

Influenza Immunisation

Provider Toolkit

2021

Department of Health Tasmania

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March 2021

Checklist Timeline

Due	Action	Complete ✓
End of February	Discard 2020 flu vaccine stock	
	Identify at-risk and eligible patients for National Immunisation Program (NIP) and calculate how many vaccines are required for each cohort for your first order. The number of orders per month for flu vaccine is not restricted.	
	Check your fridge capacity to store the vaccines.	
	Ensure access to the Australian Immunisation Register (AIR) through PRODA is obtained for all staff who are administering vaccines.	
From April 7	<p>Place your first vaccine order. Vaccine orders open on April 7th 2021. Send communications to all patients to advise them of your clinic flu program commencement date and remind them of the importance of having a flu vaccine.</p> <p>Advise patients of the timing between receiving COVID-19 and influenza vaccinations in accordance with ATAGI advice.</p> <p>Prioritise giving influenza vaccine to health care workers, particularly those working in aged care settings and any client who will be visiting residential aged care facilities.</p>	
From April 7	First vaccine order delivered	
	Start taking bookings for flu vaccine	
	Display flu campaign posters in your clinic	
	Commence flu immunisation clinics	
	Report all immunisations to the Australian Immunisation Register (AIR)	
Mid-May	<p>Review vaccine uptake – send reminders to patients who have not attended for immunisation and continue to order vaccine according to stock on hand and demand.</p> <p>Consider using a wait list for patients if vaccine demand exceeds your last order.</p>	

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Introduction

This toolkit was developed by NSW Health and adapted by Public Health Services, Department of Health, Tasmania to assist providers with managing the implementation of their flu immunisation program in 2021.

Flu vaccines are also available on the private market. If you are a pharmacy in Tasmania, flu vaccines must be ordered through your wholesaler. Please ensure people with contraindications or precautions to vaccination are referred to a medical practitioner and persons eligible for influenza vaccine under the National Immunisation Program (NIP) are advised that they may obtain free vaccine from a GP.

2021 NIP Flu Vaccines

The Australian Government, through the National Immunisation Program (NIP) provides a free seasonal influenza vaccine to those most at risk of complications from influenza. The following table provides information on age-appropriate NIP vaccines for 2021:

2021 INFLUENZA VACCINES					
AGE GROUP	Fluarix Tetra 0.5mL (GSK)	Vaxigrip Tetra 0.5mL (Sanofi)	Afluria Quad 0.5mL (Seqirus)	Fluad Quad 0.5mL (Seqirus)	Comments
6 MONTHS TO LESS THAN 5 YEARS	✓				<ul style="list-style-type: none"> Vaccines are not recommended for infants less than 6 months of age. Children aged 6 months to less than 9 years receiving the influenza vaccine for the first time require two doses at least 4 weeks apart.
5 YEARS TO LESS THAN 65 YEARS		✓	✓		
65 YEARS AND OLDER				✓	

- The quadrivalent (QIV) Fluad® Quad (Seqirus) contains an adjuvant and is recommended for people ≥65 years of age over other available QIVs.
- Fluarix Tetra® (GSK) can be given from six months of age and should be prioritised for the 6 months to 5 years of age program in Tasmania.
- Fluarix Tetra (GSK), Vaxigrip Tetra (Sanofi), Afluria Quad (Seqirus), Fluad Quad are only funded under the NIP for certain eligible groups – i.e. Aboriginal and Torres Strait Islander people, pregnant women and those with certain medical risk factors.

Note: Afluria Quad® (0.5mL) can only be administered to individuals over five years of age.

In 2021 Fluad Quad® is the vaccine recommended for people aged 65 and over. This vaccine is only available as part of the NIP and is not available on the private market.

Quadrivalent (QIV) Influenza Vaccines

Influenza A & B are two main types of influenza virus that cause disease in humans. **Quadrivalent vaccines (QIV)** contain viruses for both influenza A and B.

The composition of flu vaccines for the Southern Hemisphere is reviewed in September each year by the World Health Organization, and then subsequently determined by the Australian Influenza Vaccine Committee (AIVC). The two predominant influenza A subtypes and two influenza B lineages that are circulating globally, are then included in the current year's vaccine.

