FLU2024

Essential information for health professionals

Immunisation Advisory Centre

Te Whatu Ora
Health New Zealand

IMAC 29/02/2024

Contents

Summary & quick reference

Dates

The 2024 Influenza Immunisation Programme starts on 2 April 2024 and runs until 31 December 2024 for all groups.

2024 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 over
- people aged 6 months to under 65 years with eligible conditions*
- children 4 years of age and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness
- people aged 6 months to under 65 years with serious mental health and addiction conditions

See page 6 for a list of eligible conditions.

Five quadrivalent influenza vaccines for 2024

- **INFLUVAC TETRA** is approved for use in children and adults, 6 months of age and over
- FLUCELVAX QUAD is unfunded only, approved for use in children and adults, 6 months of age and over
- FLUAD QUAD is unfunded only, approved for use in adults aged 65 years and over
- FLUQUADRI is unfunded only, approved for use in children and adults, 6 months of age and over
- AFLURIA QUAD is unfunded only, approved for use in children and adults, 3 years of age and over

See page 9 for *Summary of 2024 influenza vaccines* table.

Ordering vaccine

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

Email: Flu@healthcarelogistics.co.nz

Emailed orders incur a manual order processing fee of $10 per order.

Phone: 0508 425 358

Further detail and the funded vaccine email order form can be found at immune.org.nz/vaccine/influenza-vaccine

Clinical queries and general information for health professionals

Immunisation Advisory Centre (IMAC)
University of Auckland

Clinical queries:

Freephone: 0800 IMMUNE (0800 466 863)

Email: 0800immune@auckland.ac.nz

General information:

Email: influenza@auckland.ac.nz

Website: immune.org.nz

Message from the Director of 2024 Influenza Immunisation Programme

Tēnā koutou katoa,

As this is my first influenza season as the Director Prevention at Te Whatu Ora, I'd like to start by acknowledging everyone across the wider health sector for your support and commitment to increasing our immunisation rates. Your work is critical to reducing the impact of vaccine-preventable diseases in our communities. Thank you.

As we prepare for the 2024 influenza season I'd like to reflect on last year's achievements. In addition to our existing vaccination providers, more health care providers joined our vaccination efforts, including hauora Māori and Pacific providers, and pharmacies. Together, 2023 influenza vaccine uptake was a huge success, with the fastest time on record to administer one million influenza vaccinations. We also successfully maintained overall population vaccination rates year on year (ie, 0% change from 2022 to 2023), despite the decline in immunisation rates seen globally following the COVID-19 pandemic.[†]

Let's continue to build on this momentum to help protect whānau coming into this winter season. I encourage you to continue to offer opportunistic vaccinations for anyone in your care who may need to catch up on other missed immunisations, including MMR, pertussis and COVID-19, to help keep them well and out of hospital.

This year, our 2024 influenza immunisation communication campaign aims to drive early vaccination amongst priority groups through increasing awareness and building on community outreach efforts, with continued focus on hapū māmā and Māori and Pacific people who, in past years, have been less likely to receive an influenza vaccination.

Providers play an essential role in increasing influenza immunisation rates and eliminating the equity gap, and we look forward to working together to achieve success.

A whānau-centred approach

Te Whatu Ora is committed to upholding our obligations as Te Tiriti o Waitangi partners, and healthcare workers play a vital role in eliminating the inequities that exist for Māori and Pacific communities who are more likely to suffer extreme illness from influenza and less likely to receive an influenza vaccine.

Outcomes demonstrate that the health system is often hard to access and hard to navigate, but there are steps we can take to support the goal of equity for Māori and Pacific communities.

- Take time to build whakawhanaungatanga (sincere connection & rapport) with whānau, create an environment which is welcoming. For example, provide space for an entire whānau, toys for tamariki, and resources and imagery that reflect the communities that you are trying to reach.
- Take a whānau-centred approach, putting the needs and aspirations of whānau at the forefront of your engagement.
- Listen to the voices of your community and reflect these aspirations through your practice.
- Use mana-enhancing language (language which uplifts and holds the integrity of those you're speaking to).
- Provide options and allow for autonomy throughout.
- Consider the barriers that prevent whānau from accessing flu vaccines and work to reduce these.
- Take a holistic approach and speak to whānau about referrals to any other services they may need.
- Be proactive, using every engagement as a time to discuss influenza vaccines or other missed immunisations.
- Incorporate Māori models of care, and mātauranga Māori throughout.

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

Ngā mihi,

Alana Ewe-Snow
Director, Prevention
National Public Health Service

[†]*Nature*, December 2022

Why is influenza vaccination so important?

Influenza vaccination is recommended annually 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 change each year in response to the circulating virus pattern.

