



Western Australia influenza immunisation program 2021

Information for health providers

As a health provider, you are a trusted source of information for your patients. Please read the below information on the 2021 WA influenza immunisation program and protect your patients by opportunistically offering influenza immunisation to all eligible patients.

The strains included in the 2021 influenza vaccines are:

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

Eligibility for government funded influenza vaccine

Eligibility for WA government-funded influenza vaccines in 2021 includes primary school-aged children (born after 30 June 2008 and aged ≥ 5 years).

The following individuals in WA are eligible to receive government-funded vaccine:

- people 65 years and older
- children 6 months to less than 5 years
- primary school-aged children (born after 30 June 2008 and aged ≥ 5 years)
- pregnant women (any trimester)
- Aboriginal people 6 months and older
- individuals 6 months and older who have medical conditions that place them at risk for complications of influenza, including:
 - cardiac disease
 - chronic neurological conditions
 - chronic respiratory conditions
 - diabetes and other metabolic disorders
 - haematological disorders
 - impaired immunity
 - renal disease
 - children aged 6 months to 10 years receiving long-term aspirin therapy.

2021 Government funded influenza vaccines

Cohort Vaccine	Vaxigrip Tetra 0.50 mL (Sanofi)	Fluarix Tetra 0.50 mL (GSK)	FluQuadri 0.50 mL (Sanofi)	Afluria Quad 0.50 mL (Seqirus)	Fluad® Quad 0.50 mL (Seqirus)
Influenza (6 month to <5 years)	✓	✓	✗	✗	✗
Influenza (Primary school years)	✗	✗	✓	✗	✗
Influenza (≥5 to over <65)*	✓	✓	✗	✓	✗
Influenza (≥65)	✗	✗	✗	✗	✓

*Funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Note: Children who are eligible for National Immunisation Program vaccine should not be given State-funded vaccine (e.g. children under 5 years, any child who is Aboriginal and/or Torres Strait Islander, or anyone with certain medical conditions).

Influenza immunisation for children

Why recommend influenza immunisation for young children?

Children without underlying medical conditions can also develop serious illness with influenza. Australian and overseas experience indicates most influenza-related paediatric hospitalisations and deaths occur among children without underlying medical conditions. Annual influenza immunisation is strongly recommended. The National Immunisation Program funds the vaccine for children aged 6 months to less than 5 years. The State funds the vaccine for primary school-aged children.

The National Health and Medical Research Council, Australia's peak body for developing health advice for the community and health professionals, recommends annual immunisation for people 6 months or older to reduce their risk of becoming ill with influenza.

Several international studies have documented the benefits of immunising healthy young children against influenza.⁽¹⁻⁵⁾

Co-administration with other vaccines

Influenza vaccines can be administered concurrently with other vaccines. However, there is a small increased risk of fever and febrile convulsions with the concurrent administration of influenza vaccine and 13-valent pneumococcal conjugate vaccine (13vPCV) in children 6 months to less than 5 years, especially those 12 to 24 months of age, compared to giving these vaccines separately. Providers should advise parents of the risk and outline the option of administering this vaccine separately. Refer to the [Australian Immunisation Handbook](#).

Key points to remember about influenza vaccine dosing in children

Children 6 months to under 9 years receiving influenza vaccine for the first time need two doses at least four weeks apart. Children who have received one or more doses of influenza vaccine in a previous season only need one dose of influenza vaccine in the current and future seasons.

Providers should ensure all influenza vaccinations administered to children are recorded in the Australian Immunisation Register (AIR) under the specific brand name used.

Influenza immunisation for adults

Influenza causes illness in people of all ages. Immunisation is the single most important measure available to prevent influenza infection and its complications. Annual influenza immunisation is necessary to maintain immunity to influenza.

Influenza immunisation is recommended annually, even if a person has been immunised in any previous year with an influenza vaccine that contains the same strains. This is because the immunity to influenza acquired by immunisation wanes rapidly.

People with certain immunocompromising conditions (i.e. haematopoietic stem cell transplant or solid organ transplant) who are receiving the influenza vaccine for the first time after transplant are recommended to receive two vaccine doses at least four weeks apart (irrespective of age) and one dose annually thereafter.

Recommend influenza immunisation to your pregnant patients

In 2012 the World Health Organisation declared that pregnant women should receive the highest priority for influenza immunisation. This recommendation was based on “compelling evidence of a substantial risk of severe disease in pregnant women, evidence that vaccination is effective against severe disease, and the evidence supporting secondary protection of infants under six months, in whom disease burden is also high”.

In addition, the Royal Australian and New Zealand College of Obstetricians and Gynecologists and the National Health and Medical Research Council recommend that all pregnant women be offered influenza immunisation during pregnancy.

Reporting reactions to influenza vaccine

The safety of influenza immunisation in adults and children – both with and without high-risk medical conditions – will be closely monitored using a combination of ongoing passive reporting via the Western Australian Vaccine Safety Surveillance (WAVSS) system and active follow-up on a subset of adults/children.

An individual or a parent of a child may report an adverse reaction to the influenza vaccine to WAVSS website www.safevac.org.au or alternatively call the WAVSS nurse on (08) 6456 0208, Monday to Friday (8.30am to 4.30pm).

Further information

[WA Department of Health, influenza immunisation program](#)

[WA Department of Health, Infectious diseases](#)

[WA Department of Health, Adverse Events Following Immunisation](#)

[Australian Technical Advisory Group on Immunisation \(ATAGI\)](#)

[Australian Immunisation Handbook, Australian Government Department of Health](#)

[Consumer Medicine Information for influenza vaccines](#)

1. Santtu Heinonen MD, Heli Silvennoinen MD, Pasi Lehtinen MD, Raija Vainionpää PhD, Thedi Ziegler PhD, Dr Terho Heikkinen MD. Effectiveness of inactivated influenza vaccine in children aged 9 months to 3 years: an observational cohort study. *The Lancet Infectious Diseases* – 1 January 2011 (Vol. 11, Issue 1, pages 23-29).
2. Katayose M, Hosoya M, Haneda T, Yamaguchi H, Kawasaki Y, Sato M, Wright PF. The effectiveness of trivalent inactivated influenza vaccine in children over six consecutive influenza seasons. *Vaccine*. 2011 Feb 17; 29(9):1844-9. Epub 2010 Dec 31.
3. Cohen SA, Chui KK, Naumova EN. Influenza vaccination in young children reduces influenza associated hospitalizations in older adults, 2002-2006. *J Am Geriatr Soc*. 2011 Feb; 59(2):327-32.
4. Sakkou Z, Stripeli F, Papadopoulos NG, Critselis E, Georgiou V, Mavrikou M, Drossatou P, Constantopoulos A, Kafetzis D, Tsofia M. Impact of influenza infection on children's hospital admissions during two seasons in Athens, Greece. *Vaccine*. 2011 Feb 1; 29(6):1167-72. Epub 2010 Dec 18.
5. Blyth CC, Cheng AC, Finucane C, Jacoby P, Effler PV, Smith DW, Kelly H, Macartney KK, Richmond PC. *Vaccine*. 2015 Dec 16;33(51):7239-44. Epub 2015 Nov 6.



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Produced by the Communicable Disease Control Directorate
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