

Influenza Edition

~ Before you administer an influenza vaccine check your patient's age and that you have the correct vaccine. The packaging and syringes have the age groups written on them. ~

Influenza Vaccination

Influenza vaccination and Coronavirus

Both influenza and novel coronavirus (COVID-19) can cause serious illness. Severe infection with either virus can result in pneumonia and respiratory failure requiring mechanical ventilation. Having co-infection with both viruses can be extremely dangerous for some people.

The ACT Government is supporting a nationally consistent approach to manage both the COVID-19 pandemic and the likely co-circulation of influenza during winter 2022, to minimise health impacts. Key principles supporting this effort include maximising influenza vaccination coverage and consistent messaging and communications emphasising the importance of receiving the influenza vaccine and being up to date with COVID-19 vaccination.

It is important to encourage patients to receive both their influenza and COVID-19 vaccine to reduce the chance of contracting either disease. ATAGI has advised all influenza vaccines can be co-administered (given on the same day) with a COVID-19 vaccine.

Influenza vaccination is recommended for everyone from the age of 6 months, with some groups eligible for free vaccine. Influenza is a highly contagious viral illness that can affect people of all ages. It is spread from person to person by virus-containing respiratory droplets produced during coughing or sneezing.

Immunisation providers play a vital role in promoting the importance of the influenza vaccination and should identify individuals at increased risk of influenza and its complications.

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Peak influenza period runs from June to September, however, influenza vaccine can be administered throughout the year whilst the vaccine is within the expiry date. **All influenza vaccines administered must be recorded on the Australian Immunisation Register (AIR).**

Australian Technical Advisory Group on Immunisation (ATAGI) Clinical Advice

Statement on the administration of seasonal influenza vaccines in 2022.

<https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2022>

Key points

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥ 6 months of age.
- All 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 compared with previous years. With borders reopening, a resurgence of influenza is expected in 2022.
- All COVID-19 vaccines can be co-administered (given on the same day) with an influenza vaccine.
- For adults aged ≥ 65 years, the adjuvanted influenza vaccine, Fludax[®] Quad, is preferentially recommended over standard influenza vaccine. There is no preference for use between Fludax[®] Quad or Fluzone High-Dose Quadrivalent in this age group.
- If a person had 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 2022).

Who should be vaccinated?

Influenza vaccine is recommended for anyone aged 6 months and older; however, only those in the groups listed below are eligible for free government funded vaccine under the National Immunisation Program (NIP):

- Children aged 6 months to under 5 years;
- All Aboriginal and Torres Strait Islander people aged 6 months and older;
- Pregnant women (during any stage of pregnancy);
- People aged 65 years and older;
- All people aged 6 months and older with medical conditions associated with an increased risk of influenza disease complications.

Consider recalling patients in the identified at-risk groups to ensure they are aware of the free seasonal influenza vaccine.

Healthcare workers and those who work in aged care facilities are more likely to come into contact with influenza patients. Even if they do not become unwell themselves, they may pass on influenza to vulnerable people. To reduce the spread of influenza in these settings, annual influenza vaccination is highly recommended in these groups. Household contacts and other close contacts of high-risk individuals are also recommended to have the influenza vaccine.

Egg allergy is NOT a contraindication for influenza vaccine (*see the Australian Immunisation Handbook for further advice*).

Any adverse events following immunisation should be reported to Health Protection Service, Immunisation Unit. The Adverse Event Following Immunisation online reporting form is available for health professionals on the ACT Health website: <https://health.act.gov.au/services-and-programs/immunisation/health-professionals/clinical-information#adverseevents>

CHILDREN SIX MONTHS TO UNDER FIVE YEARS

Influenza vaccine is free through the National Immunisation Program (NIP) for all children from 6 months to under 5 years of age.

Children aged 6 months to under 9 years require **two doses in the first year** they receive the vaccine, this is to maximise the immune response to the vaccine. **Doses should be at least 4 weeks apart.** Children who have received one or more doses of influenza vaccine in previous years will only need one dose in current and future seasons. Vaxigrip Tetra® and Fluarix Tetra® will be provided for administration to children from 6 months to under 5 years of age in the ACT.



ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE

Influenza vaccine is free under the NIP for all Aboriginal and Torres Strait Islander people from 6 months of age.

Nationally, the disease burden from influenza is significantly higher among Aboriginal and Torres Strait Islander people than among non-Indigenous Australians in all age groups.

Other vaccines, including Prevenar 13 and Pneumovax 23 (for those ≥ 50 years of age), Zostavax (for those 70-79 years of age) and COVID-19 vaccine (for



those ≥ 5 years of age) should also be offered to eligible Aboriginal and/or Torres Strait Islander people at the time of their influenza vaccination vaccine.

PREGNANT WOMEN

Government funded influenza vaccine is available for pregnant women at any stage of pregnancy.

Women who acquire influenza during pregnancy are at higher risk of severe complications. Influenza in the later stages of pregnancy increases the risk of complications from influenza and delivering a preterm baby.

Pregnant women who have received an influenza vaccine in 2021 can revaccinate if the 2022 influenza vaccine is available before the end of the pregnancy. Women who received an influenza vaccine before becoming pregnant should also be revaccinated during pregnancy to protect the unborn infant.

Vaccination early in the season, regardless of gestational age is optimal. Unvaccinated pregnant women should be vaccinated at any time during the influenza season. Passive transfer of maternal antibodies across the placenta makes vaccination during pregnancy a highly effective measure to protect infants from influenza and pertussis during the first 6 months of life.

Pertussis vaccination is recommended between 20 and 32 weeks gestation but can be given up until the baby is born. **Pertussis, Influenza and COVID-19 vaccines can be given at the same visit.**

PEOPLE AGED 65 YEARS AND OLDER

Anyone aged 65 years or older can receive free influenza vaccine under the NIP.

People in this age group are known to have a weaker immune response to immunisation, and a high dose quadrivalent vaccine has been formulated to provide better protection.

Fluad® Quad quadrivalent influenza vaccine will be available under the NIP in 2021 and is latex free. Prevenar 13 (70 years and older) and Zostavax (70 to 79 years of age) and COVID-19 vaccine should also be offered to eligible patients. NIP funded vaccines for people aged 65 and over will be available in most pharmacies in the ACT during 2022.



PEOPLE AGED SIX MONTHS AND OVER WITH CERTAIN MEDICAL CONDITIONS PREDISPOSING THEM TO SEVERE INFLUENZA

Influenza vaccine is free through the NIP for all people aged six months and over with medical conditions associated with an increased risk of influenza disease complications.

Please refer to [The Australian Immunisation Handbook](#) for advice on persons who are strongly recommended to receive annual influenza vaccination but are not eligible for NIP- funded influenza vaccines.

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

For information on vaccines by age groups please see the ACT Health influenza schedule on page 9 and 10.

Influenza virus strains included in the 2022 southern hemisphere influenza vaccines:

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/2570/2019 (H1N1)pdm09-like virus	A/Wisconsin/588/2019 (H1N1)pdm09-like virus
A/Darwin/9/2021 (H3N2)-like virus	A/Darwin/6/2021 (H3N2)-like virus
B/Austria/1359417/2021-like (B/Victoria lineage) virus	B/Austria/1359417/2021-like (B/Victoria lineage) virus
B/Phuket/3073/2013-like (B/Yamagata lineage) virus	B/Phuket/3073/2013-like (B/Yamagata lineage) virus

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

When will influenza vaccines be available?

The Vaccine Management Unit (VMU) will deliver initial stock of influenza vaccines and information resources in early to mid-April. Vaccination can commence as soon as stock is available in your fridge.

- Remember that influenza vaccine can be administered throughout the year if the stock in your fridge that has not yet expired.
- **All vaccines administered must be recorded on the Australian Immunisation Register (AIR).**

Can you safely store enough vaccines?

The Immunisation Unit strongly encourages you to assess your fridge capacity to ensure it can safely store the volume of vaccines your practice requires. This will ensure adequate vaccine supplies can be delivered to meet the needs of your practice.