Seasonal respiratory disease patterns remain unpredictable following the COVID-19 pandemic, both globally and within Aotearoa New Zealand. Public health interventions in 2020 and 2021 curtailed the spread of COVID-19 within Aotearoa New Zealand. These also simultaneously reduced the spread of many other seasonal respiratory illnesses, including influenza.

Although in 2020 and 2021 there was little to no influenza in Aotearoa New Zealand, lower residual immunity in combination with the gradual reduction in public health measures to control COVID-19, resulted in very high rates of influenza-associated hospitalisation in 2022. These rates peaked at almost twice those observed in pre-pandemic years (2018 and 2019). This trend was reflected globally, with subsequent influenza seasons in the USA reporting uncharacteristically high illness and hospitalisation rates, particularly in children.

Although data from ESR show that the levels of influenza activity were lower in 2023, some groups continue to carry the greatest burden from influenza. For example, of those hospitalised for Severe Acute Respiratory Illness (SARI) in Auckland in 2023, influenza-associated hospitalisation rates were higher in young children (0–4 years) and the elderly (≥ 65 years) compared to other age groups, and higher in Pacific peoples and Māori ethnic groups compared to other ethnic groups.[1] This aligns with who we know are at highest risk from influenza, including older adults, immunocompromised individuals, pregnant people, and young children, especially infants and toddlers under 2 years of age. Influenza can lead to serious complications, such as heart or lung conditions, particularly within these high-risk groups.

Predicting seasonal influenza illness rates and severity is often challenging, particularly in the aftermath of a pandemic when seasonal respiratory viruses may deviate from typical patterns. Factors that influence influenza activity include population immunity, the degree of virus mutation, and vaccine effectiveness. These variables can be modified by healthcare professionals through active promotion of immunisation within their communities, and by ensuring high vaccination rates among healthcare workers.

Vaccination remains a cornerstone of public health strategy in Aotearoa New Zealand to reduce the burden of infectious disease on our healthcare system and communities. Prioritising vaccination uptake, particularly in vulnerable communities, is instrumental in safeguarding those who are at highest risk. A targeted approach not only alleviates burden on the healthcare system but enhances overall community resilience against preventable respiratory diseases.

Key messages for use with consumers

Healthcare workers play an essential role in increasing influenza vaccination and lowering infection rates. You may refer to the following messages to help support discussions with consumers:

- Getting the influenza immunisation is the best way to protect yourself and your whānau against the flu.
- Influenza can be much worse than a common cold. The sooner you get an influenza immunisation, the better. It can take up to two weeks after you get the vaccine for your body to start protecting you.
- Get immunised to help 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.
- While it is possible to catch influenza after immunisation, your symptoms are less likely to be severe if you had a flu vaccine.
- 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, during the first few months of life.
- You can't catch the flu from the immunisation – the vaccine used in Aotearoa New Zealand doesn't contain any live influenza virus.
- Having side effects after your influenza immunisation is a sign that your body's immune system is working well. You might experience pain, itching, redness at the vaccination site, aches and pains, fever and feeling generally unwell and tired. Most side effects shouldn't last long.

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 5 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.[2,3]

Pregnant people

The World Health Organization[4] and the Ministry of Health[5] 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 6 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 influenza and vaccination during pregnancy, visit immune.org.nz/resources/factsheets.

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.[6] 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.[2,7-9] Influenza-related complications can include pneumonia, fever-related convulsions, vomiting and diarrhoea, 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 on influenza and vaccination for children, visit immune.org.nz/resources/factsheets and refer to the Pharmac eligibility criteria on page 6.

65 years and older

The World Health Organization[4] and the Ministry of Health[10] recommend annual influenza vaccination for all adults aged 65 years or older. Increasing the number of older people vaccinated against influenza disease annually can have a significant impact on improving health outcomes in older people,[11,12] especially in the context of ongoing co-circulation of other respiratory diseases, such as COVID-19 and RSV. 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 compared to other age groups, influenza vaccination does attenuate the severity of the disease, reducing hospitalisations, loss of independence and deaths.[13]

For more information on influenza and vaccination for older people, visit immune.org.nz/resources/factsheets.

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 ethnicities[15], 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.

Mental health

Historically, individuals with serious mental health illnesses have faced comparatively low access to

preventative vaccination programmes, despite the significant health risks associated with this group.[16]

There is longstanding literature to support the notion of psychological distress as a barrier to preventative medical care. A recent US study examining the association between mental distress and influenza vaccination coverage found that individuals with mental illness had a lower likelihood of receiving the seasonal influenza vaccination.[17] In addition, the study notes that individuals with mental health disorders are at an increased risk of comorbid health conditions that predispose them to severe complications associated with influenza disease.

