

ACT Influenza 2023 Immunisation Provider Kit



HEALTH PROTECTION
SERVICE



ACT Health

Contents

Introduction	3
2023 Influenza season	3
2023 Influenza vaccines	4
Be prepared for 2023 influenza season	4
2023 Influenza vaccination campaign	4
Vaccine delivery	5
Government funded vaccine ordering	5
Before accepting your first influenza vaccines:.....	5
Cold Chain Management	5
Who is eligible for NIP funded influenza vaccine?	6
Pregnant women	6
Children aged 6 months to under 5 years	6
People aged 65 years and over	7
All Aboriginal and Torres Strait Islander people aged 6 months and over	7
Medically at-risk patients	8
Influenza vaccine safety	8
Vaccine Contraindications	9
Adverse Events Following Immunisation (AEFI)	9
Reporting vaccinations to the Australian Immunisation Register	10
Three ways to record information on the AIR.....	10
How to get the immunisation message to consumers	11

Introduction

Annual influenza vaccination is recommended for all people aged six months and over (unless contraindicated) to reduce their chance of becoming ill with influenza.

ACT Health Immunisation Unit has developed a toolkit to assist all ACT immunisation providers with the managing of the 2023 National Immunisation Program (NIP) influenza program. This product will assist with the delivery and implementation of the influenza vaccination program along with providing support for immunisation providers.

2023 Influenza season

The Australian Technical Advisory Group on Immunisation (ATAGI) has provided advice to support immunisation providers ahead of this year's influenza season. The 2023 ATAGI Statement is provided on the Australian Government Department of Health website <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2023%0c>.

Overview of key points and updates for 2023

- Annual vaccination is the most important measure to prevent influenza and its complications. Influenza vaccine is recommended for all people ≥ 6 months of age.
- All vaccinations must be recorded on the Australian Immunisation Register (AIR).
- In 2022, there was a resurgence of influenza virus circulation arising from the reopening of international borders. In 2023, seasonal influenza activity is expected to continue, and the importance of influenza vaccination should be emphasised.
- Children < 5 years of age, pregnant women and Aboriginal and Torres Strait Islander people are groups identified for increased efforts in 2023.
- Influenza vaccines can be co-administered (given on the same day) as any COVID-19 vaccine. This is a good opportunity to check all recommended vaccinations are up to date.
- For adults aged ≥ 65 years, both the adjuvanted (Fluad® Quad) and high dose influenza vaccine (Fluzone High Dose Quadrivalent) are preferentially recommended over standard influenza vaccine. There is no preference for use between either Fluad® Quad or Fluzone High-Dose Quadrivalent in this age group.
- If a person had a 2022 influenza vaccine in late 2022 or early 2023, they are recommended to receive a 2023 formulation of influenza vaccine when it becomes available.

Optimal protection against influenza occurs within the first three to four months following vaccination. Timing of vaccination should aim to achieve the highest level of protection during peak influenza season (June to September). However, influenza epidemiology may be atypical this year, particularly in the context of COVID-19 and the return of international travel. Some Northern Hemisphere countries have seen a concurrent surge of influenza and COVID-19 activity.

Influenza vaccine should be offered to all infants at 6 months of age, at any time of year where vaccine is available with a second dose being needed at least one month after.

Pregnant women should be vaccinated at any time during the year.

2023 Influenza vaccines

In 2023 there are four influenza vaccines provided under the NIP registered for use in specific age groups. All 2023 vaccines available are quadrivalent influenza vaccines (QIVs).

ATAGI STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2023

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2023, by age

Vaccine Registered age group	Vaxigrip Tetra 0.5 mL (Sanofi)	Fluarix Tetra 0.5 mL (GSK)	Afluria Quad 0.5 mL (Seqirus)	FluQuadri 0.5 mL (Sanofi)	Influvac Tetra 0.5 mL (Viatris)	Flucelvax Quad 0.5 mL (Seqirus)	Fluad Quad 0.5 mL (Seqirus)	Fluzone High-Dose Quad 0.7 mL (Sanofi)
6 to 24 months (<2 years)	✓	✓	X	✓	✓	X	X	X
≥2 to <5 years	✓	✓	X	✓	✓	✓	X	X
≥5 to <60 years	✓*	✓*	✓*	✓	✓	✓	X	X
≥60 to <65 years	✓*	✓*	✓*	✓	✓	✓	X	✓
≥65 years	✓	✓	✓	✓	✓	✓	✓	✓

Ticks indicate age at which a vaccine is registered and available. White boxes indicate availability for free under the NIP.

* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Table 2. Influenza virus strains included in the 2023 Southern Hemisphere seasonal influenza vaccines

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Sydney/5/2021 (H1N1) pdm09-like virus	A/Sydney/5/2021 (H1N1) pdm09-like virus
A/Darwin/9/2021 (H3N2)-like virus	A/Darwin/6/2021 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus	B/Phuket/3073/2013 (B/Yamagata lineage)-like 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.

The 2023 ACT Influenza Immunisation Schedule is provided at [Appendix A](#).

Be prepared for 2023 influenza season

2023 Influenza vaccination campaign

Government programs promoting the 2023 Influenza Vaccination Program will commence following delivery of vaccines to ensure all providers have stocks. Providers can commence vaccinations once supplies are received, however please note that the influenza vaccine rollout dates may vary between providers by a few days.

Vaccine delivery

Government funded vaccine ordering

NIP funded influenza vaccines will be delivered to all immunisation providers in early April depending on availability of vaccines from the Australian Government.

The initial delivery of NIP influenza vaccine is based on the previous year's usage and on your fridge capacity. Staff at the Vaccine Management Unit (VMU) will review all provider fridge capacity for vaccine storage and determine the amount of stock that can safely be stored within your fridge. The VMU team will then deliver a predetermined amount to ensure all providers receive a base stock. After this initial delivery, vaccines can be ordered **at least 2 working days prior** to scheduled delivery date using the order form at [Appendix B](#).

Unscheduled orders may take up to 10 business days for delivery.

Before accepting your first influenza vaccines:

- Consider developing an influenza vaccination plan (review your patient/ clientele ages, how many clinics will be needed and what time and days of the week they are run).
- Consider estimating how many vaccines will be required to sustain this plan and maintain stock levels.
- Check to make sure you have a monitored vaccine fridge that has the space to safely store the amount of stock you plan on ordering for your clinics. VMU will review fridge capacity and will only leave vaccines if it is deemed safe to do so.
- Consider utilising a second vaccine fridge (contact VMU to arrange an additional datalogger).
- Review and maintain [National vaccine Storage Guidelines: Strive for 5](#).
- Place subsequent orders **at least 2 working days prior** to scheduled delivery date.

It is important to identify patients eligible for NIP funded influenza vaccine. This will assist with promotion and delivery of the vaccination program within your practice. Utilising message boards, practice webpages, reminder texts and social media will improve the uptake of your influenza vaccination program.

Cold Chain Management

Cold chain is the system of transporting and storing vaccines within the safe temperature range of +2°C to +8°C.

All immunisation providers responsible for ordering, storing, and administering vaccines must understand the principles of vaccine storage.

The [National Vaccine Storage Guidelines: Strive for 5](#) provide best practice guidelines for storing vaccines and managing the cold chain. Resources are available from the [National Vaccine Storage resource collection](#). Vaccines should be stored in a dedicated, purpose-built vaccine fridge.

A breach occurs when vaccines experience temperatures outside of the recommended +2°C to +8°C range. **If a breach occurs:**

- **Quarantine vaccines immediately AND**
- **Contact the Immunisation Unit on (02) 5124 9800 to report the breach as soon as possible.**

Further information on Cold Chain Management can be found in the Immunisation Provider Toolkit provided by ACT Health.

Who is eligible for NIP funded influenza vaccine?

People eligible for government funded influenza vaccine through the NIP include:

Pregnant women
Children aged 6 months to under 5 years
People aged 65 years and over
All Aboriginal and Torres Strait Islander people 6 months and over
People aged 6 months and over with certain medical risk factors.

Please see the 2023 ATAGI statement at <https://www.health.gov.au/sites/default/files/2023-03/atagi-advice-on-seasonal-influenza-vaccines-in-2023.pdf>.

