

Influenza Immunisation Provider Toolkit

March 2022

Acknowledgement

This toolkit was developed by NSW Health and has been adapted, with permission from NSW Ministry of Health, by Public Health Services Tasmania to assist providers with managing the implementation of their influenza Immunisation program in 2022.

www.health.nsw.gov.au

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March 2022

Checklist Timeline

Due 2022	Action	Complete
End of March	<ul style="list-style-type: none"> • Discard 2021 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 PRODA access to the Australian Immunisation Register (AIR) is obtained for immunising staff 	
April	<ul style="list-style-type: none"> • Place your first vaccine order from 4 April 2022. • Send communications to all patients reminding them of the importance of having a flu vaccine and commencement of the program. • In 2022, prioritise giving influenza vaccine to children aged between 6 months to less than 5 years, pregnant women, people with eligible medical conditions, people over 65 years of age and all Aboriginal and Torres Strait Islander people. 	
April	<ul style="list-style-type: none"> • 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)¹ 	
Mid-May	<ul style="list-style-type: none"> • Review patient vaccine uptake – send reminders to eligible patients who have not attended for immunisation and continue to order according to stock-on-hand and demand. • Consider using a wait list for patients if vaccine demand exceeds your last order 	

¹ Australian Immunisation Register for health professionals - Services Australia
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Introduction

Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people \geq six months of age.

Since April 2020, influenza activity has remained at historically low levels, primarily because of the COVID-19 pandemic. Influenza vaccine uptake was much lower in 2021 across all population groups, especially children. This, combined with the absence of influenza circulating since April 2020 has meant that the proportion of the population susceptible to influenza is higher than usual. With international borders open and pandemic restrictions easing, Australians may be vulnerable to a resurgence of influenza.

It will be very important to achieve high influenza vaccine coverage among the NIP-eligible population this year, especially children aged 6 months to 5 years.

The best protection from both influenza and COVID - 19 is to receive an influenza vaccine each year as well as to be fully vaccinated for COVID - 19.

The Australian Technical Advisory Group on Immunisation (ATAGI) has advised that influenza vaccines can be co-administered (given on the same day) with a COVID - 19 vaccine. Studies demonstrate the safety and immunogenicity of co-administration of COVID - 19 and influenza vaccines, and COVID - 19 boosters could be a prompt for influenza vaccination.

Both COVID - 19 and influenza vaccines can be co-administered with other vaccines if required. Additionally, there is no concern in offering a COVID - 19 vaccine to someone recently vaccinated with other vaccines or vice-versa, assuming the person on the day of vaccination is well and otherwise has no contraindications to vaccination, for example a high fever.

Only one dose of influenza vaccine should be given in each season. The only exceptions to this are if a person has recently had a haematopoietic stem cell transplant or solid organ transplant, or if a pregnant woman requires a second dose (see pregnant women section).

[See the 2022 ATAGI statement on the administration of seasonal influenza vaccines in 2022²](#)

Privately Purchased Influenza Vaccines

Influenza vaccines are available to purchase on the private commercial market. Privately purchased influenza vaccines must be ordered through your vaccine wholesaler.

Government Funded Influenza Vaccines

The Australian Government Department of Health, through the National Immunisation Program (NIP) provides a free seasonal influenza vaccine to those people most at risk of complications from influenza. These people may access free influenza vaccine through their general practitioner (GP) or local council immunisation clinic.

² <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2022>
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In 2022 NIP funded influenza vaccines will also be available from pharmacies, giving greater accessibility to vulnerable groups. If a person presents to a pharmacy for influenza vaccination and is found to have contraindications or precautions to vaccination, they should be referred to a GP.

