



Australian Government

Department of Health,
Disability and Ageing

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)

BULLETIN FOR IMMUNISATION PROVIDERS
GPs, nurses and pharmacists

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Key updates:

At the most recent meeting of the Australian Technical Advisory Group on Immunisation (ATAGI) in March 2026, several key issues were discussed:

Influenza season has commenced

- ATAGI [Statement on the Administration of Seasonal Influenza Vaccines in 2026](#) and [Australian Immunisation Handbook 2026 influenza vaccination chapter](#) have been published.
- Children 6 months to <2yrs require two doses of influenza vaccine by intramuscular (IM) injection 4 weeks apart for their first dose.
- Children with medical risk conditions aged 6 months – 9 years are still recommended 2 doses of influenza vaccine 4 weeks apart in their first year of receiving influenza vaccine, regardless of type of vaccine.
- Live attenuated influenza vaccine (LAIV) is now available through state-based immunisation programs.
- Children 2-17yrs without medical risk conditions can receive one dose of influenza vaccine by IM or one dose of LAIV.
- In 2025, influenza vaccine coverage reached 30.7%. Initial studies indicate people immunised with influenza vaccine were about 53% less likely to visit a GP or be hospitalised with influenza compared to the unvaccinated¹.

Pertussis

- Pertussis is NOT only a disease of childhood. Older adults and people with chronic illnesses have higher morbidity and mortality compared to healthy adults.
- The incidence of pertussis has been increasing in recent years.
- In 2024, vaccine coverage for adults aged 50–64 and ≥65 years was suboptimal for both tetanus and diphtheria vaccination (less than 37% for both cohorts) and pertussis vaccination (less than 25%)².
- Although not on the NIP, ATAGI recommends healthcare workers and adults aged ≥65 years receive a dTpa dose every 10 years.

Importance of awareness of vaccine administration errors

- Immunisation providers should be aware of common vaccine administration errors, particularly coming into the winter season with respiratory vaccines such as influenza and RSV.
- Common errors include use of incorrect vaccine for a cohort, or incorrect administration site or route (i.e. intramuscular vs subcutaneous).
- The available RSV vaccines for adults, Abrysvo and Arexvy, and the monoclonal antibody Beyfortus (Nirsevimab) for use in infants are all delivered IM. These products are registered for use in a specific age or population group. Check the [RSV chapter in the Handbook](#) for further information.
- The majority of influenza products are delivered IM: Flucelvax, Fluzone, Fluad, Fluzone HD; however, Influvax and Vaxigrip can be delivered IM or via subcutaneous injection. LAIV is delivered intranasally. Check the [influenza chapter in the Handbook](#) for further information.

Where can I get more information?

- Additional LAIV resources found on the National Centre for Immunisation Research and Surveillance website:
 - [Information on state and territory programs](#)
 - [Influenza Vaccines - Frequently Asked Questions](#).
- Information on how to administer vaccines: www.immunisationhandbook.health.gov.au/contents/vaccination-procedures
- Report an adverse event or vaccine administration error, visit the TGA at <https://www.tga.gov.au/safety/report-problem/report-adverse-event-or-safety-problem>

¹ Australian Respiratory Surveillance Report, www.cdc.gov.au/resources/publications/australian-respiratory-surveillance-report-26-january-22-february-2026, Accessed 20 March 2026

² Annual Immunisation Coverage Report 2024, www.ncirs.org.au/sites/default/files/2025-10/Annual%20Immunisation%20Coverage%20Report%202024.pdf, accessed 20 March 2026