



STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2019

It is important to read this statement in conjunction with The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au.

Overview of key points and updates for 2019

- Annual vaccination is the most important measure to prevent influenza and its complications.
- Annual influenza vaccination is recommended for all people ≥ 6 months of age.
- All Aboriginal and Torres Strait Islander people, including those aged 5 to 14 years, are now eligible to receive free annual influenza vaccination under the National Immunisation Program (NIP).
- For adults aged ≥ 65 years two higher-immunogenicity trivalent influenza vaccine (TIV) formulations (one 'high-dose' vaccine and another containing an adjuvant) are available, in addition to the quadrivalent influenza vaccines (QIVs).
 - In 2019, only *Fluad*[®] (TIV containing an adjuvant) is NIP-funded.
 - The higher immunogenicity TIVs are preferentially recommended over QIVs for adults aged ≥ 65 years. However, there is no preference for use between either of these two TIVs.
 - The evidence around the use of higher immunogenicity TIVs is still evolving and ATAGI continues to review this evidence.
- All presentations of influenza vaccine brands registered and available in Australia for 2019 are latex free.

Table 1. Seasonal influenza vaccines available for use in Australia in 2019, by age

Vaccine	Quadrivalent					Trivalent (for age ≥ 65 years only)	
	FluQuadri Junior*† 0.25 mL (Sanofi)	Fluarix Tetra*† 0.50 mL (GSK)	FluQuadri* 0.50 mL (Sanofi)	Afluria Quad* 0.50 mL (Seqirus)	Influvac Tetra 0.50 mL (Mylan)	Fluzone High-Dose 0.50 mL (Sanofi)	Fluad* 0.50 mL (Seqirus)
<6 months	x	x	x	x	x	x	x
6 to 35 months (<3 years)	✓	✓	x	x	x	x	x
≥ 3 to <5 years	x	✓	✓	x	x	x	x
≥ 5 to 17 years	x	✓	✓	✓	x	x	x
≥ 18 years	x	✓	✓	✓	✓	x	x
≥ 65 years	x	✓	✓	✓	✓	✓	✓

* Vaccine funded under the NIP

† Note different doses for vaccines available for children 6m-3y

Influenza virus strains included in the 2019 southern hemisphere seasonal influenza vaccines:

- A (H1N1): an A/Michigan/45/2015 (H1N1)pdm09 like virus
- A (H3N2): an A/Switzerland/8060/2017 (H3N2) like virus
- B: a B/Colorado/06/2017 like virus (not included in the TIVs)
- B: a B/Phuket/3073/2013 like virus

Highlights for 2019 influenza vaccine formulations

- Age restrictions apply to all vaccine brands (Table 1).
- Fluarix Tetra® is a QIV, previously registered for children from 3 years of age. The age indication for this vaccine has now been extended to include children from 6 months of age. The vaccine dose for all individuals is now 0.5 mL. Note that for children aged 6 months–3 years, the two vaccines available have different doses.
- Afluria Quad® is a QIV, previously registered for adults from 18 years of age. The age indication for this vaccine has now been extended to include children from 5 years of age in 2019.

Timing of vaccination

- Annual vaccination before the onset of each influenza season is recommended. The period of peak influenza circulation is typically June to September in most parts of Australia.
- While protection is generally expected to last for the whole season, optimal protection against influenza occurs within the first 3 to 4 months following vaccination.
- It is never too late to vaccinate since influenza can circulate all year round. 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 now have an expiry date of February 2020.
- Revaccination later in the same year for individuals who have already received vaccination is not routinely recommended, although not contraindicated. Vaccination may be considered for travelers to the Northern Hemisphere in late 2019, who were vaccinated earlier in 2019 prior to the Southern Hemisphere influenza season. The decision to recommend a second dose should take into account personal risk factors, risk of disease and currently circulating virus strains.

Influenza vaccination for pregnant women

- Influenza vaccination during pregnancy provides protection to mothers and their infants.
- Influenza vaccine is recommended in every pregnancy and at any stage of pregnancy. Women who are in their first trimester in the first quarter of 2019 may wish to wait until the 2019 influenza vaccine becomes available, rather than receiving the 2018 influenza vaccine.
- Influenza vaccine can safely be given at the same time as pertussis vaccine.
- For women who received an influenza vaccine late in the 2018 influenza season, revaccinate if the 2019 influenza vaccine becomes available before the end of pregnancy.

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

- Annual influenza vaccination is recommended, but not NIP-funded, for all people ≥ 6 months of age. Influenza vaccines are funded on the NIP in 2019 for the following groups due to their increased risk of complications from influenza:
 - *All Aboriginal and/or Torres Strait Islander persons aged ≥ 6 months*
 - *All adults aged ≥ 65 years*
 - *All people aged ≥ 6 months who have certain medical conditions which increase the risk of influenza disease complications; for example, severe asthma, lung or heart disease, low immunity or diabetes (refer to Table 2)*
 - *Pregnant women (during any stage of pregnancy)*

Table 2. Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for free vaccination under the NIP*

Category	Vaccination strongly recommended for individuals with the following conditions
Cardiac disease	Cyanotic congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory conditions	Severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema
Chronic neurological conditions	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders
Immunocompromising conditions	Immunocompromised due to disease or treatment, asplenia or splenic dysfunction, HIV infection
Diabetes and other metabolic disorders	Type 1 or 2 diabetes, chronic metabolic disorders
Renal disease	Chronic renal failure
Haematological disorders	Haemoglobinopathies
Long-term aspirin therapy in children aged 6 months to 10 years	These children are at increased risk of Reye syndrome following influenza infection

* Please refer to The Australian Immunisation Handbook available at immunisationhandbook.health.gov.au for advice on persons who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.