Immunize Weekly Summary: May 14, 2026

Interim Estimates of 2025–26 Seasonal Influenza Vaccine Effectiveness – Patrick Maloney, PhD, MPH, Epidemic Intelligence Service Officer, Centers for Disease Control and Prevention (CDC)

Patrick Maloney, PhD, MPH, summarized a CDC study on influenza vaccine effectiveness.

VIEW SLIDES

Background
CDC estimates that there have been at least 32 million illnesses, 15 million medical visits, 380,000 hospitalizations, and 24,000 deaths due to influenza this season (October 2025 to May 2026). Influenza vaccination is the best mechanism for preventing influenza-related morbidity and mortality and, as such, was recommended by the Advisory Committee on Immunization Practices (ACIP) for the 2025–26 influenza season. However, influenza vaccine uptake is below 50% in children and adults.

Vaccine Effectiveness Study
A CDC study group assessed the effectiveness of the 2025–26 seasonal influenza vaccine in preventing medically attended influenza. They used data from three CDC vaccine effectiveness networks that collect information from inpatient and outpatient settings on children, adolescents, and adults in 16 states across the country:

- **New Vaccine Surveillance Network (NVSN):** Gathers data on children and adolescents in all settings, including outpatient and urgent care clinics, emergency departments, and hospitals.
- **U.S. Flu Vaccine Effectiveness Network (US Flu VE):** Gathers data on all ages from outpatient settings only, including emergency departments and outpatient clinics.
- **Virtual SARS-CoV-2, Influenza, and Other Respiratory Viruses Network (VISION):** Gathers data on all ages in outpatient and inpatient settings.

The study compared vaccination odds among patients treated for acute respiratory illness who had influenza confirmed by molecular assay against control patients who tested negative

for influenza and SARS-CoV-2. The proportion of patients treated who were vaccinated and tested negative for influenza was the best approximation for vaccination rates in the general population.

Pediatric Vaccine Effectiveness

Among children and adolescents (ages 6 months to 17 years), influenza vaccination rates ranged from 22% to 43% across networks and settings. In outpatient settings, vaccine effectiveness against any influenza ranged from 14% to 41%. In inpatient settings, vaccine effectiveness ranged from 41% to 48%. For influenza A, vaccine effectiveness in outpatient settings ranged from 10% to 38% and from 42% to 48% in inpatient settings. Vaccine effectiveness against influenza A(H3N2) (subclade K) viruses ranged from 2% to 35% in outpatient settings, with 35% being the more stable of the estimates. Against hospitalization, vaccine effectiveness was 38%. Vaccine effectiveness against influenza B ranged from 20% to 71% in outpatient settings. There were too few cases of hospitalization for influenza B to estimate vaccine effectiveness.

Adult Vaccine Effectiveness

For adults ages 18–64 years, vaccination rates ranged from 35% to 40%. Overall vaccine effectiveness ranged from 22% to 34% against outpatient visits and was 30% against hospitalization. Against influenza A, vaccine effectiveness ranged from 21% to 34% in outpatient settings and was 30% in inpatient settings. Vaccine effectiveness against H3N2 was 11% in outpatient settings; no subtype-specific hospitalization data were collected. Vaccine effectiveness against influenza B ranged from 23% to 63%. Again, there were too few cases to estimate vaccine effectiveness against hospitalizations for influenza B.

Vaccine Effectiveness in Older Adults

In adults ages 65 years and older, vaccination rates ranged from 46% to 68%. In outpatient settings, vaccine effectiveness against any influenza ranged from 30% to 41%. Vaccine effectiveness against hospitalization was 31%. For influenza A, vaccine effectiveness against outpatient visits ranged from 30% to 40%, and against hospitalizations, it was 31%. Vaccine effectiveness against outpatient visits for H3N2 was 37%. Subtype-specific data are not collected for hospitalization in older adults and, as a result, effectiveness against hospitalization for influenza (H3N2) could not be estimated.

Interpretation of Findings

Receipt of a 2025–26 seasonal influenza vaccine reduced the risk for influenza-associated outpatient visits and influenza-associated hospitalization across age groups. Vaccine effectiveness against outpatient visits was, on average, highest in children and adolescents. Protection against hospitalization was also highest in children and adolescents, decreasing in older populations.

Lower vaccine effectiveness among older adults compared with younger populations has been observed in past influenza seasons, especially against H3N2 viruses. Even though influenza vaccination provided protection during the 2025–26 season, this protection was lower than in recent influenza seasons. However, protection is consistent with broader trends

in vaccine effectiveness. While the 2023–24 and 2024–25 seasons had higher vaccine effectiveness, 2025–26 estimates are in line with estimates from 2016–17 through 2022–23. The U.S. estimates of vaccine effectiveness are broadly consistent with other published estimates for the 2025–26 influenza season, closely resembling estimates from China, Canada, and Europe:

- Interim vaccine effectiveness estimates against outpatient visits are comparable to estimates from China (24%), Canada (38% [influenza A]), and Europe (37–40%).
- U.S. interim estimates of vaccine effectiveness against hospitalization are comparable to estimates of vaccine effectiveness in hospital settings in Europe (21–42%).

