LIVING WELL

The Right Time to Get Your Flu Vaccine

Here is who needs seasonal flu vaccination, why timing matters and which health details deserve a conversation before you book.

The autumn question that keeps returning

The first cool morning arrives, somebody nearby starts coughing, and flu vaccination goes back on your list. Perhaps you had one last year. Perhaps you meant to. Either way, the question is not simply whether the vaccine works. It is whether you need it, when to get it and whether anything in your health history changes the plan.

For almost everyone aged 6 months or older, US guidance recommends a flu vaccine every season, with rare exceptions. That "every season" matters. Protection from vaccination declines over time, while the flu viruses expected to circulate change. The vaccine is updated to target the three influenza viruses expected to be most widespread in the coming season.

This is not a guarantee that you will avoid flu. It is a way to lower your risk. In seasons when the viruses in the vaccine resemble those circulating, vaccination has reduced the risk of needing medical care for flu by 40% to 60%. It may also make illness less severe and reduce the chance of complications or hospitalisation if you are infected.

A 2025 systematic review of 511 studies offers a clearer view of the outcome that matters most. It found pooled influenza-vaccine effectiveness against hospitalisation of 48% in adults aged 18 to 64 and 67% in children. The safety findings were consistent with previous evaluations. That is not perfect protection. It is still meaningful protection against being ill enough to need hospital care.

Almost everyone means almost everyone

The broad rule is straightforward: seasonal flu vaccination is for everyone from 6 months of age onward unless a rare exception applies. It is particularly important if flu is more likely to become serious for you. Higher-risk groups include adults aged 65 or older, children younger than 5, pregnant people and those with certain chronic health conditions.

Asthma, diabetes and heart disease are among the conditions associated with a greater risk of flu complications. Flu can also aggravate an existing condition. Someone with asthma may have asthma attacks during a flu infection, for example, while flu can worsen diabetes or

chronic obstructive pulmonary disease enough to require hospital care.

Pregnancy is another reason to make vaccination a priority, not to avoid it. Vaccination during pregnancy helps protect you during and after pregnancy. It also helps protect your baby from flu during the first few months of life. The right timing can depend on how far along you are, so this is one of the situations in which your maternity or primary-care clinician should help choose the date.

Children under 6 months cannot receive a flu shot. They are also among those for whom flu can be serious, which gives vaccination around them an additional purpose. Your vaccine may help protect people you spend time with, including babies and others at higher risk of complications. Flu viruses spread between people, principally through droplets released when someone with flu coughs, sneezes or talks.

The flu vaccine cannot promise you a winter without illness, but it can turn an annual intention into a concrete layer of protection.

September and October are the useful window

For most people who need one dose that season, September and October are usually good times to receive it. The general aim is to be vaccinated by the end of October. Your immune system takes about two weeks after the shot to make the antibodies that provide protection against the flu viruses included in the vaccine, so the benefit is not immediate.

Some children need two doses in a season. They should receive the first as soon as the vaccine becomes available, because the second must come at least four weeks later. Whether your child needs one dose or two is a question for their healthcare provider; do not assume that the adult timetable applies to them.

The calendar is only half of the timing decision. If you are moderately or severely ill, you will usually need to wait until you recover before getting a flu shot. If you are pregnant, the best date may vary according to the stage of pregnancy. Those are medical timing questions rather than reasons to abandon vaccination altogether.

Annual vaccination can feel repetitive, but the repetition has a purpose. Immune protection falls over time, and influenza viruses keep changing. Each season's formulation is designed around the viruses expected to circulate most widely. Last year's vaccination therefore does not stand in for this year's, even if last winter passed without flu.

The exceptions need a real conversation

A previous severe, life-threatening allergic reaction to a flu vaccine or one of its ingredients may mean you should not receive a flu shot. A less severe allergy to an ingredient still deserves discussion before vaccination. Ingredients vary, and there are several vaccine types, including injections and a nasal spray, as well as vaccines intended specifically for people aged 65 and older.

An egg allergy alone does not rule flu vaccination out. Current US guidance says people with an egg allergy may receive any flu vaccine that is otherwise suitable for their age and health. Flu vaccines are produced in several ways: egg-based, cell-culture and recombinant technologies are all approved for use in the United States. The appropriate choice is based on more than one ingredient concern.

Tell your provider if you have ever had Guillain-Barré syndrome (GBS), a condition that affects the nerves. Some people with a history of GBS should not receive a flu vaccine. This is where the decision stops being a general lifestyle question: a serious previous vaccine reaction, a history of GBS, current moderate or severe illness, pregnancy or uncertainty about the right formulation calls for individual medical advice.

For most people, side effects are mild and resolve on their own within a few days. They can include soreness, redness or swelling where the injection was given, as well as headache, fever, nausea or muscle aches. Fainting can occasionally follow injections, and serious allergic reactions are rare. If you are choosing between a shot and nasal spray, ask which form is appropriate for your age and health rather than treating them as interchangeable.

Make Monday's decision easier

On Monday, check whether everyone in your household aged 6 months or older has a plan for this season. Put the likely September-or-October appointment window in your calendar, aiming for vaccination by the end of October unless a clinician has advised different timing. For a child who may need two doses, ask early enough to leave at least four weeks between them.

Before you book, write down the details that could change the conversation: pregnancy, a current moderate or severe illness, allergies to vaccine ingredients, any previous life-threatening vaccine reaction and any history of Guillain-Barré syndrome. Also note whether the appointment is for a child under 5, an adult aged 65 or older, or someone with asthma, diabetes, heart disease or another chronic condition.

Take that list to a pharmacist or healthcare provider and ask two direct questions: "Which flu vaccine is appropriate for this age and health history?" and "Is this the right time to receive it?" If you are very sick, worried about a flu-like illness or belong to a higher-risk group and develop

flu symptoms, contact a healthcare provider rather than relying on vaccination to manage an infection already underway.

This step takes a pen, a sheet of paper and your calendar. Write the health details down, choose the appointment window and make the call. The flu vaccine cannot promise you a winter without illness, but it can turn an annual intention into a concrete layer of protection before the season gets away from you.

Where this comes from

- Flu Shot

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- Flu

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