Similar studies examining the influence of maternal mental illness on childhood vaccination uptake found that the likelihood of a child completing recommended vaccinations by the age of two and five years old was significantly lower among children with maternal mental illness, compared to children with mothers without mental illness.[18]

In Aotearoa New Zealand, 2020–2021 COVID-19 vaccination uptake data showed that a two-dose COVID-19 vaccination rate across DHB specialist mental health and addiction services was approximately 30% compared to 48% of the eligible population.[19]

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 goal 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 (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 at tewhatuora.govt.nz/for-the-health-sector/health-sector-guidance/diseases-and-conditions/influenza/ (tinyurl.com/4zjxwfpe).

Pharmac eligibility criteria for 2024 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.
Visit 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. 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, or
        - transplant recipient, or
        - neuromuscular and CNS diseases/disorder,[d] or
        - haemoglobinopathies[e], or
        - children on long-term aspirin, or
        - a cochlear implant, or
        - errors of metabolism at risk of major metabolic decompensation, or
        - pre and post splenectomy, or
        - Down syndrome, or
    - are pregnant (any trimester); or
3. Children 4 years of age and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; 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, or
    - are currently accessing secondary or tertiary mental health and addiction services.

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

Unless meeting the criteria set out above, 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.

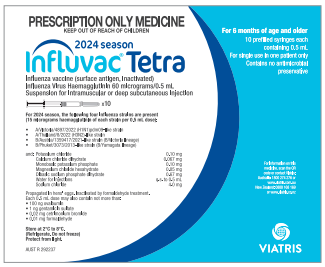
e. Haemoglobinopathies include sickle cell anaemia, thalassemia.

Influenza vaccines for 2024

Vaccine brands

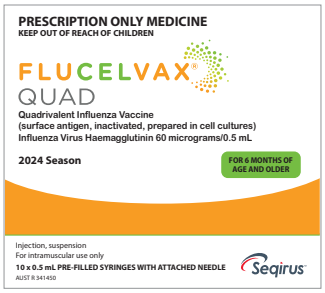
INFLUVAC TETRA

Approved for use in children and adults, 6 months of age and over.
Funded for those who meet Pharmac eligibility criteria.
Can also be purchased by those not meeting funding criteria.



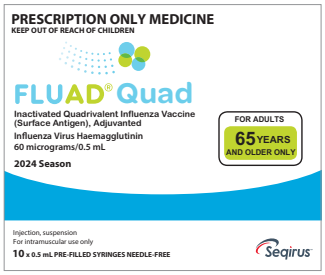
FLUCELVAX QUAD

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



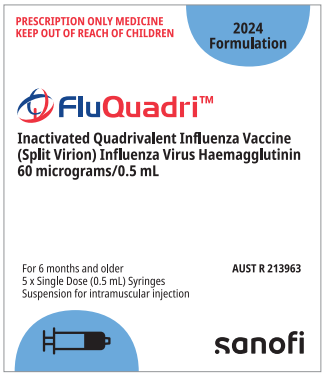
FLUAD QUAD

Unfunded only, approved for use in adults aged 65 years and over.



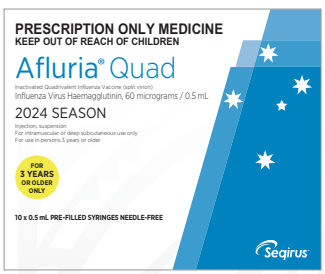
FLUQUADRI

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



AFLURIA QUAD

Unfunded only, approved for use in children and adults, 3 years of age and over.



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. In 2024, the Southern Hemisphere egg-based and cell culture vaccines contain different strains, as recommended by the World Health Organisation.[20]

2024 egg-based vaccine strains* (INFLUVAC TETRA, FLUAD QUAD, FLUQUADRI, AFLURIA QUAD)

- **A/Victoria/4897/2022 (H1N1) pdm09-like virus**
- **A/Thailand/8/2022 (H3N2)-like virus**
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

2024 cell culture vaccine strains* (FLUCELVAX QUAD)

- **A/Wisconsin/67/2022 (H1N1) pdm09-like virus**
- **A/Massachusetts/18/2022 (H3N2)-like virus**
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

** Bolded strains are new for 2024*

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 immune.org.nz/vaccine/influenza-vaccine

Needles

INFLUVAC TETRA and FLUCELVAX QUAD are supplied with a needle attached. AFLURIA QUAD 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.

