

MH: 34:03

MOH Circular No:71/2025
CDA-G-D-0011-2025

3 November 2025

See Distribution List

SEASONAL INFLUENZA VACCINATION FOR THE 2025-2026 NORTHERN HEMISPHERE INFLUENZA SEASON

This circular informs (i) all medical practitioners, (ii) all healthcare institutions/establishments and educational institutions, and (iii) pharmacies participating in the “Community Pharmacist Influenza Vaccination Sandbox” on the recommendations for the use of 2025-2026 northern hemisphere (NH) seasonal influenza vaccine.

2. Infections of seasonal influenza occur year-round in Singapore. Peak influenza activity in recent years had occurred around December to March (of subsequent year), and May to August. These correspond approximately with the northern and southern hemisphere seasons, respectively. The Communicable Diseases Agency (CDA) has observed a recent uptick in influenza cases from mid-August 2025 (**Annex A**).

Recommendations on the use of seasonal influenza vaccine

Recommended groups

3. The MOH’s Expert Committee on Immunisation (ECI) recommends that the following groups be vaccinated against influenza:

- i) Persons at increased risk of influenza-related complications;
- ii) Persons receiving intermediate and long-term care (ILTC) services in institutional settings; and
- iii) All healthcare workers and staff in healthcare institutions and establishments.

4. Influenza vaccination is also recommended for persons working or living in close-living environments to reduce the risk of influenza transmission in these settings. These groups include:

- i) Foreign workers living in all forms of dormitories and private residential premises. In particular, those working in construction, marine, and

processes sectors; and

- ii) Staff working in custodial and residential facilities (e.g. homes and shelters), communal living facilities, hostels or cruises/ferries.

5. Detailed information on the population groups recommended for influenza vaccination is available in **Annex B**.

Vaccine recommendations for 2025-2026 NH (current season)

6. The World Health Organization (WHO)'s recommended composition for the 2025-2026 NH¹ seasonal influenza vaccine is the same as the earlier 2025 SH seasonal influenza vaccine.

7. The following persons in the recommended groups (see Paras 3 and 4 should be vaccinated with the 2025-2026 NH^{2,3} seasonal influenza vaccine:

- i) persons who last received the influenza vaccine during or prior to the **2024-2025 NH season**; and
- ii) any other persons who have **never been vaccinated**.

8. Detailed information on the recommended composition of influenza vaccines for the current and the past two seasons, and the recommendations for vaccination are available in **Annex C**. Either trivalent or quadrivalent seasonal influenza vaccine is suitable for use in the recommended groups.

Vaccine recommendation for the 2026 SH (next season)

9. **For advance information**, WHO has also released the seasonal influenza vaccine recommendations for the 2026 SH⁴ season. The composition of the 2026 SH seasonal influenza vaccine is different from the 2025-2026 NH seasonal influenza vaccine. Given the two-strain changes in vaccine compositions between the 2025-

¹ WHO. Recommended composition of influenza virus vaccines for use in the 2025-2026 northern hemisphere influenza season. 28 February 2025. Available at: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2025-2026-nh-influenza-season>

² The NH influenza season generally spans from October through March (*of the subsequent year*). Healthcare institutions and providers can commence offering influenza vaccination as and when the vaccine stocks become available.

³ To recap, since the recent 2025 SH influenza season (Apr to Sep 2025), the periods defined for the NH and SH seasons have been adjusted as follows:
[NH, Previous] Oct – Apr (*next year*), **[NH, Current]** Oct – Mar (*next year*)
[SH, Previous] May – Sept, **[SH, Current]** Apr – Sept

⁴ WHO. Recommended composition of influenza virus vaccines for use in the 2026 southern hemisphere influenza season. 26 September 2025. Available at: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2026-southern-hemisphere-influenza-season>

2026 NH (current season) and 2026 SH (next season)⁵ vaccines, ECI recommends that persons who have received the 2025-2026 NH seasonal influenza vaccine **also be vaccinated** with the 2026 SH influenza vaccine.

10. As such, the following persons in the recommended groups (see Paras 3 and 4) should be vaccinated with 2026 SH seasonal influenza vaccine:

- i) persons who last received influenza vaccine during or prior to the **last immediate 2025-2026 NH (at least 8 weeks apart between doses)**; and
- ii) any other persons who have never been vaccinated

Vaccination subsidy eligibility and use of MediSave

11. Government subsidies will be accorded to Singaporeans for influenza vaccines under the Subsidised Vaccine List (SVL), when administered in line with the nationally recommended schedules (NAIS and NCIS) as listed in **Annex B, Section 1**. Singaporean adults will receive means-tested subsidies and Singaporean children will receive full subsidies at any CHAS GP clinic or polyclinic. Singaporeans who are enrolled to a Healthier SG GP clinic or polyclinic will also receive special subsidies at their enrolled Healthier SG provider when the vaccination is administered according to the NAIS.

