Pandemic Threat Warning</i>	16
VIII.	Conclusion	17
	Appendix A: Local Health Department Contact Information	19
	Appendix B: Summary of 2024-2025 Recommendations from the Advisory Committee on Immunization Practices (ACIP)	20

I. INTRODUCTION

Influenza –commonly referred to as the “flu”–is a contagious respiratory illness caused by the influenza virus. Influenza virus strains perennially circulate throughout the world. Influenza seasons occur each year with varying severity. In the northern hemisphere, influenza season can begin as early as October and last as late as May. The influenza virus can cause mild to severe illness and at times can lead to death. Older people, young children, and people with certain health conditions are at higher risk for serious influenza complications. **The best way to prevent influenza is to get vaccinated each year.**

Influenza is spread by airborne droplets made when an infected person coughs, sneezes, or talks. Less often, a person might also get influenza by touching a surface or object that has the influenza virus on it and then touching his or her own mouth, eyes, or nose.

People may be able to pass influenza to someone else even before they know they are sick, as well as while they are sick. Most healthy adults may be able to infect others beginning one day **before** symptoms develop and up to five to seven days **after** becoming sick. Some people, especially children and people with weakened immune systems, might be able to infect others for an even longer time.

The Centers for Disease Control and Prevention (CDC) created a Healthy People 2030 objective to increase the proportion of persons six months and older who are vaccinated annually for seasonal influenza. The baseline rate for this objective is 49% and the target is 70%.

Additional Resources

CDC Influenza Information: <https://www.cdc.gov/flu/>

Maryland Influenza Information: <https://phpa.health.maryland.gov/influenza/Pages/home.aspx>

Maryland Influenza Surveillance:
<https://phpa.health.maryland.gov/influenza/fluwatch/Pages/Index.aspx>

II. PURPOSE

The Maryland Department of Health (MDH) developed the Maryland Seasonal Influenza Plan to prepare for, prevent, and mitigate the number and severity of seasonal influenza cases within the state. This plan acts as a guide for Maryland residents, public health departments, and the healthcare community. The Maryland Seasonal Influenza Plan categorizes seasonal influenza activity by phases and includes information for each audience type. Additionally, this document includes high-impact and pandemic threat triggers that can aid in the identification of outlier influenza activity potentially caused by an unusual influenza season or a pandemic.

III. DEFINITIONS

Antiviral Medications – prescription medications that can be used to prevent or treat influenza.

Community Prevention and Mitigation – tactics used by public health officials and the general public to reduce the effects of the influenza.

Early Influenza Activity – Early influenza activity is characterized by the presence of some confirmed cases of influenza in Maryland. Geographic spread of influenza in Maryland is either sporadic or local and Influenza-like Illness intensity is low or minimal.

Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE) – a system used to gather, manage, and analyze health-related data to identify early warning of public health threats, hazards, and incidents.

Influenza-like Illness (ILI) – ILI is a non-specific syndrome defined as fever (temperature of 100° F or greater) and cough and/or sore throat. It is used for flu surveillance worldwide. ILI can be caused by influenza virus infection and infections with other respiratory viruses.

Influenza Vaccination – preventive medical intervention that reduces the likelihood of an individual being infected by seasonal influenza.

Late Influenza Activity – phase characterized by decreasing levels of influenza in Maryland.

Maryland Resident Influenza Tracking Survey (MRITS) — an online system designed to measure ILI in Maryland based on illness reported directly by residents each week.

Pandemic Influenza – occurs when a novel influenza A virus emerges for which there is no or little immunity in the human population. In the past, pandemic strains have caused serious illness and have spread easily from person-to-person worldwide.

Peak Influenza Activity – phase characterized by an increase in confirmed cases of influenza in Maryland. Geographic spread of influenza in Maryland is either regional or widespread and ILI intensity is high or moderate.

Pre-Influenza Activity – phase characterized by the absence or minimal presence of influenza throughout Maryland prior to the beginning of influenza season.

Seasonal Influenza – annual outbreaks of influenza that typically occur during the late fall through early spring. Most people do not have natural immunity, and a seasonal influenza vaccine is recommended and available each year. In a typical year, approximately five to 20 percent of the population gets seasonal influenza.

Social Distancing – a set of non-pharmaceutical intervention tactics with the purpose of reducing the number of close interpersonal contacts and the spread of influenza.