Influenza virus strains included in the quadrivalent 2021 seasonal influenza vaccines are:

- A (H1N1): A/Victoria/2570/2019 (H1N1)pdm09-like virus;
- A (H3N2): A/Hong Kong/2671/2019 (H3N2)-like virus;
- B: B/Washington/02/2019-like (B/Victoria lineage)-like virus; and
- B: B/Phuket/3073/2013-like (B/Yamagata lineage)-like virus.

Get Prepared for 2021:

2021 Influenza Immunisation Campaign

Government programs promoting the 2021 Influenza Immunisation Program will commence in April. Providers may schedule clinics once vaccine supplies are received. Please note that not all vaccine brands may be delivered at the same time. Once adult preparations are received, providers should prioritise immunising pregnant women.

For pharmacies and practices that will be ordering flu vaccines through their wholesaler, it is recommended that flu vaccine be administered from mid-April/May onwards in accordance with the advice provided in the "Timing of Immunisation" section (page 12).

Government Funded Vaccine Ordering

Providers can place orders in the vaccine online ordering system from 7th April 2021. Please note that the vaccine warehouse is in Victoria and deliveries do not arrive on Mondays.

You will be asked to report how many vaccines you have in stock when placing all flu vaccine orders.

You can make additional orders per month for flu vaccine if required, to meet the demand in your practice. Vaccine caps will need to be maintained to ensure all providers have equitable access to vaccine stocks.

You should consider the following when placing your first flu vaccine order:

- Calculate how many vaccines your service can provide each day and estimate how many vaccines are needed to maintain stock levels until the next delivery.
- Check your vaccine fridge storage capacity.

- Vaccine brands are age specific. Order vaccine brands appropriate for your patient age cohorts. For example, consider how many patients are aged over 65, children aged six months to less than five years, Aboriginal people aged six months and over, pregnant women, and medically at-risk individuals?
- When placing subsequent orders, calculate how much vaccine you need for your remaining patient cohorts.
- Remember that children aged under nine years require two doses at least four weeks apart in their first year of ever receiving a flu vaccine.
- Consider the number of 2020 flu vaccines your practice discarded. Do not over-order. Remember you can place more than one order per month.

Online Ordering System Messaging

Messages regarding changes to flu vaccine stock availability and any ordering restrictions will be regularly communicated to you via the online ordering system or a primary care update. It is important to regularly check for new communications during the flu season.

Vaccine Delivery

Deliveries of funded NIP vaccine will commence from 7th April 2021, depending on availability of vaccines from the Australian Government. Advice on delivery dates for private market flu vaccines should be sought from wholesalers.

Clearly label your flu vaccine stock to minimise the risk of inappropriate administration.

2021 Influenza Vaccine Basket Labels

2021 INFLUENZA VACCINE
**6 months –
less than 5 years**
• Fluarix Tetra

2021 INFLUENZA VACCINE
**6 months –
less than 5 years**
• Fluarix Tetra

2021 INFLUENZA VACCINE
**6 months –
less than 5 years**
• Fluarix Tetra

2021 INFLUENZA VACCINE
**6 months –
less than 5 years**
• Fluarix Tetra

2021 INFLUENZA VACCINE
5 – 64 years
• Vaxigrip Tetra

2021 INFLUENZA VACCINE
5 – 64 years
• Vaxigrip Tetra

2021 INFLUENZA VACCINE
5 – 64 years
• Vaxigrip Tetra

2021 INFLUENZA VACCINE
5 – 64 years
• Vaxigrip Tetra

2021 INFLUENZA VACCINE
5 – 64 years
• Afluria Quad

2021 INFLUENZA VACCINE
5 – 64 years
• Afluria Quad

2021 INFLUENZA VACCINE
5 – 64 years
• Afluria Quad

2021 INFLUENZA VACCINE
5 – 64 years
• Afluria Quad

2021 INFLUENZA VACCINE
65 years and over
• Flud Quad

2021 INFLUENZA VACCINE
65 years and over
• Flud Quad

2021 INFLUENZA VACCINE
65 years and over
• Flud Quad

2021 INFLUENZA VACCINE
65 years and over
• Flud Quad

Who Should You Target for Funded Vaccines?

