HotDoc | CPD WEBINAR

Flu Vaccine Clinical Update 2026

HOSTED BY

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Immunisation Consultant

aapm
Australian Association of Practice Management
5 CPD Points
2026

Thursday 26 March
12:30pm AEDT

In the spirit of reconciliation, HotDoc acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.

We pay our respect to their Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

HotDoc

Housekeeping

- This session is being recorded & will be sent to you 4-6 hours after this session has concluded along with the resources.
- Use the Q&A tool on your screen to submit a questions through the session & we will address at the end.
- In the “related content” you’ll find our further feedback form.
- Your certificate of attendance will be accessible at the 40 min mark, you can access via the  certificate icon on your console.
- Have a play around with the console/ icons on your screen for an interactive experience.
- Please take some time to complete our feedback survey to let us know what you thought of today’s session.

HotDoc

Declarations

Advisory Board Member – Seqirus, Pfizer, GSK, Sanofi Pasteur

Honoraria received from GSK, Sanofi Pasteur, MSD, Pfizer and Seqirus

Session Outline

- Brief overview of influenza disease and recap of the 2025 season
- Discuss:
    - ‘at risk’ groups
    - vaccine choice and recommendations
    - National Influenza Program 2026
- Adverse events following vaccination
- Clinical considerations
- Overall advice

Influenza

- What is influenza?
  - Respiratory disease caused by influenza virus infection[1]
  - Influenza virus are type A, type B and type C
  - Highly infectious
    - Estimated R_0 in community is 1.2 to 2.4, school settings 2.8 – 16.9
- Influenza infection can cause a wide spectrum of disease
  - Asymptomatic
  - Malaise, chills, myalgia, cough, sneezing, headache, nasal discharge, anorexia
  - Fever, febrile convulsions, otitis media, GI symptoms
  - Serious complications

