

Talking with Your Patient about Contraindications and Precautions to Influenza Vaccination

A companion to the “Not Sure if You Can Get an Influenza Vaccine?” patient fact sheet

In recent years, changes to CDC recommendations about influenza (flu) vaccination and new vaccine types have expanded the number of people that can get vaccinated against influenza. This fact sheet provides greater detail on the

answers to common patient concerns about influenza vaccination covered in the Immunize.org patient fact sheet *Not Sure if You Can Get an Influenza Vaccine?* available at www.immunize.org/catg.d/p3120.pdf. To find out more, review the most current influenza ACIP recommendations at www.cdc.gov/acip-recs/hcp/vaccine-specific/flu.html.

Influenza vaccine types include egg-culture based inactivated influenza vaccines (IIV, multiple manufacturers and brands), egg-based live attenuated nasal spray influenza vaccine (LAIV, FluMist, AstraZeneca), recombinant influenza vaccine (RIV, Flublok, Sanofi), and cell-cultured influenza vaccine (cclIV, Flucelvax, Seqirus). Contraindications and precautions may differ by vaccine type.

If my patient...

Can they get an influenza vaccine?

Has an egg allergy



Yes. Many influenza vaccines are manufactured in a process that involves eggs. However, it is safe to administer these vaccines to people with egg allergy of any severity. Egg allergy is not a contraindication or precaution to the use of any influenza vaccine. When vaccinating a person with egg allergy, use the standard safety measures recommended when administering any vaccine to any patient.

Had Guillain-Barré syndrome (GBS)



It depends. Influenza vaccine is a very rare trigger of GBS; most cases of GBS are caused by other triggers. Influenza vaccine-associated GBS might occur in 1–2 persons per million vaccines administered. A history of GBS within 6 weeks after influenza vaccination is a precaution (may give if benefits of vaccination outweigh the risks) to getting any future influenza vaccinations. Healthcare professionals evaluating a patient with this type of history may consider vaccination if the patient is at high risk of serious complications from influenza. People whose GBS was not influenza vaccine-related (not within 6 weeks of vaccination) may be vaccinated for influenza without precaution.

Is pregnant or breastfeeding



Yes. Influenza vaccination while pregnant or breastfeeding is recommended if not already vaccinated for the current influenza season. Vaccination reduces the risk of influenza-related preterm labor, small for gestational age babies, and influenza hospitalization of infants too young to be vaccinated. LAIV should not be given during pregnancy, but any other influenza vaccine may be given. Any influenza vaccine may be given to a breastfeeding person. For additional information about the importance of influenza vaccination during pregnancy visit www.cdc.gov/flu/highrisk/pregnant.htm.

Had a severe allergic reaction after getting influenza vaccine in the past



It depends. Influenza vaccine-related allergic reactions may be due to any vaccine component. People with a history of a previous severe allergic reaction to any influenza vaccine should not be given any future egg-based influenza vaccinations, including LAIV. A severe reaction to either RIV or cclIV is a contraindication to getting any future doses of the specific vaccine (RIV or cclIV) that triggered the reaction. However, a severe reaction to RIV is a precaution (may be given if benefits outweigh the risks) to getting cclIV, and a severe reaction to cclIV is a precaution to

CONTINUED ON THE NEXT PAGE ►



Had a severe allergic reaction after getting influenza vaccine in the past (continued)

** Adapted from table 3 on page 503 of the 2025–26 ACIP recommendations at www.cdc.gov/mmwr/volumes/74/wr/pdfs/mm7432a2-H.pdf.*

- 1 IIV=inactivated influenza vaccine; LAIV=live attenuated influenza vaccine; cclIV=cell-culture inactivated influenza vaccine; RIV=recombinant influenza vaccine.
- 2 Note: Use of cclIV or RIV in a patient with a precaution on this table should occur in an inpatient or outpatient medical setting under the supervision of a healthcare provider who can recognize and manage severe allergic reactions.

getting RIV. If a precaution exists, but the clinician and patient determine the benefits of vaccination outweigh the risks, give the vaccine in a medical setting (e.g., hospital, clinic, health department, physician office) where trained medical personnel are available to recognize and treat severe allergic reactions. Healthcare providers may also consider consulting with an allergist to help identify the specific vaccine component responsible for the reaction.

The table below summarizes for each type of influenza vaccine the contraindications (vaccine should not be given) and precautions (vaccination generally is deferred but may be given if benefits of vaccination outweigh risks of an adverse reaction) for potential recipients with a history of serious allergic or anaphylactic reaction to a previous dose of influenza vaccine.

Summary of contraindications and precautions for different types of influenza vaccine*

Vaccine associated with previous serious or anaphylactic reaction	Available influenza vaccines ¹		
	Egg-based IIV and LAIV	cclIV	RIV
Any egg-based IIV or LAIV	Contraindication	Precaution ²	Precaution ²
Any cclIV	Contraindication	Contraindication	Precaution ²
Any RIV	Contraindication	Precaution ²	Contraindication
Unknown influenza vaccine	Allergist consultation recommended		

Has a weakened immune system



Yes. CDC recommends influenza vaccination of people with immunocompromising conditions as a result of a medical condition or treatment; any age-appropriate influenza vaccine may be given except LAIV. Solid organ transplant recipients age 18 through 64 years may receive high-dose inactivated influenza vaccine (HD-IIV) or adjuvanted IIV (aIIV) without preference over other age-appropriate injectable influenza vaccines.

Immunocompromised patients should be counseled that they might have diminished immune responses and protection after vaccination compared to other people who are not immunocompromised. In addition to vaccination, they may consider taking steps to avoid exposure to influenza and be prepared to seek evaluation and prompt influenza antiviral treatment if infected.

Has a loved one with cancer or weakened immune system



Yes. Close contacts of immunocompromised people (including household members and healthcare personnel) should be vaccinated to reduce the risk of exposing immunocompromised people to influenza. In general, any influenza vaccine may be used, including LAIV. However, LAIV should not be given to people who are visiting or caring for a person who is so immunosuppressed that they require hospitalization in a protected isolation room or ward. If LAIV is given, the recipient should avoid contact with patients in such settings for at least 7 days after vaccination.