Surveillance – epidemiological activities of gathering and analyzing data to provide situational awareness.

IV. PRE-INFLUENZA ACTIVITY

Time Period: Prior to the first laboratory-confirmed case of seasonal influenza in Maryland; typically, June through September.

Tips for Maryland Residents

- Getting vaccinated is your best strategy to prevent influenza. It's important to get vaccinated before influenza viruses start to spread in your community. Make plans to get vaccinated early in fall, before flu season begins (Based on CDC guidance, "Who Needs a Flu Vaccine and When", found [here](#)).
- Identify the best location to receive your annual influenza vaccination. Many primary care providers have vaccines available. Vaccines are also available at pharmacies and health clinics and can be found here: <https://vaccinefinder.org/>.
- Live a healthy lifestyle. This includes regularly washing your hands, avoiding touching your eyes, nose, and mouth, and avoiding close contact with sick people.
- Monitor the Maryland Flu Dashboard: <https://health.maryland.gov/phpa/influenza/Pages/flu-dashboard.aspx>

State and Local Health Department Actions

Epidemiological and Laboratory

- Coordinate with the CDC to identify likely influenza strains that could affect Maryland during the next influenza season.
- Monitor any disease outbreaks with patients exhibiting upper-respiratory infections or symptoms of ILI.
- Monitor ILI activity in hospital emergency departments in the ESSENCE for statistically significant warnings and threats.
- Conduct laboratory testing to identify, confirm, and characterize influenza cases prior to the beginning of influenza season or early influenza activity phase.
- Monitor influenza activity in the southern hemisphere to inform decision-making
- Monitor adverse reactions to influenza vaccination.

Communication and Public Information

- Develop materials and coordinate public health messaging; encourage vaccination.
- Provide information for the healthcare community, including recommendations on vaccine ordering and availability and current vaccine information statements (VIS).
- Provide updates on vaccine supplies and distribution.
- Announce seasonal influenza clinics at schools and local health departments and share influenza clinic information from other partners, such as community centers, as available.
- Provide media with preventive measures including hand washing and cough etiquette.
- Hold an influenza vaccination kick-off event with senior MDH leadership.

Community Prevention and Mitigation

- Assess cache of medical countermeasures and equipment.
- Update antiviral medications distribution plan and seasonal influenza plan.
- Receive and distribute vaccines to local healthcare providers and local health departments participating in the Vaccines for Children (VFC) program.
- Coordinate with school systems to offer influenza vaccination.
- If necessary, activate Maryland Responds professional volunteers to provide support to local health departments vaccination clinics.

Healthcare System and Provider Actions

- Conduct vaccination clinics.
- Vaccinate healthcare workers and patients.
- Review plans and prevention strategies for seasonal influenza in the healthcare setting, including implementation of respiratory hygiene, appropriate management of ill staff, and infection control precautions. CDC guidance can be found: <http://www.cdc.gov/flu/professionals/index.htm>.

High Impact and Pandemic Threat Warning

- ESSENCE data that suggest a significant increase in ILI outside of the typical influenza season.
- Outbreak or multiple outbreaks of ILI outside of the typical influenza season.

V. EARLY INFLUENZA ACTIVITY

Time Period: Begins after the first laboratory-confirmed case of influenza in Maryland has been identified. This period lasts until seasonal influenza increases in intensity and spreads.

As an aside, during any period that influenza activity is detected (i.e., early, peak, or late), healthcare providers, epidemiologists, and the public should monitor for other respiratory viruses, such as COVID or Respiratory Syncytial Virus (RSV). The influx of other respiratory viruses will likely impact healthcare resources, the severity of illnesses persons can contract, and patient wait times.

For additional information and monitoring on COVID within the State, visit:

[Pages - Home \(maryland.gov\)](#)

For additional information and monitoring on RSV within the State, visit:

[Pages - Respiratory Syncytial Virus \(RSV\) \(maryland.gov\)](#)

Tips for Maryland Residents

- Get vaccinated against influenza if you have not done so already. Vaccination is the best way to prevent influenza.