12. Persons recommended for influenza vaccination under the NAIS and NCIS may use MediSave to pay for the remaining out-of-pocket cost of outpatient influenza vaccinations, under the MediSave500/700 scheme. Persons aged 60 and above can also tap on Flexi-MediSave. The use of MediSave is subject to the prevailing MediSave500/700 and Flexi-MediSave limits.

13. Please refer to MOH Circular No. 06/2025, MOH FCM No. 42/2020, and the CHAS Agreement for more information on subsidy and MediSave use for recommended vaccinations. For information on subsidy use in intermediate and long-term care (ILTC) services, please refer to the separate circular sent to institutions and providers offering ILTC services.

Proactive recommendation of influenza vaccination to recommended groups

14. We seek all healthcare professionals' support to encourage the take-up of influenza vaccination by proactively offering it to patients who are in the recommended groups under the national immunisation schedules, as well as persons who fall under other recommended groups for influenza vaccination (i.e. healthcare workers and

⁵ For the influenza A(H1N1)pdm09 vaccine virus component for the SH 2026 vaccine, the **A/Missouri/11/2025 (H1N1)pdm09-like virus will replace both the A/Victoria/4897/2022 (H1N1)pdm09-like virus for egg-based vaccines and A/Wisconsin/67/2022 (H1N1)pdm09-like virus for cell culture-, recombinant protein-, or nucleic acid-based vaccines.**

For influenza A(H3N2) vaccine virus component for the 2026 SH vaccine, the **A/Singapore/GP20238/2024 (H3N2)-like virus will replace the A/Croatia/10136RV/2023 (H3N2)-like virus for egg-based vaccines; and A/Sydney/1359/2024 (H3N2)-like virus will replace A/District of Colombia/27/2023 (H3N2)-like virus for cell culture-, recombinant protein-, or nucleic acid-based vaccines.**

staff, and persons working or living in close-living environments).

15. Please disseminate this circular to the relevant staff for their attention. For clarification on this circular, please email CDA_records_management@cda.gov.sg.



PROF KENNETH MAK
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Annexes

Annex A	LOCAL INFLUENZA SITUATION
Annex B	RECOMMENDED GROUPS FOR SEASONAL INFLUENZA VACCINATION
Annex C	SEASONAL INFLUENZA VACCINE COMPOSITION AND RECOMMENDATIONS FOR VACCINATION: 2025-2026 NORTHERN HEMISPHERE INFLUENZA SEASON (OCTOBER 2025 – MARCH 2026)

Distribution List

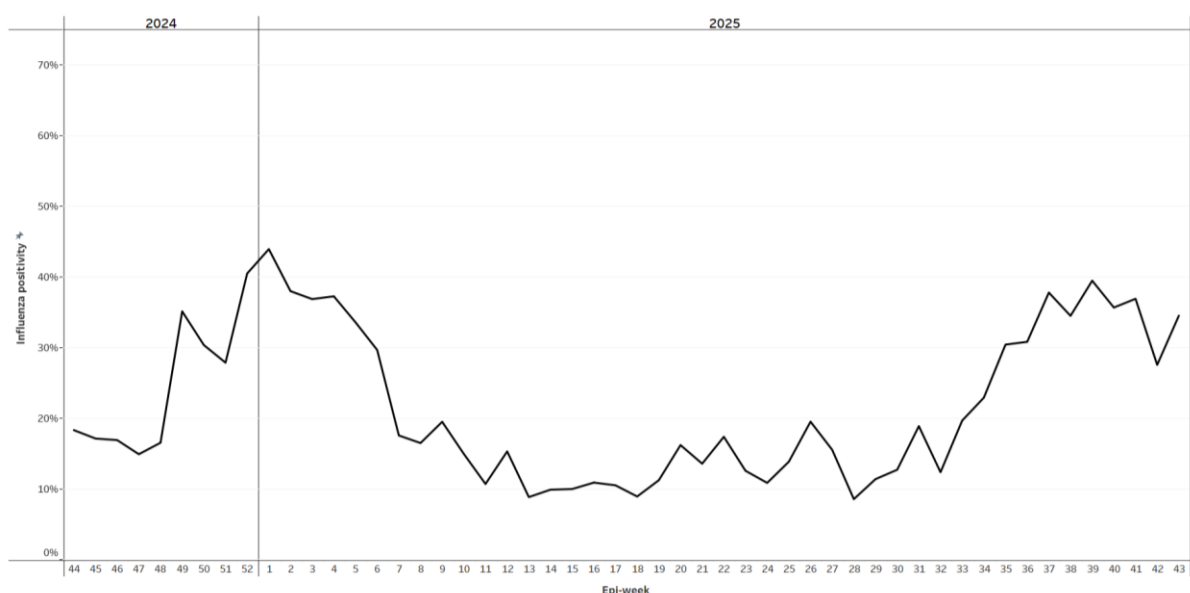
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LOCAL INFLUENZA SITUATION