2022 NIP Funded Influenza Vaccines

2022 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"> Influenza 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				✓	<ul style="list-style-type: none"> Influenza vaccines can be co-administered with all vaccines (including COVID-19 vaccines)

2022 Southern Hemisphere seasonal influenza strains

Egg Based Influenza Vaccines	Cell-based Influenza Vaccines
A/Victoria/2570/2019 (H1N1)pdm09-like virus	A/Wisconsin/588/2019 (H1N1)pdm09-likevirus
A/Darwin/9/2021 (H3N2)-like virus	A/Darwin/9/2021 (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

Get Prepared for 2022

2022 Influenza Immunisation Campaign

Government programs promoting the 2022 Influenza Immunisation Program will commence in April. Providers may schedule clinics once vaccine supplies are received. Please note that all vaccines may not be delivered at the same time.

General practices ordering private influenza vaccines through their wholesaler, are being recommended to commence administering these vaccines no earlier than mid-April to May onwards in accordance with the ATAGI advice provided.

Additionally, 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.

Government Funded Vaccine Ordering

Providers can place orders on the vaccine online ordering system from Monday, 4 April 2022. Please note that the Tasmanian vaccine warehouse is situated in Victoria

Deliveries will never arrive on a Monday.

When placing all influenza vaccine orders you will be asked to report how many influenza vaccines you have in stock. You do not need to count all other NIP vaccines in your fridge if you are only placing an influenza vaccine order.

The number of orders per month for influenza vaccine is not restricted.

You should consider the following when placing your first influenza 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.
- When placing subsequent orders, calculate how much vaccine you need for your remaining patient cohorts.
- Remember that children aged under nine years of age require two doses at least four weeks apart in their first year of ever receiving an influenza vaccine.

Online Ordering System Messaging

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

Vaccine Delivery

Deliveries of funded vaccine will commence in early April 2022 depending on availability of vaccines from the Australian Government. Advice on delivery dates for private market influenza vaccines should be sought from wholesalers.

Clearly label your influenza vaccine stock to minimize the risk of inappropriate administration. Refer Appendix 3 for advice on 2022 Vaccine Basket Labels.

Who Should You Target for Funded Vaccines?

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

National Immunisation Program (NIP) vaccines are **only** for high-risk groups as per ATAGI guidelines. For non-NIP influenza vaccines, please prioritise health care workers, particularly those working in residential aged care facilities (RACF); and clients who will be visiting a RACF.

Aboriginal and Torres Strait Islander people

All Aboriginal and Torres Strait Islander people from six months of age and over are eligible for funded Influenza vaccine under the NIP.

Aboriginal and Torres Strait Islander children under nine years of age should have two doses at least four weeks apart in the first year they receive an influenza vaccine. Both doses are funded.

Offer other appropriate vaccines at the same time, for example Prevenar 13 /Pneumovax 23 (50 years and over) and Zostavax (70-79 years of age) vaccines.

Children Six Months to Less than Five Years

All children > six months to under nine years of age should have two doses at least four weeks apart in the first year of receiving the influenza vaccine. Both doses are funded. In subsequent years, one dose of vaccine per year is required.

Even healthy children are vulnerable to catching the influenza virus and experiencing severe outcomes. In previous years large numbers of children have been hospitalised due to influenza, and those who died from influenza, had not been offered an influenza vaccine by their GP or specialist.

Please consider active initiatives to improve vaccine uptake in the six month to less than five-year-old age cohort. Use reminder/recall systems to send letters, SMS messages or emails to parents of children who attend 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.

Pregnant women should be immunised at the earliest opportunity. 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.

In accordance with the Australian Government Department of Health's Australian Immunisation Handbook, the 2022 influenza vaccine can be given to pregnant women if the 2021 vaccine was given earlier in the pregnancy.

For women who receive influenza vaccine before becoming pregnant, revaccination is recommended during pregnancy to maximise the protection of the mother and the infant in the first six months of life.

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

Influenza 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 on Influenza.](#)³

People 65 Years and Older

In 2022 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 stimulate a greater immune response amongst the elderly, who are known to have a weaker response to immunisation.

Please note that once shaken, 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 and over 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.

