Table 3. Influenza Vaccination Guidance by Immunocompromised Population[1-10]

| Group | Suggested timing of 2026-2027 Influenza vaccine*, ** |
|---|---|
| Solid organ transplant | • At least 2 weeks pre-SOT; or ≥1 months post-SOT, may give earlier if influenza season has started |
| Hematologic malignancy | • Optimal timing includes ≥2 weeks before starting treatment and ≥ 3 months after last infusion<br>o For B-cell depletion, consider ≥3-6 months after last infusion<br>• If optimal timing not feasible based on influenza season, earlier administration reasonable (blunted immune response possible) |
| HCT/CAR-T | • Optimal timing includes ≥3 months after transplant or CAR-T treatment<br>o For B-cell depletion, consider ≥3-6 months after last infusion<br>• If optimal timing not feasible based on influenza season, administer earlier (blunted immune response possible) |
| Solid tumor chemotherapy | • Optimally at least 2 weeks before starting therapy; during/after is acceptable |
| Primary Immuno-deficiency | • Align with IVIG/SCIG or clinic access |
| Autoimmune immunosuppression | • Optimal timing includes ≥2 weeks before starting treatment and ≥ 3 months after last infusion<br>o For B-cell depletion, consider ≥3-6 months after last infusion<br>• If optimal timing not feasible based on timing of influenza season, earlier administration reasonable (blunted immune response possible) |
| HIV | • Align with preventive routine care |

* Defer during most intense periods of acute transplant rejection treatment or severe/acute illness

** Since influenza vaccine is recommended annually, timing of vaccination is of particular concern. While response may be blunted if administered prior to the recommended interval, during the fall and winter months optimal timing of influenza vaccine in relation to immunosuppression will depend on local circulation of influenza virus. Vaccination should continue throughout the influenza season as long as influenza viruses are circulating and vaccine remains available.