

Q&A – Flu and Respiratory illnesses webinar

Flu questions

Q1: Is it recommended to wait two weeks before getting the flu vaccine if it's not co-administered with the Covid-19 vaccine?

A: Advice has recently changed, and you no longer need to wait 2 weeks. The vaccine can be given a couple of days apart.

Q2: Is Flucelvax Quad efficacy different from the other available brands?

A: Flucelvax Quad's efficacy compared to other available brands is similar, with theoretical advantages due to potential reduced drift during the manufacturing process. This has been reviewed through Australian Technical Advisory Group (ATAGI), noting challenges in comparing flu brands due to variations in virus circulation and study methodologies, resulting in yearly fluctuations in effectiveness. You should be receiving a vaccine that's funded under the NIP according to your age.

Q3: Should vulnerable individuals receive a second flu vaccination this flu season?

A: We're not currently recommending a second dose of the flu vaccine. The flu vaccine is given annually, and people are getting constant boosts, even if there are minor changes in the strains. We are always observing the evidence and checking if those recommendations need to change.

Q4: Are there any advantages of cell-based flu vaccines?

A: [The Australian Immunisation Handbook](#) and [ATAGI statement on seasonal influenza vaccines](#) provide information on which vaccination is recommended for each individual person.

Q5: Are Paxlovid® and Lagevrio® still an authority medication for this winter?

A: There has been no change from last year, if eligible you should get the usual vaccines and treatments. Thousands of doses continue to be utilised monthly, serving as a vital medication for people at high risk.

RSV questions

Q1: Would you recommend Tamiflu for RSV in Adults?

A: Tamiflu doesn't work against the RSV, it's a different virus to influenza. There have been antivirals that have been trialled against RSV but weren't proven to be effective. Currently we don't have any therapies for RSV management other than supportive care in hospital for bronchiolitis in young children.

Q2: Can you give Arexvy to infants?

A: No, this vaccine is only available to people 60 and over

Q3: Are Western Australia already vaccinating children for RSV?

A: The WA Department of Health has funded an infant immunisation program to prevent infants most at risk from severe RSV disease. The RSV preventative medicine, Nirsevimab (brand name Beyfortus®) is available through the RSV infant immunisation program. It's the largest of those programs that's being rolled out by state and territories. For more information about other state and territory programs see below:

<https://www.health.wa.gov.au/News/2024/2024-RSV-Infant-Immunisation-Program>

<https://www.qld.gov.au/about/newsroom/free-rsv-immunisation-for-queensland-newborns>

<https://www.health.nsw.gov.au/immunisation/Pages/respiratory-syncytial-virus.aspx>

At a national level we are hoping to learn from these programs and there are reviews underway to help inform what we do for 2025.

Q4: Is there any benefit immunising after a confirmed RSV infection?

A: It is possible for an individual to gain short-term immunity after an RSV infection. The RSV vaccination provides longer term and more effective protection against re-infection. For this reason, it would still be beneficial to get the RSV vaccination.

Q5: What is the cost of Arexvy privately?

A: The cost is approximately \$300, but it's best to check that with your local pharmacy to confirm.

Q6: How long does Arexvy give protection for?

A: Arexvy is currently a single dose, not an annual vaccination. The data shows high protection for 6-12 months for the first year and we believe that will flow into the second year. What that means for the second and third year is unknown at this stage, and we will continue to monitor and evaluate these products. At this stage we are expecting 12 to 24 months at minimum.

Q7: Will RSV vaccines be subsidised by government later?

A: For vaccines to be listed on the National Immunisation Program (NIP) it must go through the pharmaceutical benefits advisory committee and ATAGI. That process is currently being coincided for a couple of different vaccines and the advisory committee would be able to provide more advice when appropriate.

Q8: Is Abrysvo available in NSW and is it licensed for specific age groups?

A: Abrysvo is currently not available in NSW. It's licensed for over 60s and for administration during pregnancy.

Q9: Is the RSV vaccination encouraged for people aged 60 and over. As a provider should we be prompting to the aged community?

The RSV vaccine is suitable for people 60 years and above. Vaccine providers should encourage people over the age of 60 to be getting the vaccination.

Q10: Are we likely to see the rollout of RSV vaccine in Victoria?

A: Each state and territory government will decide on rollout in their jurisdiction in the future.

