



# 2021 INFLUENZA VACCINES

## CLINICAL ADVICE FOR VACCINATION PROVIDERS

Updated June 2021

- Age-specific quadrivalent influenza vaccines (QIVs) are available for people aged from 6 months to under 65 years.
- For those aged 65 years and over, an adjuvanted QIV is available which should be given in preference to other available QIVs.
- From 1 March 2021, it is mandatory for vaccination providers to report all influenza vaccinations to the Australian Immunisation Register (AIR).
- Currently, routine scheduling and giving of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended.
- The preferred minimum interval between a dose of influenza vaccine and a dose of either Pfizer/BioNTech (Comirnaty) vaccine or Oxford/AstraZeneca vaccine is 7 days.
- Clinical advice is changing rapidly. All vaccination providers should keep up to date with the latest ATAGI advice available at [health.gov.au](http://health.gov.au).

Refer to factsheet: *2021 National Immunisation Program (NIP) influenza vaccines* for NIP-funded vaccines by age.

### Eligibility for free influenza vaccines

People most at risk of severe influenza and its complications are eligible for free influenza vaccines under the National Immunisation Program. Eligible groups include:

- Pregnant women (at any stage of pregnancy)
- People aged 65 years and over
- Aboriginal and Torres Strait Islander people aged 6 months and over
- Children aged 6 months to less than 5 years
- People aged 6 months and over with medical conditions putting them at increased risk of severe influenza and complications.

Medical conditions include:

- Cardiac disease, including cyanotic congenital heart disease, congestive heart failure, and coronary artery disease;
- Chronic respiratory conditions, including severe asthma (defined as requiring frequent medical consultations or the use of multiple medications), cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, and chronic emphysema;
- Chronic neurological conditions that impact on respiratory function, including hereditary and degenerative central nervous system diseases (including multiple sclerosis), seizure disorders, spinal cord injuries, and neuromuscular disorders;
- Immunocompromising conditions, due to diseases or treatment (e.g. malignancy, transplantation, chronic steroid use), asplenia or splenic dysfunction, and HIV infection;
- Diabetes and other metabolic disorders;
- Renal disease, especially for chronic kidney disease;
- Haematological disorders, including haemoglobinopathies; and
- Children aged 6 months to 10 years on long term aspirin therapy who are at increased risk of Reye syndrome following influenza infection.

Some states and territories may fund free influenza vaccines for additional groups. Refer to your state or territory health department website for further information.

### Vaccination timing

Optimal protection against influenza occurs within the first 3 to 4 months following vaccination. Timing of vaccination should aim to achieve the highest level of protection during the peak influenza season (usually from June to September in most parts of Australia).

When considering when to vaccinate patients, please take note of the special needs of:

- Pregnant women (who should receive the vaccine at any stage during pregnancy)
- People travelling to a destination where influenza is circulating (year-round in the tropics)
- Young children aged 6 months to less than 9 years who should have 2 doses of influenza vaccine (given at least 4 weeks apart) in the first year they receive the vaccine.

Revaccination later in the same season for individuals who have already received vaccination is not routinely recommended, but may benefit some individuals due to personal circumstances, such as travel or pregnancy.

### Influenza and COVID-19 vaccination

The Australian Technical Advisory Group on Immunisation (ATAGI) has issued advice to vaccination providers on the relative timing of administering influenza vaccines and COVID-19 vaccines in 2021.

Currently, routine scheduling and giving of an influenza vaccine with a COVID-19 vaccine on the same day is not recommended. The preferred minimum interval between a dose of influenza vaccine and a dose of either Pfizer/BioNTech (Comirnaty) vaccine or Oxford/AstraZeneca vaccine is 7 days. There is no particular requirement regarding the order of receiving a dose of influenza vaccine and either the first or second dose of a COVID-19 vaccine.

Before administering influenza vaccines, conduct appropriate pre-vaccination checks to ensure influenza vaccines are safely administered to patients in accordance with the latest clinical recommendations on timing. Keep up to date with the most current ATAGI advice on influenza and COVID-19 vaccination at [health.gov.au](http://health.gov.au).