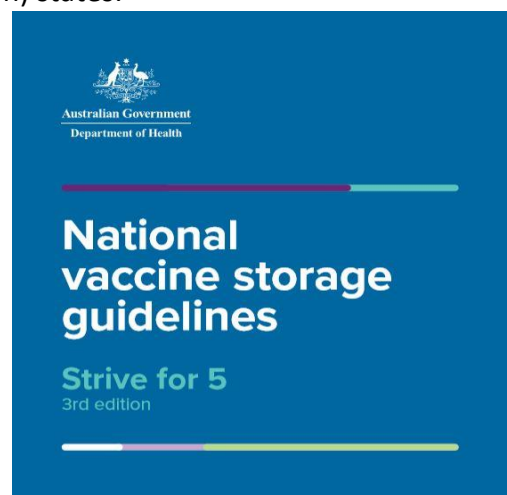
Over recent years, expansion of both the ACT and National Immunisation Programs has resulted in more vaccines being stored in immunisation provider fridges. The increasing demand for influenza vaccines by Canberrans is placing further demand on vaccine fridge capacity. In 2017 ACT Health distributed approximately 57,000 Government funded influenza vaccines to immunisation providers in the ACT. In 2020 this had increased to over 133,604. Additionally, with the added pressure of the COVID-19 vaccine rollout, effective management of your vaccine fridge will be imperative.

The National Vaccine Storage Guidelines 'Strive for 5' (3rd edition) states:

- Vaccine refrigerators must have the capacity to accommodate the facility's vaccine storage needs without overcrowding stock (including during influenza season).
- Vaccines **MUST** be stored in their original packaging because this helps to protect them from temperature fluctuations and UV light.
- Do not crowd the vaccines by overfilling the shelves, allow space between containers for air-circulation.
- Overstocking the refrigerator places all vaccines at risk. It impedes cold air circulation and reduces the likelihood of achieving consistent, stable temperatures throughout the refrigerator.

Visit The [National Vaccine Storage Guidelines 'Strive for 5' - Vaccine Storage Self Audit](#) to assist with your fridge assessment.

VMU will not deliver all or part of your order if the vaccines cannot be safely stored in your refrigerator. This is particularly important during flu season.



If two fridges are required for stock management during flu season, Vaccine Delivery Officers can place a second datalogger into an additional vaccine specific fridge upon request. Please remember that the fridge must be monitored for 48 hours before stock can be moved into the fridge.

Contact VMU on 5124 9800 well in advance of your deliveries to ensure they have spare dataloggers and glycol bottles available.

Vaccine delivery

Your first influenza vaccine delivery for the season will be a set amount determined by the VMU, to ensure all providers receive a base stock. Further stock can be ordered with your monthly order. Urgent orders can be placed and will be delivered as able. **During the peak time, urgent requests may take up to five business days to deliver.**

Ordering Government funded vaccines

- ❖ Orders must be received at least **two** days prior to scheduled delivery.
- ❖ In the event an order is not received from a practice for the scheduled delivery, VMU will visit to undertake cold chain monitoring and inventory, but no vaccines will be delivered.
- ❖ Urgent deliveries may take up to 10 business days from when the order is placed.

***Note:** Urgent orders are sorted and delivered in the order they are received.

To discuss any storage and ordering issues call the Vaccine Management Unit on **(02) 5124 9800**.

Data collection

Influenza Data

Collection of data on vaccines administered is required to evaluate programs and ascertain coverage rates. The Influenza Vaccine Record Form and General Practice Staff Influenza Vaccination Program data **must** be sent each fortnight to the Immunisation Unit (fax: 5124 9307 or email: immunisation@act.gov.au). Influenza Vaccine Record Forms will be provided by the VMU team in the Influenza information packs at the start of the season.

Documentation of all vaccine doses administered must be electronically entered on the Australian Immunisation Register (AIR) to maintain accurate health records and vaccine coverage rates.

Mandatory Reporting to AIR

The [Australian Immunisation Register Amendment \(Reporting\) Rules 2021](#) were registered on 19 February 2021 and the requirement for mandatory reporting to AIR for Influenza vaccinations began from 1st March 2021.

