

# Influenza Immunisation

## Provider Toolkit

2020

Department of Health Tasmania

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## Checklist Timeline

Due	Action	Complete ✓
End of March	Discard 2019 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	
April	Place your first vaccine order. Send communications to all patients reminding them of the importance of having a flu vaccine and commencement of the program from April.  In 2020, prioritise giving influenza vaccine to health care workers, particularly those working in an aged care setting and any client who will be visiting residential aged care facilities.	
April TBC	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 <a href="#">Australian Immunisation Register (AIR)</a>	
Mid-May	Review patient vaccine uptake – send reminders to patients who have not attended for immunisation and continue to order according to stock on hand and demand.	

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## Introduction

This toolkit was developed by NSW Health and adapted by Public Health Services Tasmania to assist providers with managing the implementation of their flu immunisation program in 2020.

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.

## 2020 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 2020:

2020 INFLUENZA VACCINES						
AGE GROUP	Vaxigrip Tetra 0.5ml (Sanofi)	FluQuadri 0.5mL (Sanofi)	Fluarix Tetra 0.5mL (GSK)	Afluria Quad 0.5mL (Seqirus)	Fluad Quad 0.5mL (Seqirus)	Comments
6 MONTHS* TO LESS THAN 5 YEARS	✓	✓	✓			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					✓	

\* No vaccines recommended for infants less than 6 months of age.

Legend:   For use in healthy children.   For use in Aboriginal and Torres Strait Islander people, pregnant women and people who have medical risk factors (see below).

- The quadrivalent (QIV) Fluad® Quad (Seqirus) contains an adjuvant and is recommended for people ≥65 years of age over other available QIVs.
- Vaxigrip Tetra® (Sanofi) can be used for people from six months of age but should be prioritised for the universal six month to five year program.
- FluQuadri® and Fluarix Tetra® can be given from six months of age and should be prioritised for NIP-eligible medically at-risk patients.

**Note:** Afluria Quad® (0.50mL) can be administered from five years of age and Fluarix Tetra® (0.50mL) can be administered from six months of age (previously three years and over).

Influenza vaccines are also available on the private market. In 2020 Fluad Quad® is the only vaccine available for people aged 65 and over and is not available for private purchase.

## Quadrivalent (QIV) Influenza Vaccines

There are two main types of influenza virus that cause disease in humans: A and B. Currently there are two influenza A subtypes and two influenza B lineages that are circulating globally.

Influenza A – subtypes	Influenza B – lineages
A/H1N1pdm09	Victoria
A/H3N2	Yamagata

In 2020 there are no **Trivalent influenza vaccines (TIV)** on the market in Australia.

**Quadrivalent vaccines (QIV)** contain viruses for both influenza A subtypes and both influenza B lineages.

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).

Influenza virus strains included in the quadrivalent 2020 seasonal influenza vaccines are:

- A (H1N1): an A/Brisbane/02/2018 (H1N1)pdm09-like virus;
- A (H3N2): an A/South Australia/34/2019 (H3N2)-like virus;
- B: a B/Washington/02/2019-like (B/Victoria lineage) virus; and
- B: a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.

The AIVC recommendation for the composition of influenza vaccines for Australia in 2020 introduces a new A (H1N1) like virus strain, a new A (H3N2) like virus strain and new strain for the B Victoria lineage when compared to the composition of the trivalent and quadrivalent vaccines for Australia in 2019.

## Get Prepared for 2020:

### 2020 Influenza Immunisation Campaign

Government programs promoting the 2020 Influenza Immunisation Program will commence in April. Providers may schedule clinics once vaccine supplies are received. Please note that all preparations may not 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.

## Government Funded Vaccine Ordering

Providers can place orders in the vaccine online ordering system from April 2020 (deliveries will commence once vaccine is available). Please note that the vaccine warehouse is in Victoria and deliveries will not arrive on a Monday.

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

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

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.