- Continue to practice proper hand hygiene and cough etiquette, such as coughing into your sleeve.
- Stay home and away from others—including people you live with who are not sick—if you have respiratory virus symptoms that aren't better explained by another cause.
- Stay informed by monitoring MDH's influenza surveillance reporting website: <https://phpa.health.maryland.gov/influenza/fluwatch/Pages/Index.aspx>
- For additional information and tips on how to prevent and reduce the spread of the virus, visit the CDC's recommendation's page: [Preventing Spread of Respiratory Viruses When You're Sick | Respiratory Illnesses | CDC](#)

State and Local Health Department Actions

Epidemiological and Laboratory

- Examine data obtained from ILINet sentinel providers.
- Monitor Maryland's Flu Dashboard.
- Investigate and respond to influenza / ILI outbreaks.
- Monitor severity of virus including number of hospitalizations and deaths.
- Monitor reportable conditions related to influenza including pneumonia cases in healthcare workers, hospitalizations, pediatric influenza deaths, and novel strains of Type A influenza.
- Monitor ILI-activity in hospital emergency departments in ESSENCE for statistically significant warnings and threats.
- Monitor hospital emergency department status, intensive care units, and hospital bed capacities.
- Provide confirmatory testing of viral specimens in MDH laboratory.
- Monitor characterization of virus including subtypes and resistance to antiviral medications.
- Monitor adverse reactions to influenza vaccination.
- Monitor vaccine supply and availability.
- Provide recommendations regarding the use of antiviral medications.

Communication and Public Information

- Issue a press release and social media post announcing the first case of seasonal influenza in Maryland.
- Provide educational messages including vaccine promotion and steps to take if you get sick.
- Promote seasonal influenza clinic dates and locations.
- Communicate disease severity and monitor news coverage.

Community Prevention and Mitigation

- Report first confirmed influenza case to healthcare and preparedness partners.
- Issue information on first cases of influenza to local public health and healthcare partners. Consider conducting a conference call for more specific information sharing needs.
- Implement CDC guidance and recommendations for use of antiviral medications.

- Coordinate with school systems to offer influenza vaccination.
- If necessary, activate Maryland Responds professional volunteers to provide support to local health departments vaccination clinics.

Healthcare System and Provider Actions

- Continue to conduct vaccination clinics.
- Healthcare systems should continue to vaccinate healthcare workers.
- Healthcare providers should emphasize seasonal influenza vaccines for patients, especially those at elevated risk for complications due to influenza.
- Healthcare providers should [consider testing for influenza](#) when viruses are circulating in the community—regardless of influenza vaccination history
- Implement infection control practices in the healthcare setting. This may include adherence to standard precautions for hand hygiene and use of personal protective equipment.

High Impact and Pandemic Threat Warning

- Laboratory suspected or confirmed test showing a novel strain of influenza.
- Initial severe influenza cases (hospitalizations or deaths) in atypical populations, such as healthy adults.

VI. PEAK INFLUENZA ACTIVITY

Time Period: This period encompasses influenza activity occurring largely during the winter; however, each season is different. If greater than 15% of influenza tests from sentinel laboratories are positive for the virus, then Maryland is considered to have peak influenza activity.

Tips for Maryland Residents

- Get vaccinated against influenza if you have not done so already. Vaccination is the best way to prevent influenza.
- Avoid direct contact with ill people whenever possible. Continue to practice proper hand hygiene by washing your hands often.
- Remain at home and avoid contact with other people if you have influenza-like symptoms or do not feel well. Use proper cough and sneeze etiquette if you are sick.
- Know the warning signs that require urgent medical attention including high or prolonged fever, shortness of breath, dehydration, chest pain, and fainting.
- Stay informed by monitoring MDH's influenza surveillance reporting website: <https://phpa.health.maryland.gov/influenza/fluwatch/Pages/Index.aspx>

State and Local Health Department Actions

Epidemiological and Laboratory

- Monitor changes in viral characteristics, including antiviral resistance.
- Monitor adverse reactions to vaccines.

- Continue to investigate and respond to influenza outbreaks.
- Monitor geographic spread and intensity of influenza.
- Monitor information that could indicate a severe influenza impact, such as influenza hospitalization rate, school absenteeism rate, and morbidity and mortality rate.

Communication and Public Information

- Continue to provide educational messages including vaccine promotion, disease characteristics, and steps to take if you get sick.
- Communicate disease severity and alerts and monitor news coverage.
- Issue guidance on avoiding hospital emergency departments unless illness is severe.
- Provide information regarding mitigating medications, if applicable.

