



STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2023

It is important to read this statement in conjunction with the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au), available at immunisationhandbook.health.gov.au

Overview of key points and updates for 2023

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥ 6 months of age.
- All vaccinations must be recorded on the Australian Immunisation Register (AIR).
- In 2022, there was a resurgence of influenza virus circulation arising from the reopening of international borders. In 2023, seasonal influenza activity is expected to continue, and the importance of influenza vaccination should be emphasised.
- Influenza vaccines can be co-administered (given on the same day) as any COVID-19 vaccine.
- For adults aged ≥ 65 years, both the adjuvanted (Fluad® Quad) and high dose influenza vaccine (Fluzone High Dose Quadrivalent) are preferentially recommended over standard influenza vaccine. There is no preference for use between either Fluad® Quad or Fluzone High-Dose Quadrivalent in this age group.
- If a person had a 2022 influenza vaccine in late 2022 or early 2023, they are still recommended to receive a 2023 formulation of influenza vaccine when it becomes available (likely from March 2023).

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2023, by age

| Vaccine Registered age group | Vaxigrip Tetra 0.5 mL (Sanofi) | Fluarix Tetra 0.5 mL (GSK) | Afluria Quad 0.5 mL (Seqirus) | FluQuadri 0.5 mL (Sanofi) | Influvac Tetra 0.5 mL (Viatris) | Flucelvax Quad 0.5 mL (Seqirus) | Fluad Quad 0.5 mL (Seqirus) | Fluzone High-Dose Quad 0.7 mL (Sanofi) |
|------------------------------|--------------------------------|----------------------------|-------------------------------|---------------------------|---------------------------------|---------------------------------|-----------------------------|--|
| 6 to 24 months (<2 years) | ✓ | ✓ | X | ✓ | ✓ | X | X | X |
| ≥ 2 to <5 years | ✓ | ✓ | X | ✓ | ✓ | ✓ | X | X |
| ≥ 5 to <60 years | ✓* | ✓* | ✓* | ✓ | ✓ | ✓ | X | X |
| ≥ 60 to <65 years | ✓* | ✓* | ✓* | ✓ | ✓ | ✓ | X | ✓ |
| ≥ 65 years | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

Ticks indicate age at which a vaccine is registered and available. White boxes indicate availability for free under the NIP.
* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Table 2. Influenza virus strains included in the 2023 Southern Hemisphere seasonal influenza vaccines

| Egg-based influenza vaccines | Cell-based influenza vaccines |
|--|--|
| A/Sydney/5/2021 (H1N1) pdm09-like virus | A/Sydney/5/2021 (H1N1) pdm09-like virus |
| A/Darwin/9/2021 (H3N2)-like virus | A/Darwin/6/2021 (H3N2)-like virus |
| B/Austria/1359417/2021 (B/Victoria lineage)-like virus | B/Austria/1359417/2021 (B/Victoria lineage)-like virus |
| B/Phuket/3073/2013 (B/Yamagata lineage)-like virus | B/Phuket/3073/2013 (B/Yamagata lineage)-like virus |

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

Highlights for 2023 influenza vaccine formulations

- Flucelvax Quad® is a cell-based influenza vaccine registered for use in adults and children from 2 years of age but is not currently funded on the NIP. Two higher-immunogenicity vaccines are available for older people in 2023. Fluvad® Quad is available and NIP funded for people aged ≥65 years. Fluzone High Dose Quadrivalent is available for people aged ≥60 years but is not NIP funded. Both Fluvad® Quad and Fluzone High Dose Quadrivalent are preferentially recommended over standard influenza vaccine in people aged ≥65 years. There is no preference for use between either Fluvad® Quad or Fluzone High-Dose Quadrivalent.
- Influenza vaccines can be co-administered (given on the same day) with any COVID-19 vaccine. Refer to [ATAGI recommendation on the “Timing of administration of other vaccines”](#).
- The safety of concomitant administration of the adjuvanted vaccines Fluvad Quad and Shingrix has not been studied. It is acceptable to co-administer these vaccines on the same day if necessary. However, given the lack of data on co-administration of these adjuvanted vaccines, it is preferable to separate their administration by a few days.

Timing of vaccination

- During 2023, amidst the fourth year of the COVID-19 pandemic in Australia, continued seasonal influenza activity is anticipated as borders remain open and interstate and international travel increases. [People who are planning international travel](#) should ensure they have had a 2023 influenza vaccination before departure. Depending on individual circumstances, a northern hemisphere influenza vaccine administered overseas should be considered for optimal protection while travelling.
- Annual vaccination should ideally occur before the onset of each influenza season. The period of peak influenza circulation is typically June to September in most parts of Australia. In 2022, as international travel resumed, Australia observed a resurgence of influenza with an early season commencement. During 2023, influenza epidemiology may be atypical, particularly in the context of COVID-19. Vaccination is the most important measure to prevent influenza and its complications.
- While protection is generally expected to last throughout the year, the highest level of protection occurs in the first 3 to 4 months after vaccination.
- Vaccination should continue to be offered as long as influenza viruses are circulating and a valid vaccine (before expiration date) is available. Some vaccine brands have an expiry date of February 2024.
- If a person had a 2022 influenza vaccine in late 2022 or early 2023, they are still recommended to receive a 2023 formulation of influenza vaccine when it becomes available (likely from March 2023).
- Subject to the availability of influenza vaccines, co-administration with COVID-19 booster vaccines could be a prompt for influenza vaccination.

Influenza vaccination for pregnant women

- Influenza vaccine is recommended in every pregnancy and at any stage of pregnancy.
- Influenza vaccine can safely be given at the same time as a pertussis vaccine and/or COVID-19 vaccine.
- For women who received an influenza vaccine in 2022, it is recommended to also give the 2023 influenza vaccine if it becomes available before the end of pregnancy.
- For women who receive influenza vaccine before becoming pregnant, revaccination is recommended during pregnancy to maximise the protection of the mother and the infant in the first six months of life.

Eligibility for influenza vaccines funded by the National Immunisation Program (NIP)

- Annual influenza vaccination is recommended and funded for all children aged 6 months to <5 years, and all adults aged ≥65 years.
- Annual influenza vaccination is also recommended for all people aged 5 to <65 years of age, but only funded in the following specific populations in this age group due to their increased risk of complications from influenza:
 - all Aboriginal and Torres Strait Islander people
 - people who have certain medical conditions (see Table 3)
 - pregnant women (during any stage of pregnancy).

Table 3. Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for publicly funded vaccination under the NIP

| Category | Medical conditions |
|--|--|
| Cardiac disease | Cyanotic congenital heart disease, congestive heart failure, coronary artery disease |
| Chronic respiratory conditions | Severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema |
| Chronic neurological conditions | Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders |
| Immunocompromising conditions | Immunocompromised due to disease or treatment, asplenia or splenic dysfunction, HIV infection |
| Diabetes and other metabolic disorders | Type 1 or 2 diabetes, chronic metabolic disorders |
| Renal disease | Chronic renal failure |
| Haematological disorders | Haemoglobinopathies |
| Long-term aspirin therapy in children aged 5 to 10 years | These children are at increased risk of Reye syndrome following influenza infection |

Note: See the [Australian Immunisation Handbook](http://immunisationhandbook.health.gov.au) (available at immunisationhandbook.health.gov.au) for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.