Fluzone High Dose Quadrivalent is also available for people aged over 60 years but is not NIP funded.

Did you know?

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

Other Patients

All patients aged five years of age and older who are not eligible for funded influenza vaccine should be advised that they can purchase private market influenza vaccine. These vaccines are available from GP's, authorised pharmacist immunisers (for ages 10 and over only) and some local councils.

³ immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu

Optimum 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. 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. Vaccination is the most important measure to prevent influenza and its complications.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that optimal protection occurs in the three to four months following immunisation.

It is never too late to receive a vaccine since influenza can circulate all year round. Immunisation should continue to be offered if influenza viruses are circulating and a valid vaccine (before expiration date) is available.

ATAGI Advice - Co-administration of Vaccines

Influenza vaccine can be co-administered with other vaccines.

Offer other appropriate vaccines at the same time, for example Prevenar 13 (70 years and over) and Zostavax (70-79 years of age) vaccines. ATAGI advice states *'The safety of concomitant administration of the adjuvanted vaccines Flud Quad and Shingrix has not been studied. It is acceptable to co-administer these vaccines on the same day if necessary. However, given the lack of data on co-administration of these adjuvanted vaccines, it is preferable to separate their administration by a few days.'*

[See the ATAGI advice on influenza vaccines and the COVID – 19 vaccines.](#)⁴

Australian Immunisation Register Reporting

It is mandatory to report all NIP funded immunisations (including Influenza vaccines) to the Australian Immunisation Register (AIR). The AIR accepts data about people of all ages. To ensure complete immunisation records for your patients including the availability of this information in the My Health Record, all vaccines including those not NIP funded should be reported to AIR.

⁴ <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2022>

Influenza 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 per cent.

There is no evidence for the effectiveness or safety of giving two influenza vaccines in one season, except in very specific circumstances. For example, in children under nine years of age receiving vaccine for the first time, and post-transplant patients.

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.

[See notifications of influenza by week in Tasmania in the Flutas reports.](#)⁵

A useful Australian Government Department of Health resource [Questions About Vaccination](#)⁶ is available that may help you answer patient questions and concerns about vaccination, particularly if patients have concerns that the influenza vaccine gives them the influenza.

Precautions and contraindications

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 2022 are latex free.

The **Influenza Immunisation Decision Aid** is provided in Appendix I to assist you with conducting a pre-immunisation assessment with your patients.

⁵ <https://www.health.tas.gov.au/health-topics/flu-influenza/flutas-reports>

⁶ <https://.health.gov.au/resources/publications/questions-about-vaccination>

Report Adverse Events Following Immunisation

There is extensive surveillance that demonstrates that the influenza vaccines now used in Australia have an excellent safety profile. **AusVaxSafety** is an active vaccine safety surveillance system that monitors the safety of vaccines in Australia. [Information and weekly updates are available on AusVaxSafety](#)⁷.

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 vaccine. It may be related to the vaccine itself or to its handling or administration.

All AEFIs should be reported to the Communicable Disease Prevention Unit (CDPU) in the Tasmanian Department of Health. [The AEFI reporting form](#)⁸ may be completed and emailed to tas.aefi@health.tas.gov.au, or faxed to (03) 6173 0821.

Alternatively, providers may phone the Public Health Hotline on 1800 671 738 (option 3 then 1) or directly to 6166 0632 and request assistance from the CDPU Immunisation team.

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'](#)⁹ contains 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 seven days a week. You will be provided with advice regarding vaccine disposal and cold chain management.