- Locally, influenza is not a notifiable disease under the Infectious Diseases Act. Instead, the community trends of influenza are monitored through the National Surveillance Programme for Acute Respiratory Infection (ARI) in polyclinics and selected general practitioner (GP) clinics.
- The Communicable Diseases Agency (CDA) has observed an uptick in influenza infections since mid-August 2025 (see **Figure 1**). There is no indication to suggest that recent infections are more severe than usual.

Figure 1. Weekly positivity rate for influenza among influenza-like illness* samples in the community, from Epi-week 44 of 2024 to Epi-week 43 of 2025



*Fever $\geq 38.0^{\circ}\text{C}$ and cough, any duration for both

1) RECOMMENDED GROUPS FOR SEASONAL INFLUENZA VACCINATION⁶

- Persons at increased risk of influenza-related complications⁷:
 - Persons aged 65 years or older;
 - Children aged 6 months to under 5 years (i.e. 6 to 59 months);
 - Adults and children who have chronic pulmonary⁸ or cardiovascular⁹ disorders;
 - Adults and children who have required regular medical follow-up or hospitalisation due to chronic metabolic diseases¹⁰, renal¹¹, neurologic¹², hepatic¹³, or haematologic¹⁴ disorders;
 - Adults and children with immunosuppression¹⁵;
 - Children and adolescents aged 6 months to 18 years who are receiving long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection¹⁶;

⁶ Recommended groups in this section, which are included in the NAIS and NCIS, are eligible for subsidies as described in this circular. MediSave use is also allowed as per prevailing rules in place today.

⁷ The examples of high-risk conditions listed in the footnotes are non-exhaustive. Persons with “non-inclusion” conditions (i.e. “does not include”) are ineligible for subsidy and MediSave use only. These conditions are **not** contraindications to receiving influenza vaccination.

⁸ **Chronic pulmonary disorders.** Examples include: asthma, chronic obstructive pulmonary disease (e.g. chronic bronchitis, emphysema), bronchiectasis, cystic fibrosis, interstitial lung disease, pneumoconiosis, bronchopulmonary dysplasia.

⁹ **Chronic cardiovascular disorders.** Examples include: ischemic heart disease, heart failure, valvular heart disease, congenital heart disease, cardiomyopathy. Does not include hypertension.

¹⁰ **Chronic metabolic diseases.** Examples include: diabetes mellitus, inherited metabolic disorder, mitochondrial disorders. Does not include: lipid disorders, pre-diabetes (e.g. impaired glucose tolerance, impaired fasting glucose).

¹¹ **Chronic renal disease.** Examples include: chronic kidney disease (any stage), end-stage renal failure, nephrotic syndrome.

¹² **Chronic neurologic disease.** Examples include: stroke, dementia, Parkinson’s disease, epilepsy, cerebral palsy, muscular dystrophy, motor neuron disease, intellectual disability, spinal cord injury. Does not include: major depression, schizophrenia, bipolar disorder, anxiety.

¹³ **Chronic hepatic disorders.** Examples include: chronic hepatitis, liver cirrhosis, biliary atresia.

¹⁴ **Chronic haematologic disorders.** Examples include: sickle cell disease, thalassemia major, leukaemia, lymphoma, Hodgkin’s disease, multiple myeloma.

¹⁵ **Immunosuppression.** Examples include: congenital or acquired immunodeficiencies, HIV infection, generalised malignancy, iatrogenic immunosuppression (e.g. radiation therapy, biologics or drugs such as chronic use of corticosteroid that suppresses the immune system), solid organ transplant.

¹⁶ Kawasaki disease or other condition for which a person is on **long-term aspirin or salicylate therapy**.

- Women at **all** stages of pregnancy.
- Persons receiving intermediate and long-term care (ILTC) services in institutional settings
 - Institutions providing ILTC services include community/ chronic sick hospitals, nursing / welfare / sheltered homes and hospices.

2) INFLUENZA VACCINATION FOR HEALTHCARE WORKERS/STAFF

- To prevent transmission to the recommended groups, influenza vaccination is also recommended for healthcare workers/staff in healthcare institutions and establishments. Vaccination is particularly important for healthcare workers who come into contact with patients who may have influenza, and/or patient specimens which may contain the virus.

