



## Australian Technical Advisory Group on Immunisation (ATAGI) advice for immunisation providers regarding the administration of seasonal influenza vaccines in 2017

It is important to read this statement in conjunction with *The Australian Immunisation Handbook 10th edition* available on the [Immunise Australia website](#).<sup>a</sup>

### Key points and updates for 2017:

- Annual vaccination is the most important measure to prevent influenza and its complications.
- Annual influenza vaccination is recommended for any person  $\geq 6$  months of age who wishes to reduce the likelihood of becoming ill with influenza.
- Recent evidence suggests protection against influenza may start to decrease from 3 to 4 months following vaccination and early vaccination needs to be balanced with this. While influenza continues to circulate, it is never too late to vaccinate.
- Only quadrivalent influenza vaccines (QIV) formulations are available in Australia in 2017. Age restrictions apply according to vaccine brand (*refer to Table 1*).
- QIVs are funded on the National Immunisation Program (NIP) in 2017 for the following groups:
  - Aboriginal and/or Torres Strait Islander children aged 6 months to  $<5$  years
  - Aboriginal and/or Torres Strait Islander persons aged  $\geq 15$  years
  - All persons aged  $\geq 65$  years
  - All persons aged  $\geq 6$  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 3*).
  - Pregnant women (during any stage of pregnancy).
- Influenza vaccination is also strongly recommended, but not funded, for other groups who are at increased risk of influenza and its complications (*refer to Table 3 footnote*).
- Persons with egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines. Persons with a history of anaphylaxis to egg can be vaccinated with a full vaccine dose in medical facilities with staff experienced in recognising and treating anaphylaxis.
- Providers are reminded to report all vaccines given to the Australian Immunisation Register.

### The influenza virus strains included in the 2017 seasonal influenza vaccines are:

A (H1N1): an A/Michigan/45/2015 (H1N1)pdm09\* like virus

A (H3N2): an A/Hong Kong/4801/2014 (H3N2) like virus

B: a B/Brisbane/60/2008 like virus

B: a B/Phuket/3073/2013 like virus

\* New strain (differs from strain in 2016 vaccine)

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<sup>a</sup> [www.immunise.health.gov.au](http://www.immunise.health.gov.au)

**Table 1. Seasonal influenza vaccines available for use in Australia in 2017, by age**

<b>Registered age group</b> \ <b>Vaccine</b>	<b>FluQuadri Junior</b> 0.25 mL (Sanofi Pasteur)	<b>FluQuadri</b> 0.50 mL (Sanofi Pasteur)	<b>Fluarix Tetra</b> 0.50 mL (GSK)	<b>Afluria Quad</b> 0.50 mL (Seqirus)
<6 months	<b>No</b>			
6 to 35 months (<3 years)	✓	<b>No</b>	<b>No</b>	<b>No</b>
≥3 to 18 years	<b>No</b>	✓	✓	<b>No</b>
≥18 years	<b>No</b>	✓	✓	✓

**Please note that Seqirus Afluria Quad is NOT registered for use in children aged <18 years.**

**Table 2. Number of doses and volume per dose for influenza vaccines, by age**

<b>Age</b>	<b>Dose volume</b>	<b>Number of doses required</b>	
		<b>In the first year of receiving influenza vaccine</b>	<b>If previously received any doses of influenza vaccine</b>
6 months to <3 years	0.25 mL	2	1
≥3 years to <9 years	0.50 mL	2	1
≥9 years	0.50 mL	1*	1

\* Two doses, at least 4 weeks apart, are recommended for persons with certain immunocompromising conditions (i.e. haematopoietic stem cell transplant or solid organ transplant) receiving influenza vaccine for the first time post transplant (irrespective of their age).

**Table 3. Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for free vaccination under the NIP\***

<b>Category</b>	<b>Vaccination strongly recommended for individuals with the following conditions</b>
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

\* Annual influenza vaccination is also strongly recommended for the following persons, although they are not eligible for free NIP influenza vaccines: Aboriginal and/or Torres Strait Islander children aged 5 years to <15 years; persons with Down syndrome; persons with class III obesity (body mass index  $\geq 40 \text{ kg/m}^2$ ); persons with chronic liver disease; children aged 6 months to <5 years; residents of aged care and long-term residential care facilities; persons who may transmit influenza to children or adults at increased risk of influenza complications (e.g. healthcare workers); homeless people; persons involved in the commercial poultry or pork industry, or in culling poultry or pigs during periods of confirmed avian or swine influenza activity; persons providing essential services; persons travelling during the influenza season, especially if it is known before travel that influenza is circulating in the destination region.