Pregnant women

Pregnant women are twice as likely to be admitted to hospital as other people with influenza. Influenza vaccination during pregnancy has been shown to be safe and effective in protecting pregnant women from influenza and its complications. Maternal vaccination is the best way to protect newborns against influenza during the critical early months of life. The timing of vaccination depends on the time of the year, vaccine availability and the anticipated duration of immunity. Influenza vaccine can be given at any stage of pregnancy and can be given at the same time as pertussis vaccine and/or COVID-19 but may be given earlier and should not be delayed if the winter influenza season has begun or is imminent. Pregnant women who received an influenza vaccine in 2022 or early 2023 should receive a 2023 influenza vaccine if it becomes available before the end of pregnancy. Women who receive influenza vaccine before becoming pregnant should be revaccinated during pregnancy to protect the unborn infant. Ensure that the flu vaccine is recorded on the woman's antenatal record card.

Children aged 6 months to under 5 years

Influenza vaccine is funded for all children 6 month to under 5 years of age through the NIP program.

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 strains. 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.

In 2023 it is particularly important to increase uptake in children aged 6 months to less than 5 years. In 2022, children experienced the highest rate of influenza infection of any age group. Lower vaccine coverage and reduced exposure to the virus over the past several years puts this cohort at increases the risk of illness.

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

The influenza vaccine can be administered with any other vaccine. There is a possible small increased risk of fever following co-administration of the influenza vaccine and 13-valent pneumococcal conjugate vaccine (13vPCV). Parents/carers of infants or children should be advised of the possible risk and given the option of administering these 2 vaccines on separate days, with an interval of at least 3 days.

People aged 65 years and over

Influenza vaccine is funded for all adults aged 65 years and older through the NIP program. Influenza-associated mortality rates are highest among adults aged ≥ 65 years. Vaccinating elderly people reduces hospitalisations from influenza and pneumonia, and all-cause mortality.

For adults aged ≥ 65 years the adjuvanted QIV, Fludax[®]Quad, is preferentially recommended over standard QIVs. Fludax[®]Quad is funded by the NIP and has been specifically designed to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation. Fludax[®]Quad is not registered for use in people younger than 65 years – its effectiveness and safety has not been assessed in younger populations.

Prevenar 13 (70 years and over) and Zostavax (70-79 years of age) and COVID-19 vaccines should also be opportunistically offered to eligible people at the time of their influenza vaccination if not previously given. In people who are immunocompromised due to a medical condition or medical treatment, consider the safety of giving zoster vaccine on a case-by-case basis. More information can be found at: <https://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/zoster-herpes-zoster>.

All Aboriginal and Torres Strait Islander people aged 6 months and over

Influenza vaccine is funded for all Aboriginal and Torres Strait Islander people aged 6 months and over through the NIP program.

Children aged 6 months to under 9 years require **two doses in the first year** they receive the vaccine and doses should be **at least 4 weeks apart**. Children who have received the influenza vaccine in previous years will only need one dose in current and future seasons.

Prevenar 13 and Pneumovax 23 (50 years and over), Zostavax (70-79 years of age) and COVID-19 vaccines should also be opportunistically offered to eligible Aboriginal and Torres Strait Islander people at the time of their influenza vaccination if required.

Medically at-risk patients

Influenza vaccine is government funded through the NIP program for all people aged 6 months and over with certain medical conditions predisposing them to severe influenza including:

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

Influenza vaccine safety

CAUTION: Age restrictions apply to all vaccines

All influenza vaccines are approved for use in specific age cohorts, based on research and evidence about their clinical safety and effectiveness. With multiple vaccines in use, mistakes can easily be made. If a vaccine medication error occurs, please call the Immunisation unit on 5124 9800 and fill out the [ACT Health Vaccination Medication Reporting Form](https://www.health.act.gov.au/sites/default/files/2022-06/Immunisation%20-%20Vaccination%20Medication%20Error%20Reporting%20Form.pdf) (found at <https://www.health.act.gov.au/sites/default/files/2022-06/Immunisation%20-%20Vaccination%20Medication%20Error%20Reporting%20Form.pdf>). The form should be emailed to Immunisation@act.gov.au.

Recommendations to reduce the risk of off-label use:

- Organise vaccine fridge so that vaccines are quarantined and clearly labelled in separate spaces with signs showing the appropriate age indications, e.g., '6 months to 64 years only' '5 to 64 years only' '65 years and over only'.
- Make sure two clinical staff check vaccines before they are administered.
- Refresh your knowledge of influenza vaccination on the Immunise Australia website <https://www.health.gov.au/topics/immunisation/vaccines/influenza-flu-vaccine> and

Discuss with practice staff, practical steps, and protocols to ensure patients receive the correct vaccine every time.