3) INFLUENZA VACCINATION FOR PERSONS WORKING OR LIVING IN CLOSE-LIVING ENVIRONMENTS

- Influenza vaccination is also recommended for persons working or living in close-living environments to reduce the risk of influenza transmission in these settings. These groups include:
 - Foreign workers living in all forms of dormitories and private residential premises. In particular, those working in construction, marine and processes sectors; and
 - Staff working in the following facilities;
 - Custodial and residential facilities, such as homes and shelters
 - Communal living facilities
 - Cruises, ferries
 - Hostels, such as boarding and guest houses.

**SEASONAL INFLUENZA VACCINE COMPOSITION AND RECOMMENDATIONS FOR VACCINATION:
2025-2026 NORTHERN HEMISPHERE INFLUENZA SEASON (OCTOBER 2025 – MARCH 2026)**

Applicable period	Influenza season	Recommended vaccine composition	Recommendations for vaccination
October 2025 – March 2026	2025-2026 NH influenza season	For <u>trivalent</u> vaccines, the WHO recommends the following: <u>Egg-based Vaccines</u> • an A/Victoria/4897/2022 (H1N1)pdm09-like virus; • an A/Croatia/10136RV/2023 (H3N2)-like virus; and • a B/Austria/1359417/2021(B/Victoria lineage)-like virus. <u>Cell- or Recombinant-based Vaccines</u> • an A/Wisconsin/67/2022 (H1N1)pdm09-like virus; • an A/District of Colombia/27/2023 (H3N2)-like virus; and • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus. The recommendation for the B/Yamagata lineage component of <u>quadrivalent</u> vaccines remains unchanged from previous recommendations: • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus[#].	The following persons in the recommended groups should be vaccinated with the 2025-2026 NH seasonal influenza vaccine: i) persons who last received influenza vaccine during or prior to the 2024-2025 NH season; and ii) any other persons who have never been vaccinated.
<i>Vaccine composition of previous seasons (for reference only)</i>			
April – September 2025	2025 SH influenza season	For <u>trivalent</u> vaccines, the WHO recommends the following: <u>Egg-based Vaccines</u> • an A/Victoria/4897/2022 (H1N1)pdm09-like virus; • an A/Croatia/10136RV/2023 (H3N2)-like virus*; and • a B/Austria/1359417/2021(B/Victoria lineage)-like virus. <u>Cell- or Recombinant-based Vaccines</u> • an A/Wisconsin/67/2022 (H1N1)pdm09-like virus; • an A/District of Colombia/27/2023 (H3N2)-like virus*; and • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus.	The following persons in the recommended groups should be vaccinated with the 2025 SH seasonal influenza vaccine: i) Persons who last received influenza vaccine during or prior to the 2024 SH season; and ii) Any other persons who have never been vaccinated.

Applicable period	Influenza season	Recommended vaccine composition	Recommendations for vaccination
		The recommendation for the B/Yamagata lineage component of <u>quadrivalent</u> vaccines remains unchanged from previous recommendations: • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.	
October 2024 - March 2025	2024-2025 NH influenza season	For <u>trivalent</u> vaccines, the WHO recommends the following: <u>Egg-based Vaccines</u> • an A/Victoria/4897/2022 (H1N1)pdm09-like virus; • an A/Thailand/8/2022 (H3N2)-like virus; and • a B/Austria/1359417/2021(B/Victoria lineage)-like virus. <u>Cell- or Recombinant-based Vaccines</u> • an A/Wisconsin/67/2022 (H1N1)pdm09-like virus; • an A/Massachusetts/18/2022 (H3N2)-like virus; and • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus. The recommendation for the B/Yamagata lineage component of <u>quadrivalent</u> vaccines remains unchanged from previous recommendations: • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.	The following persons in the recommended groups should be vaccinated with the 2024-2025 NH seasonal influenza vaccine: i) Persons who last received influenza vaccine during or prior to the 2023-2024 NH season; and ii) Any other persons who have never been vaccinated.

Explanatory notes on changes to vaccine composition:

Influenza B: The WHO influenza vaccine composition advisory committee has opined that the inclusion of a **B/Yamagata lineage** antigen in quadrivalent influenza vaccines is no longer warranted, and every effort should be made to exclude this component as soon as possible.

* **Influenza A(H3N2):** A/Croatia/10136RV/2023 (H3N2)-like virus in 2025 SH vaccine replaced A/Thailand/8/2022 (H3N2)-like virus in 2024-2025 NH vaccine for egg-based production, and the A/District of Colombia/27/2023 (H3N2)-like virus in 2025 SH vaccine replaced A/Massachusetts/18/2022 (H3N2)-like virus in 2024-2025 NH vaccine for cell culture-, recombinant protein- or nucleic-acid based vaccines.