Shingles Questions

Q1: Are there any issues co-administering flu and Covid-19 vaccines with the shingles vaccine?

A: The shingles vaccine is associated with some local reactions and can be more painful than some other vaccines but does provide excellent protection against shingles. Due to the local reactions, the recommendation is to separate administration of those vaccines. Shingles is not a winter preparedness vaccine the disease can happen anytime in the year. However, if an individual wants all their vaccines on the same day they can be co-administered.

Q2: What time gap between Flud Quad and Shingrix do you recommend?

A: You can co-administer them and give them at the same time. Shingrix requires two doses, so they will need to come back for a second. For this reason, many providers are choosing to give the winter vaccines and Shingrix separately to encourage a return visit for the second Shingrix dose.

Covid-19 questions

Q1: Can a Covid-19 vaccine be given earlier than 6 months for convenience?

A: While it's recommended to follow ATAGI guidelines, there should also be slight flexibility based on the individual. These vaccines can be given to people aged 75 years and above in aged care facilities earlier if needed.

Q2: Is it okay to administer half a dose of an adult Covid-19 vaccine to a child?

A: No, the vaccines as they were produced have different amounts of SARS Covid-19 to antigen, the doses vary by brand and age. Paediatric doses can be found in the Covid-19 chapter of [The Australian Immunisation Handbook](#). Recommendations for all cohorts need to be followed, do not attempt to modify adult doses for children.

Q3: What is the Department's view on balancing the health cost with clinical benefit regarding Lower respiratory tract infection (LRTIs) swabbing in primary care given that mycoplasma LRTIs are managed with supportive care?

A: While it's useful to have surveillance, it doesn't need to be every patient. We do have our signal surveillance systems, which gives us useful information. It's a clinical judgment decision but we recommend testing people at high-risk of Covid-19 who may benefit from antivirals. For the hospitalised cases, there are different antibiotics mycoplasma may not respond to, so we use a macrolide for specific medical concerns.

Q4: If a patient has received two doses of AstraZeneca and one of Pfizer, do they need a second Pfizer despite the risk of myocarditis?

A: It's best to have a risk-based discussion with the individual as the recommendation would vary depending on the person. However, it is worth noting that AstraZeneca is no longer available through the National COVID-19 Vaccination Program.

Q5: When administering the Covid-19 vaccination, is it necessary to consider if a patient has recently contracted Covid-19.

A: No, you do not need to take this into account when administering vaccinations.

Q6: Is the phrase "can consider" in ATAGI's Covid-19 advice generally understood to mean "not recommended"?

A: 'Can consider' should not be interpreted as 'not recommended'. Can consider is being used where ATAGI is recommending those at higher risk should be open to administration. It's important to have the risk-benefit discussion with the individual in these cases.

Q7: Will Moderna vaccines be coming back into the rollout, or will it be only Pfizer moving forward?

A: Moderna is opening a local facility to produce the vaccination within the next few years. This should impact the availability in Australia. However, currently Pfizer is the most available vaccination.

Q8: What is the mandatory number of Covid-19 vaccinations for staff working in Community Care?

A: The federal government does not mandate Covid-19 vaccinations, so this will vary dependent on your state or territory.

Q9: What advice can you recommend for people that are hesitant to get a Covid-19 booster? Particularly those in aged care facilities?

A: It's important to encourage high-risk people to get a booster every 6 months where you can. Protection from vaccinations can wane over time. Staying current with the recommended COVID-19 vaccinations bolsters your immunity for optimal protection. In residential aged care it is important to involve the persons guardians as well as the patients, and make sure they know the vaccination is available.

Q10: Any news on updated Novavax?

A: Novavax stopped manufacturing their ancestral vaccine in early 2022 and the new Novavax XBB.1.5 is currently under evaluation by the Therapeutic Goods Administration (TGA). The TGA is not able to speculate on timeframes of provide specific details, but Novavax XBB.1.5 will be introduced into the program as soon as possible following TGA's approval.

Q11: How does the risk of Covid-19 compare to risk of myocarditis/ pericarditis from vaccine or risk of natural Covid-19?

A: Myocarditis and pericarditis can be caused from having Covid-19 naturally as well as from the vaccine. In general, the benefit of getting the vaccination greatly outweighs the risk of these rare conditions.