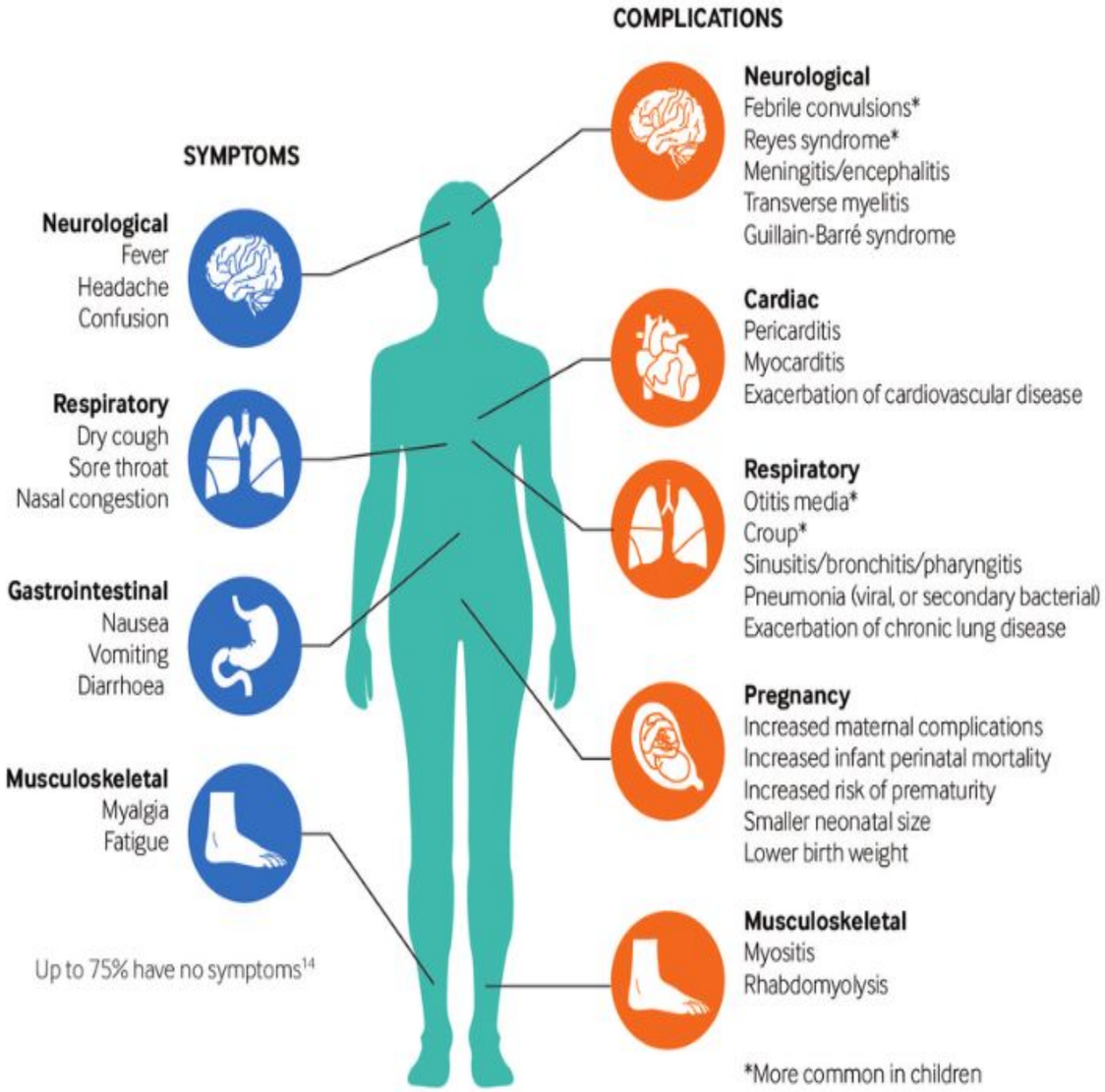


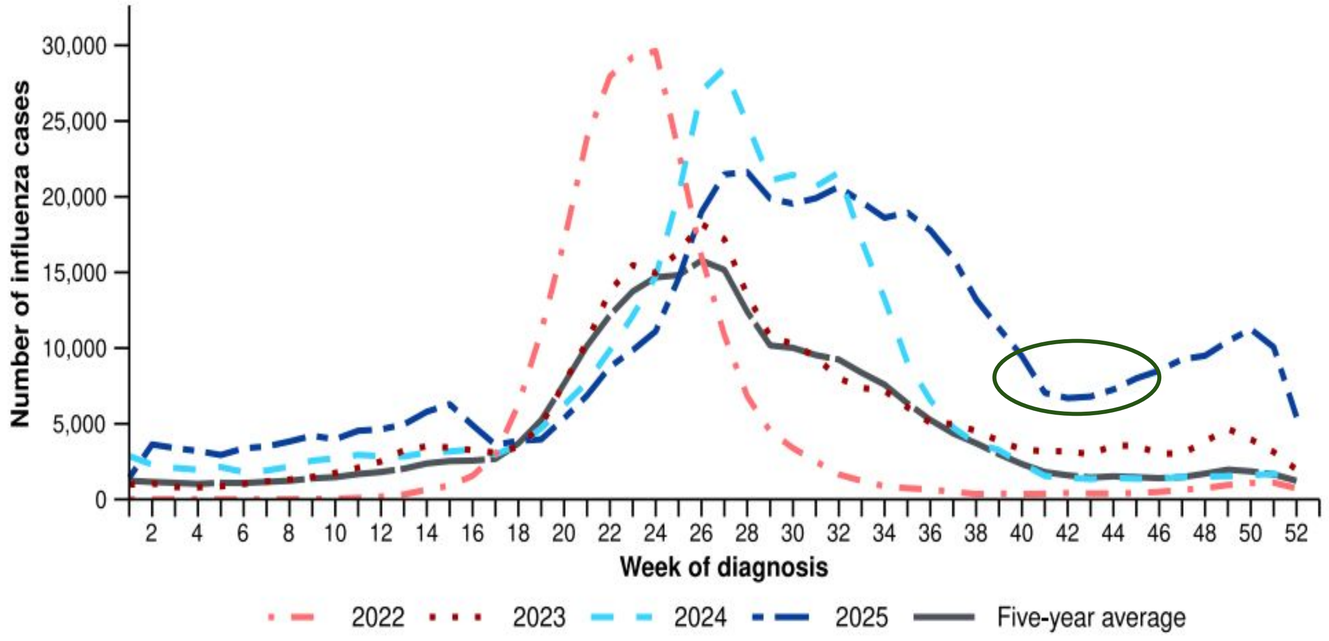
Image: https://www.researchgate.net/figure/Symptoms-and-complications-of-influenza-Complicated-influenza-is-defined-as-an-infection_fig1_311499723

Ref; 1. Australian Immunisation Handbook

Influenza 2025 summary

- The 2025 Flu Season was the worst year on record for influenza adjusted for population
- Influenza A(Unsubtyped) has accounted for most cases across most age groups
- Influenza notification rates remain highest in children aged 5–9 years and children aged 0–4 years

Figure 6: Notified influenza cases and five-year average* by year and week of diagnosis, Australia, 2022 to 28 December 2025



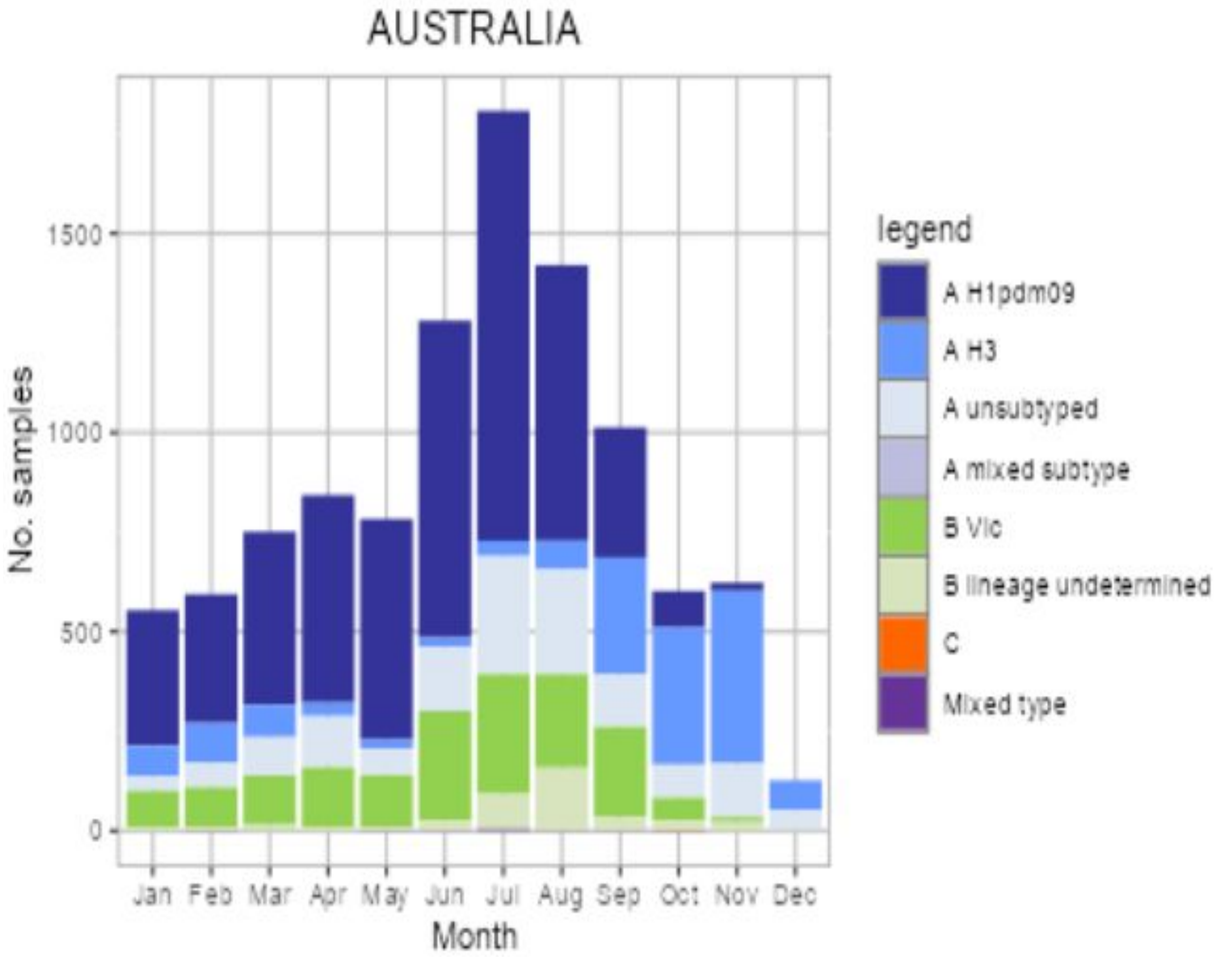
Source: National Notifiable Diseases Surveillance System (NNDSS)
* The years 2020 and 2021 are excluded when comparing the current season to historical periods when influenza virus has circulated without public health restrictions. As such, the five-year average includes the years 2018 to 2019 and 2022 to 2024. Please refer to the Technical Supplement for interpretation of the five-year average.

