STATE OF WISCONSIN
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Division of Public Health

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Date: September 10, 2026 BCD 2026-10

To: Wisconsin Vaccinators

From: Ryan Westergaard, MD, Ph.D. Chief Medical Officer and State Epidemiologist for Communicable Diseases

Statewide Influenza Vaccination Standing Order

For the 2026–27 Respiratory Virus Season

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Background:

Influenza remains a significant cause of serious illness, hospitalization, and death in Wisconsin and across the United States. Vaccination with updated seasonal formulations has been shown to reduce emergency visits, hospitalizations, and deaths, as well as to lower the risk of complications. Multiple large-scale reviews and a recent synthesis by the Vaccine Integrity Project, confirm that vaccines are safe and effective across populations, including children, pregnant individuals, and people with underlying conditions. Major professional organizations, including the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP), recommend broad use of updated influenza vaccines.

Purpose:

The purpose of this statewide standing order is to reduce morbidity and mortality from influenza by authorizing qualified health care personnel to vaccinate eligible individuals without a patient-specific prescription. This order applies to all persons aged 6 months and older, including pregnant and lactating individuals, consistent with evidence-based recommendations from the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the American Academy of Family Physicians (AAFP). The Food and Drug Administration has formally approved the 2026–2027 formulations for persons aged 6 months and older as well as formulations specifically for older adults. Formulation types include standard dose trivalent inactivated influenza vaccine (SD-IIV3), high-dose (HD-IIV3), cell culture-based (ccIIV3), recombinant (RIV3), trivalent mRNA influenza vaccine, and live attenuated influenza vaccine (LAIV3).

Statewide standing order:

A standing order is defined in Wis. Stat. § 450.01(21p) as an order transmitted electronically or in writing by a practitioner for a drug or device for multiple patients or for one or more groups of patients.

Authority:

As the state lead agency for public health, this standing order is issued pursuant to Wis. Stat. § 250.04(1), which permits DHS to execute what is reasonable and necessary for the prevention and suppression of disease; and pursuant to Wis. Stat. § 250.03(1)(L)1. and 7., which requires that DHS perform or facilitate the monitoring of health status of populations to identify and solve community health problems and link individuals to needed personal health services.

Effective date:
September 10, 2026 (supersedes all previous versions)

Expiration of standing order:
This standing order shall remain in effect until withdrawn by DHS Medical Officer, DHS Secretary, or either's designee, or on September 10, 2027, whichever comes first. DHS retains the right to modify, rescind, or supplement this order as needed.

Approved for use as a standing order by:
Wisconsin Department of Health Services (DHS)

Policy:
To be valid under this order, all influenza vaccines must be administered by qualified personnel, as defined below, in accordance with product labeling when applicable and with evidence-based clinical recommendations from professional societies. Vaccination must be conducted in compliance with requirements related to staff qualifications and training, patient eligibility, and administration procedures, as described in detail below.

Procedures:
1. Staffing requirements:
    a. An influenza vaccine can be obtained, ordered, and administered under this order. Only appropriately trained and qualified health care personnel, working within their Wisconsin scope of practice, may administer influenza vaccines under this order ("qualified personnel"). Qualified personnel include physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses acting under appropriate supervision, pharmacists, and pharmacy interns and qualified pharmacy technicians acting under the supervision of a licensed pharmacist. All qualified personnel must hold an active Wisconsin license in good standing and meet the training requirements specified below.

2. Training requirements:
    a. Influenza vaccines may be administered only by qualified personnel who have completed training consistent with their Wisconsin scope of practice. Training must include current CDC and DHS immunization best practices, with emphasis on proper storage and handling of vaccines, screening for contraindications and precautions, correct preparation and administration technique (including age-appropriate dosage and injection site), recognition and management of adverse events such as anaphylaxis, documentation of doses in the Wisconsin Immunization Registry (WIR), and reporting of adverse events and administration errors to the Vaccine Adverse Event Reporting System (VAERS).
3. Vaccine eligibility and authorized products

