



STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2026

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 2026

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.
- The importance of influenza vaccination should be emphasised. Healthcare provider recommendation is the strongest predictor of a person's decision to vaccinate.
- Age-appropriate influenza vaccines are listed in Table 1. Influenza vaccines are available on the National Immunisation Program (NIP) for certain age groups, Aboriginal and Torres Strait Islander people, pregnant women, and people with certain medical conditions (Table 3).
- In 2026, the intranasally administered live attenuated influenza vaccine (LAIV; FluMist®) will be available for the first time in Australia for children aged 2–17 years by private market and through state-based immunisation programs in New South Wales, Queensland, South Australia and Western Australia.
- LAIV is considered to have equivalent effectiveness to inactivated influenza vaccines (IIV).
- LAIV is contraindicated for people with moderate or severe immunocompromise. They should receive IIV instead.
- Most people should receive one dose of influenza vaccine each year.
- People of any age receiving influenza vaccine for the **first** time after haematopoietic stem cell or solid organ transplant or CAR T-cell therapy should also receive 2 doses, given 4 weeks apart.
- All influenza vaccines, including LAIV, can be given at the same time as, or at any interval before or after, other vaccines. Refer to the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au).
- Immunisation providers are reminded to ensure the correct injection site for vaccine administration to minimise the risk of adverse events such as Shoulder Injury Related to Vaccine Administration (SIRVA). Refer to the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au).

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2026, by age

Vaccine Registered age group	Vaxigrip 0.5 mL (Sanofi)	Flucelvax 0.5 mL (CSL Seqirus)	Fluzone 0.5 mL (Sanofi)	Influvac 0.5 mL (Viatris)	Fluad 0.5 mL (CSL Seqirus)	Fluzone High- Dose 0.5 mL (Sanofi)	Flumist 0.2 mL (AstraZeneca)
6 months to <2 years	✓	✓	✓	✓	X	X	X
≥2 to <5 years	✓	✓	✓	✓	X	X	✓
≥5 to <18 years	✓*	✓*	✓	✓	X	X	✓
≥18 to <50 years	✓*	✓*	✓	✓	X	X	X
≥50 to <60 years	✓*	✓*	✓	✓	✓	X	X
≥60 to <65 years	✓*	✓*	✓	✓	✓	✓	X
≥65 years	✓	✓	✓	✓	✓	✓	X

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 2026 Southern Hemisphere seasonal influenza vaccines*

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Missouri/11/2025 (H1N1)pdm09	A/Missouri/11/2025 (H1N1)pdm09-like virus
A/Singapore/GP20238/2024 (H3N2)-like virus	A/Sydney/1359/2024 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria 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 vaccine viruses with similar properties are selected for vaccine production.

Highlights for changes to 2026 influenza vaccine formulations and dosing

- Intranasally administered live attenuated influenza vaccine (LAIV; FluMist®) is available for the first time in Australia for children aged 2–17 years. It is available by private prescription and through individual state-based vaccination programs in New South Wales, Queensland, South Australia and Western Australia. LAIV is contraindicated for those with moderate or severe immunocompromise. More information on LAIV is provided in the Australian Immunisation Handbook Influenza chapter.
- When receiving influenza vaccine for the **first** time, healthy children aged 6 months to <2 years and those with a medical risk condition aged 6 months to <9 years with a medical risk condition should receive 2 doses, given 4 weeks apart.
- The registration age for adjuvanted influenza vaccine (Fluad®) has been extended to people aged 50 years and above. Fluad is NIP funded for people aged 65 years and above. People 50 to 64 years of age can access this through the private market.
- All influenza vaccines available in Australia in 2026 are trivalent (i.e. containing two A strains and one B lineage). The B Yamagata lineage virus is no longer included in influenza vaccines as it may be extinct.

Timing of vaccination

- Annual vaccination should ideally occur before the onset of each influenza season when it becomes available (likely April 2026).
- For [people who are planning international travel](#), depending on individual circumstances, a southern hemisphere vaccine administered prior to travel or northern hemisphere influenza vaccine administered overseas should be considered for optimal protection while travelling.
- 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 2026 vaccine brands have an expiry date of February 2027.
- If a person had a 2025 influenza vaccine in late 2025 or early 2026, they are still recommended to receive a 2026 formulation of influenza vaccine when it becomes available.

Influenza vaccination for pregnant women

- Influenza vaccine is recommended in every pregnancy, at any stage of pregnancy and can safely be given at the same time as a pertussis, RSV, or COVID-19 (if required) or other vaccines indicated in pregnancy,
- For pregnant women who received an influenza vaccine in 2025, it is recommended to also give the 2026 influenza vaccine if it becomes available before the end of pregnancy.
- For pregnant women who received influenza vaccine before becoming pregnant, revaccination is recommended during pregnancy to maximise the protection of the mother and the infant in the first 6 months of life.
- Pregnant women should receive inactivated influenza vaccine only. As a precaution, LAIV should not be administered during pregnancy.

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

Annual influenza vaccination is funded for:

- All children aged 6 months to <5 years;
- All adults aged ≥65 years; and
- Specific populations aged 5 to <65 years of age who are at increased risk of severe influenza:
 - All Aboriginal and Torres Strait Islander people
 - People who have certain medical conditions (see Table 3)
 - 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 medications)	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	Sickle cell disease or other 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, porphyrias	Yes
Chronic kidney disease	Chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)	Yes
Chronic neurological condition	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, other conditions which impair respiratory or airway function	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	Conditions with progressive deterioration of liver function for more than 6 months including cirrhosis and other advanced liver diseases	No
Obesity	Body mass index ≥ 30 kg/m ²	No
Chromosomal abnormality	Trisomy 21 or another chromosomal abnormality that increases the risk of severe disease	No
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](http://immunisationhandbook.health.gov.au) (available at immunisationhandbook.health.gov.au) for further details.