Ref: https://www.cdc.gov.au/sites/default/files/2026-01/australian-respiratory-surveillance-report-1-to-28-december-2025_0.pdf

Influenza 2025 summary

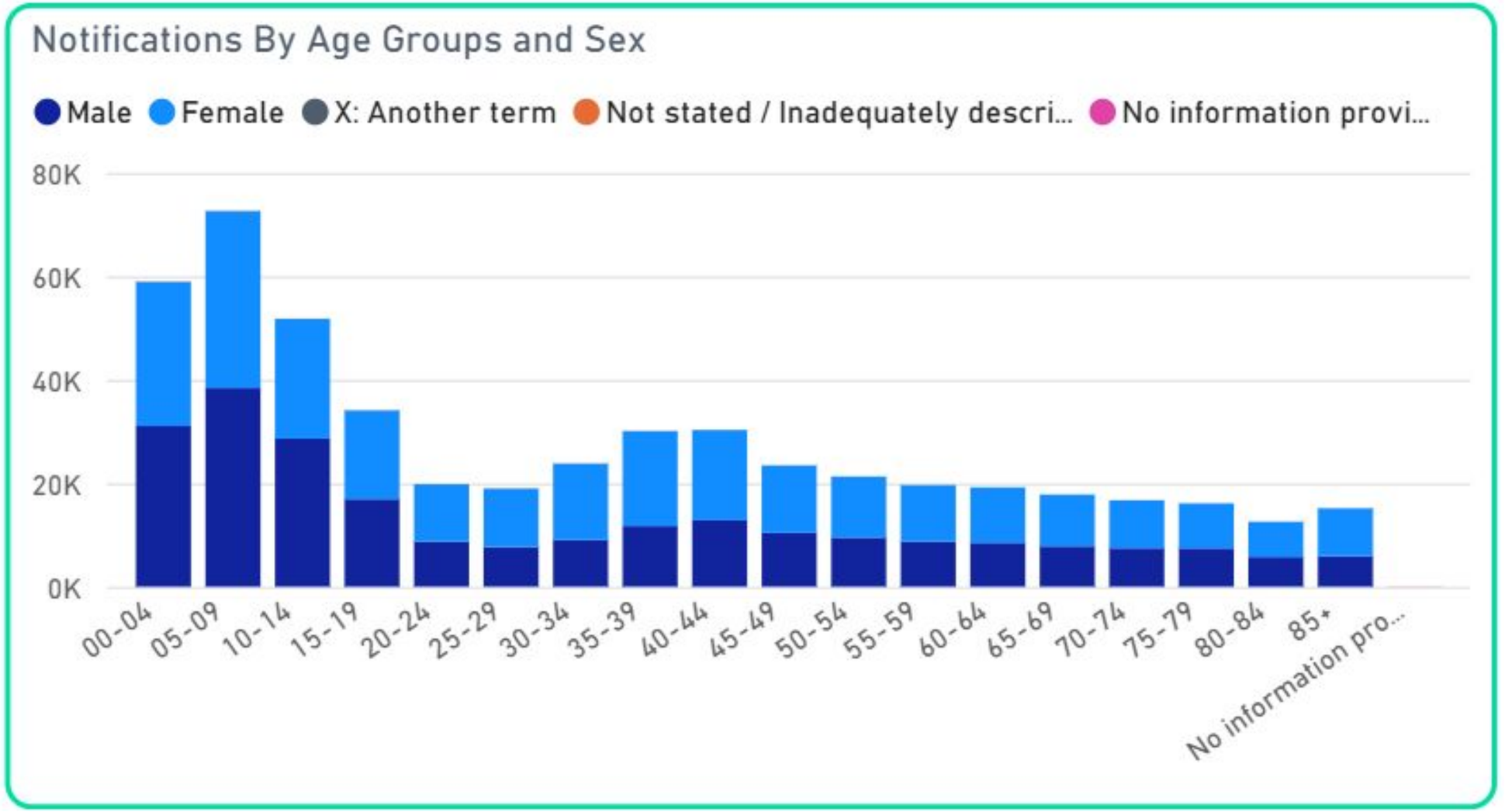
- In 2025, the WHO Collaborating Centre for Reference and Research on Influenza has antigenically characterised 5,115 influenza viruses from Australia of which:
- – 61.6% (3,153/5,115) have been influenza A(H1N1)
- – 20.1% (1,029/5,115) have been influenza A(H3N2)
- – 18.2% (933/5,115) have been influenza B/Victoria.

- No influenza B/Yamagata viruses were characterised in 2025



https://www.influenzacentre.org/Surveillance_Data_2025.html

Influenza 2025



Source Accessed 18 March 2026: https://nindss.health.gov.au/pbi-dashboard/

Influenza 2025

Hospital admissions in 2025*

17,020 admissions with severe acute respiratory infections. 50% were due to influenza

Children (≤16 years)

- More children (those aged 16 years and younger) were admitted with influenza than with RSV or COVID-19
- Children admitted with influenza tended to be older than children admitted with COVID-19 or RSV
- 4,256 admissions for influenza were in children less than 16 years of age
- 7% were Aboriginal and Torres strait Islander children
- 94.8% were admitted to a hospital ward
- 5.2% were admitted to intensive care directly
- 8 children died

*Based on the FluCAN sentinel hospitals and are not generalisable to all cases or patients in hospitals

Ref: https://www.cdc.gov.au/sites/default/files/2026-01/australian-respiratory-surveillance-report-1-to-28-december-2025_0.pdf Accessed 17 March 2026