a. Influenza vaccines for the 2026–2027 respiratory virus season may be administered under this order as follows:
    i. FDA-approved indications:
        1. GlaxoSmithKline Fluarix (SD-IIV3, 2026–27 formulation): Persons aged ≥6 months.
        2. GlaxoSmithKline FluLaval (SD-IIV3, 2026–27 formulation): Persons aged ≥6 months.
        3. Sanofi Pasteur Fluzone (SD-IIV3, 2026–27 formulation): Persons aged ≥6 months.
        4. Sanofi Pasteur Fluzone High-Dose (HD-IIV3, 2026–27 formulation): Adults ≥65 years.
        5. Moderna mFLUSIVA (trivalent mRNA-1010, 2026–27 formulation): Adults ≥50 years.
        6. Seqirus Flucelvax (ccIIV3, 2026–27 formulation): Persons aged ≥6 months.
        7. Sanofi Pasteur Flublok (RIV3, 2026–27 formulation): Persons aged ≥9 years.
        8. AstraZeneca FluMist (LAIV, 2026–27 formulation): Persons aged 2–49 years.
        9. Seqirus Fluad (aIIV3, 2026-27 formulation): Persons aged ≥65 years.

b. Vaccination may proceed for these groups when, in the judgment of the vaccinating clinician, the benefits outweigh the risks.

4. Procedures for administration
    a. Assess need for vaccination.
        i. All persons age 6 months and older, including pregnant individuals, are eligible for seasonal influenza vaccination. Offer vaccine regardless of prior infection history.
        ii. Children aged 6 months through 8 years require two doses (spaced ≥4 weeks apart) if they have not previously received at least two total lifetime doses of influenza vaccine before July 1, 2026. If a child is 8 years old at their first dose and turns 9 before their second, they must still receive the second dose to complete the series.
        iii. Adults aged ≥65 years should preferentially receive aIIV3, HD-IIV3, RIV3, or mRNA-1010 to improve their immunity. If none of these four vaccines are available at an opportunity for vaccine administration, then any other age-appropriate influenza vaccine can be used.
    b. Screen for contraindications and precautions.
        i. Contraindications for inactivated influenza vaccines (IIV, RIV, ccIIV, mRNA): Severe allergic reaction (for example, anaphylaxis) after a previous influenza vaccine dose or to a vaccine component.
        ii. Contraindications for live attenuated influenza vaccine (LAIV3): Pregnancy; immunocompromised state due to any cause, including medications, congenital or acquired immunodeficiencies, HIV infection, anatomic asplenia, or functional

asplenia; Cochlear implant; Close contacts or caregivers of severely immunosuppressed people; Receipt of influenza antiviral medication within 48 hours before vaccination; Children and adolescents through 17 years receiving concomitant aspirin- or salicylate-containing medications, because of the potential risk for Reye syndrome; Children ages 2 – 4 years who received a diagnosis of asthma, or whose parents/caregivers report that a health care provider has told them their child had wheezing or asthma, or whose medical record indicates a wheezing episode has occurred during the preceding 12 months.

iii. Precautions: Moderate or severe acute illness with or without fever. History of Guillain-Barré syndrome within 6 weeks of receipt of influenza vaccine.

iv. Egg allergy of any severity is **not** a contraindication or precaution for any influenza vaccine (egg-based or non-egg-based) It is **not** necessary to ask about egg allergy on pre-screening forms.

c. Provide vaccine information statements.
   i. Give the current federal Vaccine Information Statement (VIS) for influenza vaccine, in the patient's preferred language when available.

d. Prepare to administer vaccine.
   i. Verify product label indicates the 2026–2027 formula. Select appropriate product, dose, route of administration, needle gauge/length, and injection site by age and weight.

e. Administer the vaccine.
   i. Use any FDA-approved influenza vaccine appropriate by age and health status (e.g., Fluarix, FluLaval, Fluzone, Fluzone High-Dose, mRNA-1010, Flucelvax, Flublok, or FluMist). Follow product-specific dosage instructions.
   ii. Updated 2026-27 influenza, COVID-19, RSV, and other vaccines may be coadministered at different anatomic sites on the same day without regard to timing.

f. Document the vaccination.
   i. Record date, product, lot number, dose, site, route, and vaccinator in the patient's medical record and the WIR. Provide a record card to the patient.

g. Be prepared to manage medical emergencies.
   i. Ensure immediate availability of epinephrine and emergency response equipment. Observe vaccine recipients for at least 15 minutes post-vaccination (30 minutes for those with history of anaphylaxis).

h. Report adverse events.
   i. Submit clinically significant adverse events to VAERS at www.vaers.hhs.gov or by calling 800-822-7967.
   ii. The administering qualified provider is responsible for responding to FDA requests for information about influenza vaccine administration errors, adverse events, and cases of influenza that result in hospitalization or death following administration of influenza vaccine to recipient patients.

SIGNATURE: **DATE:** September 10, 2026

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By following this order, qualified personnel performing under this order attest they have read, understand, and shall follow this order.