Identify your at-risk and eligible patients and remind them about the importance of having an annual flu vaccine (See Appendix 2 for NIP eligibility). In addition to your existing practice software recall/reminder process, consider using your practice webpage, social media (Facebook/Twitter) and your practice noticeboards to promote your flu immunisation program.

NIP vaccines are for high risk groups as per ATAGI guidelines. For non-NIP influenza vaccines, please prioritise health care workers, particularly those working in an aged care setting; and any client who will be visiting residential aged care facilities.

Aboriginal and Torres Strait Islander people

Flu vaccine is funded under the NIP for ALL Aboriginal and Torres Strait Islander people \geq six months of age.

Aboriginal children \leq nine years of age should have two doses at least four weeks apart in the first year they are vaccinated. Both doses are funded.

Offer other age-appropriate vaccines at the same time, for example meningococcal, pneumococcal, and Zostavax vaccines as appropriate.

Children six months to less than five years

Influenza vaccine is funded under the NIP for **ALL** children six months to five years of age. Two doses are recommended in the first year of receiving the vaccine (at least four weeks apart). Both doses are funded.

Children \leq nine years of age should have two doses at least four weeks apart in the first year of receiving the flu vaccine. Both doses are funded. In subsequent years, one dose of vaccine per year is required.

Childhood vaccines: In 2021, two childhood vaccines for children six months to less than five years will be available to order:

- Fluarix Tetra®: in Tasmania this is the preferred vaccine for this cohort, to assist with stock management.
- Vaxigrip Tetra®: can also be used if Fluarix Tetra® is not available.

Please remember that healthy children are also vulnerable to catching the flu. Many children who are hospitalised due to the flu, and who die from flu, have not been offered a flu vaccine.

Please consider active initiatives to improve vaccine uptake in the 6 months to less than 5 year old age cohort. Use reminder/recall systems to send letters, SMS messages or emails to parents of children in your practice advising them of the opportunity to have their child immunised.

Pregnant Women

Influenza immunisation during pregnancy has been shown to be safe and effective.

Immunisation during pregnancy protects pregnant women from influenza and its complications in pregnancy and is the best way to protect newborns against influenza during the early months of life.

The timing of immunisation 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. It can be given at the same time as the pertussis vaccine but should not be delayed if the winter influenza season has begun or is imminent.

Additional information is available at:

www.health.gov.au/resources/videos/influenza-vaccination-in-pregnancy-for-health-care-professionals

Did you know?

Offering vaccine, or recommending vaccine, by an antenatal care provider is one of the strongest predictors of vaccine uptake by pregnant women and should be a routine part of antenatal care.

Medically at-risk Patients

Flu vaccine is funded under the NIP for children and adults with medical risk factors such as severe asthma, lung or heart disease, low immunity or diabetes. Refer to The Australian Immunisation Handbook for more information at:

immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu

People ≥65 Years of Age

In 2021 Flud Quad®, an adjuvanted quadrivalent vaccine, will be the only vaccine provided under the NIP for people ≥ 65 years of age.

Flud Quad® has been specifically designed to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation.

All available QIVs can be used in people aged ≥65 years. However, the specially formulated QIV is recommended in preference to other QIVs for this age group where available.

Note: the normal appearance of Flud Quad® is a milky white suspension.

The risk of mild to moderate injection site reactions may be greater for those aged ≥65 years receiving Flud Quad®. Flud Quad® is not registered for use in people younger than 65 years – its effectiveness and safety has not been assessed in younger populations.

Did you know?

Flud Quad should be given in preference to other available QIVs as it has been specifically designed to create a greater immune response amongst the elderly, who are known to have a weaker response to immunisation

Offer other age-appropriate vaccines at the same time, for example pneumococcal and Zostavax vaccines as appropriate.

Fluad Quad is a quadrivalent vaccine that contains an adjuvant which boosts the immune system's response to the vaccine and provides better protection for people aged 65 years and over.

Other Patients

All patients aged ≥ 5 years of age who are not eligible for funded flu vaccine should be advised that vaccine is recommended and can be purchased privately. These vaccines are available from GPs and authorised pharmacist immunisers (for children aged > 10 years of age).

