

FLU 2023

Essential information for health professionals



**The Immunisation
Advisory Centre**

Te Whatu Ora
Health New Zealand

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SUMMARY & QUICK REFERENCE

Dates

The 2023 Influenza Immunisation Programme starts on 1 April 2023.

The Influenza Immunisation Programme runs until 31 December 2023 for all groups.

2023 eligibility for funded influenza vaccination

Funded influenza vaccinations are available for those who meet Pharmac's eligibility criteria:

- pregnant people
- people aged 65 years and older
- Māori and Pacific peoples aged 55 to 64 years
- tamariki aged 6 months to 12 years (inclusive)
- people aged 6 months to under 65 years with eligible conditions*
- people aged 6 months to under 65 years with serious mental health and addiction conditions

*See page 6 for a list of eligible conditions.

Four quadrivalent influenza vaccines for 2023

- AFLURIA® QUAD for children and adults, aged from 3 years
- AFLURIA® QUAD JUNIOR for children aged under 3 years, ie, 6–35 months
- FLUAD® QUAD is unfunded only, approved for use in adults aged 65 years or older
- FLUQUADRI™ is unfunded only, approved for use in children and adults, 6 months of age and older

See page 8 for *Summary of 2023 Influenza Vaccines* table.

Clinical queries and general information for health professionals

The Immunisation Advisory Centre (IMAC), The University of Auckland

Freephone: 0800 IMMUNE (0800 466 863)

Email: influenza@auckland.ac.nz

Website: influenza.org.nz

Ordering vaccine

Healthcare Logistics (HCL) Online: hcl.co.nz (preferred option, registration required)

TOLL-FREE fax: 0508 408 358

Email: Flu@healthcarelogistics.co.nz

Phone: 0508 425 358

The manual order form can be found at influenza.org.nz/resources/resources.

Faxed or emailed orders incur a manual order processing fee of \$10 per order.

The Ordering vaccine section in the *Vaccine* tab at influenza.org.nz provides further detail.

INFLUENZA IMMUNISATION PROGRAMME 2023

Tēnā koutou,

Another influenza season is upon us, and I wanted to personally thank each and every one of you for the compassion and commitment that you bring to your mahi every day. Immunisation is often just a small part of your everyday job description as a healthcare worker, but you provide a vital service to reduce the impact of vaccine-preventable diseases in our communities.

Last flu season was a record year for influenza vaccine uptake and we want to build on this momentum to protect whānau coming into this winter season. As such, the start of influenza season will coincide with the addition of the COVID-19 bivalent vaccine as part of a winter preparedness campaign. We encourage providers to offer any other immunisation catch-ups needed by whānau to ensure they are up to date and ready for winter.

The 2023 Influenza Immunisation Communication campaign aims to reach and resonate with hapū māmā, Māori and Pacific peoples who, in past years, have been less likely to receive an influenza vaccination. We know providers play an essential role in increasing influenza immunisation rates and eliminating the equity gap. We look forward to working together to achieve the 2023 Influenza Programme Goals.

2023 Programme Goals

- 75 percent influenza immunisation coverage for all people aged 65 years and over
- 75 percent influenza immunisation coverage for Māori and Pacific people aged 55 and over
- Eliminate the equity gap for eligible Māori and Pacific people
- 80 percent influenza immunisation coverage for Te Whatu Ora district employed health workforce
- Increase the total number of non-district employed health and disability workers vaccinated against influenza

A whānau-centred approach

Te Whatu Ora is committed to a continued partnership with all providers to address inequities in immunisation, in line with [Whakamaua: Māori Health Action Plan 2020-2025](#). There is no 'one size fits all' approach and a whānau-based approach should consider the context and needs of different communities. Providers should consider the strategies and findings outlined in [More Than Just a Jab: Evaluation of the Māori Influenza Vaccination Programme as part of the COVID-19 Māori Health Response](#).

Once again, thank you for your mahi in protecting Aotearoa New Zealand.

Astrid Koornneef

Interim Director, Prevention
National Public Health Service

WHY IS INFLUENZA VACCINATION SO IMPORTANT?

Annual influenza vaccination is recommended for two important reasons:

- protection from the previous vaccination lessens over time, and
- the circulating influenza viruses can change and the strains in the vaccine usually change each year in response to the circulating virus pattern.

During the first two years of the COVID-19 pandemic, public health measures were used to curtail COVID-19 transmission. These interventions also resulted in a reduction in many seasonal respiratory diseases in Aotearoa New Zealand in 2020 and 2021, including influenza.

In 2022, surveillance data indicated that Aotearoa New Zealand experienced earlier and higher than usual influenza activity, with high rates of hospitalisation for influenza-associated severe acute respiratory illness (SARI), particularly in young children (0–4 years), the elderly (65 years and over), and Māori and Pacific peoples.¹ This trend was reflected globally; in late 2022, the United States' flu season arrived six weeks earlier than usual, with uncharacteristically high illness rates and the highest hospitalisation rates in over a decade.²

Those at the highest risk from influenza are older adults, immunocompromised individuals, pregnant people and young children, especially those younger than 2 years of age. Influenza can lead to serious complications, such as heart or lung conditions, particularly within these high-risk groups.

The upcoming 2023 flu season in Aotearoa New Zealand is difficult to predict, as seasonal viruses may not follow typical seasonal patterns. Existing COVID-19 disease burden and the risk of COVID-19 co-infection (simultaneous infection of influenza and COVID-19) may contribute to an increasing strain on Aotearoa New Zealand's healthcare system; therefore, preparation is of the utmost priority. Immunisation is the best way to protect our communities from infection and serious illness.

Key messages for use with consumers

Healthcare workers play an essential role in increasing influenza vaccination and lowering infection rates by using the following messages as part of discussions with consumers:

- Immunisation is the best protection against influenza. While it is possible to catch influenza after immunisation, your symptoms are less likely to be severe.
- Get immunised to stop the spread of influenza around your community. Even if you don't feel sick, you could still be infected with influenza and pass it on to others.
- If you are sick, it is still important to stay away from others, wash your hands, and cover your mouth when coughing or sneezing.
- Having an influenza immunisation every year can keep older people healthy and active for longer.
- Influenza immunisation during pregnancy helps protect both hapū māma and pēpē.

HIGH-RISK GROUPS

Everyone from the age of 6 months is recommended to receive an annual influenza vaccine to reduce the spread of the virus, and for direct protection against severe illness.

Some consumers are at increased risk of complications, and influenza vaccination is funded for these people.

Vaccinators are advised to regularly check the Pharmaceutical Schedule and any online updates for changes to funding decisions for special groups.