## Online Ordering System Messaging

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

## Vaccine Delivery

Deliveries of funded vaccine will commence in April 2020, 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.

## 2020 Influenza Vaccine Basket Labels

2020 INFLUENZA VACCINE

**6 months –  
less than 5 years**

- Vaxigrip Tetra

2020 INFLUENZA VACCINE

**6 months –  
less than 5 years**

- Vaxigrip Tetra

2020 INFLUENZA VACCINE

**6 months –  
less than 5 years**

- Vaxigrip Tetra

2020 INFLUENZA VACCINE

**6 months –  
less than 5 years**

- Vaxigrip Tetra

2020 INFLUENZA VACCINE  
**6 months – 64 years**

- Fluarix Tetra
- FluQuadri

2020 INFLUENZA VACCINE  
**6 months – 64 years**

- Fluarix Tetra
- FluQuadri

2020 INFLUENZA VACCINE  
**6 months – 64 years**

- Fluarix Tetra
- FluQuadri

2020 INFLUENZA VACCINE  
**6 months – 64 years**

- Fluarix Tetra
- FluQuadri

2020 INFLUENZA VACCINE

**5 – 64 years**

- Afluria Quad

2020 INFLUENZA VACCINE

**5 – 64 years**

- Afluria Quad

2020 INFLUENZA VACCINE

**5 – 64 years**

- Afluria Quad

2020 INFLUENZA VACCINE

**5 – 64 years**

- Afluria Quad

2020 INFLUENZA VACCINE

**65 years and over**

- Flud Quad

2020 INFLUENZA VACCINE

**65 years and over**

- Flud Quad

2020 INFLUENZA VACCINE

**65 years and over**

- Flud Quad

2020 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. Anyone entering a residential aged care facility must receive the 2020 influenza vaccination by 1 May 2020.

### Aboriginal and Torres Strait Islander people

From 2020 Flu vaccine is funded under the NIP for ALL Aboriginal and Torres Strait Islander people from 6 months of age and over.

Aboriginal children under 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 appropriate vaccines at the same time, for example Pneumovax 23 (50 years and over) and Zostavax (70-79 years of age) vaccines.

### Children six months to less than five years

In 2020 influenza vaccine is funded under the NIP for **ALL** children in this age group. Two doses are recommended in the first year of receiving the vaccine (at least four weeks apart). Both doses are funded.

All children under 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 2020, three childhood vaccines will be available to order:

- Vaxigrip Tetra (for universal childhood program six months to less than five years)
- FluQuadri (for medically at-risk children)
- Fluarix Tetra (for medically at-risk children)

Even healthy children are vulnerable to catching the flu. In 2019, a large number of children who were hospitalised due to the flu, and those who died from flu, had not been offered a flu vaccine by their doctor or specialist.

Please consider active initiatives to improve vaccine uptake in the 6 month 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](http://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](http://immunisationhandbook.health.gov.au/vaccine-preventable-diseases/influenza-flu)

## People ≥65 Years of Age

In 2020 Flud Quad® an adjuvanted quadrivalent vaccine will be the only vaccine provided under the NIP for people ≥ 65 years of age (note that after shaking, the normal appearance of Flud Quad® is a milky white suspension).

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 also be used amongst people aged 65 years and over through the NIP. However, the specially formulated QIV is recommended in preference to other QIVs for this age group where available.

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.

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

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  $\geq 5$  years of age who are not eligible for funded flu vaccine should be advised that they can purchase private market flu vaccine. These vaccines are available from authorised pharmacist immunisers (for certain age groups) and GPs.