Vaccine Contraindications

The only absolute contraindications to influenza vaccines are:

- Anaphylaxis following a previous dose of any influenza vaccine.
- Anaphylaxis following any vaccine component.

Egg allergy

Egg allergy is not a contraindication to influenza vaccination. Patients with an egg allergy, including anaphylaxis, can be safely vaccinated with the influenza vaccine. Published evidence indicates the risk of anaphylaxis in patients who are allergic to eggs is very low.

People with a history of anaphylaxis to egg should be vaccinated by healthcare providers experienced in recognising and treating anaphylaxis.

Refer to the Australian Immunisation Handbook and the [Australasian Society of Clinical Immunology and Allergy \(ASCI\) guidelines](#) for additional information on influenza vaccination of individuals with an allergy to eggs.

People with a history of Guillain- Barré syndrome

Influenza vaccination is generally not recommended for people with a history of Guillain-Barré syndrome (GBS) whose first episode occurred within 6 weeks of receiving an influenza vaccine. People with a history of GBS whose first episode was not after influenza vaccination have an extremely low risk of recurrence of GBS after vaccination and the influenza vaccination is recommended for these people. Individual concerns should be discussed, and expert advice sought from the treating physician and/or an immunisation specialist when considering influenza vaccination for a person with a history of GBS.

People receiving immuno-oncology therapy

Some studies that included a small number of patients reported that people receiving cancer immuno-oncology therapies (checkpoint inhibitors) may have a higher risk of immune-related adverse events following immunisation with influenza vaccine, but a more recent study on patients receiving treatment with a single checkpoint inhibitor did not. The clinical importance of this potential interaction is currently inconclusive. Please refer to the Immunisation Handbook online and contact the treating oncologist for consider risks and benefits of vaccination.

Adverse Events Following Immunisation (AEFI)

An adverse event following immunisation (AEFI) is an unwanted or unexpected event following immunisation that may be related to the vaccine itself, its handling or administration, or may occur by coincidence, that is, regardless of the vaccine.

Adverse events following immunisation (AEFI) are notifiable under the Public Health Act 1997. If your patient experiences an AEFI, please complete the online Immunisation Adverse Event Reporting Form available at <https://health.act.gov.au/services-and->

[programs/immunisation/health-professionals/clinical-information#adverseevents](#) or contact the Immunisation Unit on 02) 5124 9800.

General information on AEFI for clinicians can be found on the ACT Health professionals webpage <https://health.act.gov.au/services-and-programs/immunisation/health-professionals>

Reporting vaccinations to the Australian Immunisation Register

From 1 July 2021, it became mandatory for vaccination providers to report all NIP vaccines administered to the Australian Immunisation Register (AIR). This assists in providing a true record of vaccination status for all individuals and in determining immunisation coverage in the ACT. Downloading the latest version of your practice management software will ensure you have access to the latest AIR functionality and vaccine codes.

Three ways to record information on the AIR

1. Use your Practice Management Software (PMS). The details you enter will be able to be transferred from your PMS to the AIR.
 - Make sure you are using the latest version of your PMS, so you have up to date vaccine codes (contact your software vendor for further information).
 - Ensure you select the correct vaccine that has been given to the patient (please ensure that all old batch numbers are deleted off practice software to avoid data entry errors).
2. Use the AIR site. You can record immunisation details using the Identify Individual and Record Encounter functions.
3. Complete the Australian Immunisation Register – immunisation encounter form.

The Department of Human Services (DHS) has published five AIR eLearning education modules to help vaccination providers understand how to access and use AIR site and record vaccination episodes. The seven modules provide detailed steps and screen shots to help with:

- Registering and requesting access to the AIR site
- Accessing the AIR site for the first time
- Submitting information to the AIR
- Recording overseas immunisations
- Recording immunisation medical exemptions
- PRODA education for health professionals

The modules can be viewed at [Australian Immunisation Register \(AIR\) - Health Professional Education Resources \(servicesaustralia.gov.au\)](#) To register as a vaccination provider with the AIR: Complete the application form at: <https://www.humanservices.gov.au/organisations/health-professionals/forms/im004> and forward it via email to Immunisation@act.gov.au

In preparation for the 2023 influenza season, enhancements were made to the Australian Immunisation Register (AIR) on 11 February 2023 to include the addition of new influenza vaccine names to enable better monitoring and reporting of vaccines funded under the NIP.