Tamariki aged under five years old, adults aged 65 years and over, and those of Māori and Pacific ethnicities are more likely to be admitted to hospital due to severe illness than any other age and ethnic group.^{3,4}

Pregnant people

The World Health Organization⁵ and the Ministry of Health⁶ recommend that influenza vaccination is offered to pregnant people at any stage of pregnancy and before winter, if possible. Influenza vaccination provides direct protection from the complications of influenza, both during pregnancy and postpartum. The newborn is also protected through passive immunity for the first few months of life. Babies less than 12 months of age, particularly those less than six months of age, have the highest risk of all children for getting influenza and developing serious complications. Influenza during pregnancy can result in pregnancy complications, including premature birth, stillbirth and babies who are small for gestational age; it is for this reason that influenza vaccination is recommended at any stage of pregnancy. Vaccination is funded from when influenza vaccines are available at the start of the influenza season until 31 December.

For more information on pregnancy and influenza, see the *Pregnancy* tab at influenza.org.nz.

Children

Influenza infection rates are generally highest in children. Studies show vaccination of healthy children has the potential to substantially reduce influenza-like illness and related costs in both children and their families.⁷ Vaccination of children can help provide additional protection to those around them, particularly for babies and older people living in the same house.

Babies aged under 6 months have an increased risk of being hospitalised with influenza compared to other age groups.^{3,8-10} Influenza-related complications can include fever-related convulsions, vomiting and diarrhoea, pneumonia and occasionally brain

inflammation. As children under 6 months are unable to receive the influenza vaccine themselves, vaccination during pregnancy and of the wider whānau is highly recommended to protect this age group.

For more information, please refer to the section Pharmac eligibility criteria for funded influenza vaccination on page 6.

Note: Prior to July 2022, New Zealand has only provided publicly funded vaccination for children aged under 5 years who have been hospitalised for respiratory illness or have a history of significant respiratory illness, and for a specific range of medical conditions. With resuming overseas travel, increasing rates of COVID-19 and influenza infections, funded influenza vaccine was introduced for all children aged 3–12 years from 1 July to 31 December 2022.

As of 1 April 2023, funded influenza vaccination is available for all children aged from 6 months to 12 years (inclusive) until 31 December 2023.

65 years and older

The World Health Organization⁵ and the Ministry of Health⁶ recommend annual influenza vaccination for all adults aged 65 years or older. Increasing the number of older people vaccinated against the disease annually can have a significant impact on improving health outcomes in older people^{11,12} when influenza is circulating in our community, especially during the current COVID-19 pandemic. Due to age-related immune changes and underlying health conditions, older adults respond less effectively to vaccines compared to healthy younger adults or children. Although currently funded influenza vaccines are less effective at preventing clinical illness in older people, influenza vaccination does attenuate the severity of the disease, reducing hospitalisation, loss of independence and deaths.¹³

Māori and Pacific peoples

Māori and Pacific people are at greater risk of developing underlying health conditions, such as cardiovascular

disease and chronic respiratory disease,¹⁴ at a younger age than other ethnicities¹⁵, which increases the risk of severe influenza and complications. Contributing factors can include the increased risk of transmission in multi-generational households and close-knit communities, and a high prevalence of chronic respiratory conditions, resulting from previous infections or environmental factors.

Immunocompromised

Individuals who are immunocompromised due to treatment or underlying conditions are at high risk of severe influenza and complications. It is important to offer vaccination prior to the initiation of chemotherapy or immunosuppressive therapy. When this is not possible, influenza vaccination is recommended and can be given whilst receiving most treatments.

Influenza vaccination unfunded but recommended

The influenza vaccine is recommended for anyone aged from 6 months, in particular:

Health and disability workers

The World Health Organization and Te Whatu Ora recommend that healthcare workers are a priority group for influenza vaccination, not only for their own

protection and ability to maintain services, but also to reduce the spread of influenza to vulnerable patients, including those who are pregnant.⁵ To meet these recommendations and protect public health, Te Whatu Ora sets a target for all health districts to immunise at least 80 percent of their healthcare workers every year. There is an established process for districts to vaccinate their staff against influenza, and the cost of this is factored into their existing budgets.

Non-district employers can claim a reimbursement for the cost of influenza vaccination of their frontline health and disability staff who have patient/client contact. This may include caregivers, aged-care staff and those working in disability services. Te Whatu Ora runs this through the reimbursement portal which is open from 1 May 2023 (see below).

People who work with tamariki

Individuals who work with tamariki should receive an influenza vaccination to protect themselves against infection. Influenza infection rates are generally highest in tamariki, and they are a major source of the spread of influenza. It is also important for all people working with tamariki, especially young babies, to be vaccinated against influenza to reduce the risk of passing influenza on to them.

Reimbursement portal

In order to support non-district employed health and disability providers, Te Whatu Ora will reimburse employers the costs associated with vaccinating their frontline staff. This offers an opportunity for providers to apply for reimbursement for influenza vaccinations they have provided to their frontline staff. Reimbursement is available for health and disability sector employees, self-employed lead maternity carers, and carers employed under individualised funding arrangements who:

- are not eligible for a funded vaccination under the eligibility criteria stated in the Pharmaceutical Schedule, and
- have patient/client contact.

Further information for employers can be found here: <https://www.tewhatuora.govt.nz/for-the-health-sector/health-sector-guidance/diseases-and-conditions/influenza/> (tinyurl.com/4zjxwfpe)

PHARMAC ELIGIBILITY CRITERIA FOR 2023 FUNDED INFLUENZA VACCINATION

Eligibility criteria may change throughout the influenza season and this list may be added to.

