CDC has published the annual recommendations for influenza vaccine for the 2019-20 season. Health care providers should:

- Continue to administer influenza vaccine this season to everyone 6 months of age and older.
- Make sure to immunize people at high-risk for influenza complications (e.g., pregnant women, people with immunocompromised conditions, obese adults, and people with chronic conditions, including diabetes, asthma, heart disease, etc.)
- Immunize as soon as possible those children aged 6 months through 8 years who require 2 doses, in order to administer the second dose (at an interval of at least 4 weeks later) by the end of October

Primary updates include:

1. The 2019–20 U.S. quadrivalent influenza vaccines will contain hemagglutinin (HA) derived from the following strains:
   - A/Brisbane/02/2018 (H1N1)pdm09–like virus*
   - A/Kansas/14/2017 (H3N2)–like virus*
   - B/Colorado/06/2017-like virus (B/Victoria/2/87 lineage)
   - B/Phuket/3073/2013-like virus (B/Yamagata/16/88 lineage)
   *change in strain from the 2018-19 formulation

2. Two recent regulatory actions are described:
   - In October 2018, FDA approved an expanded age indication for Afluria Quadrivalent (IIV4). Previously licensed for persons aged ≥5 years, Afluria Quadrivalent (IIV4) is now licensed for persons aged ≥6 months. The dose volume is 0.25 mL per dose (containing 7.5 µg of HA per vaccine virus) for children aged 6 through 35 months and 0.5 mL per dose (containing 15 µg of HA per vaccine virus) for all persons aged ≥36 months (≥3 years).
     - The California VFC Program does not include this formulation this season, but it is available from other sources.
   - In January 2019, FDA approved a change in dose volume for Fluzone Quadrivalent (IIV4). Previously, the dose volume for children aged 6 through 35 months was 0.25 mL (containing 7.5 µg of HA per vaccine virus). Children aged 6 through 35 months who receive Fluzone Quadrivalent may now receive either 0.25 mL (containing 7.5 µg of HA per vaccine virus) or 0.5 mL (containing 15 µg of HA per vaccine virus) per dose. Children aged ≥36 months (≥3 years) and adults should receive 0.5 mL per dose.
The California VFC Program does not include the 0.25mL formulation this season, but it is available from other sources. Although vaccination by the end of October is recommended, vaccine administered later is still beneficial as influenza viruses can circulate year round. We urge you to begin recalling patients as soon as you receive your first shipment of flu vaccine, and continue administering flu vaccine until the last dose expires (typically June 30). Thank you for all of your efforts in protecting your patients against the dangers of influenza. For additional tips and resources, check out our latest AfternoonTEAch webinar, “How to Increase Influenza Vaccine Coverage in Your Clinic: Slides | Recording.”