Community Prevention and Mitigation

- Conduct a conference call with healthcare partners and local health departments to provide guidance and assess the status of seasonal influenza in Maryland, including any resource needs.
- Monitor the status of antiviral medications in the commercial supply chain on a weekly basis.
- Monitor statewide hospital bed availability through the Maryland Institute for Emergency Medical Services Systems (MIEMSS).
- If necessary, activate Maryland Responds professional volunteers to provide support to local health departments vaccination clinics.

Healthcare System and Provider Actions

- Manage visitor access and movement within the facility to minimize risk of transmission of influenza and other respiratory viruses.
- Ensure environmental infection control and standard disinfection procedures are occurring in patient-care areas.
- Continue vaccinating patients and focus vaccination efforts on CDC-recommended target populations.

High Impact and Pandemic Threat Warning

- Laboratory suspected or confirmed test showing a novel strain of influenza.
- Significantly higher severity of influenza cases in comparison to previous years.

Severe Influenza Impact

Peak seasonal influenza activity is characterized by an increase in the spread, intensity, or both of influenza. This type of influenza activity can lead to severe influenza impact characterized by activity that greatly affects health systems and the community.

Factors Determining a Severe Influenza Impact

State health officials regularly review a number of factors that might trigger a severe influenza

impact. The following are primary factors for determining a severe influenza impact.

Hospitals experiencing reported surges in emergency departments or diminishing bed availability.

- Established by: MIEMSS Monitoring and Emergency Department Overload Mitigation Plan
- Threshold Measurement: Hospitals within one region are on “yellow” alert status greater than 35 percent of the collective daily time for several days.

Emergency department data trends for ILI syndrome show a statistically significant increase above previous flu season trends.

- Established by: MDH ESSENCE
- Threshold Measurement: Emergency department chief complaints for ILI are significantly above expected compared to previous influenza trends.

Flu surveillance data suggests a number of hospitalizations out of proportion with the previous flu season due to the influenza virus.

- Established by: MDH influenza-associated hospitalizations report
- Threshold Measurement: Hospitalization rates are significantly higher than typical influenza seasons

Increased virulence of circulating strains causing an increase in morbidity and mortality, especially in atypical populations.

- Established by: MDH Laboratory testing and influenza-associated hospitalizations and deaths report
- Threshold Measurement: The identified pandemic strain of influenza (such as 2009-2010 H1N1) or increased morbidity in previously healthy individuals, aged 18-24 and 25-49

Circulating strains of influenza do not match available seasonal vaccines and/or are resistant to antiviral medications.

- Established by: CDC Morbidity and Mortality and Influenza Surveillance Weekly reports
- Threshold Measurement: The seasonal vaccine is less than 50 percent effective

School absenteeism is significantly higher than typical levels.

- Established by: MDH ESSENCE
- Threshold Measurement: 50 percent or more of Maryland local jurisdictions report greater than 15 percent of absenteeism for three consecutive weekdays

Seasonal influenza, when it is both geographically widespread and of high intensity, can lead to a severe impact. The disease circulates throughout Maryland and may cause many residents to become ill and seek hospital treatment, increasing the number of patients in healthcare settings. Influenza simultaneously infects healthcare workers which reduces the workforce at these hospitals and

community health centers. This dual impact might be severe and can greatly affect the community.

Additional Considerations for Mitigating a Severe Influenza Impact

Non-pharmaceutical Intervention and Communications

- Conduct regular assessment conference calls with healthcare partners and local health departments to provide situational awareness and initiate mitigation tactics.
- Increase the number of public press releases and information on seasonal influenza.
- Operationalize portions of the State Pandemic Influenza Annex including recommendations regarding social distancing and travel restrictions as necessary.
- Review potential declarations under the Catastrophic Health Emergencies Act.
- Consider enacting the [Office of Personnel Services and Benefits Policy related to Pandemic Flu and Other Infectious Diseases Attendance and Leave](#).
- Review policies and procedures for potential school closures with the Maryland State Department of Education and local public school systems.
- Issue guidance regarding visitor access to patients in healthcare settings and screening visitors for symptoms of acute respiratory illness before entering healthcare settings.
- Hospitals should consider designing and installing additional engineering controls to reduce potential exposure to influenza and other hospital-acquired infections.