INFLUVAC TETRA minimum order quantities

- 60 doses March to May
- 30 doses June to July
- 10 doses August to December

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

For the 2024 influenza season, there are five different vaccine options. All available influenza vaccines contain haemagglutinin proteins from the surface of the influenza virus. These proteins are harvested and purified from an influenza virus that is either grown in embryonated chicken eggs (egg-based vaccines)[21-24] or propagated in Madin Darby Canine Kidney (MDCK) cells (cell-based vaccine, FLUCELVAX QUAD).[25] Four virus strains are produced separately and combined to make the quadrivalent formulation. The adjuvanted formulation, FLUAD QUAD, also contains a squalene-based oil-in-water emulsion adjuvant, MF59, to stimulate a stronger immune response in older people.[22]

Vaccine types:

- Inactivated influenza vaccine, surface antigen, egg-based: **INFLUVAC TETRA**
- Inactivated influenza vaccine, split virion, egg-based: FLUQUADRI and AFLURIA QUAD
- Inactivated influenza vaccine, surface antigen, adjuvanted, egg-based: FLUAD QUAD
- Inactivated influenza vaccine, surface antigen, cell-based: FLUCELVAX QUAD

Egg-based vs cell-based vaccines

Egg-based and cell-based vaccines differ in their method of manufacture. Egg-based vaccines are traditionally manufactured by cultivating influenza viruses in embryonated chicken eggs. Once the influenza viruses have replicated in the eggs, the viral particles are harvested, purified and inactivated for use in vaccines. In comparison, cell-based vaccine manufacture uses mammalian cell cultures to propagate the influenza virus.

Replication via cell-line eliminates the requirement for chicken eggs. This can be advantageous in scenarios where egg-based production faces challenges, such as a shortage of eggs, egg adaptation or poor antigenic match due to mutations occurring in the circulating seasonal influenza virus during production. Egg adaptation is a phenomenon in which the virus can undergo genetic mutations as it adapts to growing in the egg environment. This can potentially impact the accuracy of the vaccine to match the circulating influenza strains.

Some studies, comparing the relative efficacy of egg-based and cell-based vaccines, show that cell-based influenza vaccine advantage is more significant during seasons when the variations between the egg-based vaccine strains and the influenza strains circulating in the population are substantial.

For more information on cell-based influenza vaccines, visit immune.org.nz/resources/factsheets

Summary of 2024 influenza vaccines

Vaccine brand	INFLUVAC® TETRA	AFLURIA® QUAD	FLUAD® QUAD	FLUQUADRI™	FLUCELVAX® QUAD
Manufacturer and/or supplier	Viatris 0800 168 169	Seqirus 0800 502 757	Seqirus 0800 502 757	Sanofi 0800 283 684	Seqirus 0800 502 757
Fully funded	Yes, if individual meets Pharmac eligibility criteria	No	No	No	No
Available for purchase	Yes	Yes	Yes	Yes	Yes
Age	6 months and over	3 years and over	65 years and over	6 months and over	6 months and over
Dose	0.5 mL	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Number of doses	1 or 2*	1 or 2*	1	1 or 2*	1 or 2*
	**For children less than 9 years of age who have not previously been vaccinated, a second dose of 0.5 mL should be given after an interval of at least 4 weeks.*				
Route of administration	IM†	IM†	IM	IM	IM
	†*If needle length results in deep subcutaneous administration, that is also acceptable.*				
Presentation	Pre-filled syringe, needle attached: 0.5mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle attached: 0.5mL Needle provided separately	Pre-filled syringe, needle attached: 0.5mL
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes	Yes	Yes
Concomitant administration with Shingrix	Yes	Yes	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. (Not applicable to FLUAD QUAD as only approved for ages 65 and over)				
Residual antibiotics	Gentamicin, tylosine tartrate	Neomycin, polymyxin B	Kanamycin, neomycin	No antibiotics used to manufacture	No antibiotics used to manufacture
Latex	Latex-free§	Latex-free	Latex-free	Latex-free	Cannot be considered latex-free‡
	§*Manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine.*				‡*Sheath covering the needle may contain natural rubber latex. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine*
Ovalbumin	Each dose contains less than 1 microgram of ovalbumin				Does not contain egg proteins as eggs are not used in the manufacturing processes
Vaccines' influenza strains (bolded strains are new for 2024)	Egg-based vaccines				Cell culture vaccine
	• **A/Victoria/4897/2022 (H1N1) pdm09-like virus** • **A/Thailand/8/2022 (H3N2)-like virus** • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus				• **A/Wisconsin/67/2022 (H1N1) pdm09-like virus** • **A/Massachusetts/18/2022 (H3N2)-like virus** • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus
Storage	• 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** Website: **hcl.co.nz**				

INFLUVAC TETRA, AFLURIA QUAD, FLUAD QUAD, FLUQUADRI and FLUCELVAX QUAD are prescription only medicines.
Please refer to the Medsafe data sheets for further details at medsafe.govt.nz and immune.org.nz/vaccine/influenza-vaccine

29/02/2024

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: 0800immune@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.[26]

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;[27] 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

INFLUVAC TETRA, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD are egg-based vaccines, but 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.[28] Each dose of **INFLUVAC TETRA**, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD contains less than one microgram of ovalbumin.[21-24]

FLUCELVAX QUAD does not contain ovalbumin, as eggs are not used in the manufacturing process.[25]

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.