## Influenza Outbreaks in Aged Care Facilities

- Respiratory viral infections occur frequently in Aged Care Facilities (ACF).
- These can be caused by a range of viruses, and infection may vary in severity from trivial to potentially life threatening.
- In those who develop symptoms of “Influenza Like Illness” (ILI\*), influenza infection should be excluded, 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 breath
- And, at least one of:
  - Fever or feverishness, malaise, headache, myalgia
- To exclude or confirm influenza collect a nasopharyngeal swab (using a red topped “flocked” swab) and place this into the liquid transport media provided.
- Packs containing five swabs will be provided to ACFs on request from NW/Launceston/Hobart Pathology, to ensure that the swabs remain “in date”.
- In 2020, testing for COVID-19 as per the current CDNA guidelines should also be considered. Please discuss with Public Health Hotline -1800 671 738 if guidance is required.
- 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.
- In the setting of an influenza outbreak further cases of ILI are assumed to be due to influenza and should be treated as such. No clinical or public health benefit is derived from continuing to test those with ILI in a confirmed ACF influenza outbreak, unless discussed with the treating clinician or Public Health.

## Management of influenza outbreaks in ACFs

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](http://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.

## 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.

The Australian Technical Advisory Group on Immunisation (ATAGI) advises that optimal protection occurs in the 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, in 2020 the COVID-19 pandemic is presenting additional logistic challenges and influenza vaccine should be given as soon as it is available (from April onwards).**

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.

Other considerations for vaccine timing:

- In 2020, prioritise giving influenza vaccine to health care workers, particularly those working in an aged care setting and any client who will be visiting residential aged care facilities.
- Pregnant women should be immunised at the earliest opportunity. In accordance with the Australian Immunisation Handbook, the 2020 influenza vaccine can be given to pregnant women if the 2019 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 can be immunised two weeks before travel if they haven't already received the 2020 vaccine.
- Young children aged six months to under nine 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.

# Reporting to the Australian Immunisation Register

Providers should report all immunisations (including flu vaccines) to the Australian Immunisation Register (AIR). 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

There are 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.
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 immunisation providers understand how to access and use the AIR site and record immunisation episodes. The five 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

The modules can be viewed at [www.humanservices.gov.au/hpeducation](http://www.humanservices.gov.au/hpeducation). Additional information on the AIR is available at:

[www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals](http://www.humanservices.gov.au/organisations/health-professionals/services/medicare/australian-immunisation-register-health-professionals)

To register as an immunisation provider with the AIR: Complete the application form at: [www.humanservices.gov.au/organisations/health-professionals/forms/im004](http://www.humanservices.gov.au/organisations/health-professionals/forms/im004) and forward it via email to [immunisation@health.tas.gov.au](mailto:immunisation@health.tas.gov.au)

Practice software: It is recommended that you check if your practice software needs to be updated to enable AIR reporting.

## 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/CA086525758664B4CA25836200807A\\_F9/\\$File/2018-Season-Summary.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/CA086525758664B4CA25836200807A_F9/$File/2018-Season-Summary.pdf)

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](http://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 on AusVaxSafety is available at: [www.ncirs.org.au/ausvaxsafety/current-ausvaxsafety-surveillance-data](http://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 2020 are latex free.

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

## Report Adverse Events Following Immunisation

All serious and/or unexpected AEFI must be reported to the Therapeutic Goods Administration (TGA) at: [www.tga.gov.au/](http://www.tga.gov.au/)

Data on the safety of influenza vaccines is continuously monitored by the TGA and AusVaxSafety.

Weekly updates are available on the AusVaxSafety website at: [www.ausvaxsafety.org.au](http://www.ausvaxsafety.org.au)

## 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](http://flu.tas.gov.au/about_influenza)

Commonwealth website

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

NCIRS website

<http://www.ncirs.org.au/health-professionals>

ATAGI statement 2020

<https://www.health.gov.au/news/clinical-update-2020-seasonal-influenza-vaccines-early-advice-forvaccination-providers>

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](http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-flu-guidelines.htm)