Influenza Outbreaks in Residential Aged Care Facilities

- Respiratory viral infections occur frequently in Residential Aged Care Facilities (RACF).
- These can be caused by a range of viruses, and are potentially life threatening.
- Visitors to Residential Aged Care Facilities with symptoms of “Influenza Like Illness” (ILI*), or known influenza infection should be excluded from a residential ACF, particularly during the influenza season or if an outbreak is suspected.
- *ILI is defined as the sudden onset of at least one of:
 - Cough (new or worsening), sore throat, shortness of breathAnd, at least one of:
 - Fever or feverishness, malaise, headache, myalgia
- If you have RACF resident/s who meet clinical criteria for COVID-19, liaise with the treating GP, collect the specimen and call the Sonic Healthcare ACF COVID-19 hotline on 1800 570 573 (8 am to 6 pm) to arrange a courier to collect the specimen. After hours, please initiate appropriate precautions (including isolation of the unwell person) and call the following morning.
- To exclude or confirm influenza, don the appropriate personal protective equipment and collect a nasopharyngeal and throat swab (using a red topped “flocked” swab) and place this into the liquid transport media provided.
- Usually in the setting of an influenza outbreak further cases of ILI are assumed to be due to influenza and should be treated as such. However, with the ongoing COVID-19 pandemic in 2021 it is advisable to discuss influenza outbreaks in aged care facilities with Public Health and to test for influenza, COVID-19 and other respiratory viruses.
- Three or more cases of ILI or confirmed influenza in residents or staff over a 72 hour period suggest an influenza outbreak. Public Health should be informed. Please call the Public Health Hotline – 1800 671 738.

Management of influenza outbreaks in RACF

Public Health recommend the *Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential Care Facilities in Australia*

www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm

If you have patients in aged care facilities, please discuss influenza planning with the facility prior to the influenza season. Consider section 6.2.9, “Antiviral medication during an outbreak”. The appendices contain an outbreak preparedness checklist and an antiviral treatment and prophylaxis decision-making tool.

Optimal Time for Immunisation

Annual immunisation before the onset of each influenza season is recommended. The peak of influenza activity can vary from season to season. Typically, it occurs between June and September in Tasmania.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that optimal protection lasts for three to four months following immunisation. Therefore, immunisation from mid-April/May onwards is likely to result in peak immunity during the flu season. **However, the COVID-19 pandemic is presenting additional logistic challenges and consideration of the timing of influenza vaccine and COVID-19 vaccine is needed (see ‘ATAGI advice on influenza and COVID-19 vaccines’ below). It is recommended that the preferred minimum interval between a COVID-19 vaccine dose and any other vaccine (including influenza vaccine) is 14 days.**

It is never too late to receive a flu vaccine and immunisation should continue to be offered if influenza viruses are circulating and vaccine is available.

Other considerations for vaccine timing:

- Prioritise giving influenza vaccine to health care workers, particularly those working in an aged care settings and any clients who will be visiting RACF.
- Pregnant women should be immunised at the earliest opportunity. In accordance with the Australian Immunisation Handbook, a second influenza vaccine can be given to pregnant women if the previous year’s vaccine was given earlier in the pregnancy. Women under the care of a private obstetrician should have their flu immunisation status assessed as they may not have received it from their obstetrician.
- People travelling to a country where flu is circulating should preferably be immunised two weeks before travel.
- Young children aged 6 months to ≤ 9 years require two doses in their first year of immunisation (given at least four weeks apart). Ideally offer vaccine to these children as soon as stock becomes available. Should a child not receive two doses in their first year, they only require one dose the following year.

