2019 Seasonal Influenza Vaccines
Clinical Advice for Vaccination Providers

- Annual influenza vaccination is recommended for all persons aged six months and over (unless contraindicated) to reduce their chance of becoming ill with influenza.
- The only true contraindication to influenza vaccination is previous anaphylaxis following either an influenza vaccine or an influenza vaccine component.
- Age-specific quadrivalent influenza vaccines (QIVs) are available for people under the age of 65 years.
- For those aged 65 years and over a specifically formulated trivalent influenza vaccine (TIV) will be available which should be given in preference to a QIV.
- Recent evidence suggests that optimal protection against influenza occurs within the first three to four months following vaccination. Timing of vaccination should aim to achieve the highest level of protection during peak influenza season, usually from June to September, in most parts of Australia.

Vaccination timing
While protection is generally expected to last for the whole season, optimal protection against influenza occurs within the first three to four months following vaccination. Timing of vaccination should aim to achieve the highest level of protection during peak influenza season, usually from June to September, in most parts of Australia. Revaccination later in the same season for individuals who have already received vaccination is not recommended, although not contraindicated.

When considering when to vaccinate patients, please take note of the special needs of:
- pregnant women (who should receive the vaccine at any stage during pregnancy)
- people travelling to a destination where influenza is circulating (year-round in tropics)
- young children aged six months to under nine years who should have two doses of influenza vaccine (given at least 4 weeks apart) in the first year they receive the vaccine.

Influenza vaccine safety

Contraindications
The only contraindications to influenza vaccines are:
- anaphylaxis following a previous dose of any influenza vaccine
- anaphylaxis following any vaccine component (excluding eggs).

Note on egg allergies
Egg allergy is not a contraindication to influenza vaccines. People with an egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines in a medical facility with staff experienced in recognising and treating anaphylaxis.

Adverse events following immunisation
Notification of all adverse events following immunisation at any age should be made through the usual reporting mechanisms in your state or territory.

Changes to pregnancy classifications
FluQuadri™ (Sanofi) and Afluria® Quad (Seqirus) have now been categorised as Category A for pregnancy based on a review of the evidence—reinforcing that inactivated influenza vaccines are safe for use in pregnant women at all stages of pregnancy. The updates are in place for the 2019 influenza season.

People eligible for the free influenza vaccine
Influenza vaccination should be offered to those most at risk of influenza and its complications. Those most at risk who are eligible for free influenza vaccines under the National Immunisation Program include:
- pregnant women (at any stage of pregnancy)
- people aged 65 years and over
- Aboriginal and Torres Strait Islander people aged six months and over
- people aged six months and over with medical conditions putting them at increased risk of severe influenza and complications, including:
  - cardiac disease, including cyanotic congenital heart disease, congestive heart failure and coronary artery disease
  - chronic respiratory conditions, including severe asthma (defined as requiring frequent medical consultations or the use of multiple medications), cystic fibrosis, bronchiectasis, suppressive lung disease, chronic obstructive pulmonary disease and chronic emphysema
– chronic neurological conditions that impact on respiratory function, including hereditary and degenerative central nervous system diseases (including multiple sclerosis), seizure disorders, spinal cord injuries and neuromuscular disorders
– immunocompromising conditions, including immunocompromised due to disease or treatment (e.g. malignancy, transplantation, chronic steroid use), asplenia or splenic dysfunction, and HIV infection
– diabetes and other metabolic disorders
– renal disease, especially for chronic kidney disease
– haematological disorders, including haemoglobinopathies
– children aged six months to 10 years on long term aspirin therapy who are at increased risk of Reye syndrome following influenza infection.

Some states and territories fund free influenza vaccines for children aged six months to less than five years. Contact your state or territory health department for more information.

Influenza vaccination in people 65 years and over

Influenza vaccination should be offered to all people aged 65 years and over.

The TIV vaccine Fludaden has been specifically designed to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation.

Fludaden contains an adjuvant which boosts the immune system’s response to the vaccine and provides better protection for people aged 65 years and over.

Any of the available QIVs can be administered to people aged 65 years and over through the NIP. However, the specially-formulated TIV is recommended in preference to the QIVs for this age group where available. The improved protection of this TIV vaccine, particularly against influenza A(H3N2) is likely to outweigh any loss of protection against the alternative B strain not included in the TIV. However, if the TIV is not available, vaccination with a QIV is better than providing no vaccination. A TIV does not subsequently need to be provided.

The risk of mild to moderate injection site reactions may be greater for those aged 65 years and over receiving the adjuvanted TIV available under the NIP. This is in comparison to standard TIVs (no longer available under the NIP or in Australia). The TIV is not registered for use in people younger than 65 years—its effectiveness and safety has not been assessed in younger populations.

Influenza vaccination in children

Children from six months of age can be immunised against influenza.

Before administering an influenza vaccine, CHECK you have the correct vaccine for the child’s age. Ages are identified on the syringe.
– FluQuadri™ Junior (Sanofi Pasteur) for children aged 6 months to under 3 years.
– Fluarix Tetra® (GSK) for people aged 6 months and over.
– FluQuadri™ (Sanofi Pasteur) for people aged 3 years and over.
– Afluria® Quad (Seqirus) for people aged 5 years and over.

Children aged six months to less than nine years of age require two doses of influenza vaccine (given at least 4 weeks apart) in the first year they receive the vaccine. While two doses in the first year are recommended, one dose does provide some protection and is preferable to receiving no doses. One annual dose of influenza vaccine is required in following years even if only one dose was given in the first year.

A single annual dose of influenza vaccine is recommended for all children aged nine years and over.

Parents and carers should be advised that the risk of fever may increase when a child receives both the influenza vaccine and pneumococcal vaccine (Prevenar 13®) at the same time.

Vaccine delivery

Your state or territory health department will begin delivering 2019 NIP influenza vaccines from April 2019.

Reporting influenza vaccination to the Australian Immunisation Register

The Australian Immunisation Register (AIR) accepts data from providers on vaccines administered to people of all ages including influenza vaccines. Providers are required to submit data to the AIR on all vaccines administered, including influenza vaccination.

Further information and contacts

Advice on the use of influenza vaccines can be found in:
– Department of Health’s immunisation website (health.gov.au/immunisation)
– NCIRS fact sheets (available at ncirs.org.au).

All information in this fact sheet is correct as at 21 March 2019. It is valid for the 2019 influenza season.