## 2021 influenza vaccine strains

The QIVs available under the NIP in 2021 contain the following influenza virus strains:

- an A/Victoria/2570/2019 (H1N1)pdm09-like virus
- an A/Hong Kong/2671/2019 (H3N2)-like virus
- a B/Washington/02/2019-like (B/Victoria lineage) virus
- a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

## Influenza vaccine safety

### Contraindications

The only contraindications to influenza vaccines are:

- Anaphylaxis following a previous dose of any influenza vaccine
- Anaphylaxis following any vaccine component (excluding eggs).

### Note on egg allergies

Egg allergy is not a contraindication to influenza vaccines. If there is significant parental or health professional concern, the vaccine may be administered in a primary care setting with a longer waiting period of 30 minutes.

### Note on latex allergies

All influenza vaccines available under the NIP in 2021 are latex free. People with a latex allergy can safely be vaccinated with influenza vaccines that are available under the NIP.

### Adverse events following immunisation

Notification of all adverse events following immunisation at any age should be made through the usual reporting mechanisms in your state or territory.

## Report influenza vaccinations to the AIR

The Australian Immunisation Register (AIR) is a national, whole of life immunisation register that records vaccines given to all people in Australia.

From 1 March 2021, it is mandatory for all vaccination providers to report all influenza vaccines administered to the AIR.

Before administering an influenza vaccine, please advise the individual that their vaccination details must be reported to the AIR. This will include some personal information such as name, date of birth, contact details, and some Healthcare identifiers including their Medicare card number.

## Influenza vaccination in people aged 65 years and over

Influenza vaccination should be offered to all people aged 65 years and over.

**The recommended QIV Fludax® Quad contains an adjuvant which boosts the immune system's response to the vaccine and provides better protection for people aged 65 years and over.**

While other available QIVs can be administered to people aged 65 years and over through the NIP, the adjuvanted QIV is preferentially recommended for this age group where available. However, if the adjuvanted QIV is not available, vaccination with another QIV is preferable to no vaccination. In this case, an adjuvanted QIV does not subsequently need to be provided.

Fludax® Quad is not registered for use in people younger than 65 years.

## Influenza vaccination in children

Children aged 6 months and over should be vaccinated against influenza.

**Always remember to check you have the correct vaccine for the child's age before vaccinating – refer to factsheet: 2021 National Immunisation Program (NIP) influenza vaccines for NIP-funded vaccines by age.**

Children aged 6 months to less than 9 years require 2 doses of influenza vaccine (given at least 4 weeks apart) in the first year they receive the vaccine. While 2 doses in the first year are recommended, 1 dose does provide some protection and is preferable to receiving no doses. One annual dose of influenza vaccine is required in following years even if only 1 dose was given in the first year.

A single annual dose of influenza vaccine is recommended (but not NIP-funded) for all children aged 9 years and over.

Parents and carers should be advised that the likelihood of fever after vaccination may increase modestly when a child receives both the influenza vaccine and pneumococcal vaccine (Prevenar 13®) at the same time.

## Further information

- *2021 National Immunisation Program (NIP) influenza vaccines* (factsheet available at [health.gov.au/immunisation](http://health.gov.au/immunisation))
- *The Australian Immunisation Handbook* (available at [immunisationhandbook.health.gov.au](http://immunisationhandbook.health.gov.au))
- *ATAGI clinical statement on the administration of seasonal influenza vaccines in 2021* (available at [health.gov.au/immunisation](http://health.gov.au/immunisation))
- *ATAGI clinical advice on the relative timing of administering influenza and COVID-19 vaccines in 2021* (latest advice available at [health.gov.au](http://health.gov.au))
- *NCIRS factsheets* (available at [ncirs.org.au](http://ncirs.org.au)).

All information in this fact sheet is correct as at June 2021.

### State and territory health department contact numbers:

<b>ACT</b>	02 5124 9800	<b>SA</b>	1300 232 272
<b>NSW</b>	1300 066 055	<b>TAS</b>	1800 671 738
<b>NT</b>	08 8922 8044	<b>VIC</b>	1300 882 008
<b>WA</b>	08 9321 1312	<b>QLD</b>	Contact your local Public Health Unit