⁷ www.ncirs.org.au/ausvaxsafety/current-ausvaxsafety-surveillance-data

⁸ Adverse events following immunisation (AEFI) documents | Tasmanian Department of Health

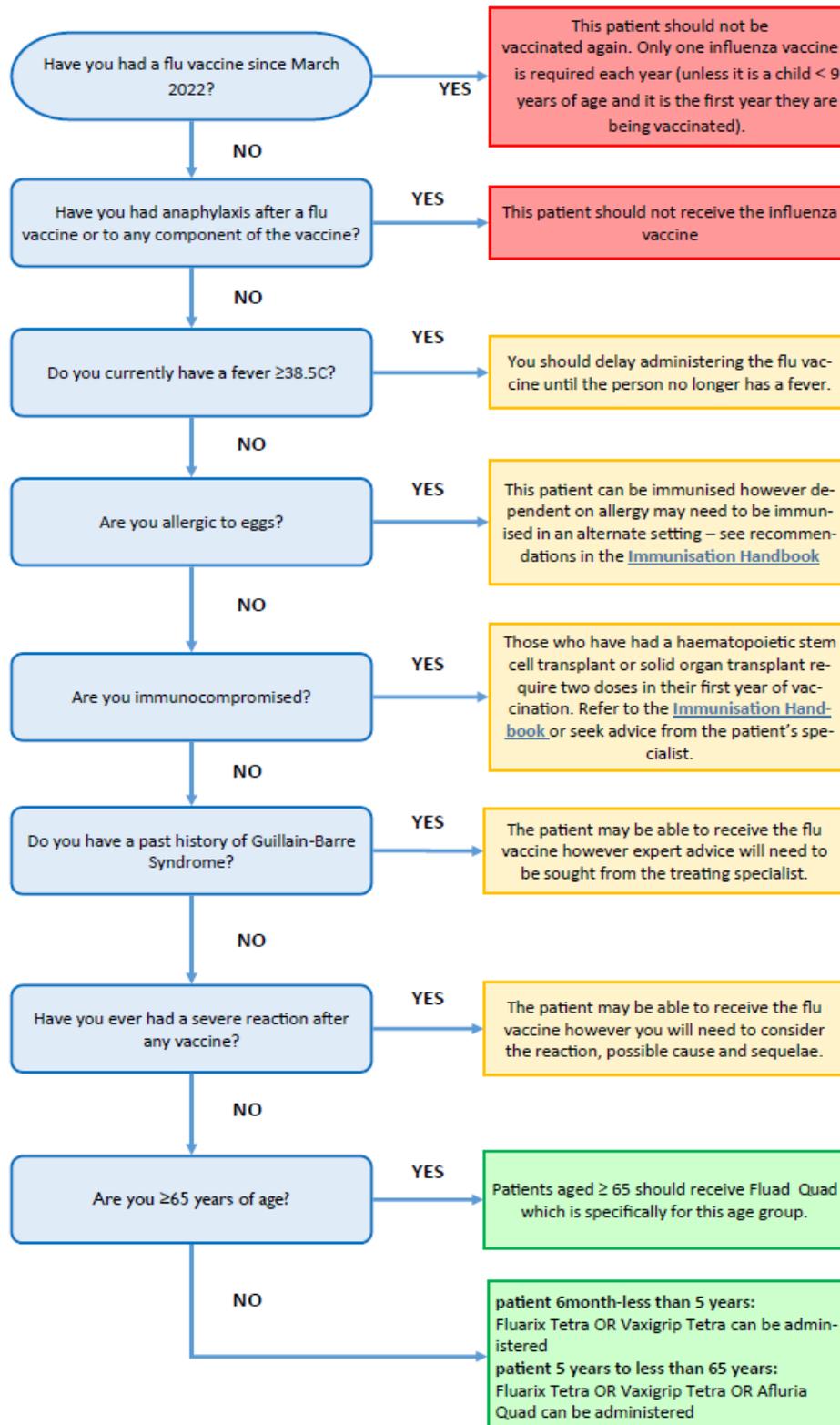
⁹ National Vaccine Storage Guidelines 'Strive for 5' | Australian Government Department of Health

Useful Resources

- Department of Health, Tasmania website flu.tas.gov.au/about_influenza
- Australian Government Department of Health website <https://beta.health.gov.au/health-topics/immunisation>
- National Centre for Research and Surveillance (NCIRS) website www.ncirs.org.au/health-professionals
- Australian Technical Advisory Group on Immunisation (ATAGI) statement 2022 <https://www.health.gov.au/resources/publications/atagi-advice-on-seasonal-influenza-vaccines-in-2022>
- Australian Government Department of Health beta.health.gov.au/resources/publications/questions-about-vaccination
- AusVaxSafety website at: www.ausvaxsafety.org.au

Contact CDPU to speak to an Immunisation Clinical Nurse Consultant by calling 1800 671 738 (Press option 3, then option 1).

