



EUROPEAN MEDICINES AGENCY
SCIENCE MEDICINES HEALTH

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Committee for Medicinal Products for Human Use (CHMP)

BWP Vaccines Quality Operational Expert Group (BV-OEG) Influenza Meeting

EU recommendations for the seasonal influenza vaccine composition for the season 2026/2027

The meeting of the Biologics Working Party (BWP) vaccines quality operational expert group (BV-OEG) influenza meeting was convened in order to recommend the virus strains for the manufacture of seasonal influenza vaccine for 2026/2027.

Having considered the information on international surveillance by WHO presented by the representative of the WHO Collaborating Centre for Reference and Research on Influenza at the Francis Crick Institute (UK), the BV-OEG influenza meeting, consisting of experts on influenza from the Member States, considered that the WHO recommendation on the composition of vaccines for 2026/2027 should be followed:

Influenza vaccines should contain:

Egg-based or Live attenuated Vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus;
- an A/Darwin/1454/2025 (H3N2)-like virus; and
- a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus.

Cell-derived vaccines

- an A/Missouri/11/2025 (H1N1)pdm09-like virus;

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- an A/Darwin/1415/2025 (H3N2)-like virus; and
- a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.

The group agreed that for the purpose of **vaccine manufacture**, the following **strains** be accepted:

Egg-derived vaccines

As an A/Missouri/11/2025 (H1N1)pdm09-like virus:

- reassortant virus IVR-278, which is derived from A/Switzerland/6849/2025
- reassortant virus IVR-279, which is derived from A/Missouri/11/2025

As an A/Darwin/1454/2025 (H3N2)-like virus:

- reassortant virus SAN-049A, which is derived from A/Michigan/105/2025
- reassortant virus IVR-285, which is derived from A/Michigan/105/2025

As a B/Tokyo/EIS13-175/2025 (B/Victoria lineage)-like virus:

- B/Perth/115/2025 (wild type)

Additional candidate vaccine viruses may be confirmed at later date.

Cell-derived vaccines

As an A/Missouri/11/2025 (H1N1)pdm09-like virus:

- reassortant virus CVR-351, which is derived from A/Tasmania/318/2025

As an A/Darwin/1415/2025_(H3N2)-like virus:

- reassortant virus CVR-400, which is derived from A/Darwin/1415/2025

As a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus:

- B/Arizona/21/2025 (wild type)

Additional candidate vaccine viruses may be confirmed at later date.

Since the WHO has concluded that the inclusion of a B/Yamagata lineage antigen in seasonal influenza vaccines is no longer warranted and considering that the WHO also no longer updates the

recommendation of the B/Yamagata vaccine component, there is no official EU recommendation for a B/Yamagata strain in seasonal influenza vaccines for the 2026/2027 influenza season.

In case quadrivalent vaccines are still required (e.g. in regions where the transition to trivalent vaccines has not been finalized yet), vaccine manufacturers may consider the use of a B/Yamagata/16/88 lineage vaccine virus in egg-based or cell-derived inactivated quadrivalent vaccines containing two influenza B viruses. For these vaccines it is proposed to follow WHO recommendations from previous years for the B/Yamagata strain, i.e. a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

The following B/Yamagata strains may be used:

As a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus, for egg-derived quadrivalent vaccines including two influenza B viruses:

- B/Phuket/3073/2013 (wild type)
- reassortant virus BVR-1B, which is derived from B/Phuket/3073/2013

As a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus, for cell-derived quadrivalent vaccines including two influenza B viruses):

- B/Singapore/INFTT-16-0610/2016 (wild type)

Live attenuated influenza vaccines (LAIV)

The H1N1, H3N2 and B strains will be confirmed at a later date.

Reagents

It is anticipated that reagents for vaccine standardisation are/will be available from WHO Essential Regulatory Laboratories, such as MHRA and other laboratories (see Annex I).

Any CDC-tested strains and/or CBER reagents specified in the EU recommendation are permitted to be used for the 2026/2027 season as these strain and reagents are agreed for use in the WHO recommendation.

ANNEX I

Reagents for vaccine standardisation¹

Available from MHRA (NIBSC), UK, TGA, Australia and CBER/FDA, USA.²

H1N1

A/Switzerland/6849/2025 (IVR-278) egg derived antigens available (TGA 2025/154B, CBER H1-Ag-2513, MHRA 25/222)

A/Missouri/11/2025 (IVR-279) egg derived antigen in preparation

A/Tasmania/318/2025 (CVR-351) cell derived antigen available (TGA 2025/156B)

A/Missouri/11/2025-like antisera available (TGA AS467, CBER H1-Ab-2512, MHRA 25/224)

H3N2

A/Michigan/105/2025 (SAN-049A) egg derived antigen in preparation

A/Michigan/105/2025 (IVR-285) egg derived antigen in preparation

A/Darwin/1415/2025 (CVR-400) cell derived antigen in preparation

A/Darwin/1454/2025-like antisera in preparation

B/Victoria/2/87 lineage

B/Perth/115/2025 egg derived antigen in preparation

B/Arizona/21/2025 cell derived antigen in preparation

B/Tokyo/EIS13-175/2025-like antisera in preparation

B/Yamagata/16/88 lineage (for quadrivalent vaccines including two influenza B strains)

These reagents may be available in limited quantities and future supply cannot be guaranteed; WHO ERLs will not produce new reagents for B/Yamagata.

B/Phuket/3073/2013 egg derived antigens are available (MHRA 21/136 + 24/182 and CBER/FDA B(y)-Ag-2112).

B/Phuket/3073/2013 (BVR-1B) egg derived antigens are available (TGA 2023/142B)

B/Singapore/INFTT-16-0610/2016 cell derived antigens are available (MHRA 19/308 and CBER/FDA B(y)-Ag-2403)

¹ Manufacturers may use reagents for standardisation prepared by MHRA, UK, TGA, Australia and CBER, USA following discussion and agreement with the concerned OMCL and provided the same reagents are used for the entire production campaign.

² For availability and progress in development of reagents, consult the following websites:

[NIBSC - Full reagent update](#)
[Global Influenza Programme \(who.int\)](#)

B/Phuket/3073/2013-like antisera are available (MHRA 22/132, TGA AS449 + AS449-1 and CBER/FDA B(y)-Ab-2215)