Medical Countermeasures

- Encourage universal vaccination efforts and increase the number of vaccine clinics.
- If necessary, allocate and distribute antiviral medications to local community partners for potential dispensing.
- Request medications from the CDC Strategic National Stockpile if a shortage of antivirals or equipment is identified in the commercial supply chain or state stockpile.

VII. LATE INFLUENZA ACTIVITY

Time Period: Late influenza activity is occurring when less than 15% of influenza tests from sentinel laboratories are positive. Additionally, the predominant strain of circulating influenza virus typically shifts to Type B.

Tips for Maryland Residents

- Get vaccinated against influenza if you have not done so already. Vaccination is the best way to prevent influenza.
- Continue to practice proper hand hygiene and cough etiquette.
- Stay informed by monitoring MDH's influenza surveillance reporting website: <https://phpa.health.maryland.gov/influenza/fluwatch/Pages/Index.aspx>

State and Local Health Department Actions

Epidemiological and Laboratory

- Continue to investigate influenza outbreaks throughout Maryland.

- Publish epidemiological data and influenza season summary at the end of influenza season.

Community Prevention and Mitigation

- Review and update Maryland Influenza Plan at the end of influenza season.

Healthcare Systems and Providers Actions

- Assess medications and personal protective equipment caches and refill stocks as necessary.
- Review and update seasonal influenza plans and medical surge plans.

High Impact and Pandemic Threat Warning

- Sudden increase in reported cases of ILI late in influenza season.

VIII. CONCLUSION

Influenza is a serious disease that affects many Maryland residents every year. MDH has identified and published essential tips for Maryland residents to prevent and mitigate the spread of influenza. Additionally, this plan outlines the state’s efforts in surveillance, communication, community prevention, and mitigation, and guidance for healthcare systems and healthcare providers to dictate actions to reduce the effect that influenza virus has on Maryland and its residents.

APPENDIX A: LOCAL HEALTH DEPARTMENT CONTACT INFORMATION

Jurisdiction	Phone Number	Website
Allegany	301-759-5000	https://health.maryland.gov/allegany/Pages/Home.aspx
Anne Arundel	410-222-7095	https://www.aahealth.org/
Baltimore City	410-396-4398	https://health.baltimorecity.gov/
Baltimore	410-887-2243	http://www.baltimorecountymd.gov/Agencies/health/
Calvert	410-535-5400	http://www.calverthealth.org/
Caroline	410-479-8000	https://www.carolinehd.org/
Carroll	410-876-2152	http://cchd.maryland.gov/
Cecil	410-996-5550	http://cecilcountyhealth.org/
Charles	301-609-6900	http://www.charlescountyhealth.org/
Dorchester	410-228-3223	http://www.dorchesterhealth.org/
Frederick	301-600-1029	http://health.frederickcountymd.gov/
Garrett	301-334-7777	http://garretthealth.org/
Harford	410-838-1500	http://harfordcountyhealth.com/
Howard	410-313-6300	https://www.howardcountymd.gov/Departments/Health
Kent	410-778-1350	http://www.kenthd.org/
Montgomery	240-777-0311	http://www.montgomerycountymd.gov/hhs/
Prince George	301-883-7879	http://www.princegeorgescountymd.gov/1588/Health-Services
Queen Anne	410-758-0720	https://health.maryland.gov/qahealth/Pages/qacдох-home.aspx
Saint Mary	301-475-4330	http://www.smchd.org/
Somerset	443-523-1700	http://somensethealth.org/
Talbot	410-819-5600	https://health.maryland.gov/talbotcounty/Pages/home.aspx
Washington	240-313-3200	https://washcohealth.org
Wicomico	410-749-1244	http://www.wicomicohealth.org/
Worcester	410-632-1100	http://www.worcesterhealth.org/