To check criteria is current, search influenza vaccine at New Zealand Pharmaceutical Schedule.

schedule.pharmac.govt.nz/ScheduleOnline.php

Funded influenza vaccine is available each year for people who meet the following criteria set by Pharmac:*

1. All people 65 years of age and over; or
2. Māori and Pacific peoples aged 55 to 64 years; or
3. People under 65 years of age who:
 - have any of the following cardiovascular diseases:
 - ischaemic heart disease, or
 - congestive heart failure, or
 - rheumatic heart disease, or
 - congenital heart disease, or
 - cerebrovascular disease; or
 - have either of the following chronic respiratory diseases:
 - asthma, if on a regular preventative therapy^a, or
 - other chronic respiratory disease with impaired lung function^b; or
 - have diabetes; or
 - have chronic renal disease; or
 - have any cancer, excluding basal and squamous skin cancers if not invasive; or
 - have any of the following other conditions:
 - autoimmune disease^c, or
 - immune suppression or immune deficiency, or
 - HIV infection, or
 - transplant recipient, or
 - neuromuscular or CNS disease/disorder,^d or
 - haemoglobinopathy,^e or
 - children on long-term aspirin, or
 - a cochlear implant, or
 - error of metabolism at risk of major metabolic decompensation, or
 - pre- or post-splenectomy, or
 - Down syndrome, or
 - are pregnant (any trimester); or

4. People under 65 years of age who:

- have any of the following serious mental health conditions:
 - schizophrenia, or
 - major depressive disorder, or
 - bipolar disorder, or
 - schizoaffective disorder
- And/or are currently accessing secondary or tertiary mental health and addiction services

5. Children 6 months to 12 years of age (inclusive).

**Note: For eligible tamariki who require two doses of the vaccine, both doses are funded.*

Unless also meeting the previous criteria, the following conditions are excluded from funding:

- asthma not requiring regular preventative therapy
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

Explanatory notes:

- a. People with asthma who are prescribed a preventer inhaler are entitled to a funded influenza vaccination, regardless of whether they are adherent with treatment.
- b. Chronic respiratory diseases include chronic bronchitis, chronic obstructive pulmonary disease, cystic fibrosis, emphysema.
- c. Autoimmune diseases may include coeliac disease, Crohn's disease, Grave's disease, Hashimoto's thyroiditis, lupus, rheumatoid arthritis. Immune suppression or immune deficiency includes disease modifying anti-rheumatic drugs (DMARDs) or targeted biologic therapies.
- d. Neuromuscular and CNS diseases/disorders include cerebral palsy, congenital myopathy, epilepsy, hydrocephaly, motor neurone disease, multiple sclerosis, muscular dystrophy, myasthenia gravis, Parkinson's disease, spinal cord injury.
- e. Haemoglobinopathies include sickle cell anaemia, thalassemia.

INFLUENZA VACCINES FOR 2023

Vaccine brands

AFLURIA® QUAD

Approved for children and adults, aged from 3 years



AFLURIA® QUAD JUNIOR

Approved for children aged under 3 years, ie, 6–35 months



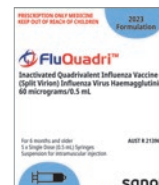
FLUAD® QUAD

Unfunded only, approved for use in adults aged 65 years or older



FLUQUADRI™

Unfunded only, approved for use in children and adults, 6 months of age and older



Vaccine strains

The circulating influenza viruses can alter and the strains in the vaccine usually change each year in response to the changing virus pattern. For 2023, the influenza strains included in the quadrivalent vaccines are:

- A/Sydney/5/2021 (H1N1) pdm09-like virus (new)
- A/Darwin/9/2021 (H3N2)-like virus
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

Ordering vaccine

Influenza vaccine ordering is handled by Healthcare Logistics (HCL). Please do not organise clinics before vaccine stock has arrived.

For more information see page 1 and also visit influenza.org.nz and choose the Vaccines tab.

Needles

AFLURIA QUAD, AFLURIA QUAD JUNIOR and FLUAD QUAD are supplied without needles. Needles will need to be purchased from suppliers such as EBOS, Amtech or pharmacy wholesalers.

FLUQUADRI needles are unattached and included separately with the vaccines.

Afluria Quad minimum order quantities

Afluria Quad minimum order quantities as at February 2023

March – May	60 doses
June – July	30 doses
August	20 doses
September onwards	10 doses

Storage and transportation

Vaccines must be stored between +2°C and +8°C at all times, including for off-site vaccinations. Refer to the National Standards for Vaccine Storage and Transportation 2017. Sites should ensure their Cold Chain Policy is up to date (including contact details for immunisation coordinators) and Cold Chain Accreditation is current. If off-site vaccination is to be offered, the Cold Chain Accreditation must specifically include this.

Shelf life

All influenza vaccines are marked with an expiry date that must be checked before vaccine administration.

Production of vaccines

All the influenza vaccines currently available in New Zealand are split virion inactivated vaccines. They contain haemagglutinin proteins from the surface of the virus. These proteins are harvested and purified from influenza virus which is grown in embryonated hen's eggs and inactivated. Four virus strains are produced separately and combined to make the quadrivalent formulation.^{16,17} The adjuvanted formulation, FLUAD QUAD, also contains a squalene-based oil-in-water emulsion adjuvant, MF59, to produce a strong immune response in older people.¹⁸

SUMMARY OF 2023 INFLUENZA VACCINES

Vaccine brand	AFLURIA QUAD JUNIOR	AFLURIA QUAD	FLUAD QUAD	FLUQUADRI
Manufacturer	SEQIRUS 0800 502 757	SEQIRUS 0800 502 757	SEQIRUS 0800 502 757	SANOFLI 0800 283 684
Fully funded	Yes, when administered to eligible individuals	Yes, when administered to eligible individuals	No	No
Available for purchase	Yes, for those who do not meet the funded eligibility criteria	Yes, for those who do not meet the funded eligibility criteria	Yes, for those who do not meet the funded eligibility criteria	Yes, for those who do not meet the funded eligibility criteria
Age	6–35 months, ie, under 3 years	3–8 years	≥ 9 years	6 months and older
Dose	0.25 mL 1 or 2*	0.5 mL 1 or 2*	0.5 mL 1	0.5 mL 1 or 2†
Number of doses	*Two doses separated by at least four weeks if an influenza vaccine is being administered for the first time.			† Children under 9 years of age: Two doses separated by four weeks if an influenza vaccine is being administered for the first time.
Route of administration	Intramuscular*	Intramuscular*	Intramuscular	Intramuscular
	*If needle length results in deep subcutaneous administration, that is also acceptable			
Presentation	Pre-filled syringe, no needle: 0.25 mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle attached, provided separately with vaccine: 0.5 mL
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes, for Nuvaxovid Yes, for Cominarty COVID-19 vaccines	Yes
Concomitant administration with Shingrix	N/A	Yes	Yes	Yes
Concomitant administration with PCV13	Individuals (or parents/legal guardians/powers of attorney) should be informed of the small risk of febrile convulsions in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended.			
Residual antibiotics	Neomycin, polymyxin B	Neomycin, polymyxin B	Kanamycin, neomycin	No antibiotics used to manufacture
Latex	All influenza vaccines are latex-free			
Ovalbumin	Each dose contains less than 1 microgram of ovalbumin			
Vaccines' influenza strains	<ul style="list-style-type: none"> A/Sydney/5/2021 (H1N1) pdm09-like virus A/Darwin/9/2021 (H3N2)-like virus 		<ul style="list-style-type: none"> B/Austria/1359417/2021-like virus B/Phuket/3073/2013-like virus 	
Storage	<ul style="list-style-type: none"> Vaccines must be stored, protected from light, at +2°C to +8°C. DO NOT FREEZE. Temperature-monitored chilly bins must be used if vaccines are temporarily stored outside the vaccine refrigerator or being transported. Quarantine vaccines stored outside the required temperature range and contact your Immunisation/Cold Chain Coordinator. 			
Order from	HEALTHCARE LOGISTICS (HCL) Email: Flu@healthcarelogistics.co.nz Phone: 0508 425 358 Fax: 0508 408 358 Website: hcl.co.nz			

AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD and FLUQUADRI are prescription only medicines.
Please refer to the Medsafe data sheets for further details, medsafe.govt.nz and influenza.org.nz

CONTRAINDICATIONS AND PRECAUTIONS

For further clinical advice or for situations/conditions not covered below, contact the Immunisation Advisory Centre.
Freephone: 0800 IMMUNE (0800 466 863) Email: influenza@auckland.ac.nz

Who should NOT receive the vaccine?

Influenza vaccination is contraindicated for individuals who have had documented anaphylaxis to any ingredient in the vaccine (with the exception of egg allergies - see below) or to a previous dose of inactivated influenza vaccine. These individuals should not receive the vaccine.

OTHER CONSIDERATIONS

Immunocompromised

Individuals who are immunocompromised can receive an influenza vaccination. Those who are immunocompromised are at high risk of severe influenza and complications. If possible, offer vaccination prior to the initiation of chemotherapy or immune suppressant medication. When this is not possible, influenza vaccination can be given while an individual is receiving most treatments.

Following cessation of chemotherapy, normal immune responses return after about 30 days.¹⁹

Specialist's advice should be sought when considering influenza vaccination of individuals who have received a haematopoietic stem cell or solid organ transplantation in the preceding 6 months.

The response to influenza vaccination in those with a poorly functioning immune system is likely to be low;²⁰ additional preventative strategies are important to reduce their exposure to influenza. It is advisable for all close contacts of immunocompromised people, aged from 6 months, to also receive an influenza vaccine (unfunded).

Egg allergy or egg anaphylaxis

AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD or FLUQUADRI can be administered to people with a history of egg allergy or egg anaphylaxis at general practices, pharmacies or at the workplace, although the data sheet advises caution in people who have a history of egg anaphylaxis. Studies have shown that influenza vaccines containing one microgram or less of ovalbumin do not trigger anaphylaxis in sensitive individuals.²¹ Each dose of AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD and FLUQUADRI contains less than one microgram of ovalbumin.¹⁶⁻¹⁸

Seafood, shellfish or other food allergy or anaphylaxis

People with a seafood or shellfish allergy or anaphylaxis can receive an influenza vaccine, including FLUAD QUAD that contains the MF59 adjuvant derived from shark liver.

~~A person with confirmed allergy or anaphylaxis to chicken meat or chicken protein should discuss whether to receive an influenza vaccine with their immunologist. In making the decision with the person, the immunologist will balance the potential for residual chicken protein and the person's individual sensitivity with the risks of influenza and potential benefits of influenza vaccination.~~

Allergy or anaphylaxis to other foods or products are not a contraindication for influenza vaccination.

Sulfonamide (sulphur) allergy

AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD or FLUQUADRI can be given to people with a sulfonamide (sulphur) allergy.

Sulfonamide (sulphur) antibiotics, such as co-trimoxazole, sulfasalazine, and sulphite preservatives used in food, are different to medicines containing the words sulfate or sulphate, (eg, neomycin sulphate).²² Sulfate itself does not cause allergic reactions. It is safe to use a sulfate when a person has a sulfonamide allergy or a sulfite intolerance.

Anticoagulant medication

AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD or FLUQUADRI can be administered to people on anticoagulants, including aspirin, dabigatran (Pradaxa[®]), enoxaparin (Clexane[®]), heparin, rivaroxaban (Xarelto[®]), ticagrelor (Brilinta[™]) and warfarin.²³

After vaccination, apply firm pressure over the injection site without rubbing for 10 minutes to reduce the risk of bruising.

Latex

AFLURIA QUAD, AFLURIA QUAD JUNIOR, FLUAD QUAD and FLUQUADRI are latex-free.¹⁶⁻¹⁸

Antibiotics

AFLURIA QUAD and AFLURIA QUAD JUNIOR contain traces of Neomycin and polymyxin B.¹⁶ FLUAD QUAD contains traces of Kanamycin and neomycin.¹⁸ The vaccines should be used with caution in people with known anaphylaxis to these respective antibiotics. No antibiotics are used to manufacture FLUQUADRI.¹⁷

History of Guillain-Barré syndrome (GBS)

No association was found between administering a million doses of influenza vaccine and GBS in adults aged from 65 years in the US.²⁴ The risk of developing GBS is increased following influenza infection, and the magnitude of the risk is several times greater than that possibly occurring following influenza vaccination.²⁵⁻²⁷

If GBS has occurred within 6 weeks of previous influenza vaccination, the decision to give an influenza vaccine should be based on careful consideration of the potential benefits and risks.

For details of these benefits and risks refer to the *Immunisation Handbook 2020* – Section 11.6.2.

ADMINISTRATION

Vaccinating Workforce

For current guidance on who can administer the influenza vaccine, including to which consumer age groups, refer to the [*Immunisation Handbook 2020* Section 2](#).

Pre-vaccination screen

A comprehensive pre-vaccination screen must be completed with the vaccine recipient.

What you need to know about the flu vaccination (HP8682)

A new consumer A4 handout has been developed to assist with pre-vaccination screening and to provide post vaccination information. It can be downloaded to print from Dropbox: [NIP - vaccine resources - Simplify your life](#) (tinyurl.com/548knm9z)

Also see page 18 for how to order tear-off pads of this resource.

Refer also to previous section on page 9 regarding contraindications and other considerations.

The full screening checklist can be found in the [*Immunisation Handbook 2020* Section 2.1.3](#)

The IMAC pre-vaccination screening tool can be found [here](#) (tinyurl.com/2ufdtkua).

Informed consent

Informed consent must be obtained before a vaccine is administered. See [*Immunisation Handbook 2020* Section 2.1.2](#) for a full explanation of the informed consent process and who can give consent. The informed consent process includes advising consumers on what to expect following the vaccination and where to seek help if required.

Verbal versus written consent

Consent can be gained either verbally or using a written consent form and will depend on the providers' local systems and processes, but also on the vaccination setting. If consent is gained verbally, it must be documented as part of a permanent patient record.