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

Sulfonamide (sulphur) allergy

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

Sulfonamide 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).[29] 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

INFLUVAC TETRA, FLUCELVAX QUAD, FLUAD QUAD, FLUQUADRI or AFLURIA QUAD can be administered to people on anticoagulants, including aspirin, dabigatran (Pradaxa®), enoxaparin (Clexane®), heparin, rivaroxaban (Xarelto®), ticagrelor (Brilinta™) and warfarin.[30]

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

Latex

INFLUVAC TETRA does not contain any latex but the manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process. FLUCELVAX QUAD cannot be considered latex-free as the sheath covering the needle may contain natural rubber latex. Patients with anaphylaxis (not sensitivity) to latex should be offered an alternative to these vaccines.

FLUAD QUAD, FLUQUADRI and AFLURIA QUAD are latex-free.

Antibiotics

INFLUVAC TETRA contains traces of gentamicin and tylosine tartrate.[21] FLUAD QUAD contains traces of kanamycin and neomycin.[22]AFLURIA QUAD contain traces of neomycin and polymyxin B.[24] The vaccines are contraindicated in people with known anaphylaxis to these respective antibiotics.

No antibiotics are used to manufacture FLUCELVAX QUAD[25] or FLUQUADRI.[23]

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.[31] 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.[32-34]

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 section 11.6.2 *Precautions* of the Immunisation Handbook 2020.

Administration

Vaccinating Workforce

For current guidance on who can administer the influenza vaccine, including to which consumer age groups, refer to section 2 *Processes for safe immunisation* of the Immunisation Handbook 2020.

Pre-vaccination screen

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

The consumer A4 handout *What you need to know about the flu vaccination* (HP8682) is available to assist with pre-vaccination screening and to provide post vaccination information. It can be downloaded to print from National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/2jbm9ku6). Also see page 19 for how to order tear-off pads of this resource.

Refer also to previous section on page 10 regarding contraindications and other considerations.

The full screening checklist can be found in section 2.1.3 *Pre-vaccination screening* of the Immunisation Handbook 2020.

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 section 2.1.2 *Informed Consent* of the Immunisation Handbook 2020 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. In most cases consent can be gained verbally based on the provider's local systems and the vaccination setting.

Written consent is recommended in situations where patient management systems are not used to document consent, such as when a vaccine is being administered under a prescription or consent is being obtained on behalf of someone unable to give consent themselves (for example, a legal guardian or enduring power of attorney situation).

If written consent is required, the *2024 Flu vaccination consent form* (HP7990) file is available in the *Influenza (flu)* folder at National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/2jbm9ku6). It is also printed on pages 17 and 18 of this document.

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

- influenza vaccine safety and effectiveness for all ages
- the risks and burden of influenza for older people, pregnant people and children.

Post-vaccination advice

The consumer *What you need to know about the flu vaccination* handout also 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.

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 13.

Concomitant administration with the influenza vaccine

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

In settings where other funded vaccines are provided, it is recommended that the influenza vaccine appointment is used as an opportunity to check the consumer's vaccine history to check for other vaccines that they may be eligible for. In particular, it is important to check for MMR vaccine history in those who may not have received any/both MMR vaccines.

	INFLUVAC TETRA	FLUCELVAX QUAD	FLUQUADRI	AFLURIA QUAD	FLUAD QUAD
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes	Yes	Yes*
Concomitant administration with Shingrix	Yes**	Yes	Yes	Yes	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.				Not applicable

* *FLUAD QUAD, Shingrix and Nuvaxovid utilise 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.*

** *A co-administration payment is included in some providers' service contract with Te Whatu Ora, for funded co-administration of both the influenza and Shingrix vaccines. For more information contact your PHO or Pharmacy Immunisation Lead.*

Tamariki vaccine and dose chart

Vaccine	Age	Dose	Number of doses
INFLUVAC TETRA	6 months –8 years	0.5 mL	1 or 2*
	≥ 9 years		1
FLUCELVAX QUAD	6 months –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
AFLURIA QUAD	3–8 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. For eligible tamariki who require two doses of the vaccine, both doses are funded.*

Preparation of vaccine

Manufacturers' guidance from vaccine box:

- **INFLUVAC TETRA** – Shake contents before use
- FLUCELVAX QUAD - Shake before use
- FLUAD QUAD - Gently shake before use
- FLUQUADRI – Shake well
- AFLURIA QUAD – Shake before use

Post-vaccination observation period

Post influenza vaccination observation period 2024	
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 the relevant asterisked time in the table above 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)

Te Whatu Ora will again be using the Post Vaccine Symptom Check survey tool to monitor the safety of the influenza vaccine in 2024. This survey is one of the many tools used in Aotearoa New Zealand to monitor vaccine safety. Any consumer who has received an influenza vaccination could be contacted to participate in the PVSC. The data collected will help monitor adverse events following immunisation (AEFI), identify potential safety issues, and understand how an individual's health or daily routine may have been affected after their vaccination.