Adverse Events Following Immunisation

- Ensure you have an up to date process for reporting all adverse events following immunisation (AEFI) to the Health Protection Service
- Consider placing [SmartVax](#) onto your medical software **(this is to assist with adverse event reporting and does not replace the current procedure to report AEFI's in the ACT)**
- You can now use our new online Adverse Event Following Immunisation (AEFI) form for convenience. <https://health.act.gov.au/services-and-programs/immunisation/health-professionals/clinical-information#adverseevents>

National Immunisation Program (NIP) funded influenza vaccines 2022

Check your patient's age

Check that you have the correct vaccine

All influenza vaccines are latex free

Children < 9 years of age will need 2 doses at least 4 weeks apart in their first year of vaccination

Influenza vaccines can be co-administered (on the same day) with COVID-19 vaccines.

Influenza vaccine can be administered as stock becomes available until the vaccine expires

Age

Influenza vaccine image

Vaxigrip Tetra®

6 months to 64 years	All children aged 6 months to 5 years of age, including Aboriginal and Torres Strait Island children and those with certain medical conditions
	People aged 5 to 64 years with medical risk factors predisposing them to severe influenza
	All Aboriginal and Torres Strait Island people aged 6 months to 64 years
	Pregnant women
<i>Registered for ages 6 months and over.</i>	



Fluarix Tetra®

6 months to 64 years	All children aged 6 months to 5 years of age, including Aboriginal and Torres Strait Island children and those with certain medical conditions
	People aged 5 to 64 years with medical risk factors predisposing them to severe influenza
	All Aboriginal and Torres Strait Island people aged 6 months to 64 years
	Pregnant women
<i>Registered for ages 6 months and over.</i>	



Afluria Quad®

5 to 64 years	People aged 5 to 64 years with medical risk factors predisposing them to severe influenza
	All Aboriginal and Torres Strait Island people aged 5 to 64 years
	Pregnant women
	<i>Registered for ages 5 years and over.</i>



Fluad® Quad

65 years and over (only)	All people 65 years and over
	Quadrivalent vaccine
	<i>Registered for ages 65 years and over</i>



Influenza vaccines and vaccination schedule can be viewed at health.act.gov.au/services/immunisation

Eligibility for National Immunisation Program funded influenza vaccines 2022

National Immunisation Program (NIP) Categories

Age	Comments
Children from 6 months to under 5 years	<ul style="list-style-type: none"> • Children up to 9 years of age who are receiving the influenza vaccine for the first time will require 2 influenza vaccines at least 4 weeks apart. • Children who have received one or more doses of influenza vaccine in previous years will only need one dose.
All persons aged ≥65 years	None
Pregnant women (during any stage of pregnancy)	<ul style="list-style-type: none"> • Influenza vaccine is recommended in every pregnancy and at any stage of pregnancy. • Influenza vaccine can safely be given at the same time as pertussis vaccine. • Women who received an influenza vaccine in 2021 can be revaccinated when 2022 influenza vaccine becomes available before the end of their pregnancy. • For women who receive an influenza vaccine before becoming pregnant, revaccinate during pregnancy to protect the unborn infant.
Aboriginal and Torres Strait Islander persons aged 6 months and over	None
All persons aged 6 months and over who have certain medical conditions which increase the risk of influenza-related complications	<ul style="list-style-type: none"> • Cardiac disease • Chronic respiratory conditions • Chronic neurological conditions which affect breathing • Severe asthma (requiring frequent medical consultations or use of multiple medications) • Immunocompromising conditions • Diabetes • Renal disease • Haematological disorders • Children aged 6 months to 10 years on long term aspirin therapy

Timing of vaccination

- The influenza vaccine should be given before Australia's peak influenza months of June to September.
- Optimal protection against influenza occurs within the first 3 to 4 months following vaccination.
- Continue offering the influenza vaccine as long as the vaccines are within their expiry date.
- Influenza vaccines can be co-administered (on the same day) with COVID-19 vaccines.

For further information please contact the Health Protection Service
Immunisation enquiry line on 51249800