If written consent is required, the *2023 Flu vaccination consent form* file is available at Dropbox: [NIP - vaccine resources - Simplify your life](#) (tinyurl.com/548knm9z) and the resources section of influenza.org.nz. It is also printed on pages 16 and 17 of this document.

Additional clinical information to support consent discussions is available at influenza.org.nz, including:

- influenza vaccine safety and effectiveness for all ages (see *Clinical Info* tab)
- the risks and burden of influenza for older people, pregnant people and children.

Post-vaccination advice

The new handout mentioned in the box above includes post-vaccination advice. It is important that consumers know to keep this information handy. Instead of a paper copy, some consumers may prefer to take a photo of the post-vaccination information on the handout.

From 2023, influenza vaccinations will be monitored using Post Vaccine Symptom Check (PVSC). Consumers should be informed of PVSC and its value in monitoring the safety of the vaccine and encouraged to participate. For further information on PVSC see page 12.

Concomitant administration with the influenza vaccine

The influenza vaccine can be given concomitantly with all National Immunisation Schedule vaccines.

	AFLURIA QUAD JUNIOR	AFLURIA QUAD	FLUAD QUAD	FLUQUADRI
Concomitant administration with Shingrix	Not applicable	Yes	Yes*	Yes
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes, for Nuvaxovid* and Yes, for Comirnaty vaccines	Yes
Concomitant administration with PCV13	Individuals (or parents/legal guardians/power of attorneys) should be informed of the small risk of febrile convulsions in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended.			

*FLUAD QUAD, Shingrix and Nuvaxovid utilise novel adjuvants to gain a good immune response. Consumers should be informed of the possibility of a stronger post-vaccination response, where two or more of these are administered together.

Dosing

Vaccine	Age	Dose	Number of doses
AFLURIA QUAD JUNIOR	6–35 months	0.25 mL	1 or 2*
AFLURIA QUAD	3–8 years	0.5 mL	1 or 2*
	≥ 9 years		1
FLUQUADRI	6 months – 8 years	0.5 mL	1 or 2*
	≥ 9 years		1

* Two doses separated by at least 4 weeks if an influenza vaccine is being used for the first time.

Preparation of vaccine

Manufacturers' guidance:

- **AFLURIA QUAD** and **AFLURIA QUAD JUNIOR** - Shake before use. After shaking, the vaccine should appear as a homogenous suspension.
- **FLUAD QUAD** - Gently shake before use. After shaking, the normal appearance of the vaccine is a milky-white suspension.
- **FLUQUADRI** - Before administering a dose of vaccine, shake the prefilled syringe.

Post-vaccination observation period

Post influenza vaccination observation period 2023	
Influenza only	20 minutes
	5 minutes*
Concomitant influenza & COVID-19	20 minutes
	15 minutes*
Concomitant influenza & other non-COVID-19 vaccine	20 minutes

* The observation period can be reduced to 5 minutes for people who meet all the following criteria:

- are aged 13 years and over
- do not have a history of severe allergic reactions
- have been assessed for any immediate post-vaccination adverse reactions (5 minutes)
- are aware of when they need to and how to seek post-vaccination advice
- will have another adult with them for the first 20 minutes post vaccination
- will not drive, skate, scoot, ride a bike or operate machinery until 20 minutes post vaccination
- have the ability to contact emergency services if required.

Post Vaccine Symptom Check (PVSC)

Influenza vaccinations will be monitored this year using the Post Vaccine Symptom Check (PVSC). This is a survey used by the National Immunisation Programme to monitor the safety of the vaccines in Aotearoa New Zealand and, more specifically, understand how an individual's health may have been affected after their vaccination (for example, whether any adverse events were experienced). Any consumer who has received an influenza vaccination can participate in the survey. The data collected will help monitor adverse events following vaccination and identify potential safety issues.

Consumers can participate in the survey by scanning a QR code at the time of vaccination. QR codes will be available for sites to print and display and can be accessed from the National Immunisation Programme Dropbox. The QR code links to a web form to enable participants to register. Once registered, a SMS (txt) message will be sent from the National Immunisation Programme a few days following vaccination with a link to the survey.

The PVSC was first used in Aotearoa New Zealand during the rollout of COVID-19 vaccinations. Data collected is de-identified and includes if an adverse event(s) was experienced and whether these events required medical treatment or impacted routine activities. Once sufficient PVSC influenza immunisation data is available, survey results will be published on the Te Whatu Ora website.

PVSC does not replace the reporting of AEFI through the traditional channels and adverse events should also be reported directly to the Centre for Adverse Reactions Monitoring (CARM).

Reporting adverse events following influenza vaccination

Healthcare professionals and vaccinators are professionally and ethically responsible for reporting any serious or unexpected adverse events after the administration of all medicines, including the influenza vaccine, regardless of whether or not they consider the event to have been caused by the vaccination.

CARM Reports can be completed online at nzphvc.otago.ac.nz/report/ or the form can be printed, filled in and mailed.

Immunisation Register – recording influenza vaccinations

The Aotearoa Immunisation Register (AIR) will support the Influenza Immunisation Programme in 2023. Immunisation providers will be able to choose to use AIR, COVID-19 Immunisation Register (CIR) or National Immunisation Register (NIR) to record influenza vaccinations depending on the combination of vaccination services they are delivering.

Please refer to the AIR website (www.tewhatauora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air/flu-2023/) for further information on signing up to use AIR to record influenza vaccinations in 2023.

Provider situation	Resembles	Service Provided		
		I deliver influenza only	I deliver COVID-19 only	I deliver both influenza and COVID-19 (concomitant)
I use an electronic system (mainly Patient Management Systems) that directly submits information to NIR ie, Medtech, Mypractice, Profile, Indici	General Practice	Use your PMS	Use CIR	Use: influenza = PMS* COVID-19 = CIR
I do not use an electronic system (mainly Patient Management Systems) that directly submits information to NIR ie, I submit a NIR3 form	Occupational Health, Māori & Pacific Community Providers, Pharmacy, Lead Maternity Carers that vaccinate	Use AIR	Use CIR	Use CIR (You can choose to use AIR for influenza)

*There may be circumstances where General Practice may wish to use the AIR – please email AIR.engagement@health.govt.nz

Further help

- For technical support with AIR visit moh-c19-support.atlassian.net/servicedesk/customer/portal/24 (tinyurl.com/ywt4jdzn)
- For technical phone support for AIR and/or CIR call 0800 855 066
- For general enquiries about the AIR programme email AIR.engagement@health.govt.nz

Book My Vaccine

Book My Vaccine (BMV) will be used as the national vaccination appointment booking system during the 2023 influenza season. Consumers will be able to make bookings for both COVID-19 and influenza vaccinations.

