Free flu vaccine for children under five years

Influenza vaccine will be available free to all children aged between six months and under five years through a new ACT Government funded Childhood Influenza Vaccination Program. The new program will commence from April 2018 in time for this year’s flu season.

The National Immunisation Program continues to provide free influenza vaccines for Aboriginal and Torres Strait Islander children in this age group and children with medical conditions predisposing to flu-related health complications.

Two quadrivalent vaccines will be used, which protect against four different flu viruses; two influenza A viruses and two influenza B viruses.

- Children aged 6 months to under 3 years: FluQuadri Junior® (0.25ml pre-filled syringe)
- Children aged 3 years to under 5 years: FluQuadri® (0.5ml pre-filled syringe)

Children up to nine years of age require two doses in the first year they receive the vaccine, with a minimum four week interval between doses.

In the ACT, children under 5 years of age were most affected by last year’s flu season.

ACT Health will be contacting immunisation providers with further information about the program. Distribution of the vaccine commenced in April to coincide with deliveries of seasonal flu vaccine by the ACT Health Vaccine Management Unit.

For additional information visit the ACT Health Immunisation website (health.act.gov.au/our-services/immunisation/whats-new) or contact the Immunisation Unit, Health Protection Service on (02) 6205 2300.
Who should be vaccinated

Influenza vaccine is provided free under the NIP (National Immunisation Program) and ACT Government funded program for:

- Children aged 6 months to under 5 years
- Aboriginal and Torres Strait Islanders 15 years and over;
- Anyone over 65 years;
- Pregnant women and;
- Anyone 6 months old and over who have medical conditions associated with the highest risk of influenza disease complications (including heart conditions, asthma and other lung conditions, diabetes, kidney problems or impaired immunity).

Influenza vaccine is recommended, but not funded, for health care workers, workers at aged care facilities, household contacts of high risk individuals and anyone who wishes to have it.

Healthcare workers and those who work in aged care facilities are exposed to the influenza virus more than others in the community. For this reason, they are more at risk of exposure and also transmission of influenza. To reduce the spread of influenza in these settings, it is highly recommended that annual influenza vaccine is received.

Any adverse events following immunisation should be reported to Health Protection Service on 6205 2300.

Influenza vaccination for pregnant women

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) have recommended that influenza vaccination during pregnancy should be routine. Safety of the vaccine is well established and both maternal and infant benefit is proven. (RANZCOG, *Influenza vaccination during pregnancy statement*. 2011).

Vaccination early in the season, regardless of gestational age is optimal. Unvaccinated pregnant women should be immunised at any time during influenza season. No study to date has shown an adverse consequence of inactivated influenza vaccine in pregnant women or their offspring.

Active placental transfer of maternal antibodies makes influenza vaccine during pregnancy a highly effective measure to protect infants from influenza during the first 6 months of life.
When will flu vaccinations start?

- The Vaccine Management Unit commenced delivering starting stock of flu vaccine and information resources in mid April. You can start immunising as soon as you have the stock in your fridge.
- Remember that influenza vaccine can be administered throughout the year, whenever you have stock in your fridge that has not yet expired.

All vaccines administered should be recorded in the Australian Immunisation Register.

Funded influenza vaccines by age *(Age restrictions apply to all registered vaccine brands)*

<table>
<thead>
<tr>
<th>Registered age group</th>
<th>Vaccine</th>
<th>Quadrivalent</th>
<th>Trivalent (for age ≥65 years only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>FluQuadri Junior 0.25 mL (Sanofi)</td>
<td>FluQuadri 0.50 mL (Sanofi)</td>
</tr>
<tr>
<td>&lt;6 months</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>6 to 35 months (&lt;3 years)</td>
<td>✓</td>
<td>×</td>
<td>×</td>
</tr>
<tr>
<td>≥3 to 17 years</td>
<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>≥18 years</td>
<td>×</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>≥65 years</td>
<td>×</td>
<td>×</td>
<td>×</td>
</tr>
</tbody>
</table>

Recommended doses of influenza vaccine by age

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose volume</th>
<th>Number of doses required in the first year of receiving influenza vaccine</th>
<th>Number of doses required if previously received any doses of influenza vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 months to &lt;3 years</td>
<td>0.25 mL</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>≥3 years to &lt;9 years</td>
<td>0.50 mL</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>≥9 years</td>
<td>0.50 mL</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Influenza virus strains included in the 2018 southern hemisphere seasonal influenza vaccines:
- A (H1N1): an A/Michigan/45/2015 (H1N1)pdm09 like virus
- A (H3N2): an A/Singapore/INFIMH-16-0019/2016(H3N2) like virus
- B: a B/Phuket/3073/2013 like virus
- B: a B/Brisbane/60/2008 like virus (not included in the TIVs)
Data collection

Data on vaccines administered is required to evaluate programs and ascertain coverage rates.

