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AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)
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STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2022

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 2022

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people ≥6 months of age.
- All vaccinations must be recorded on the Australian Immunisation Register (AIR).
- During the COVID-19 pandemic, there has been reduced circulation of influenza virus and lower levels of influenza vaccine coverage compared with previous years. With borders reopening, a resurgence of influenza is expected in 2022.
- All COVID-19 vaccines can be co-administered (given on the same day) with an influenza vaccine.
- For adults aged ≥65 years, the adjuvanted influenza vaccine, Fluad® Quad, is preferentially recommended over standard influenza vaccine. There is no preference for use between either Fluad® Quad or Fluzone High-Dose Quadrivalent in this age group.
- If a person had a 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 (likely from March 2022).

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2022, by age

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

Ticks indicate age at which a vaccine is registered and available. White boxes indicate availability for free under the NIP.
* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Table 2. Influenza virus strains included in the 2022 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/Darwin/9/2021 (H3N2)-like virus	A/Darwin/6/2021 (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

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

Highlights for 2022 influenza vaccine formulations

- Influvac Tetra® is a quadrivalent influenza vaccine that was previously registered for use in children and adults from 3 years of age. The age indication for this vaccine has now been extended to include children from 6 months of age.
- Flucelvax Quad® is a cell-based influenza vaccine that was previously registered for use in adults and children from 9 years of age. The age indication for this vaccine has now been extended to include children from 2 years of age.
- Two higher-immunogenicity vaccines are available for older people in 2022. Fluad® Quad is available and NIP funded for people aged ≥65 years. Fluzone High Dose Quadrivalent is available for people aged ≥60 years but is not NIP funded. Fluad® Quad is preferentially recommended over standard influenza vaccine. There is no preference for use between either Fluad® Quad or Fluzone High-Dose Quadrivalent.
- COVID-19 vaccines can be co-administered (given on the same day) with an influenza vaccine. For additional information regarding co-administration with the Novavax COVID-19 vaccine (Nuvaxovid) refer to ATAGI statement on the use of Novavax COVID-19 vaccine (Nuvaxovid).
- The safety of concomitant administration of the adjuvanted vaccines Fluad 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.

Timing of vaccination

- During the COVID-19 pandemic, there has been reduced circulation of influenza virus and lower levels of influenza vaccine coverage compared with previous years. A resurgence of influenza is expected as borders reopen. People who are planning international travel should ensure they have had a 2022 influenza vaccination before departure.
- Annual vaccination should ideally occur before the onset of each influenza season. The period of peak influenza circulation is typically June to September in most parts of Australia. 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.
- While protection is generally expected to last throughout the year, the highest level of 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 have an expiry date of February 2023.
- 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 (likely from March 2022).
- Subject to the availability of influenza vaccines, co-administration with COVID-19 booster vaccines could be a prompt for influenza vaccination.

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 a pertussis vaccine and/or COVID-19 vaccine.
- For women who received an influenza vaccine in 2021, it is recommended to give the 2022 influenza vaccine if it becomes available before the end of 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.

Eligibility for influenza vaccines funded by the National Immunisation Program (NIP)

- Annual influenza vaccination is recommended and funded for all children aged 6 months to <5 years, and all adults aged ≥65 years.
- Annual influenza vaccination is also recommended for all people aged 5 to <65 years of age, but only funded in the following specific populations in this age group due to their increased risk of complications from influenza:
  - 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 publicly funded 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	Immunocompromised due to disease or treatment, asplenia or splenic dysfunction, HIV infection
Diabetes and other metabolic disorders	Type 1 or 2 diabetes, chronic metabolic disorders
Renal disease	Chronic renal failure
Haematological disorders	Haemoglobinopathies
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye syndrome following influenza infection

Note: See the Australian Immunisation Handbook (available at immunisationhandbook.health.gov.au) for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.