New Influenza vaccines added to the AIR:

- Afluria Quad (NIP)
- Afluria Quad (Non-NIP)
- Fluarix Tetra (NIP)
- Fluarix Tetra (Non-NIP)

This change will enable vaccination providers to select whether an influenza vaccine is funded under the NIP or purchased on the private market. When reporting to the AIR, vaccination providers will be able to select the relevant vaccine name i.e. (NIP) for NIP funded vaccines and (Non-NIP) for privately purchased vaccines.

How to get the immunisation message to consumers

Promoting vaccination programs is an important element for successful vaccine uptake. It is recommended to utilise current systems practices such as social media, websites and waiting room messaging.

Promotional resources and additional information can be obtained from the ACT Health Immunisation Unit by accessing and filling out the ACT Health Immunisation Resource Order Form on the ACT Health website <https://health.act.gov.au/services/immunisation>

Sharing Knowledge About Immunisation SKAI <http://www.talkingaboutimmunisation.org.au/>

National Centre for Immunisation Research and Surveillance: <http://www.ncirs.org.au/health-professionals/ncirs-fact-sheets-faqs>

Commonwealth Government Department of Health:
<https://www.health.gov.au/funnelback/search?query=resources&f.Topics%7ChealthTopics=Immunisation>

For more information about the program visit:

<http://health.act.gov.au/our-services/immunisation>

and




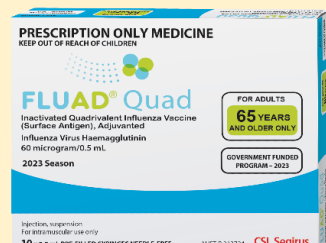
<https://beta.health.gov.au/health-topics/immunisation>

Contact Health Protection Service, Immunisation Unit, on (02) 5124 9800.

Acknowledgment of country.

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

National Immunisation Program (NIP) funded influenza vaccines 2023

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 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	
	Registered for ages 6 months and over.	
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	
	Registered for ages 6 months and over.	
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	
	Registered for ages 5 years and over.	
Flud® Quad		
65 years and over (only)	All people 65 years and over	
	Quadrivalent vaccine	
	Registered for ages 65 years and over	



Vaccine Management Unit Vaccine Order Form

It is essential that this vaccine order is faxed or emailed to the Vaccine Management Unit at least 2 working days prior to your next scheduled delivery. Urgent orders may take up to 10 business days for delivery.

Immunisation providers are encouraged to keep vaccine stocks to a minimum by ordering only the amount of vaccines required for the period until the next scheduled delivery. As a guide – note the number of vaccines used over the last month, plus 10%, then take away the amount of stock on hand.

Practice / Clinic: _____

Urgent Delivery ☐ Reason _____

Scheduled Delivery Date: ____ / ____ / ____

Address: _____

Telephone No: _____

Vaccine	Current Stock Numbers	Doses Required
Act-HIB® (Hib)		
Adacel® / Boostrix® (dTpa) <i>Adolescent and Antenatal</i> from 20 weeks' gestation or as soon as possible after this. Can be given up to delivery		
Infanrix® / Tripacel® (DTPa)		
Infanrix®-Hexa (DTPa, Hib, Polio, Hep B)		
Infanrix®-IPV / Quadracel® (DTPa & Polio)		
IPOL® (IPV)		
Neisvac-C® (MenCCV)		
Nimenrix® (Meningococcal ACWY)		
Pneumovax 23® (Pneumococcal)		
Prevenar 13® (Paediatric) (Pneumococcal)		
Prevenar 13® (Adult) (Pneumococcal)		
Priorix® or MMR®II (MMR)		
Priorix Tetra® / Proquad® (MMRV)		
Rotarix® (Rotavirus)		
Varilrix® / Varivax (Varicella)		
Zostavax® (Herpes Zoster)		
Other:		

Please turn over for influenza and links to HPV, Meningococcal B and Hepatitis B vaccine orders.

HPS-00-0491

Eligibility for National Immunisation Program funded influenza vaccines 2023

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 2022 can be revaccinated when 2023 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.

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

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