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

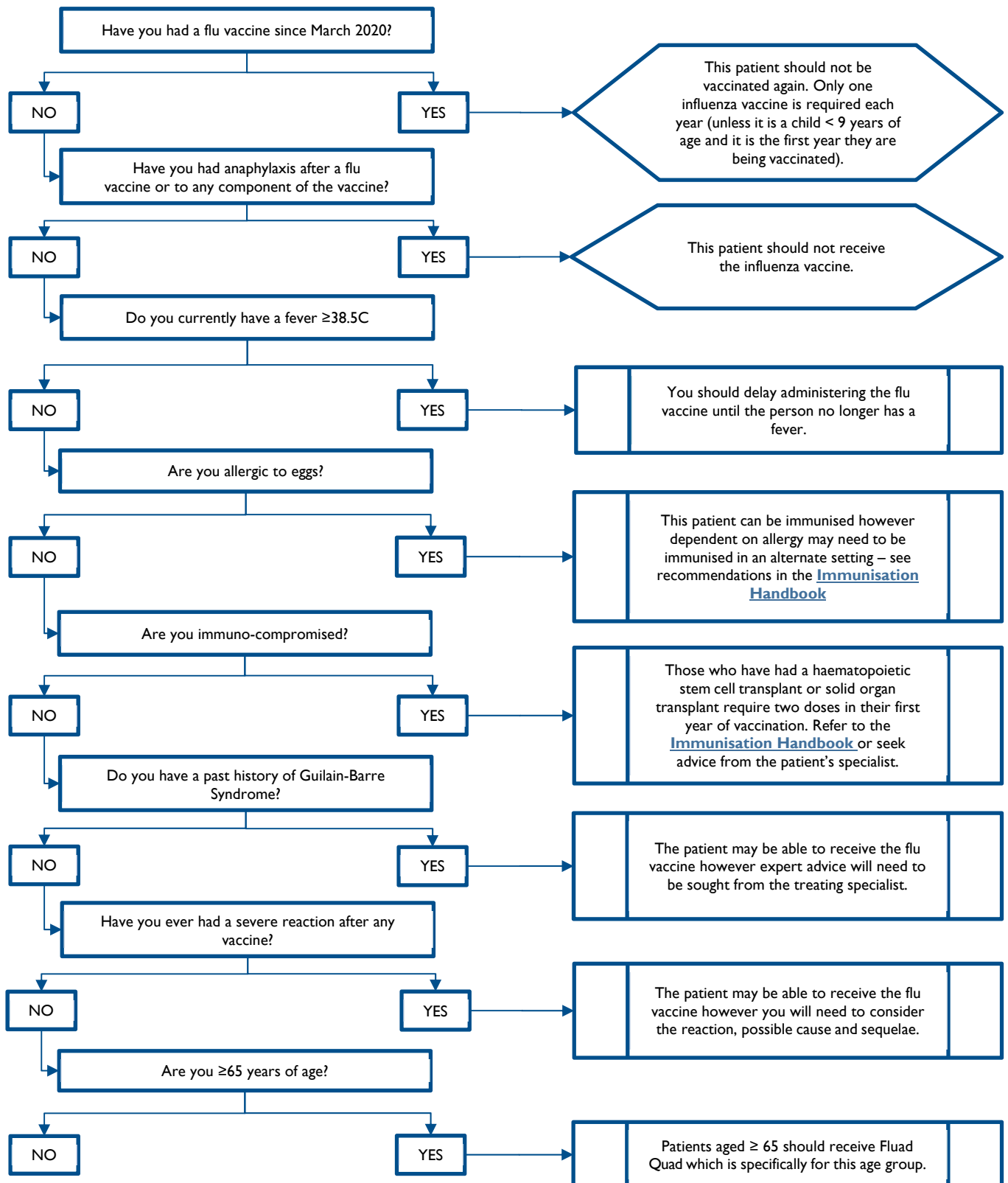
[beta.health.gov.au/resources/publications/questions-about-vaccination](http://beta.health.gov.au/resources/publications/questions-about-vaccination)

AusVaxSafety website at: [www.ausvaxsafety.org.au](http://www.ausvaxsafety.org.au)

Influenza Immunisation Provider Toolkit

# 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](http://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)  $\geq 30$  kg/m<sup>2</sup>
- 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](http://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.