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 July 2026, several key issues were discussed:

COVID-19:

- Vaccination remains an important measure to protect those at risk of severe disease from COVID-19.
- Adults aged 75 years and over, including aged care residents, have the highest risk of severe COVID-19 including death, and are recommended to receive COVID-19 vaccines every 6 months.
- From 1 October 2026, COVID-19 vaccines will be provided via the National Immunisation Program (NIP). This will replace the stand-alone National COVID-19 Vaccine Program (NCVP) established during Australia's COVID-19 pandemic response.
- Funded COVID-19 vaccines will be available under the NIP for:
    - all adults aged 75 years and over (one dose every 6 months)
    - adults aged 65–74 years (one dose every 12 months)
    - Aboriginal and Torres Strait Islander people aged 50–74 years (one dose every 12 months)
    - all adults aged 18 years and over with severe immunocompromise (one dose every 12 months).
- Resources to support this transition will be made available to immunisation providers before 1 October 2026.

Diphtheria:

- Diphtheria outbreaks are ongoing but declining in some parts of Australia, especially in regional and remote areas of the Northern Territory, Western Australia and South Australia.
- The Chief Medical Officer declared diphtheria a Communicable Disease Incident of National Significance on 22 May 2026.

Highly Pathogenic Avian Influenza (HPAI) "Bird Flu":

- HPAI activity in Australia as at 6 August 2026: Australia has 123 confirmed detections of H5 HPAI in wild birds; 87 in South Australia, 10 in Western Australia, 23 in Victoria, 2 in New South Wales and 1 in Queensland.
- There has been no human case of the HPAI strain reported in Australia. The risk to human health remains low.
- Seasonal influenza vaccine: Provides protection against circulating influenza A and B strains, however does not protect against avian or swine influenza.
- Reassortment risk: Co-infection with human and avian/swine influenza strains could, in theory, lead to emergence of a novel, potentially more virulent strain capable of human-to-human transmission.

Behavioural and social drivers of vaccine uptake in Australia:

- Parental confidence in vaccination has decreased from 2024 to 2025. Key concerns are safety of vaccines and trust in vaccine information received from doctors and nurses.
- Information to support patient conversations about vaccination:
    - Sharing Knowledge About Immunisation
    - National Vaccination Insights Project

How can immunisation providers assist?

- COVID-19: Immunisation providers should continue recommending and administering the COVID-19 vaccines as per the current advice in the COVID-19 chapter of the Australian Immunisation Handbook until 1 October 2026. Further advice on NIP eligibility and transition arrangements will be provided in the coming weeks.
- Diphtheria: Practitioners, especially in Western Australia and Northern Territory, should maintain surveillance for respiratory and cutaneous diphtheria, and ensuring your own vaccination status is up to date in accordance with updated ATAGI advice regarding diphtheria vaccination in outbreak settings.
- Vaccination promotion: Prioritisation of opportunistic vaccination during healthcare encounters. Routine discussions can emphasise the risks of vaccine-preventable disease and the protection afforded by vaccination. Provide clear and consistent recommendations to support trust in vaccinations and healthcare professional advice.