ATAGI advice on influenza and COVID-19 vaccines

- Scheduling and co-administration of influenza and COVID-19 vaccines on the same day is not recommended
- It is recommended that a minimum of 14 days is observed between a seasonal flu vaccine and any COVID-19 vaccine (Pfizer or AstraZeneca)
- It is generally recommended that if a person is eligible for a COVID-19 vaccine in Phase 1a of the roll-out, then they should have the COVID-19 vaccine as soon as it is available to them. They should then receive an influenza vaccine after they have had both doses of Pfizer vaccine (Cominarty) or 14 days after the first dose of AstraZeneca vaccine.
- If a person is eligible for COVID-19 vaccine in later phases of the rollout, then they should have the influenza vaccine as soon as it is available, then then receive their COVID-19 vaccine at least 14 days afterwards when it is available to them.
- If a flu vaccine has been inadvertently co-administered or given within a shorter interval than 14 days with a COVID-19 vaccine, re-vaccination with either vaccine is not considered necessary.

For more information about ATAGI advice on flu vaccines and the COVID-19 vaccine rollout, visit;

www.health.gov.au/resources/publications/covid-19-vaccination-atagi-clinical-guidance-on-covid-19-vaccine-in-australia-in-2021

Reporting to the Australian Immunisation Register (AIR)

As of 1 March 2021, it is mandatory to report all influenza and COVID-19 vaccines to the Australian Immunisation Register (AIR). From 1 July 2021, reporting of all NIP vaccines to the AIR will be mandatory. The AIR accepts data for people of all ages. This will ensure complete immunisation records for your patients including the availability of this information in the My Health Record.

How to report influenza immunisations to the Australian Immunisation Register (AIR)

The Australian Government has advised that Influenza vaccinations must be reported to the Australian Immunisation Register (AIR) from 1 March 2021 while other NIP vaccines must be reported from 1 July 2021. This will ensure complete vaccination records for your patients including the availability of this information in their My Health Record. How to report influenza vaccinations to the AIR

There are two 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.

2. Use the AIR website via PRODA. All Immunisation Providers are now required to link AIR through their business PRODA account. If you are currently using the authentication file method of accessing AIR it is recommended that you transition to PRODA (HPOS) access as soon as possible. Information for organisations and PRODA can be found here ([PRODA \(Provider Digital Access\) - How to register an organisation - Services Australia](#)). Each individual that works in the organisation and requires AIR access will also need to register for an individual PRODA account.

Flu Vaccine Effectiveness

Vaccine effectiveness refers to the reduction in clinical outcomes due to immunisation in the “real world”. These outcomes may include disease incidence, or other measures such as general practice attendance with disease, or hospital admission with disease.

The effectiveness of the influenza vaccine varies from season to season because the vaccine viruses may not completely match the circulating influenza viruses that are infecting people.

In general, influenza vaccine effectiveness has been found to vary between 40-60%. This implies that, on average, an immunised person is 40-60% less likely to experience the outcome being measured (e.g. influenza leading to attendance at a general practice or hospitalisation) than an unimmunised person.

There is no evidence for the effectiveness or safety of giving two influenza vaccines in one season, except in very specific circumstances (e.g. in children under nine years receiving vaccine for the first time, and post-transplant). **Giving a ‘booster’ dose later in the season is not currently recommended.**

Vaccine effectiveness is generally lower in older people than in younger adults and children.

In previous years, the flu vaccine in Australia has been estimated to be 68% effective in preventing presentation at the GP or outpatient department and also 58% effective in preventing hospitalisation.

A full report is available at:

www.health.gov.au/internet/main/publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm

A useful Australian Government resource Questions About Vaccination is available that may help you answer patient questions and concerns about vaccination, particularly if patients have concerns that the flu vaccine gives them the flu. It is available at:

beta.health.gov.au/resources/publications/questions-about-vaccination

Flu Vaccine Safety

There is extensive surveillance that demonstrates that the influenza vaccines now used in Australia have an excellent safety profile, including [AusVaxSafety data](#).

More information and weekly updates on AusVaxSafety is available at:

www.ncirs.org.au/ausvaxsafety/current-ausvaxsafety-surveillance-data

Egg allergy is not a contraindication to influenza vaccine. People with an egg allergy, including anaphylaxis, can safely receive influenza vaccines.

People with a history of anaphylaxis to egg should:

- receive their influenza vaccine in a medical facility with staff experienced in recognising and treating anaphylaxis
- remain under supervision in the clinic for at least 30 minutes after receiving the vaccine
- receive a full age-appropriate vaccine dose; do not split the dose into multiple injections (for example, a test and then the rest of the dose)

For children with severe egg allergy, immunisation under medical supervision can also be arranged through the Paediatric outpatient clinic at the Royal Hobart Hospital.