APPENDIX B: SUMMARY OF 2024–2025 RECOMMENDATIONS FROM THE ADVISORY COMMITTEE ON IMMUNIZATION PRACTICES (ACIP)¹

Vaccine Recommendations

- Routine annual influenza vaccination of all persons aged six months and older who do not have contraindications continues to be recommended;
- Everyone should receive a flu vaccine that is appropriate for their age and health status. For people younger than 65 years, there is no preference for any one vaccine over another;
- CDC recommends everyone 6 months of age and older, with rare exceptions, receive an updated 2024-2025 flu vaccine to reduce the risk of influenza and its potentially serious complications this fall and winter;
- Updated 2024-2025 flu vaccines will all be trivalent and will protect against an H1N1, H3N2 and a B/Victoria lineage virus. The composition of this season’s vaccine compared to last has been updated with a new influenza A(H3N2) virus;
- Most people need only one dose of the flu vaccine each season;
- While CDC recommends flu vaccination as long as influenza viruses are circulating, September and October remain the best times for most people to get vaccinated. Flu vaccination in July and August is not recommended for most people, but there are several considerations regarding vaccination during those months for specific groups:
 - Pregnant people who are in their third trimester can get a flu vaccine in July or August to protect their babies from flu after birth, when they are too young to get vaccinated.
 - Children who need two doses of the flu vaccine should get their first dose of vaccine as soon as it becomes available. The second dose should be given at least four weeks after the first.
 - Vaccination in July or August can be considered for children who have healthcare visits during those months if there might not be another opportunity to vaccinate them.
 - For adults (especially those 65 years old and older) and pregnant people in the first and second trimester, vaccination in July and August should be avoided unless it won’t be possible to vaccinate in September or October.
- Pregnant women may receive any licensed, recommended, age-appropriate **injectable** influenza vaccine. This includes the IIV or RIV4 influenza vaccine. LAIV4 (intranasal) should not be used during pregnancy. Influenza vaccine can be administered at any time during pregnancy, before and during the influenza season;
- Solid organ transplant recipients ages 18-64 who are taking immunosuppressive medications are recommended to receive high-dose (HD-IIV3) and adjuvanted (AIIV3) inactivated influenza vaccines as acceptable options for influenza vaccines without preference over other age-appropriate inactivated or recombinant influenza vaccines;
- Children aged six months through eight years who are getting vaccinated for the first time, those who have only previously received one dose of flu vaccine, and whose flu vaccination history is unknown, should get two doses of vaccine this season. The first dose should be

¹Full summary can be found: <https://www.cdc.gov/mmwr/volumes/69/rr/rr6908a1.htm>

- administered as soon as the vaccine becomes available, because the second dose needs to be given at least 4 weeks after the first. (optimally by the end of October);
- For children aged 8 years who require 2 doses, both doses should be administered even if the child turns 9 years between dose 1 and dose 2;
 - Providers should consider observing patients for 15 minutes after vaccination to decrease the risk for injury should they experience syncope;

 - Persons who are not at high risk for severe influenza complications and who are known to have experienced Guillain-Barre Syndrome within six weeks of a previous influenza vaccination generally should not be vaccinated;
 - Flu vaccines and persons with allergies ⁵:
 - Persons with an egg allergy may receive any vaccine (egg-based or non-egg-based) that is otherwise appropriate for their age and health status. Beginning with the 2023-2024 season, additional safety measures are no longer recommended for flu vaccination of people who are allergic to eggs beyond those recommended for receipt of any vaccine, regardless of the severity of previous reaction to egg.
 - Although people who are allergic to eggs should receive the flu vaccine, people with some other allergies should not. People who have had a severe allergic reaction to other components that are in a flu vaccine should not receive vaccines that contain that component. People who have had a severe allergic reaction to a flu vaccine in the past should generally not receive flu vaccine again, but might be able to get certain flu vaccines, depending on which one caused the allergic reaction. It is important to discuss allergies that you have with your healthcare provider.

 - All vaccines should be administered in settings which personnel and equipment needed for rapid recognition and treatment of allergic reactions are available;
 - For immunocompromised persons, IIV or RIV4 should be used instead of LAIV4 given the uncertain but biologically plausible risk for disease attributable to the vaccine virus; and,
 - Vaccination of moderately or severely ill persons may be delayed until recovery from the acute illness to avoid confusing illness symptoms with vaccine reactions. Other considerations for deferring vaccination include current influenza activity, the recipient's risk of severe influenza illness, use of immunosuppressive agents that might blunt immune response, and risk of exposing others in the vaccination setting.

⁵Full summary can be found: [Flu Vaccine and People with Egg Allergies | CDC](#)