Influenza 2025

Hospital admissions in 2025*

17,020 admissions with severe acute respiratory infections. 50% were due to influenza

Adults (>16 years)

Median age was 67 years of age

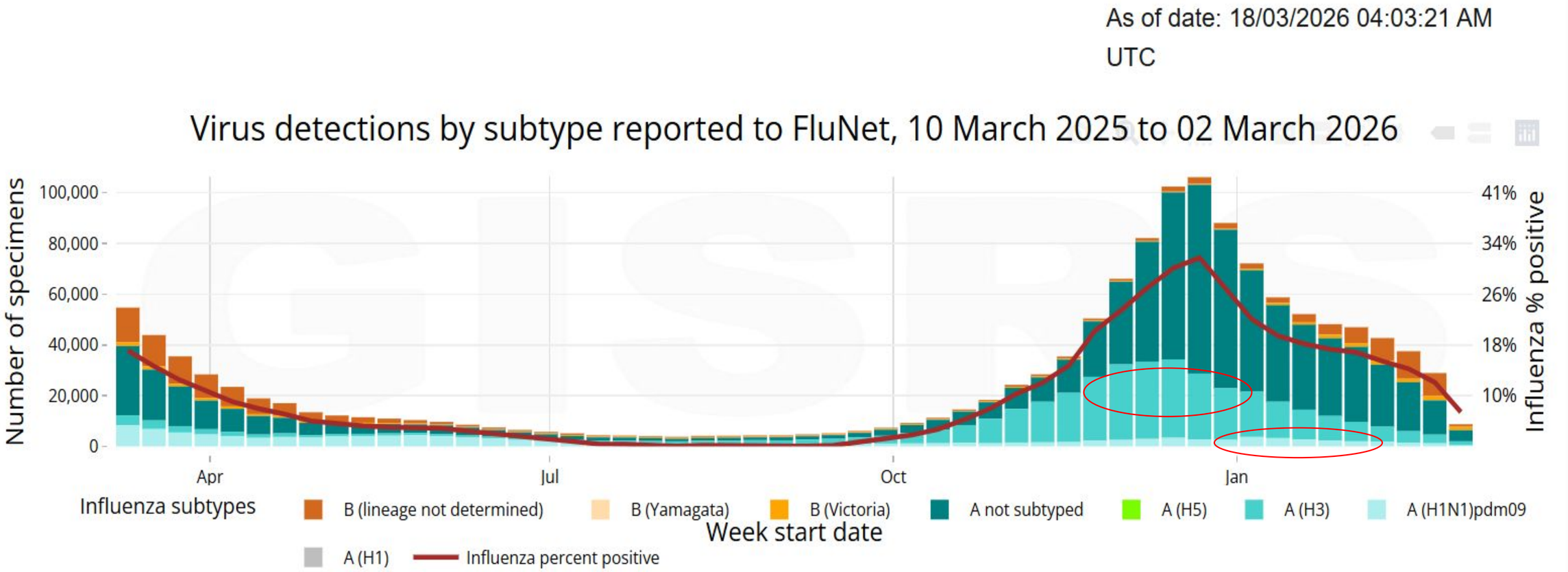
- 45.4% of admissions were for those aged 7 – 64 years
- 54.6% of admissions were for those aged 65 years and older
- 9% were among Aboriginal and Torres Strait Islander people
- 93% were admitted to a hospital ward
- 7% were admitted to intensive care directly

Science Photo Library

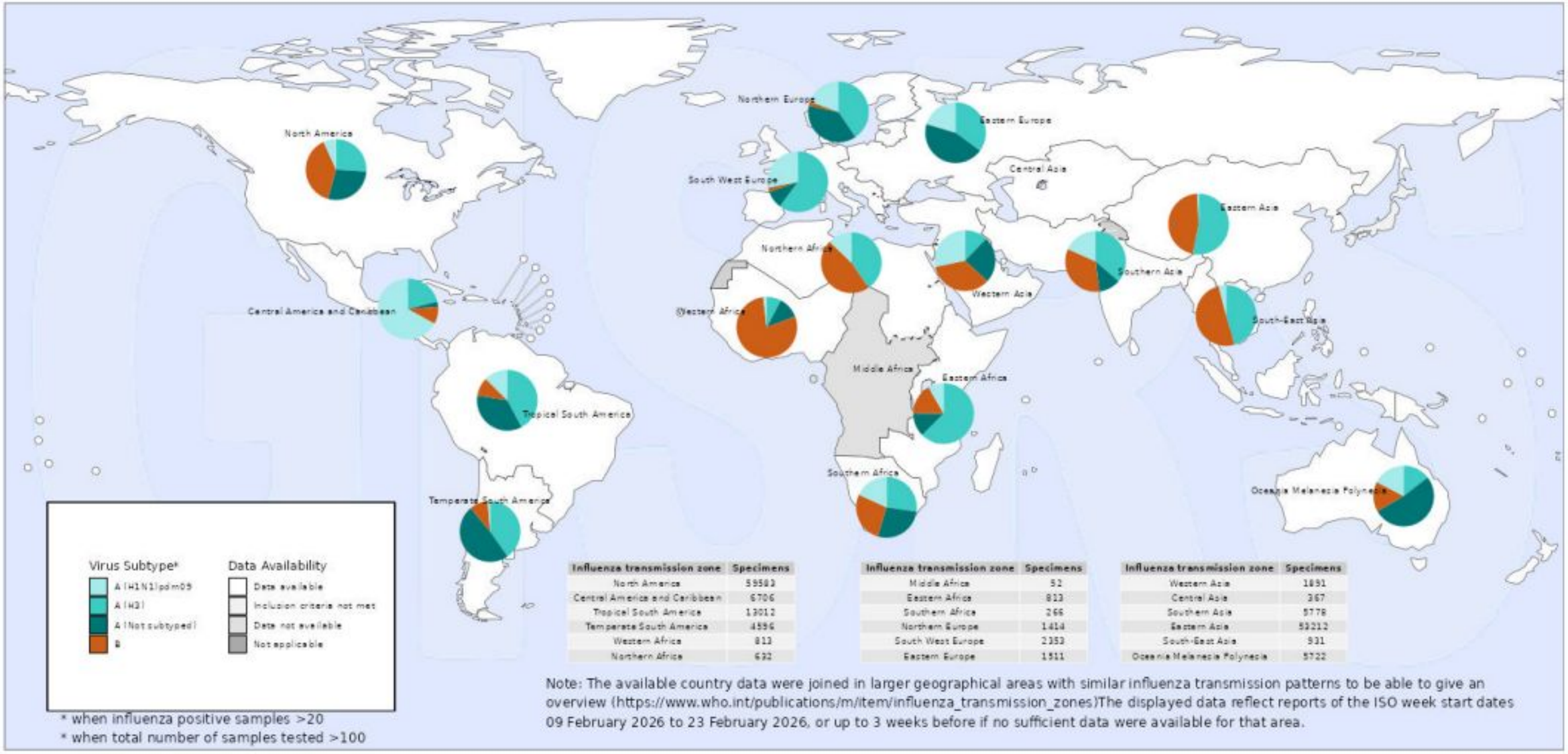
*Based on the FluCAN sentinel hospitals and are not generalisable to all cases or patients in hospitals