- Providers who use BMV will need to sign up and then log in to manage appointment schedules and view consumer bookings. Influenza bookings will not be viewable in either the CIR or AIR.
- Bookings that are only for COVID-19 will continue to be viewable in the CIR. Bookings that include requests for both COVID-19 and influenza together will not be viewable in CIR. No bookings will be viewable in the AIR.

Further help

- To sign up or request technical support with using BMV, email help@imms.min.health.nz or call 0800 855 066.

Please refer to [tewhatauora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air-2/flu-2023/](http://www.tewhatauora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air-2/flu-2023/) (tinyurl.com/3kebx3km) for further information on immunisation registers and Book My Vaccine.

PREGNANCY-SPECIFIC

Additional pregnancy-specific information is available at influenza.org.nz

Risk of influenza during pregnancy

Data from the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) hospital-based surveillance for severe acute respiratory infections in Auckland during 2012–2014 identified that pregnant women with influenza were **five times more likely to be hospitalised than non-pregnant women**.²⁸ A normally healthy person who is pregnant has a similar risk for complications from influenza as a non-pregnant person who has co-morbidities. This risk increases with gestation time. When pre-existing medical conditions are superimposed on pregnancy the risks become even higher.^{9,29-32}

Improving immunisation uptake during pregnancy

Recommendations from trusted, knowledgeable health professionals are known to improve confidence and uptake of vaccines in pregnancy. Studies show the importance of an explanation during the decision-making process that addresses the risks associated with influenza disease, the effectiveness of vaccination for the woman and her baby, and the excellent safety record of influenza vaccination during pregnancy.³³⁻³⁵

Funded influenza vaccine for pregnant people

One dose of the inactivated quadrivalent influenza vaccine AFLURIA QUAD is recommended and funded each influenza season during pregnancy. This is not a live vaccine. The funded vaccine is available through to 31 December 2023.

Best time to be vaccinated

Influenza vaccination can be given at any time during pregnancy. It is preferable to vaccinate as soon as the vaccine is available, well before the start of winter. This is an ideal opportunity to discuss other vaccinations recommended in pregnancy, whooping cough booster vaccine (Tdap) and COVID-19 vaccination. These vaccines can be administered at the same visit.

Receiving two influenza vaccinations

An individual who is pregnant across two influenza seasons is recommended to have an influenza vaccination in both seasons. A pregnant individual's risk from influenza also increases with gestational age. No minimum time is required between an influenza vaccination in 2022 and one in 2023.

Concomitant influenza and whooping cough booster vaccination

If in the second or third trimester, the influenza vaccine and Tdap can be administered at the same visit.

Concomitant influenza and COVID-19 vaccination

The influenza vaccine and COVID-19 vaccine (Comirnaty) are recommended at any stage of pregnancy. They can be given at the same time or separately.

History of miscarriage

Influenza vaccination does not increase the risk of miscarriage. However, catching influenza can increase the risk.

Post-partum or breastfeeding individual

The influenza vaccine can be given post-partum and to those who are breastfeeding. An increased risk of influenza complications continues for a few weeks post-partum, as normal heart and lung function return. Protecting the breastfeeding individual can help prevent them from becoming infected and transmitting influenza to their baby. Breastfeeding after vaccination may offer the baby some protection against influenza.

INTERNATIONAL TRAVEL

Influenza vaccination is recommended for those planning to travel internationally, including within the Pacific region.

Studies have indicated that influenza is the most contracted vaccine-preventable disease amongst international travellers.³⁶ Influenza outbreaks have been linked to travellers³⁶⁻³⁸ and certain types of travel where large numbers of people are likely to be in close proximity, such as cruise ship voyages³⁹⁻⁴³ or events that include mass gatherings.⁴⁴⁻⁴⁵ A recent study observing travel-related influenza cases in an Australian paediatric hospital found that a high proportion of inter-seasonal influenza cases in tamariki were linked to travel.⁴⁶

Out-of-season transmission of influenza, in conjunction with co-circulation of COVID-19 and other respiratory infections, presents risks for severe disease in instances of co-infection,⁴⁷ particularly in the elderly and immunocompromised.

During regular consultations pre-travel, all people travelling outside Aotearoa New Zealand should be advised to receive an influenza vaccination, particularly to ensure that those who are eligible to receive a funded influenza vaccine are vaccinated, such as older travellers and those who are at higher risk of influenza complications.

If the traveller has not been vaccinated in the preceding autumn or winter or it is getting close to 6 months⁴⁸ since their last influenza vaccination, vaccination is recommended prior to travel. Note that any second vaccination is not funded. Vaccination with the Southern Hemisphere vaccine at least two weeks prior to departure to any destination will offer some protection and would be preferable to having no vaccine.

If the Southern and Northern Hemisphere vaccine strains differ significantly, additional protection would be beneficial by having the local vaccine on arrival (stand-down period not required). Note that protection from the disease will not commence for at least a week after vaccination and therefore the traveller may be at risk of infection during that time.

Southern Hemisphere versus Northern Hemisphere vaccine strains

Southern Hemisphere influenza vaccine for 2023⁴⁹	Northern Hemisphere influenza vaccine for 2022–2023⁵⁰
Quadrivalent egg-based vaccines	Quadrivalent egg-based vaccines
<ul style="list-style-type: none">• A/Sydney/5/2021 (H1N1) pdm09-like virus	<ul style="list-style-type: none">• A/Victoria/2570/2019 (H1N1) pdm09-like virus
<ul style="list-style-type: none">• A/Darwin/9/2021 (H3N2)-like virus	<ul style="list-style-type: none">• A/Darwin/9/2021 (H3N2)-like virus
<ul style="list-style-type: none">• B/Austria/1359417/2021-like virus	<ul style="list-style-type: none">• B/Austria/1359417/2021-like virus
<ul style="list-style-type: none">• B/Phuket/3073/2013-like virus	<ul style="list-style-type: none">• B/Phuket/3073/2013-like virus

2023 CONSENT FORM

Note: In many situations use of a written consent form is not required. See page 10 for more information.

