



PHILIPPINE SOCIETY FOR MICROBIOLOGY AND INFECTIOUS DISEASES

SUBJECT: ADVISORY 001 – 2026:

**Recommendations and Guidance for the 2026
Influenza Vaccine in the Philippines**

DATE: 13 April 2026

ISSUED BY: Committee on Adult Immunization

Rationale for Southern Hemisphere Vaccine Selection

The Philippines utilizes the Southern Hemisphere (SH) influenza vaccine to match the local influenza seasonality, typically peaking during the rainy season from June to December. Because the SH formulation is generally available by April to May, it allows for optimal community immunity just before the seasonal surge in cases.

Recommended Trivalent Vaccine Composition (2026 SH)

In line with the global transition to trivalent formulations due to the continued absence of the B/Yamagata lineage, the recommended strains are:

A. Egg-based Vaccines:

- 1. A(H1N1)pdm09: an A/Missouri/11/2025-like virus**
- 2. A(H3N2): an A/Singapore/GP20238/2024-like virus**
- 3. B/Victoria lineage: a B/Austria/1359417/2021-like virus**



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**B. Cell culture-, recombinant protein- or nucleic acid-
based Vaccines:**

- 1. A(H1N1)pdm09: an A/Missouri/11/2025-like virus**
- 2. A(H3N2): an A/Sydney/1359/2024-like virus**
- 3. B/Victoria lineage: a B/Austria/1359417/2021-like virus**

Guidance on Quadrivalent Vaccines

**Quadrivalent influenza vaccines remain widely available in
the local market for the 2026 season.**

- Quadrivalent vaccines containing the same three primary
strains listed above are fully acceptable for use and meet
the standard for protective immunization in the
Philippines.**
- Quadrivalent vaccines include a B/Yamagata lineage
virus (B/Phuket/3073/2013-like virus). Clinical and
surveillance data indicate that the inclusion of this
additional strain has minimal additional benefit in the
current epidemiologic context as B/Yamagata has not
been detected in global circulation since March 2020.**



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Clinical Recommendations

- 1. Timing of Vaccination:** To ensure optimal protection during the Philippine flu season, individuals are encouraged to receive the 2026 Southern Hemisphere vaccine as soon as it becomes available (typically April/May).
- 2. Vaccine Priority:** Annual vaccination is strongly recommended for high-risk groups, including healthcare workers, senior citizens, pregnant women, and individuals with underlying medical conditions (e.g., asthma, diabetes, heart disease).
- 3. Co-administration:** Influenza vaccines may be co-administered with other vaccines, such as the pneumococcal vaccine or COVID-19 boosters, provided they are administered at different injection sites.



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PSMID urges all healthcare providers to continue advocating for seasonal flu vaccination as a primary defense against respiratory morbidity and to ensure the healthcare system remains resilient during the peak season.

Advisory Development Process

This advisory was developed by the PSMID Committee on Adult Immunization based on the World Health Organization (WHO) strain recommendations for 2026 and aligned with existing Philippine Department of Health (DOH) protocols. The guidance aims to ensure that local clinical practice remains consistent with the most current evidence regarding viral circulation and vaccine efficacy.

REFERENCES

- Department of Health. (2024). Omnibus Guidelines on the Prevention, Control, and Management of Influenza and Other Respiratory Infections. Manila, Philippines.
- World Health Organization. (2025). Recommended composition of influenza virus vaccines for use in the 2026 Southern Hemisphere Influenza Season. Geneva, Switzerland.