Ref: https://www.health.gov.au/sites/default/files/2024-12/australian-respiratory-surveillance-report-17-18-november-to-15-december-2024.pdf Accessed 23rd March 2026

Influenza 2025 and 2026



Source: https://worldhealthorg.shinyapps.io/flunetchart/ Accessed 17 March 2026



Influenza transmission zone	Specimens
North America	59583
Central America and Caribbean	6706
Tropical South America	13012
Temperate South America	4596
Western Africa	813
Northern Africa	632

Influenza transmission zone	Specimens
Middle Africa	52
Eastern Africa	813
Southern Africa	266
Northern Europe	1414
South West Europe	2353
Eastern Europe	1511

Influenza transmission zone	Specimens
Western Asia	1891
Central Asia	367
Southern Asia	5778
Eastern Asia	53212
South-East Asia	931
Oceania Melanesia Polynesia	5722

Note: The available country data were joined in larger geographical areas with similar influenza transmission patterns to be able to give an overview (https://www.who.int/publications/m/item/influenza_transmission_zones)The displayed data reflect reports of the ISO week start dates 09 February 2026 to 23 February 2026, or up to 3 weeks before if no sufficient data were available for that area.

Proportions of influenza virus types and subtypes by influenza transmission zones

Global Respiratory Virus Activity Weekly update for week 9, ending 01 March 2026

Source: https://cdn.who.int/media/docs/default-source/influenza/influenza-updates/2026/202609_who-respiratory-virus-update_568.pdf?sfvrsn=36ff3adb_3&download=true Accessed 17March 2026

Influenza 2026

IMMUNISATION COALITION

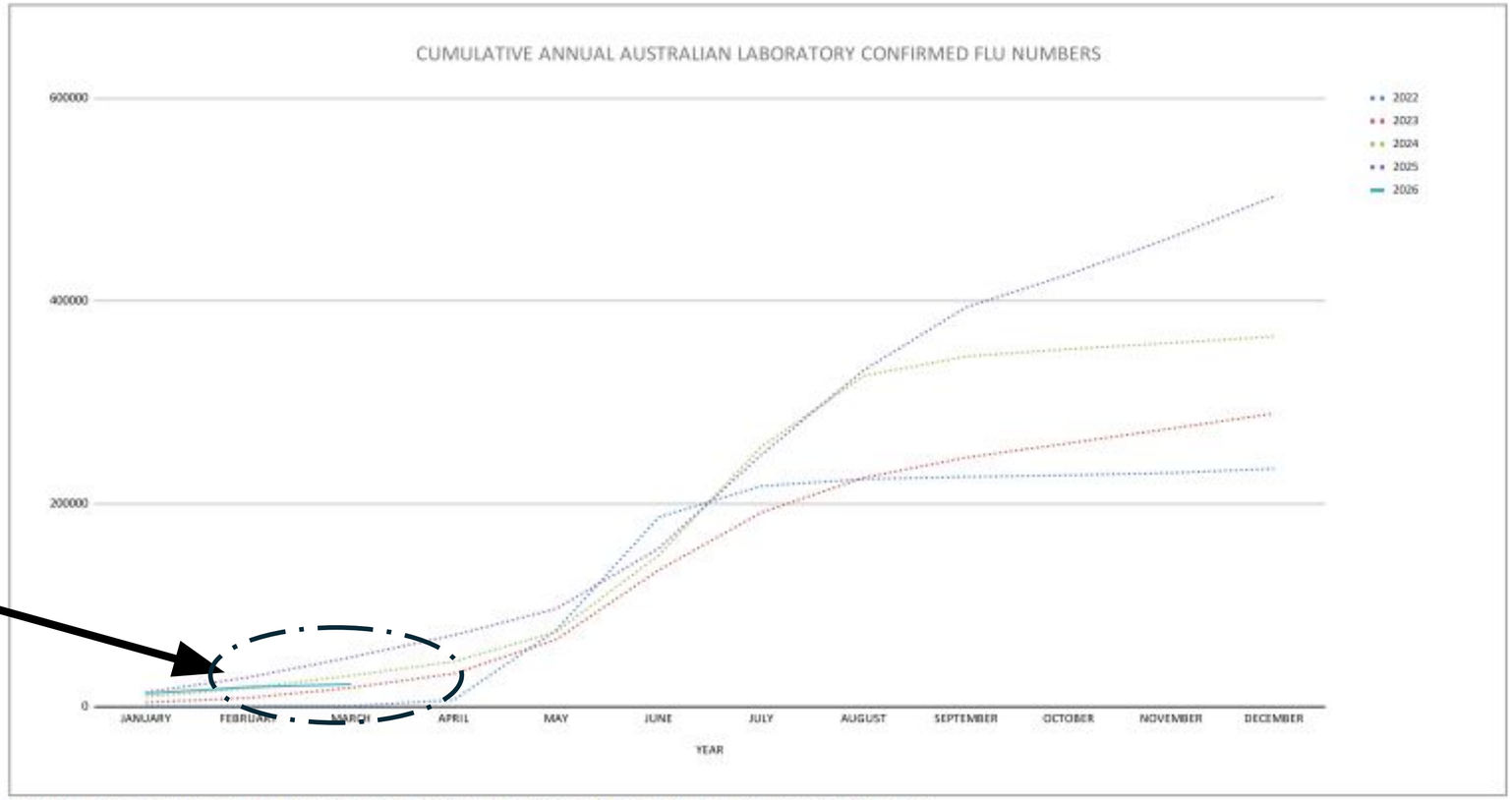
The Immunisation Coalition is the leading voice in whole-of-life immunisation in Australia, protecting all Australians against communicable diseases.