Flu vaccination consent form

Person

Surname _____ First name _____

Phone _____ Date of birth DD / MM / YYYY Age _____ years

Address _____

Medical Centre/GP _____ NHI _____

National Health Index number if known

Ethnicity (please tick one or more)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Island Māori ☐ Tongan ☐ Niuean ☐ Chinese

☐ Indian ☐ Other – please state _____

Consent statements

- ☐ I have read the fact sheet called 'What you need to know about the flu vaccination'.
- ☐ The benefits and risks of the flu vaccine have been explained to me and I have been told how long I will need to wait after the vaccination.
- ☐ I had enough time to ask questions and my questions were answered to my satisfaction.
- ☐ I have received or photographed the fact sheet so I can refer to it after I leave the appointment. 'What you need to know about the flu vaccination.'
- ☐ I was told how and when to seek assistance if I/ the person being vaccinated experience symptoms that may be vaccine related.
- ☐ The vaccinator has discussed with me other vaccines that I am eligible for.
- ☐ I understand this vaccination information will be recorded and shared with my/the vaccinated person's regular healthcare provider.
- ☐ I consent to the flu vaccination being given.

Signature _____ Date DD / MM / YYYY

As parent / legal guardian / enduring power of attorney

I _____ am the parent, legal guardian or enduring power of attorney, and agree to the flu vaccination of the person named above.

Relationship to person being vaccinated _____ Phone _____

Signature _____ Date DD / MM / YYYY

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New Zealand Government

Te Whatu Ora
Health New Zealand

Vaccination record (for vaccinator use)

Consumer details confirmed ☐ Affirmative answer to any screening questions? ☐ Yes ☐ No

If yes, record the detail and advice given _____

Verbal and written post vaccination information given ☐ Other vaccines discussed ☐

Informed consent obtained? ☐ Yes ☐ No

Afluria Quad Junior (Funded or Unfunded) 6-35 months (i.e. under 3 years)	Dose 1 <input type="checkbox"/> 6-35 months (i.e. under 3 years)	Dose 2* <input type="checkbox"/> 6-35 months (i.e. under 3 years)
Afluria Quad (Funded or Unfunded) 3-8 years	Dose 1 <input type="checkbox"/> 3-8 years	Dose 2* <input type="checkbox"/> 3-8 years
Afluria Quad (Funded or Unfunded) 9 years and over	Dose 1 <input type="checkbox"/> 9 years and over	
Fluad Quad (Unfunded) 65 years and over	Dose 1 <input type="checkbox"/> 65 years and over	
FluQuadri (Unfunded) 6 months and over	Dose 1 <input type="checkbox"/> 6 months and over	Dose 2* <input type="checkbox"/> 6 months - 9 years

*Two doses separated by at least four weeks if a flu vaccine is being administered for the first time.

Vaccine details

Name of vaccine	Batch	Expiry	Dose	Site	Date	Time
Afluria Quad Junior			0.25mL			
Afluria Quad			0.5mL			
Fluad Quad			0.5mL			
FluQuadri			0.5mL			

Vaccinator information

Place of vaccination _____

Name _____

Signature _____

Observation period

☐ Details of any AEFI or observations recorded

☐ CARM report completed

Signature _____

Departure time _____

Clinical supervisor**

Name _____

Signature _____

** if relevant

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LINKS AND RESOURCES

Key documents

- Immunisation Handbook 2020: Clinical guidelines for the safe and effective use of the influenza vaccine
- 2023 Flu vaccination consent form & influenza vaccination policy statement: accessed via the dropbox detailed below

To confirm the most up-to-date version of this *FLU 2023 Essential information for health professionals* document is being used, compare the date on the bottom right of the last/back page with the online document at influenza.org.nz. It should be used alongside the *Immunisation Handbook 2020*, particularly the *Influenza* section (tinyurl.com/4k3hyxfh).

Influenza Immunisation Programme resources

Email: immunisation@health.govt.nz

Dropbox: National Immunisation Programme vaccine resources - Simplify your life (tinyurl.com/548knm9z)

These resources include:

- Promotional material
- Translated resources
- Braille & large print
- the new for 2023 consumer pre and post influenza vaccination *What you need to know about the flu vaccination* A4 handout*

**This new resource will be available in hard copy to be ordered.*

Hardcopies of some 2023 influenza promotional resources can be ordered via the Blue Star portal. To register with the Blue Star portal, email moh.support@bluestargroup.co.nz and request 'Vaccine resources access'; include your clinic/practice/pharmacy name and your contact details.

Available from HealthEd.govt.nz, the *Immunise during pregnancy* (HE2503) leaflet is for pregnant individuals and their families. Also available in Chinese Simplified, Chinese Traditional, Hindi, Māori, Samoan and Tongan.

Equity

- *More Than Just a Jab: Evaluation of the Māori Influenza Vaccination Programme as part of the COVID-19 Māori Health Response* | Ministry of Health NZ (*More Than Just a Jab*) (tinyurl.com/2p8hrsjd)
- Equity and Best Practice immunisation - Factsheet | Immunisation Advisory Centre (tinyurl.com/yr7jxcfw)
- Whakamaui: Māori Health Action Plan 2020-2025 | Ministry of Health NZ (tinyurl.com/56vazf87)

- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020-2025 | Ministry of Health NZ (tinyurl.com/bdh45dm5)

Information for consumers

Freephone: Healthline 0800 611 116 anytime

Website: tewhatuora.govt.nz/for-the-health-sector/health-sector-guidance/diseases-and-conditions/influenza/ (tinyurl.com/4zjxwfp)

Cold chain

Visit immune.org.nz/resources/regional-advisors-and-local-coordinators (tinyurl.com/4869rrac) for contact details of local Immunisation/Cold Chain Coordinators

Visit health.govt.nz/coldchain for *The National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition)* and information on cold chain management.

Claiming funded vaccine

Call Sector Services Help Desk freephone 0800 855 066, select option 2

The manual claim form is available from www.tewhatuora.govt.nz/our-health-system/claims-provider-payments-and-entitlements/immunisation-subsidy/ (tinyurl.com/4k3k9pfv)

Reporting adverse events following immunisation

Centre for Adverse Reactions Monitoring (CARM)

Phone: (03) 479 7247

Email: carmnz@otago.ac.nz

Website: nzphvc.otago.ac.nz (for online reporting, use your practice number as login)

Aotearoa Immunisation Register (AIR)

Visit: tewhatuora.govt.nz/our-health-system/digital-health/the-aotearoa-immunisation-register-air-2/flu-2023/ (tinyurl.com/3keb3km) for information about AIR.

Please also use this contact information below for assistance with the AIR, CIR 'flu form' and NIS.

Email: onlinehelpdesk@health.govt.nz

Freephone: 0800 855 066, select option 5 and then option 3

Your local NIR administrator may be able to assist with more information.