Public Health Recommendations

- CDC recommends that eligible persons receive an influenza vaccination while influenza viruses continue to circulate locally. Influenza vaccine can prevent medically attended illness and severe disease that may result in hospitalization or death. Even in seasons when overall vaccine effectiveness is reduced, influenza vaccination prevents thousands of hospitalizations and deaths.
- Early administration of antiviral medication to certain populations is recommended. Influenza antiviral medications are an additional public health tool, particularly in seasons with lower vaccine effectiveness.

QUESTIONS AND ANSWERS

Q: When do you expect that these data will be posted to the CDC website?

Patrick Maloney (CDC): I'm not sure of the exact date, but we have been working with our communications folks to get these data posted. We've updated language, and we've updated the figures, and hopefully they'll be posted soon. And we'll absolutely be posting the end-of-season estimates when those come out as well.

Q: Will the recommendations you gave show up on the CDC website at any point?

Patrick Maloney (CDC): CDC's ACIP influenza vaccine recommendations can be found here.

L.J Tan (Immunize.org, NAIIS): I think what the question is trying to get at is the fact that there may be no ACIP recommendation for influenza vaccination this year. … There's a Summit Adult Vaccine Recommendations Review (SAVRR) Council that's coming out of the Summit that's going to be taking a look at that in June and providing implementation guidance. I think that's an important question as to what happens to influenza recommendations in the absence of an ACIP meeting.

Q: Are there plans to access vaccine effectiveness by platform type? Do you have enough data to be able to look at the different platforms?

Patrick Maloney (CDC): Yes, absolutely. For our interim vaccine effectiveness estimates, we generally pool the data from the various platforms in order to put out one streamlined message regarding influenza vaccination that can be used by clinicians and others to hopefully promote influenza vaccination and give us an understanding of what is happening during the influenza season. But each one of our networks—VISION, NVSN, and US Flu VE—publishes its own end-of-season paper after the influenza season concludes. You can

find our 2024–25 end-of-season papers on preprints here: VISION, US Flu VE, and the Investigating Viruses in the Acutely Ill (IVY) Network.

Q: Do you have data to examine enhanced vaccine performance in people ages 65 and older? The vaccine effectiveness in the 65-and-older population seemed fairly encouraging, despite the impact of subclade K; is there any analysis deeper into that?
Patrick Maloney (CDC): So, our best opportunity to get more specific vaccine effectiveness estimates is with our VISION network. VISION enrolls individuals from outpatient and inpatient settings based on medical record reviews. At the time of the interim paper, VISION had about 135,000 observations, whereas NVSN and US Flu VE had about 3,500 each. So this will give us a good opportunity to dive deeper and get more specific estimates on the age groups. Now, one limitation with VISION is there is not good subtype data available, so we won't really be able to get an H3N2- or a subclade K-specific estimate. But I can tell you that, in our pediatric populations, at least in NVSN, we have been able to, at the end of the season, estimate a subclade K-specific vaccine effectiveness and an influenza B, clade C.3.1-specific vaccine effectiveness. So we do have those data available there, but not for the 65-and-older population.

Q: Will you be able to get data on the effectiveness of some of the enhanced vaccines, such as the recombinant, adjuvanted, or high-dose vaccines, versus standard dose for the 65-and-older population?
Patrick Maloney (CDC): Yeah, those are going to be difficult to estimate. Vaccine product information is going to be difficult to estimate. I can say that there are a few sources that do give us some indications. Actually, at the same time that we published our *MMWR*, California published a state-specific *MMWR*, so if you look back at the March 12th publication for *MMWR*, you can find that California paper, and they go over some product-specific vaccine effectiveness estimates. And we also know from data from Europe, the United Kingdom in particular, where they use live attenuated influenza vaccines predominantly, they demonstrate better vaccine effectiveness than we do here in the United States. So we've got some indications about the performance of different products.

Announcements

- Registration for the 2026 National Adult and Influenza Immunization Summit, May 19–21, 2026, at the Crowne Plaza Atlanta Perimeter at Ravinia, in Atlanta, GA, is near capacity. Invitees are encouraged to register as soon as possible (https://www.izsummitpartners.org/2026-naiis/).
- The Summit includes the initial meeting of the Exploratory Working Group on Improving Vaccine Knowledge and Access in the Workplace on Tuesday, May 19, 5:30–7 p.m.
- There will be no weekly virtual meeting on Thursday, May 21.
- During the summer, weekly virtual meetings are scheduled once per month (June, July, and August), but dates may be added as needed.