For more information, please visit our website: https://www.immunisationcoalition.org.au/news-data/influenza-statistics/

CUMULATIVE ANNUAL AUSTRALIAN INFLUENZA STATISTICS

YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
2018	3,751	7,218	10,407	12,383	14,095	16,090	20,057	28,215	39,738	47,062	52,604	58,877
2019	6,808	13,993	25,227	43,972	74,622	132,573	202,673	263,763	297,294	305,551	309,293	313,615
2020	6,963	14,143	20,056	20,360	20,597	20,825	21,018	21,143	21,202	21,238	21,291	21,355
2021	56	104	160	224	296	367	427	480	536	587	655	753
2022	40	79	619	6,447	75,267	186,671	217,486	224,352	226,480	228,162	230,396	234,581
2023	4,053	8,592	18,583	32,480	66,073	134,660	191,359	225,782	245,561	259,741	274,208	288,956
2024	9,706	18,345	30,489	44,312	73,620	149,158	256,224	326,102	345,335	352,527	358,576	364,894
2025	14,074	28,799	48,641	70,389	96,414	155,919	248,352	331,851	393,901	426,228	462,618	502,905
2026	**12,920**	**19,209**	**22,088**									

Data valid as at: **16 March 2026**



Reference: These statistics are taken from the Aust Government Department of Health, National Notifiable Diseases Surveillance System

Ref: https://immunisationcoalition.org.au/wp-content/uploads/2026/03/MAIN-Aust-Flu-Stats-worksheet-2026.xlsx-4-1.pdf Accessed 20th March 2026

What new in 2026?

Australian Government
Department of Health, Disability and Ageing

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)
CLINICAL ADVICE
Issue date: 27 February 2026

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2026

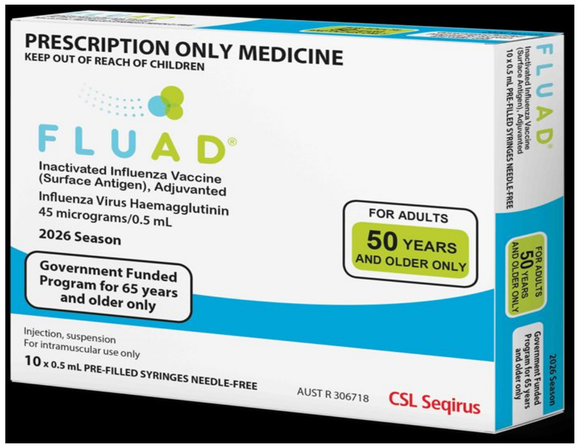
It is important to read this statement in conjunction with the Australian Immunisation Handbook, available at immunisationhandbook.health.gov.au

Important changes in 2026:

- When receiving influenza vaccine for the first time, **healthy children aged 6 months to <2 years** and those with a **medical risk condition aged 6 months to <9 years** should receive **2 doses, given 4 weeks apart.**

- People of any age receiving influenza vaccine for the first time after haematopoietic stem cell or solid organ transplant or **CAR T-cell therapy** should also receive 2 doses, given 4 weeks apart.

- Adjuvanted (Fluad®)
  - **registered for use in people age 50 years** and older (private market 50 – 64 years)
  - funded on the NIP for Medicare eligible people 65 years and older (private market for non-Medicare eligible)



Ref: https://www.health.gov.au/sites/default/files/2026-03/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2026.pdf

Vaccine choices 2026

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2026, by age

Registered age group	Vaxigrip 0.5 mL (Sanofi)	Flucelvax 0.5 mL (CSL Seqirus)	Fluzone 0.5 mL (Sanofi)	Influvac 0.5 mL (Viatris)	Fluad 0.5 mL (CSL Seqirus)	Fluzone High-Dose 0.5 mL (Sanofi)	Flumist 0.2 mL (AstraZeneca)
6 months to <2 years	✓#	✓	✓	✓	X	X	X
≥2 to <5 years	✓#	✓	✓	✓	X	X	✓
≥5 to <18 years	✓#*	✓#*	✓	✓	X	X	✓
≥18 to <50 years	✓#*	✓#*	✓	✓	X	X	X
≥50 to <60 years	✓#*	✓#*	✓	✓	✓	X	X
≥60 to <65 years	✓#*	✓#*	✓	✓	✓	✓	X
≥65 years	✓	✓	✓	✓	✓#	✓	X

Ticks indicate age at which a vaccine is registered and available. Hashtags indicate availability for free under the NIP.

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

Always check patient age and vaccine brand

Do your 3 vaccine checks before administering!

1. **at the fridge**
2. **with the patient**
3. **just prior to administration**

Ref: https://www.health.gov.au/sites/default/files/2026-03/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2026.pdf

NIP Flu Vaccines 2026

NIP funded trivalent influenza vaccines (TIVs) by age group

Age group	Fluad® 0.50 mL (CSL Seqirus)	Flucelvax® 0.50 mL (CSL Seqirus)	Vaxigrip® 0.50 mL (Sanofi)
			
6 months to <5 years	DO NOT USE	NOT FUNDED	✓
≥5 to <60 years	DO NOT USE	✓*	✓*
≥60 to <65 years	DO NOT USE	✓*	✓*
≥65 years	✓	NOT FUNDED	NOT FUNDED

Note: Ticks indicate vaccines that are NIP funded. Asterisks (*) indicate funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions. Other influenza vaccines that are not NIP-funded are available in 2026. For further information, refer to the ATAGI clinical statement on the administration of influenza vaccines in 2026 available at health.gov.au/influenza-resources and the Australian Immunisation Handbook chapter – Influenza (Flu).

