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AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)
CLINICAL ADVICE

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STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2021

It is important to read this statement in conjunction with the Australian Immunisation Handbook available at immunisationhandbook.health.gov.au.

Overview of key points and updates for 2021

- Annual influenza vaccination is recommended for all people ≥6 months of age. It is the most important measure to prevent influenza and its complications.
- Influenza vaccinations must be recorded on the Australian Immunisation Register (AIR).
- Co-administration of influenza vaccine on the same day as a COVID-19 vaccine is not recommended.
- Administration of an influenza vaccine and a COVID-19 vaccine should be a minimum of 14 days apart.
- A new cell-based influenza vaccine (Flucelvax Quad®) is available but not funded under the National Immunisation Program (NIP).
- For adults aged ≥65 years, the adjuvanted influenza vaccine, Fluad® Quad, is preferentially recommended over standard influenza vaccine.

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2021, by age

Vaccine / Registered age group	**Vaxigrip Tetra** 0.5 mL (Sanofi)	**Fluarix Tetra** 0.5 mL (GSK)	**FluQuadri** 0.5 mL (Sanofi)	**Influvac Tetra** 0.50 mL (Mylan)	**Afluria Quad** 0.5 mL (Seqirus)	**Flucelvax Quad** 0.5 mL (Seqirus)	**Fluad Quad** 0.5 mL (Seqirus)
6 to 35 months (<3 years)	✓	✓	✓	X	X	X	X
≥3 to <5 years	✓	✓	✓	✓	X	X	X
≥5 to <9 years	✓*	✓*	✓	✓	✓*	X	X
≥9 to <65 years	✓*	✓*	✓	✓	✓*	✓	X
≥65 years	✓	✓	✓	✓	✓	✓	✓

Ticks indicate age at which a vaccine is registered and available. Shaded boxes indicate the vaccine is funded under the NIP for eligible people.
* 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 2021 Southern Hemisphere seasonal influenza vaccines

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/2570/2019 (H1N1)pdm09-like virus	A/Wisconsin/588/2019 (H1N1)pdm09-like virus
A/Hong Kong/2671/2019 (H3N2)-like virus	A/Hong Kong/2671/2019 (H3N2)-like virus
B/Washington/02/2019-like (B/Victoria lineage) virus	B/Washington/02/2019-like (B/Victoria lineage) virus
B/Phuket/3073/2013-like (B/Yamagata lineage) virus	B/Phuket/3073/2013-like (B/Yamagata lineage) virus

Virus strains may differ between egg-based and cell-based vaccines if one virus strain cannot be used for both production systems. If this is the case, different virus strains with similar properties are selected.

Highlights for 2021 influenza vaccine formulations

- Flucelvax Quad® is a cell-based influenza vaccine, newly registered for use in adults and children from 9 years of age.

Co-administration with COVID-19 vaccines

- There are no safety or immunogenicity data on co-administration of influenza vaccine and any COVID-19 vaccines.
- Giving an influenza vaccine on the same day as a COVID-19 vaccine is not recommended.
- The preferred minimum interval between influenza vaccine and a dose of COVID-19 vaccine is 14 days.
- Influenza vaccine can be given before or after any dose of a COVID-19 vaccine, with a minimum interval of 14 days.
- When scheduling influenza and COVID-19 vaccines, consider the following principles:
  - *People in phase 1a for COVID-19 vaccination should receive the COVID-19 vaccine as soon as it is available to them, and then receive their influenza vaccine.*
  - *People in later phases for COVID-19 vaccination should receive their influenza vaccine as soon as it is available, and then receive their COVID-19 vaccine when it becomes available to them.*
- For more information, refer to ATAGI's Advice on the relative timing of administering influenza and COVID-19 vaccines in 2021.
- Advice on co-administration may change. The most up to date information will be on the Health website.

Timing of vaccination

- Ideally, people should receive their annual influenza vaccination before the start of the influenza season. The period of peak influenza circulation is typically June to September in most parts of Australia.
- The seasonal pattern of influenza was different in 2020 due to a number of factors. It is not possible to predict what the 2021 influenza season will be like.
- Protection after vaccination is generally expected to last throughout the year. Optimal protection occurs in the first 3 to 4 months after vaccination.
- Vaccination should continue to be offered as long as influenza viruses are circulating and a valid vaccine (before expiration date) is available. Some vaccine brands now have an expiry date of February 2022.
- Revaccination later in the same year is not routinely recommended, but may benefit some individuals due to personal circumstances, such as travel or pregnancy.

Influenza vaccination for pregnant women

- 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.
- Pregnant women who received an influenza vaccine in 2020 should receive a 2021 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.

Eligibility for influenza vaccines funded by the National Immunisation Program

- Annual influenza vaccination is recommended and NIP-funded for all children aged 6 months to <5 years and all adults ≥65 years. It is also recommended for all people 5 to <65 years of age, but only NIP-funded in specific populations in this age group who have an increased risk of complications from influenza. These populations include:
  - *all Aboriginal and Torres Strait Islander people*
  - *people who have certain medical conditions (see Table 3)*
  - *pregnant women during any stage of pregnancy.*

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

Category	Medical 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	Immunocompromise 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

* See the Australian Immunisation Handbook for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.