Frequently Asked Questions: Transitioning to Trivalent Seasonal Influenza Vaccines

WHO encourages countries consider transitioning to procurement and use of trivalent seasonal influenza vaccines as soon as possible. As of May 2025, at least 40 countries are already using trivalent vaccines or are switching to trivalent vaccines for future seasons.

Why is WHO encouraging countries to use trivalent influenza vaccines instead of quadrivalent vaccines?

Since September 2023, the WHO influenza vaccine composition advisory committee has determined that inclusion of a B/Yamagata lineage antigen in quadrivalent influenza vaccines is no longer warranted. The continued absence of confirmed detection of naturally occurring B/Yamagata lineage viruses after March 2020 is indicative of a very low risk of infection.[i] WHO recommends removing B/Yamagata lineage antigen from seasonal influenza vaccines as soon as possible. National or regional authorities should make decisions regarding the transition to trivalent influenza vaccines in their jurisdictions.[ii]

What is the difference between trivalent and quadrivalent vaccines?

The trivalent formulation includes antigens for two influenza A subtypes (H1N1 and H3N2) and one influenza B virus (Victoria lineage) while the quadrivalent formulation has antigens for two influenza A and two influenza B viruses (Victoria and Yamagata lineages). Trivalent and quadrivalent influenza vaccines have excellent safety profiles.

What are key considerations when transitioning to trivalent seasonal influenza vaccines?

Timely communication with manufacturers: Countries interested in procuring trivalent seasonal influenza vaccines should encourage their national or regional procurement mechanisms to inform manufacturers as soon as possible to ensure sufficient supply is available.

Regulatory authorization: Many countries have registered trivalent influenza vaccines historically, but the registrations may have expired or the previously procured products may not be available. Regulatory authorization of trivalent influenza vaccines will be a key component of the transition process.

Communications to health and care workers and the public: Countries are encouraged to prepare clear communication materials for healthcare providers and the public, explaining the rationale for the transition to trivalent vaccines and addressing any concerns related to vaccine effectiveness and safety.

WHO will continue to monitor the circulation of influenza viruses through the Global Influenza Surveillance and Response System (GISRS) and recommend vaccine composition accordingly.

What are the benefits of transitioning to trivalent seasonal influenza vaccines?

- *Updated vaccine composition* – the vaccine contains the strains that pose a public health risk.
- *Improved production* efficiency - reducing the number of strains can increase outputs and optimize production timelines.
- *Cost savings* - as trivalent vaccines have historically been less expensive, countries may be able to vaccinate more people with existing budgets.
- *Policy alignment* - within the 2022 SAGE position paper, WHO recommended countries aim to achieve maximum population impact of seasonal influenza vaccines (e.g. through the use of trivalent inactivated influenza vaccines).[iii]

For questions or additional information, please contact: influenzavaccination@who.int

[i] https://cdn.who.int/media/docs/default-source/influenza/who-influenza-recommendations/vcm-northern-hemisphere-recommendation-2025-2026/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2025-2026-northern-hemisphere-influenza-season.pdf

[ii] https://cdn.who.int/media/docs/default-source/influenza/who-influenza-recommendations/vcm-northern-hemisphere-recommendation-2025-2026/202502_frequently-asked-questions.pdf

[iii] Vaccines against influenza: WHO position paper – May 2022