The influenza PVSC campaign will use an SMS-based format (ie, phone text message). Immunisation and contact detail data provided by the Aotearoa Immunisation Register (AIR) indicate individuals eligible to participate in the campaign. An invitation text will be sent to a random sample of these individuals asking if they would like to participate in the PVSC campaign. If the consumer agrees, another message will be sent from Te Whatu Ora in the days following vaccination with a link to the surveys.

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 events required medical treatment or impacted routine activities. Once sufficient 2024 PVSC influenza data is available, survey results will be made publicly available 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.

Any member of the public, including consumers, vaccinators and healthcare professionals, are encouraged to submit a report for themselves or others who have experienced an AEFI. Find out how to submit a report here (tinyurl.com/8vaaa978) or submit a report directly to CARM on their website at pophealth.my.site.com/carmreportnz/s/ (tinyurl.com/nxxcvun9).

Immunisation Register – recording influenza vaccinations

The Aotearoa Immunisation Register (AIR) should be used to record all immunisations, either through a Patient Management System (PMS) that connects to the AIR or the AIR vaccinator portal. Please refer to the AIR website tewhatuora.govt.nz/air for further information on signing up to use AIR.

		Service Provided		
Provider situation	Resembles	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 AIR (ie, Medtech, MyPractice, Profile, Indici)	General Practice	Use your PMS	Use your PMS	Use your PMS
I do not use an electronic system (mainly Patient Management Systems) that directly submits information to AIR	Occupational Health, Māori & Pacific Community Providers, Pharmacy, Lead Maternity Carers that vaccinate	Use the AIR vaccinator portal	Use the AIR vaccinator portal	Use the AIR vaccinator portal

If your PMS is not connected to the AIR you can use the AIR vaccinator portal. Please 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 2024 influenza season. Consumers will be able to make bookings for both COVID-19 and influenza vaccinations. BMV is not linked to the AIR, so providers need to log in to BMV to view bookings.

- Providers who use BMV will need to sign up and then log in to manage appointment schedules and view consumer bookings. Bookings will not be viewable in the AIR.

Further help

- To sign up to BMV, email AIR.engagement@health.govt.nz. To request technical support with using AIR or BMV, email help@imms.min.health.nz or call 0800 855 066.
- Please refer to tewhatuora.govt.nz/our-health-system/digital-health/book-my-vaccine/ (tinyurl.com/5vb97hz8) for more information on Book My Vaccine.

Healthpoint

Please check your Healthpoint page before 1 April 2024 to make sure the immunisation services your site offers are up to date. Te Whatu Ora and Whakarongorau Aotearoa resources often refer people to Healthpoint to check what their local providers offer, so it is important this information is current.

- For help updating your Healthpoint page visit How to Edit and Update your Healthpoint page (tinyurl.com/6kdtphrm).
- For general enquiries contact Healthpoint on 09 630 0828.

Pregnancy-specific

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

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**.[35] A normally healthy person who is pregnant has a similar risk for complications from influenza as a non-pregnant person who has comorbidities. This risk increases with gestation time. When pre-existing medical conditions are superimposed on pregnancy, the risks become even higher[8, 36-39]

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.[40-42]

Funded influenza vaccine for pregnant people

One dose of the inactivated quadrivalent influenza vaccine is recommended and funded each influenza season during pregnancy. This is not a live vaccine. The funded vaccine, **INFLUVAC TETRA**, is available through to 31 December 2024.

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, the whooping cough booster vaccine (Tdap), and COVID-19 vaccination.

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 2023 and one in 2024.

Concomitant influenza and whooping cough booster vaccination

If in the second or third trimester, the influenza vaccine and whooping cough booster vaccine (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.