Ref: https://www.health.gov.au/sites/default/files/2026-03/2026-influenza-vaccination-program-advice-for-health-professionals.pdf

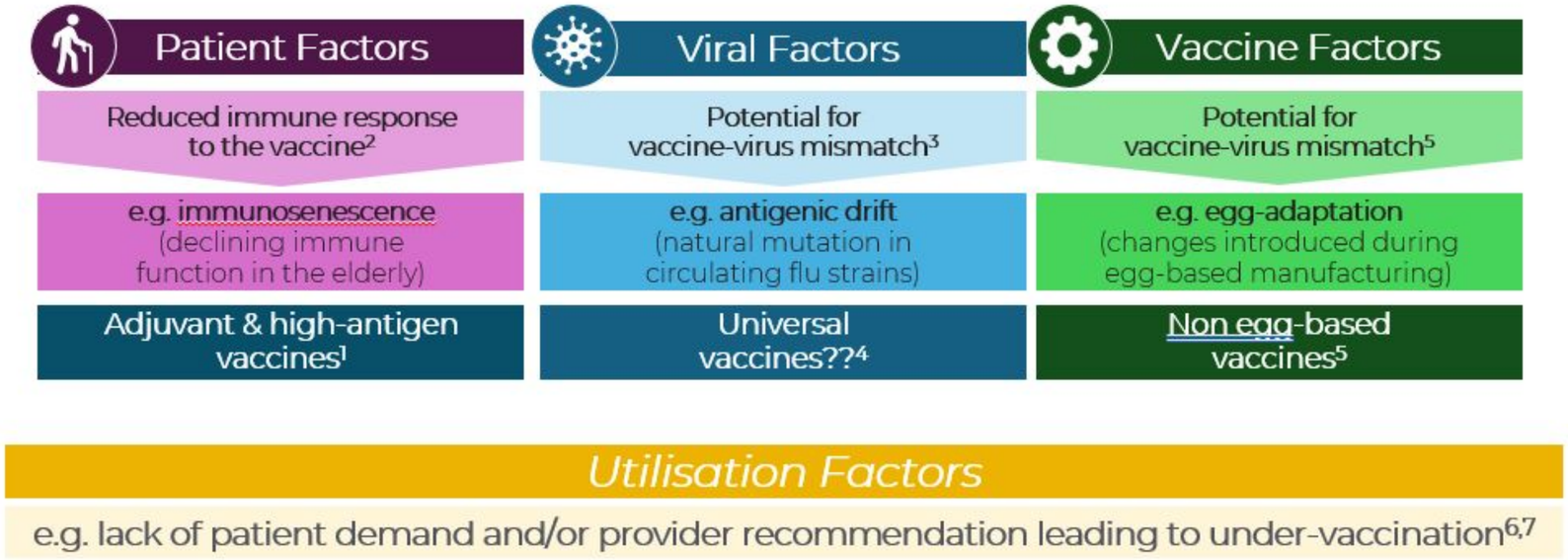
Influenza vaccine strains

Table 2. Influenza virus strains included in the 2026 Southern Hemisphere seasonal influenza vaccines*

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Missouri/11/2025 (H1N1)pdm09	A/Missouri/11/2025 (H1N1)pdm09-like virus
A/Singapore/GP20238/2024 (H3N2)-like virus	A/Sydney/1359/2024 (H3N2)-like virus
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus

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

Ref: https://www.health.gov.au/sites/default/files/2026-03/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2026.pdf



1. ATAGI. Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018, immunisationhandbook.health.gov.au. Accessed Sept 2020. **2.** McElhaney JE. Aging Health. 2008;4(6):603-13. **3.** Ansaldi et al. Vaccine. 2010;s8:4123-29. **4.** Nachbagauer R et al. Annu Rev Med. 2020;71:315-27. **5.** Skowronski DM et al. PLoS One. 2014;9(3):e92153. **6.** Menzies RI et al. Med J Aust. 2017;206(6):238-239. **7.** Rao S et al. Hosp Pediatr. 2016;6(9):513-519.

Flu Vaccination

- Australian Immunisation Handbook, WHO and CDC recommends annual influenza vaccination for **everyone ≥6 months of age ….. but is NIP funded for:**

- **Pregnant women**
- **Individuals with certain medical conditions**
- **Aboriginal and Torres Strait Islander people 6 months and over**
- **Non-Aboriginal children 6 months to <5 years of age**
- **Non-Aboriginal adults 65 years of age and older**

Table 3. Medical conditions associated with an increased risk of influenza disease complications

Category	Example medical conditions	NIP funded
Cardiac disease	Congenital heart disease, congestive heart failure, coronary artery disease	Yes
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultations or the use of multiple medications)	Yes
Immunocompromising condition	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR T-cell therapy	Yes
Haematological disorder	Sickle cell disease or other haemoglobinopathies	Yes
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyrias	Yes
Chronic kidney disease	Chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)	Yes
Chronic neurological condition	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, other conditions which impair respiratory or airway function	Yes
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection	Yes
Chronic liver disease	Conditions with progressive deterioration of liver function for more than 6 months including cirrhosis and other advanced liver diseases	No
Obesity	Body mass index ≥30 kg/m^2	No
Chromosomal abnormality	Trisomy 21 or another chromosomal abnormality that increases the risk of severe disease	No
Harmful use of alcohol		No

Note: These examples are not exhaustive, and providers may include individuals with conditions similar to those listed above based on clinical judgement. See the Australian Immunisation Handbook (available at immunisationhandbook.health.gov.au) for further details.

Ref: https://www.health.gov.au/sites/default/files/2026-03/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2026.pdf

Intranasal Flu Vaccine in 2026

FluMist

Funded through state-based programs:

- NSW: Free for children aged 2–4 years.
- SA: Free for children aged 2–4 years.
- QLD: Free for children aged 2–5 years.
- WA: Free for children aged 2–11 years.

Other States/Territories (VIC, ACT, NT, TAS): Available on the private market for ages 2–17 for approximately $50–70

- 0.2mL intranasal spray - delivered as one 0.1mL spray in each nostril
- LAIV is considered to have equivalent effectiveness to inactivated influenza vaccines (IIV).
- LAIV is contraindicated for people with moderate or severe immunocompromise or for people receiving oral salicylate therapy (e.g. Aspirin). They should receive IIV instead.

