| Aus Gov - Health logo | AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)**CLINICAL ADVICE** |
| --- | --- |
|  | **Issue date: December 2021** |

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2021 – UPDATED December 2021

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 December 2021

* As the international borders open, seasonal influenza virus may start to re-emerge and circulate in Australia.
* Annual influenza vaccination is recommended for all people ≥6 months of age to prevent influenza and its complications.
* Influenza vaccinations must be recorded on the Australian Immunisation Register (AIR).
* During the COVID-19 pandemic there has been reduced circulation of influenza virus, and lower levels of influenza vaccine coverage in 2021 compared to 2020 and previous years for a number of age groups.
* Influenza vaccination with the 2021 vaccine is recommended for anyone ≥6 months of age who has not had an influenza vaccine this year. Some of the 2021 influenza vaccines can be used until February 2022; others expire in January 2022.
* Vaccination is strongly recommended for vulnerable groups including adults aged ≥65 years, children 6 months to <5 years of age, pregnant women, people with an increased risk of complications from influenza including those with underlying medical conditions (see Table 1), and Aboriginal and Torres Strait Islander peoples ≥6 months of age.
* For individuals planning international travel, vaccination with the 2021 influenza vaccine is recommended before travel.
* Influenza vaccines can be co-administered (i.e. on the same day) with the COVID-19 vaccines.
* For adults aged ≥65 years, the adjuvanted influenza vaccine, Fluad® Quad, is preferentially recommended over standard influenza vaccine.
* If a person has a 2021 influenza vaccine in late 2021 or early 2022, they are still recommended to receive a 2022 formulation of influenza vaccine when it becomes available (likely from March or April 2022).
* If a person is returning to Australia from the Northern Hemisphere in late 2021 or early 2022, it is recommended they have a seasonal influenza vaccine in the country from which they are leaving (where available), prior to departure.

## Background

* Due to the COVID-19 public health and social measures in Australia and internationally, the seasonal pattern of influenza was different in 2020 and 2021 from previous years, with considerably lower influenza virus circulation.
* Influenza vaccine coverage in Australia in 2021 has been lower compared to 2020.
* The decrease in vaccination coverage in 2021 has been particularly substantial among children who are funded to have the vaccine under the National Immunisation Program (NIP), namely those aged 6 months to <5 years (approximately 40% decrease).
* There has also been an approximately 20% reduction in uptake in children and adolescents aged 5 to 14 years.
* The coverage rates in Aboriginal and Torres Strait Islander peoples have also decreased at similar rates in these age groups across all jurisdictions.
* Lower influenza vaccine coverage rates in 2021 and lower influenza virus circulation in 2020–2021 increase the risk of complications from influenza in children <5 years of age who have potentially never been exposed to influenza.
* With international borders gradually reopening from November 2021 and greater population movement, a resurgence of influenza activity is expected (potentially outside of the usual influenza season). Although influenza has historically not circulated at high levels during summer, there had been increasing interseasonal influenza activity prior to the COVID-19 pandemic, and influenza epidemiology in the coming months may be atypical. Clinicians should be alert to the possibility of influenza in patients presenting with respiratory symptoms (who don't have COVID-19), including those who have recently returned from overseas.

## Timing of vaccination

* Influenza vaccination with the 2021 vaccine is recommended for anyone ≥6 months of age who has not received the influenza vaccine in 2021. Two doses of the same vaccine formulation are not routinely recommended within a single year.
* For individuals planning international travel it is important to ensure they have had a 2021 influenza vaccination prior to departure.
* If a person is returning to Australia from the Northern Hemisphere in late 2021 or early 2022, it is recommended they have a seasonal influenza vaccine in the country from which they are leaving (where available), prior to departure.
* If a person receives a 2021 influenza vaccine in late 2021 or early 2022, they are still recommended to receive a 2022 formulation of influenza vaccine when it becomes available (likely from March or April 2022).

## Expiry of 2021 influenza vaccines

* 2021 influenza vaccines should continue to be offered as long as a valid vaccine (before expiration date) is available. Some vaccine brands (e.g. Afluria® Quad, Fluarix® Tetra) now have expiry dates up to late February 2022.
* The 2021 adjuvanted influenza vaccine, Fluad® Quad, is preferentially recommended for adults aged ≥65 years, and has expiry dates up to 29 January 2022.
* Immunisation providers should check a vaccine’s expiry date before administration and not administer expired vaccines.

## Co-administration with COVID-19 vaccines

* Influenza vaccines can be co-administered (i.e. on the same day) with the COVID-19 vaccines.
* Subject to the availability of influenza vaccines, an ideal time to immunise could be co-administration with COVID-19 booster vaccines.
* For more information, refer to ATAGI’s [**ATAGI clinical guidance on COVID-19 vaccine in Australia in 2021**](https://www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021)

## Influenza vaccination for children

* 2 doses at least 4 weeks apart are recommended for children aged 6 months to <9 years receiving influenza vaccine for the first time.

## Influenza vaccination for pregnant women

* Influenza vaccine is recommended in every pregnancy and at any stage of pregnancy.
* It can be given at the same time as pertussis vaccine and/or COVID-19 vaccine.
* Pregnant women who received an influenza vaccine in 2021 and remain pregnant when the 2022 influenza vaccine becomes available should receive a dose of the 2022 formulation before completion of pregnancy.
* Women who receive influenza vaccine before becoming pregnant should be revaccinated during pregnancy to protect the unborn infant.

## Eligibility for influenza vaccines funded by the National Immunisation Program

* Annual influenza vaccination is recommended and NIP-funded for:
	+ *all children aged* *6 months to <5 years*
	+ *all adults* *aged ≥65 years*.
* Annual influenza vaccination is also recommended for all people 5 to <65 years of age, but only NIP-funded in specific populations in this age group who have an increased risk of complications from influenza. These populations include:
* *all Aboriginal and Torres Strait Islander peoples*
* *people who have certain medical conditions (see Table 1)*
* *pregnant women during any stage of pregnancy.*

## Table 1. Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for free vaccination under the NIP\*

| Category | Medical 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 | Immunocompromise 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 |

\* See the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au/) for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP‑funded influenza vaccines.