Frequently asked questions for countries: anticipating and addressing potential delays in influenza vaccine deliveries for the Northern Hemisphere 2026-27 season

WHO encourages all countries to implement a seasonal influenza prevention and control programme. Influenza prevention and control programmes typically include vaccination, public health and social measures, and the use of antivirals for treatment or prophylaxis.

As countries prepare to enter the Northern Hemisphere seasonal influenza period, some may experience delays due to production, manufacturing, or shipment challenges in the anticipated timing of deliveries of influenza vaccines. This FAQ provides practical considerations for countries facing a delay between the anticipated and revised delivery dates, to support continuity of seasonal influenza prevention and control activities and facilitate national planning and communication.

1. What can countries do to prepare?

Countries are encouraged to:

- Discuss with influenza vaccine manufacturers that have marketing authorization in the country the status of influenza vaccine delivery and the potential for delays.
- Assess the potential impact of the delays. If the delays are significant, explore procurement of influenza vaccines from manufacturers that are able to provide vaccines more rapidly, and have marketing authorization in the country.
- Communicate with nationally recommended target groups for influenza vaccination about the anticipated timeline of the vaccination campaign.

2. If influenza vaccines are delayed, what other measures can be taken by the country to reduce disease and severity of outcomes?

Countries can:

- Ensure that immunization staff and health workers are informed about the delayed influenza vaccination campaign and are aware of the infection prevention and control measures that should be taken to reduce nosocomial infections.
- Encourage the public to implement appropriate public health and social measures such as wearing a mask or staying home when sick, hand hygiene, and respiratory hygiene and cough etiquette (e.g., coughing into the elbow).
- Ensure availability of antivirals to treat cases promptly based on clinical guidance. WHO published the Clinical practice guidelines for influenza, which provide information on antivirals recommended for severe and non-severe cases.
- Ensure availability of diagnostics to enable rapid identification and treatment of severe influenza cases.

3. If some influenza vaccine doses are initially received, how can the country equitably distribute them?

If limited doses are available, the country should prioritize risk groups to receive vaccines. This prioritization should identify the intended objectives of the influenza vaccination

campaign (e.g. prevent severe disease and deaths, maintain health system operations, and/or reduce transmission in the community). Countries should consider available national, regional, or global data on cost-effectiveness of vaccination, burden of disease, and health system resilience data as well as the quantity of available doses.

WHO has produced guidance on ethical considerations for countries with limited influenza vaccine doses available. While this guidance was developed for pandemic contexts, it provides useful considerations when seasonal influenza vaccines are available in limited quantities: Planning for national allocations: considerations brief

4. If influenza vaccines arrive late, can they still be used?

Influenza vaccines should be administered as quickly as possible in accordance with their national seasonal influenza vaccination policy and/or operational guidelines. Ideally, vaccination should occur before peak influenza activity as it can take up to two weeks following vaccination for the body to develop antibodies (become protected against influenza). However, influenza viruses usually continue to circulate many weeks after the seasonal peak, and there may be value in continuing the vaccination programme, especially for health workers and individuals in high-risk groups (e.g. people with chronic conditions, older adults, and pregnant women).

The Northern Hemisphere influenza season typically peaks between mid-December and mid-January, however, each year's influenza peak date varies. It is recommended to use national surveillance data to determine a) when the influenza epidemic will peak and b) the influenza activity following the peak. If influenza vaccines are received during the influenza season, countries are encouraged to rapidly distribute the vaccines.

5. If countries are planning communications campaigns for influenza prevention and control, what are some key messages they can consider including?

Countries are encouraged to communicate that:

- Influenza vaccines may arrive late in the country this year. The campaign is anticipated to start on [date]. To ensure the best protection possible, [the country] will implement the campaign as rapidly as possible once vaccines are received.
- The public, particularly high-risk groups, are encouraged to use respiratory and cough etiquette to reduce the spread of influenza and to protect themselves and others.
- People who have influenza or influenza-like symptoms are encouraged to wear a mask or stay home while sick. People suffering from severe infection are advised to seek medical care.
- Influenza is a virus. Antibiotics cannot treat influenza.

If your country is experiencing influenza vaccine supply issues and more information would be helpful, please contact influenzavaccination@who.int, copying your WHO country and regional office counterparts.