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and Aged Care

AUSTRALIAN TECHNICAL ADVISORY
GROUP ON IMMUNISATION (ATAGI)
CLINICAL ADVICE

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STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2024

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 2024

- Annual vaccination is the most important way to prevent influenza and its complications. Influenza vaccination is recommended for all people aged ≥ 6 months.
- All vaccinations must be recorded on the Australian Immunisation Register (AIR). The new 'vaccine type' field should be used to record specific details of the vaccine administered, such as funding under the National Immunisation Program (NIP) or administration during pregnancy.
- Influenza vaccines can be co-administered (given on the same day) with any COVID-19 vaccine and other vaccines.
- For adults aged ≥ 65 years, both the adjuvanted (Fluad Quad) and high-dose (Fluzone High Dose Quadrivalent) influenza vaccines are preferentially recommended over standard influenza vaccine. There is no preference for use between either Fluad Quad or Fluzone High-Dose Quadrivalent regarding protective benefits for this age group.
- Flucelvax Quad is now registered and available for use in children from 6 months of age. (The minimum age for use was previously 2 years.) This vaccine is currently funded under the NIP for at-risk populations aged 5 to 64 years. There is no preference for use between Flucelvax Quad and standard dose egg-based influenza vaccines.
- If a person had a 2023 formulation of influenza vaccine in late 2023 or early 2024, they are still recommended to receive a 2024 formulation of influenza vaccine when it becomes available (likely from March 2024).
- The World Health Organization (WHO) and the Australian Influenza Vaccine Committee (AIVC) have recommended that the B Yamagata lineage component is no longer warranted in seasonal influenza vaccines, as this lineage has not been seen for several years. However, the quadrivalent vaccines available in Australia continue to include the B Yamagata component, and ATAGI supports the use of these vaccines in 2024.

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2024, by age

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

Ticks indicate the age at which a vaccine is registered and available. Crosses indicate that the vaccine is not available for that age group. 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 2024 Southern Hemisphere seasonal influenza vaccines.

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/4897/2022 (H1N1)pdm09-like virus	A/Wisconsin/67/2022 (H1N1)pdm09-like virus
A/Thailand/8/2022 (H3N2)-like virus	A/Massachusetts/18/2022 (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.

Co-administration with other vaccines

- Influenza vaccines can be given at the same time as, or at any interval before or after, other vaccines. This includes dTpa, respiratory syncytial virus (RSV), pneumococcal and COVID-19 vaccines. See the [Australian Immunisation Handbook](#) for more details.
- If a person presents for another vaccine, this can be a prompt to consider influenza vaccination at the same time, if influenza vaccines are available.
- There are currently limited data on the safety of co-administration of the adjuvanted vaccines Flud Quad and recombinant zoster vaccine (Shingrix). While it is preferred to separate administration by a few days, it is acceptable to co-administer these vaccines to avoid missing opportunities to vaccinate eligible people. See the [Australian Immunisation Handbook](#) for more details.

Timing of vaccination

- Annual vaccination should ideally occur before the onset of each influenza season. The onset of the influenza season in temperate Australia has been earlier than usual since 2022.
- [People who are planning international travel](#) can consider a Southern Hemisphere vaccine administered before travel or a Northern Hemisphere influenza vaccine administered overseas, depending on their circumstances.
- 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 2025.
- If a person had a 2023 influenza vaccine in late 2023 or early 2024, they are still recommended to receive a 2024 formulation of influenza vaccine when it becomes available (likely from March 2024).

Influenza vaccination in pregnancy

- Influenza vaccine is recommended in every pregnancy, at any stage of pregnancy and can safely be given at the same time as pertussis, COVID-19, RSV or other vaccines indicated in pregnancy. Data on co-administration with RSV vaccine in pregnancy are still emerging, but there are no theoretical concerns.
- Women who received an influenza vaccine in 2023 are also recommended to receive the 2024 influenza vaccine if it becomes available before the end of pregnancy.

Eligibility for influenza vaccines funded under the NIP

Annual influenza vaccination is funded for:

- all children aged 6 months to <5 years
- all adults aged ≥65 years
- specific populations aged 5 to <65 years who are at increased risk of complications from influenza – that is, all Aboriginal and Torres Strait Islander people, people who have certain medical conditions (see Table 3) and pregnant women.

Table 3. Medical conditions associated with an increased risk of influenza disease complications

Category	Example medical conditions	NIP funded
Cardiac disease	Congenital heart disease, congestive heart failure, coronary artery disease	Yes
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultations or the use of multiple medicines)	Yes
Immunocompromising condition	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR-T cell therapy	Yes
Haematological disorder	Haemoglobinopathies	Yes
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyria	Yes
Chronic kidney disease	Chronic kidney disease stage 4 or 5	Yes
Chronic neurological condition	Hereditary and degenerative central nervous system diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, conditions that increase respiratory infection risk	Yes
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection	Yes
Chronic liver disease	Cirrhosis, autoimmune hepatitis, non-alcoholic fatty liver disease, alcoholic liver disease	No
Obesity	Body mass index ≥ 30 kg/m ²	No
Chromosomal abnormality	Trisomy 21	No
Harmful use of alcohol	Any harmful use of alcohol	No

Note: These examples are not exhaustive, and providers may include individuals with conditions similar to those listed above based on clinical judgement. See the [Australian Immunisation Handbook](#) for more details.