**Recommended to be given from 6 months after a previous COVID-19 vaccination or acute COVID-19 infection.*

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.[43] Influenza outbreaks have been linked to travellers[43-45] and certain types of travel where large numbers of people are likely to be in close proximity, such as cruise ship voyages[46-50] or events that include mass gatherings.[51-52] 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.[53]

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,[54] 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 months[55] 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 2024 [20]	Northern Hemisphere 2023–2024 [56]
Egg-based: • A/Victoria/4897/2022 (H1N1) pdm09-like virus • A/Thailand/8/2022 (H3N2)-like virus • B/Austria/1359417/2021 -like virus • B/Phuket/3073/2013 -like virus (**INFLUVAC TETRA**, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD)	Egg-based: • A/Victoria/4897/2022 (H1N1) pdm09-like virus • A/Darwin/9/2021 (H3N2)-like virus • B/Austria/1359417/2021 -like virus • B/Phuket/3073/2013 -like virus
Cell culture: • A/Wisconsin/67/2022 (H1N1) pdm09-like virus • A/Massachusetts/18/2022 (H3N2)-like virus • B/Austria/1359417/2021 -like virus • B/Phuket/3073/2013 -like virus (FLUCELVAX QUAD)	Cell culture & recombinant vaccines: • A/Wisconsin/67/2022 (H1N1) pdm09-like virus • A/Darwin/6/2021 (H3N2)-like virus • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013 -like virus

2024 Consent form

Note: In many situations use of a written consent form is not required. See page 11 for more information.

2024 Flu vaccination consent form

Don't want to take this fact sheet with you? Take a photo instead! It's important to keep this information handy.

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 had enough time to ask questions and my questions were answered to my satisfaction.
- ☐ I have been told how long I will need to wait after the vaccination.
- ☐ 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)

Te Kāwanatanga o Aotearoa
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

Influvac Tetra (Funded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Flucelvax Quad (Unfunded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Fluad Quad (Unfunded) 65 years	Dose 1 ☐ 6 months and over	
FluQuadri (Unfunded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Afluria Quad (Unfunded) 3 years and over	Dose 1 ☐ 3 years and over	Dose 2* ☐ 3 – 9 years

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

Flu vaccination details

Name of vaccine	Batch	Expiry	Dose	Needle size	Site	Date	Time
(write vaccine name or place vaccine sticker here) ☐ Funded ☐ Non-funded					Deltoid ☐ L ☐ R		

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

HP7990 | 2024 Flu vaccine consent form | 25.01.24

For more information visit **info.health.nz/flu**

Links and resources

Key documents

- Immunisation Handbook 2020: Clinical guidelines for the safe and effective use of the influenza vaccine

To confirm the most up-to-date version of this *FLU 2024 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 (search Influenza Immunisation Programme at immune.org.nz). It should be used alongside the Immunisation Handbook, particularly the *Influenza* section.

Influenza Immunisation Programme resources

Email: immunisation@health.govt.nz

Dropbox: National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/2jbm9ku6)

These Dropbox resources include promotional material, consent form, translated resources, and braille and large print.

Printed copies of some 2024 influenza promotional resources can be ordered for free via the Bluestar portal (tinyurl.com/5cxt8scd). If you are not already registered, select *Need to Register?* below the login box. Complete the online registration form, including your clinic/practice/ pharmacy name and your contact details. You will receive a confirmation email. Click the button in the email to 'Activate' your registration.

Several influenza resources are available from healthed.govt.nz, including the *Immunise during pregnancy* (HE2503) leaflet for pregnant individuals and their families. This resource is also available in other languages.

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 | Immunisaton Advisory Centre (tinyurl.com/yr7jxcfw)
- Whakamaua: 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)
- Pae Ora, Healthy Futures Strategies | Ministry of Health NZ (tinyurl.com/yk3anyja). There are separate strategies for Aotearoa New Zealand, Hauora Māori, Pacific Health, Health of Disabled People, Rural Health and Women's Health.
- National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/2jbm9ku6). See the Getting a vaccine - support material and accessible formats folder which has a range of resources, including specifically to support influenza vaccinations.

Information for consumers

Freephone: Healthline 0800 611 116 anytime

Websites: immunise.health.nz/about-vaccines/nz-immunisations/flu-influenza-vaccine/ (tinyurl.com/3x452nxv) and info.health.nz

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 tewhatuora.govt.nz/for-the-health-sector/vaccine-information/vaccine-service-delivery/cold-chain-standards-for-vaccines/ (tinyurl.com/4r39sdt6) to view *National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition)* for information on cold chain management.

Claiming funded vaccine

Information on online and manual claiming is available from tewhatuora.govt.nz/our-health-system/claims-provider-payments-and-entitlements/immunisation-subsidy/how-to-submit-immunisation-claims-to-sector-operations/ (tinyurl.com/h2afzpdy)

For additional assistance, call Sector Operations Contact Centre freephone 0800 855 066, select option 2.

Reporting adverse events following immunisation

Centre for Adverse Reactions Monitoring (CARM)

Freephone: 0800 400 569

Email: carmnz@otago.ac.nz

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

Aotearoa Immunisation Register (AIR)

Website: tewhatuora.govt.nz/air for information about AIR

Please use this contact information below for assistance.

Email: AIR.engagement@health.govt.nz for general enquiries or help@imms.min.health.nz for technical support.