Appendix I: Flu Immunisation Decision Aid



Appendix 2: Eligible Medical Conditions

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

† 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.

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 in the [Australian Immunisation Handbook](#),¹⁰ and the [National Centre for Immunisation Research and Surveillance](#)¹¹

¹⁰ immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu

¹¹ ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/influenza

Appendix 3: Influenza Vaccine Basket Labels

<p>2022 INFLUENZA VACCINE</p> <p>6 mths –less than 5 yrs</p> <ul style="list-style-type: none">• FluarixTetra• Vaxigrip Tetra	<p>2022 INFLUENZA VACCINE</p> <p>6 mths –less than 5 yrs</p> <ul style="list-style-type: none">• FluarixTetra• Vaxigrip Tetra
<p>2022 INFLUENZA VACCINE</p> <p>6 mths –less than 5 yrs</p> <ul style="list-style-type: none">• FluarixTetra• Vaxigrip Tetra	<p>2022 INFLUENZA VACCINE</p> <p>6 mths –less than 5 yrs</p> <ul style="list-style-type: none">• FluarixTetra• Vaxigrip Tetra
<p>2022 INFLUENZA VACCINE</p> <p>5yrs – less than 65 yrs</p> <ul style="list-style-type: none">• Fluarix Tetra• Vaxigrip Tetra• Afluria Quad	<p>2022 INFLUENZA VACCINE</p> <p>5yrs – less than 65 yrs</p> <ul style="list-style-type: none">• Fluarix Tetra• Vaxigrip Tetra• Afluria Quad
<p>2022 INFLUENZA VACCINE</p> <p>5yrs – less than 65 yrs</p> <ul style="list-style-type: none">• Fluarix Tetra• Vaxigrip Tetra• Afluria Quad	<p>2022 INFLUENZA VACCINE</p> <p>5yrs – less than 65 yrs</p> <ul style="list-style-type: none">• Fluarix Tetra• Vaxigrip Tetra• Afluria Quad
<p>2022 INFLUENZA VACCINE</p> <p>65 years and older</p> <ul style="list-style-type: none">• Flud Quad	<p>2022 INFLUENZA VACCINE</p> <p>65 years and older</p> <ul style="list-style-type: none">• Flud Quad
<p>2022 INFLUENZA VACCINE</p> <p>65 years and older</p> <ul style="list-style-type: none">• Flud Quad	<p>2022 INFLUENZA VACCINE</p> <p>65 years and older</p> <ul style="list-style-type: none">• Flud Quad

Appendix 4: Influenza Vaccine Pictorial Guide

Influenza Immunisation Program Tasmania — 2022

6 months to less than 5 years

Vaxirip Tetra ® / Fluarix Tetra ®

- All Children aged 6 months—less than 5 years
- Give 2 doses one month apart in their first year of receiving influenza vaccine



5 years to less than 65 years

Vaxirip Tetra ® / Fluarix Tetra ® / Afluria Quad ®

- ALL aboriginal and Torres Strait Islander people aged 5 years to less than 65 years
- Individuals with eligible medical conditions predisposing them to severe influenza
- ALL pregnant women at any stage of pregnancy
- Give 2 doses one month apart for children aged under 9 years if this is their first year of receiving Influenza vaccine.



65 years and over

Fluad Quad ®

- ALL individuals aged 65 years and over
- DO NOT use this vaccine for any other age group