Latex allergy: All vaccines supplied under the NIP in 2021 are latex free.

A *flu immunisation decision aid* is available in Appendix 1 to assist you with conducting a pre-immunisation assessment with your patients.

Report Adverse Events Following Immunisation

An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation and which does not necessarily have a causal relationship with the usage of the vaccine. It may be related to the vaccine itself or to its handling or administration.

AEFIs are now reported to the Communicable Disease Prevention Unit in the Tasmanian Department of Health. The AEFI reporting form may be completed and emailed to tas.aefi@health.tas.gov.au, or faxed to (03) 6173 0821. Information and the form may be found at: www.dhhs.tas.gov.au/publichealth/communicable_diseases_prevention_unit/immunisation/reporting_adverse_events_following_immunisation

Alternatively, providers may phone the Public Health Hotline and request assistance from the Immunisation team on 1800 671 738. AEFI may still be reported directly to the TGA if desired.

Vaccine Storage and Cold Chain Management

Vaccines must always be stored within the recommended temperature range of +2°C to +8°C. Correct storage and handling of vaccines is vital to maintaining vaccine potency and ensuring vaccines are safe and effective for patient administration.

The [National Vaccine Storage Guidelines: Strive for 5 \(current edition\)](#) provide information and advice for vaccine storage management.

If vaccine storage temperatures have been outside the recommended range of +2°C to +8°C, you should follow your cold chain breach protocol. All cold chain breaches must be reported immediately to Public Health on 1800 671 738. There is a public health nurse on call 24/7. You will be provided with advice regarding vaccine disposal and cold chain management.

Useful Resources

Department of Health, Tasmania website

flu.tas.gov.au/about_influenza

Commonwealth website

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

NCIRS website

www.ncirs.org.au/health-professionals

ATAGI statement 2021

www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2021

ATAGI advice on influenza and COVID-19 vaccines

www.health.gov.au/resources/publications/covid-19-vaccination-atagi-advice-on-influenza-and-covid-19-vaccines

Guidelines for the Prevention, Control and Public Health Management of Influenza Outbreaks in Residential care Facilities