Vaccine data sheets

Visit medsafe.govt.nz/profs/datasheet/datasheet.htm (tinyurl.com/2p8whba3) or influenza.org.nz

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VACCINE MANDATORIES

AFLURIA® QUAD (for use in persons aged 3 years and older) and **AFLURIA® QUAD JUNIOR** (for use in children aged 6 months to 35 months inclusive) are inactivated split virion quadrivalent influenza vaccines, single dose pre-filled glass syringes containing 0.5 mL or 0.25 mL, respectively, of suspension for injection. Indicated for the prevention of influenza caused by the four A and B virus types contained in the vaccine. Each dose contains 15 mcg or 7.5 mcg, respectively, of surface haemagglutinin from the four influenza virus strains. **CONTRAINDICATIONS:** Infants younger than 6 months of age. Previous anaphylaxis following a dose of any influenza vaccine or anaphylaxis following exposure to any component of the vaccine, excluding egg protein. **PRECAUTIONS:** Postpone in patients with acute febrile illness. Manage any fever, febrile convulsions, or anaphylactic reactions; consider interactions with other vaccines, medications, or laboratory tests; history of anaphylaxis to egg, history of Guillain-Barré syndrome which has occurred within 6 weeks of previous influenza vaccination. Response may be lower in immunocompromised patients and people aged 65 years or older. **ADVERSE EFFECTS:** Common injection site reactions e.g. pain, swelling, and redness; AFLURIA® QUAD: headache, myalgia, malaise, nausea, chills, vomiting, and fever; AFLURIA® QUAD JUNIOR: irritability, diarrhoea and loss of appetite. **ADMINISTRATION:** Shake before administering via intramuscular or deep subcutaneous injection. **DOSAGE:** AFLURIA® QUAD: A single 0.5 mL dose; children 3 years to <9 years not previously vaccinated require two doses given at least four weeks apart. AFLURIA® QUAD JUNIOR: A single 0.25 mL dose; infants and children not previously vaccinated require two doses given at least four weeks apart. Before prescribing, review the AFLURIA® QUAD and AFLURIA® QUAD JUNIOR Data Sheet at www.medsafe.govt.nz.

FLUAD® QUAD is an inactivated influenza vaccine, with an MF59® Adjuvant, as a suspension for injection in a single-dose prefilled glass syringe. **PRESENTATION:** Each 0.5 mL dose contains 15 mcg of surface haemagglutinin from four influenza virus strains. **INDICATIONS:** For active immunisation against influenza, for people 65 years of age and older. **CONTRAINDICATIONS:** Severe allergic reaction (e.g. anaphylaxis) to a previous influenza vaccination or to the active substances, adjuvant, or any other constituents or trace residues. Persons with a history of egg allergy (non-anaphylaxis) can receive a full dose of vaccine in any immunisation setting. **ADVERSE EVENTS:** Common injection site pain, fatigue and headache. Most of these reactions disappear within 3 days. Rare but serious events include thrombocytopenia; lymphadenopathy; muscular weakness; allergic reactions such as anaphylactic shock, anaphylaxis; encephalomyelitis, Guillain Barré syndrome, neuritis, neuralgia, paraesthesia, or convulsions; vasculitis with transient renal involvement; generalised skin reactions; and severe injection-site reactions (extensive limb swelling or cellulitis-like reactions). **PRECAUTIONS:** Postpone immunisation in patients with acute febrile illness or infection. Antibody responses may not be protective in all vaccines, particularly in immunosuppressed patients. FLUAD® Quad is not for intravascular or subcutaneous administration. Persons with a history of anaphylaxis to egg should be vaccinated only in medical facilities with staff experienced in recognising and treating anaphylaxis. Co-administration with other vaccines has not been studied. If Guillain-Barré syndrome has occurred within 6 weeks of previous influenza vaccination, the decision to give FLUAD® Quad should be based on careful consideration of the potential benefits and risks. **DOSAGE AND ADMINISTRATION:** Gently shake before use to produce a milky-white suspension; inject a single 0.5 mL dose into the deltoid muscle. Store at 2–8°C; do not freeze; protect from light. Before prescribing, review the FLUAD® Quad Data Sheet at www.medsafe.govt.nz.

FLUQUADRI™ is an inactivated quadrivalent influenza vaccine, split virion (Influenza Virus Haemagglutinin). **INDICATIONS:** FLUQUADRI indicated for active immunisation of influenza caused by influenza virus types A and B in adults and children aged 6 months and over. **DOSAGE AND ADMINISTRATION:** Shake well. For IM injection. Adults and children 6 months of age and over: 0.5mL. Two doses separated by an interval of 4 weeks recommended for children under 9 years of age who have not been adequately primed based on influenza vaccination history. **CONTRAINDICATIONS:** Known systemic hypersensitivity reactions after previous administration of any influenza vaccine or to any component of vaccine (eggs or egg products), and acute febrile illness. **PRECAUTIONS:** Weigh risks and benefits in subjects with a history of Guillain-Barré Syndrome (GBS), bleeding disorder or in individuals on anticoagulant therapy. Syncope. **PREGNANCY AND LACTATION** – Category A. Health authorities recommend the vaccination of pregnant women. **SIDE EFFECTS:** Local reactions: pain, tenderness, erythema, swelling, induration and ecchymosis. Systemic reactions: myalgia, headache, malaise, shivering, fever, irritability, drowsiness, appetite loss, vomiting and abnormal crying (in children). Very rarely: transient thrombocytopenia, lymphadenopathy, ocular hyperaemia, vasculitis, vasodilation/flushing, dyspnoea, pharyngitis, rhinitis, cough, wheezing, throat tightness, Stevens-Johnson syndrome, pruritis, asthenia/fatigue, pain in extremities, chest pain and other allergic reactions and neurological disorders such as myelitis, GBS, convulsions including febrile convulsions and Bell's palsy, optic neuritis/neuropathy, brachial neuritis, syncope, paresthesia. Please review the full data sheet prior to prescribing at www.medsafe.govt.nz.

For vaccination eligibility, clinical queries & general information, contact the Immunisation Advisory Centre (IMAC)

Freephone: 0800 IMMUNE (0800 466 863) Email: influenza@auckland.ac.nz

influenza.org.nz



**The Immunisation
Advisory Centre**

Te Whatu Ora
Health New Zealand

AFLURIA® QUAD, AFLURIA® QUAD JUNIOR, FLUAD® QUAD and FLUQUADRI™ are prescription medicines. Before you administer these vaccines, please read the data sheet (at www.medsafe.govt.nz or www.influenza.org.nz) for information on the active ingredients, contraindications, precautions, interactions and adverse effects.

IMAC 29/3/2023 **SEE RECENT UPDATES ON PAGES 9 & 12 (TABLE)**