Webform: Help using the Aotearoa Immunisation Register (AIR) (tinyurl.com/4mtjwpjw)

Freephone: 0800 855 066, select option 2 and then option 1.

Vaccine data sheets

Visit Medsafe (tinyurl.com/5e8hv88x) or immune.org.nz/vaccine/influenza-vaccine

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Vaccine mandatories

INFLUVAC® TETRA (Influenza virus haemagglutinin) Suspension for Injection in a single-dose prefilled syringe with 16 mm needle. Prescription Medicine. **PRESENTATION:** Each 0.5 mL dose contains 15 mcg haemagglutinin per each of the four influenza virus strains, for a combined total amount of 60 mcg. **INDICATIONS:** For the prevention of influenza virus types A and B, for adults and children from 6 months of age and older. **CONTRAINDICATIONS:** hypersensitivity to the active substances, to any of the excipients and to residues of eggs (ovalbumin, chicken proteins), formaldehyde, cetrimonium bromide, polysorbate 80, or gentamicin; anaphylaxis following a previous dose of any influenza vaccine; immunisation should be postponed in patients with febrile illness or acute infection; refer to the relevant National Immunisation Guidelines for full details on contraindications and precautions. **ADVERSE EVENTS:** Injection site pain, fatigue and headache. Serious reactions include transient thrombocytopenia; transient lymphadenopathy; allergic reactions such as anaphylactic shock; neuralgia; paraesthesia; febrile convulsions; neuritis; encephalomyelitis; Guillain Barré syndrome; vasculitis with transient renal involvement; generalised skin reactions. **PRECAUTIONS:** Medical facilities with staff experienced in recognising and treating anaphylaxis; INFLUVAC® TETRA is not for intravascular administration; caution in individuals with thrombocytopenia or any coagulation disorder; syncope (with procedures in place to avoid injury from faints); antibody responses may not be protective in all vaccines, particularly in immunosuppressed patients; consider interference with serological testing. **DOSAGE AND ADMINISTRATION:** Gently shake and inspect visually before use; administer a single 0.5 mL dose by intramuscular or deep subcutaneous injection, whereas the intramuscular route is preferred. Store at 2–8°C; do not freeze; store in original package in order to protect from light. Before prescribing, review the INFLUVAC® TETRA Data Sheet at www.medsafe.govt.nz.

FLUCELVAX® QUAD is an inactivated quadrivalent influenza vaccine, prepared in cell cultures as a suspension for injection, in a single-dose glass syringe. **PRESENTATION:** Each dose contains 60 microgram/0.5 mL of surface haemagglutinin and neuraminidase from four influenza virus strains. **INDICATIONS:** For the prevention of influenza caused by Influenza Virus, types A and B, in adults and children 6 months of age and older. **CONTRAINDICATIONS:** Known severe allergic reaction (e.g. anaphylaxis) to a previous influenza vaccination or to any component of the vaccine. **ADVERSE EVENTS:** *Local* injection site pain, erythema and induration. *Systemic* headache, fatigue, myalgia, irritability, nausea, upper respiratory tract infection and nasopharyngitis. Post-marketing serious adverse events includes hypersensitivity reactions, anaphylactic shock; paraesthesia, Guillain-Barré syndrome; pruritus, urticaria, or non-specific rash; Extensive swelling of injected limb. **PRECAUTIONS:** Postpone immunisation in patients with febrile illness or acute infection. A protective immune response may not be elicited in all vaccine recipients, particularly in immunosuppressed patients. If Guillain-Barré syndrome has occurred within 6 weeks of previous influenza vaccination, the decision to give Flucelvax® Quad should be based on careful consideration of the potential benefits and risks. Treatment and supervision for anaphylactic reactions should be available. Co-administration with other vaccines has not been studied. **DOSAGE AND ADMINISTRATION:** By intramuscular injection only. Gently shake to produce a clear to slightly opalescent suspension before use. Store at 2–8°C; do not freeze; protect from light. Before prescribing, review the Flucelvax® Quad Data Sheet (July 2023) 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.

AFLURIA® QUAD (for use in persons aged 3 years and older) is an inactivated split virion quadrivalent influenza vaccine, single dose pre-filled glass syringes containing 0.5 mL 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 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 immunisation 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; headache, myalgia, malaise, nausea, chills, vomiting, and fever. **ADMINISTRATION:** Shake before administering via intramuscular or deep subcutaneous injection. **DOSAGE:** A single 0.5 mL dose; children 3 years to <9 years not previously vaccinated require two doses given at least four weeks apart. Before prescribing, review the AFLURIA® QUAD Data Sheet at www.medsafe.govt.nz.

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

Immunisation Advisory Centre

Te Whatu Ora
Health New Zealand

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