www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm

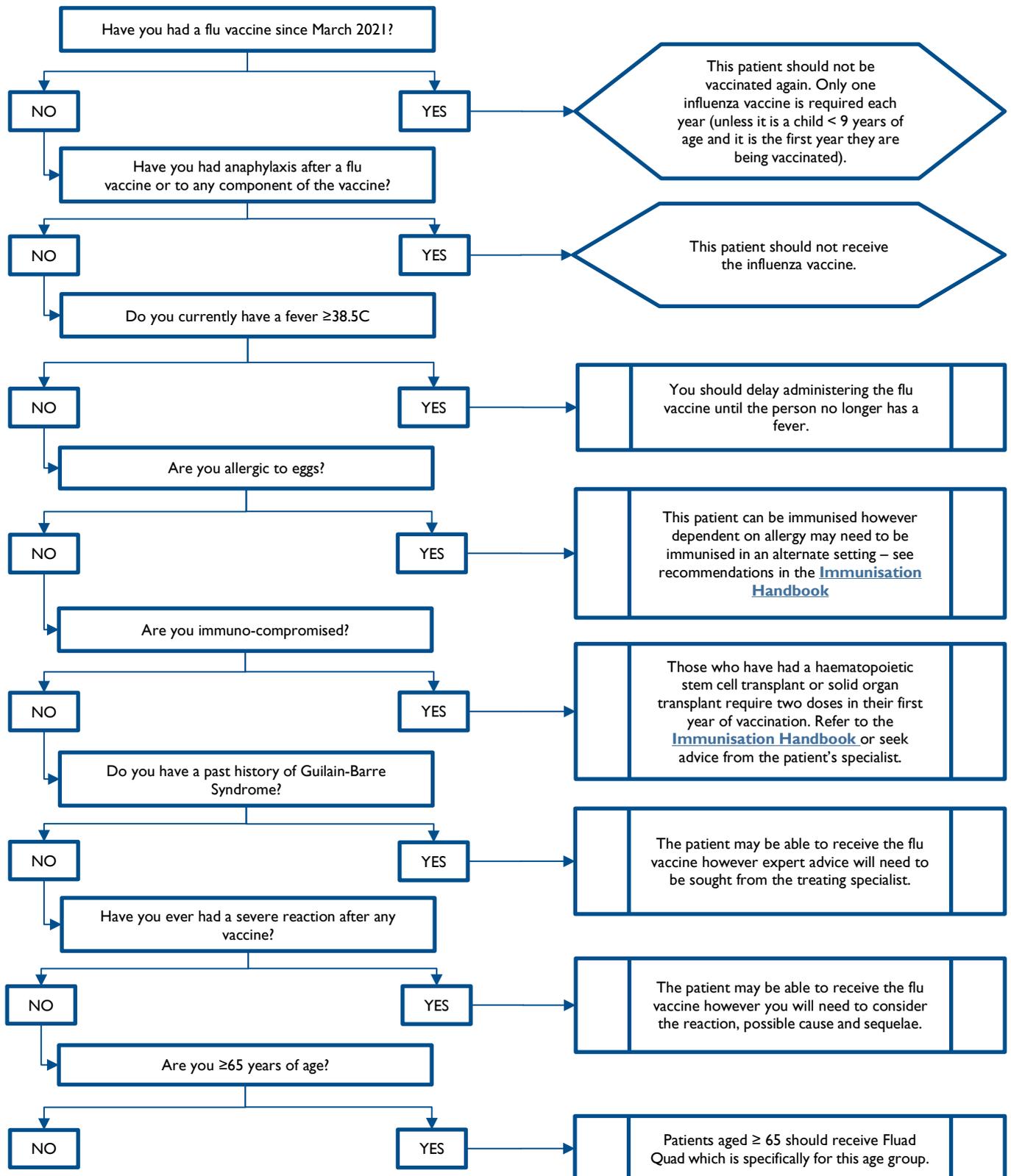
A useful Australian Government resource *Questions About Vaccination* is available at:

beta.health.gov.au/resources/publications/questions-about-vaccination

AusVaxSafety website at: www.ausvaxsafety.org.au

Appendix I:

Flu Immunisation Decision Aid – Adults



Appendix 2:

Table 1: Medical conditions that are associated with an increased risk of influenza complications and for which individuals are eligible for vaccination under the NIP* Category.

ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/influenza

Category	Vaccination strongly recommended for (but not limited to) people with the following clinical conditions
Cardiac disease	Cyanotic congenital heart disease Congestive heart failure Coronary artery disease
Chronic respiratory conditions†	Severe asthma (for which frequent medical consultations or the use of multiple medications is required) Cystic fibrosis Bronchiectasis Suppurative lung disease Chronic obstructive pulmonary disease (COPD) Chronic emphysema
Chronic neurological conditions†	Hereditary and degenerative CNS diseases† (including multiple sclerosis) Seizure disorders Spinal cord injuries Neuromuscular disorders
Immunocompromising conditions‡	Immunocompromised due to disease or treatment (e.g. malignancy, transplantation and/or chronic steroid use) Asplenia or splenic dysfunction HIV infection
Diabetes and other metabolic disorders	Type 1 diabetes Type 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

* Note: ATAGI also strongly recommends influenza vaccination for people who have the following conditions (but vaccination **is not** funded under the NIP for such people unless they also fall under one of the categories in the table above):

- Down syndrome
- obesity, defined as body mass index (BMI) ≥ 30 kg/m²
- chronic liver disease (defined as histological evidence of fibrosis or cirrhosis, or clinical evidence of chronic liver disease).

Further details are provided here: immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu

† People who have any condition that compromises the management of respiratory secretions or is associated with an increased risk of aspiration should be vaccinated.

‡ People with certain immunocompromising conditions (i.e. haematopoietic stem cell transplant, solid organ transplant) receiving influenza vaccine for the first time post transplant are recommended to receive 2 vaccine doses at least 4 weeks apart (irrespective of age) and 1 dose annually thereafter.