The severity of influenza varies from year to year and even from person to person. In some seasons, circulating influenza viruses will cause more severe, debilitating, and deadly illness. Unfortunately, it is not possible to know in advance how severe or mild a coming season will be or how sick an individual will get because of influenza, which is why prevention is so important.

**Universal Recommendation:**
The Centers for Disease Control and Prevention (CDC) recommends that everyone age 6 months and older get the influenza vaccine each year. This universal recommendation is important because:
- Influenza is unpredictable and can kill or hospitalize even healthy people, including children.
- Vaccination is a safe and effective preventive health action with potential benefits for all populations.
- Many people are unaware that they have an underlying condition that puts them at high risk of flu-related complications.

**Influenza Vaccination is:**
- the best method available to prevent influenza.
- made annually to protect against the influenza strains most likely to circulate that season.¹
- 70–90 percent effective in preventing the flu in healthy adults younger than 65 years.² In certain people, vaccination may not prevent infection completely, but it can prevent the most serious complications of influenza, including hospitalization and death.

Each batch of influenza vaccine is carefully tested by the FDA before it is released and millions of individuals safely receive it each year.

The vaccine is available in several forms:
- The traditional injected vaccine includes inactivated (or killed) virus and is approved for everyone age 6 months and older.
- Nasal spray vaccine includes live, but weakened virus and is approved for healthy people age 2–49 years, who are not pregnant.
- Intradermal vaccine is injected into the skin rather than the muscle and uses a smaller needle. This vaccine includes inactivated (or killed) virus, and is available for adults age 18–64 years, and may appeal to those who don’t like needles.
- High-dose vaccine contains four times the amount of antigens to induce a greater immune response in people age 65 years and older.

**Vaccine Availability:**
For the 2012-2013 season, influenza vaccine supplies are plentiful, with about 135 million doses anticipated to be available in the US.³ Vaccination is recommended as soon as the vaccine is available and continues to be of value throughout the season. There are many locations that now offer the influenza vaccine, including:
- Physician offices
- Public health departments
- Drug and retail stores
- Workplaces
- Schools
Many insurance plans will cover annual influenza vaccination. Those on Medicare Part B can get the influenza vaccine and the pneumococcal polysaccharide vaccine, which is recommended for everyone age 65 years and older, at no cost (no co-pay, no deductible).

**Antiviral Medications:**
- Although vaccination is the best and first line of defense against influenza, prescription antiviral medications also play an important role in prevention and treatment of influenza.
- Oseltamivir (Tamiflu®) or zanamivir (Relenza®) are antiviral drugs recommended by the CDC for patients based on age and risk factors.
- When taken within 48 hours of symptom onset, antiviral drugs can reduce influenza symptoms and shorten the duration of illness.
- In some circumstances, prescription antiviral medications can be administered to persons exposed to influenza to prevent infection from developing.
- Antiviral drugs can also prevent serious flu complications from developing (for more information, see the fact sheet "Antiviral Drugs for Influenza Prevention and Treatment").

**References**

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