The Influenza & Pneumococcal Vaccine Record Form, antenatal pertussis vaccination data and General practice staff influenza vaccination program data should be sent to the Immunisation Unit (fax: 62051738 or email: immunisation@act.gov.au).

A record of HPV doses administered to be sent to the HPV Register using the HPV Record Form. If your practice does not have a copy of these forms, please contact the Immunisation Information Line on 6205 2300.

Coughs, colds, influenza and gastroenteritis are prevalent during the winter months

These illnesses are spread easily from person to person and during winter we tend to spend more time indoors, having closer contact with one another.

However there are some simple steps you can take to reduce the likelihood of catching or spreading these illnesses:

- Cover your mouth and nose with a tissue when you cough or sneeze. Place dirty tissues in the bin.
- If tissues are not available, cough or sneeze into your inner elbow rather than your hand.
- Wash your hands regularly with soap and water or use an alcohol based hand sanitiser. It is also important to wash your hands before preparing food and eating.
- Keep a distance of at least one metre between yourself and other people if either of you is unwell.
- Stay away from work, school, childcare and other public places when you are unwell.
- Be immunised against the influenza virus each year.
2017 influenza season summary

In the ACT, the 2017 influenza season was larger and more sustained than any influenza season in the previous five years (Figure). Between 1 January and 31 December 2017, there were 3,099 notifications of influenza reported to ACT Health. There were approximately twice as many notifications in 2017 compared to the same period in 2016 (n=1,603) and three times the average number of cases reported during the same period in the previous 5 years (2012-2016; average n=1,058). Generally, notified cases represent only a small proportion of cases of influenza occurring in the community, as cases must present to a health professional, be tested for influenza, and have a positive test result, in order to be notified to ACT Health.

The 2017 season peaked twice, first due to influenza A (presumably A/H3) activity and subsequently due to influenza B activity. Overall, 62.2% (n=1,929) of notifications were influenza A and 37.0% (n=1,147) were influenza B. There were 23 notifications of cases co-infected with influenza A and B. Of the 316 influenza A notifications with subtype information available, 32 (10.1%) were H1N1 and 284 (89.9%) were H3 (presumed H3N2).

In 2017, the rates of influenza notifications were highest in children under 5 years of age (11 per 1,000 children aged 0 to <5 years) and adults aged 65 years and older (15 per 1,000 adults aged ≥65 years).

Despite high activity, the clinical severity of influenza cases in the ACT was similar to previous years. Although there was increased influenza activity in the community, outbreaks of influenza-like illness (ILI) in ACT Aged Care Facilities (ACFs) were similar in 2017 compared to 2016, in terms of both the overall number of outbreaks reported as well as the number of residents affected.

Figure. Number of influenza notifications, by week and year of onset, 1 January 2012 to 31 December 2017, Australian Capital Territory.
Adult Pneumococcal Vaccination Program

Pneumovax23® vaccine is used to prevent life-threatening infections caused by pneumococcal bacteria. The vaccine is available free to anyone 65 years and older, Aboriginal and Torres Strait Islander people 50 years and older, and Aboriginal and Torres Strait Islander people over 15 years old with medical risk factors.

Pneumovax 23® revaccination recommendations

A dose of Pneumovax23® should be given to adults at 65 years of age. Every effort should be made to provide a dose to anyone aged ≥65 years who has not previously received a dose. For non-Indigenous adults aged ≥65 years, a second dose (a single revaccination) of Pneumovax23®, to be given aged ≥5 years after the first dose, is recommended for those who have a condition that predisposes them to an increased risk of invasive pneumococcal disease (Refer to the website Australian Immunisation Handbook, 10th Edn, updated 2015)

A second dose is no longer recommended for those without any of these predisposing conditions.

Recommendations for the use of Pneumovax 23® in those < 65 years, including for Aboriginal and Torres Strait Islander adolescents and adults are available on page 333 of the Australian Immunisation Handbook 10th edition, 2013.

The minimum interval between any 2 doses of Pneumovax 23® is 5 years.

Further information on Influenza vaccine


GP Staff Flu Program 2018

Influenza vaccines for the GP staff influenza program have been delivered. Please ensure the data sheet supplied with the vaccines is completed and returned to HPS