Influenza vaccine Adverse Events

- Common side effects of injectable influenza vaccines include:
  - injection site pain, redness, swelling
  - fever, tiredness, body aches (flu-like symptoms).
- Common side effects of live-attenuated influenza vaccine include:
  - upper respiratory and nasal symptoms, like runny nose, nasal congestion or sore throat.
- Rare side effects post influenza vaccination, including anaphylaxis are possible:
  - These are **RARE**
  - Remember DRSABCD
  - Anaphylaxis and BLS training and have a kit ready!

- Reduce strain on health system resources
- Reduce risk of infection, pneumonia hospitalisation, MI, death
- Reduce risk of loss of function
- Reduce risk of chronic disease worsening
- Loss of productivity, work, social activities, childcare
- Reduce suffering
- Protect loved ones
- Pregnant women - self and baby
- HCWs *primum non nocere*
- Travellers: cruise, airplanes, Hajj…travel bubbles

- It gives me the flu
- The doctor didn’t recommend it to me
- I meant to but I didn’t get around to it
- “I never get the flu” “it’s just a cold”
- There’s not much flu going around so infection risk is low…
- I don’t believe in flu vaccines / I heard it doesn’t work very well
- I don’t want side effects
- I don’t like needles / Allergic / Vaccine refuser
- Cost or No vaccine available

Influenza vaccine coverage 2025

Snapshot of the latest 2025 influenza vaccination coverage* data in Australia

All persons

	ACT	NSW	Vic	Qld	SA	WA	Tas	NT	AUS
6 mo–<5 yrs	48.4	24.4	30.4	20.1	27.6	23.0	29.6	35.4	25.7
5–<15 yrs	24.3	13.3	16.0	13.2	15.3	15.3	14.8	12.8	14.5
15–<50 yrs	32.7	19.5	23.7	18.3	23.6	18.8	23.4	21.5	20.8
50–<65 yrs	44.3	30.1	34.2	31.4	36.2	30.9	39.4	25.4	32.3
≥65 yrs	66.0	58.2	61.8	60.4	66.6	59.8	67.9	34.9	60.5

** Year-to-date (YTD) coverage calculated using vaccinations given 1 March–31 August 2025 (inclusive).*
AIR data as at 7 September 2025.

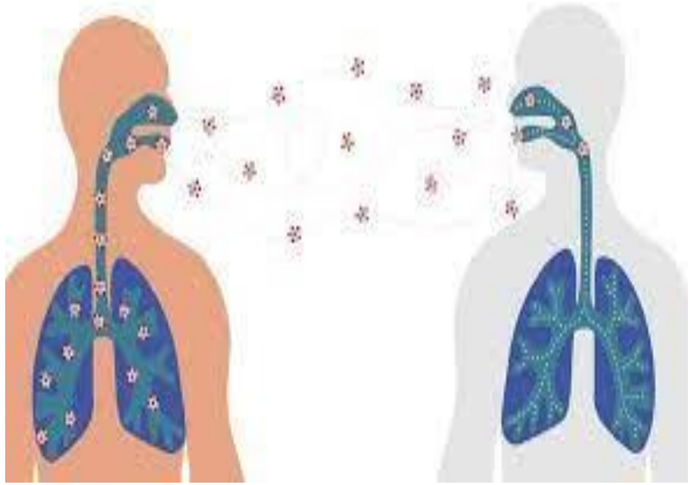
Snapshot of the latest 2025 influenza vaccination coverage* data in Australia

Aboriginal and Torres Strait Islander persons

	ACT	NSW	Vic	Qld	SA	WA	Tas	NT	AUS
6 mo–<5 yrs	30.5	16.9	21.1	14.1	17.2	17.3	21.3	35.8	17.8
5–<15 yrs	17.0	10.8	12.1	10.3	11.9	11.2	12.5	20.7	11.6
15–<50 yrs	25.9	16.7	19.2	15.5	18.8	15.2	19.1	29.3	17.7
50–<65 yrs	45.9	36.4	36.4	34.6	37.7	32.1	45.1	42.3	36.4
≥65 yrs	68.5	62.0	62.7	59.2	62.9	53.4	69.4	45.2	59.6

** Year-to-date (YTD) coverage calculated using vaccinations given 1 March–31 August 2025 (inclusive).*
AIR data as at 7 September 2025.

Ref: https://ncirs.org.au/influenza-vaccination-coverage-data/aboriginal-and-torres-strait-islander-persons-2025-ytd Accessed 20th March 2026



Virus transmits

Causes illness…
Asymptomatic, mild, moderate or severe infection

Complications requiring ICU admission …….
…….or a coffin…….

Clinical considerations

Can HCPs help?

- Do you offer flu vaccine to **EVERY** person over 6 months of age?
- Do we need to change our language?
- Do you routinely provide opportunistic vaccination?
- Is the nurse able to work with a Standing Medication Order?

Clinical considerations

- Watch the cold chain
- Follow all the ‘Rights’ (patient, drug, dose etc)
- Undertake the pre-vaccination checklist
- Valid consent process
    - risks & benefits
    - opportunity to ask questions
- AIR check before any vaccine administered
- Written medication order (S4 medicine) – **3 vaccine checks**
- Safe administration
- Documentation – take home record, clinical record, verbal and written post vaccination advice
- 15-minute post observation
- Report an adverse events
- Report encounter to the AIR
- Reminders – other vaccines, health checks, breast/bowel screening
- Be opportunistic – discuss vaccination with accompanying person

Overall advice

- Vaccination post influenza infection……. Yes, as soon as the patient has recovered
- Flu vaccine can be co-administered with other vaccines
- 2 doses in a season? Yes….for some:
  - Healthy children aged 6 months to <2 years and those with a medical risk condition aged 6 months to <9 years should receive 2 doses, given 4 weeks apart. This includes FluMist.
  - Women who was vaccinated prior to pregnancy, should receive a vaccine in pregnancy
  - People who received a 2025 flu vaccine in early 2026 should receive the 2026 formulation
  - 1st year following a HSCT or solid organ transplant or CAR T-cell therapy
  - People travelling to Northern Hemisphere in flu season…..individual case by case
- People with egg or latex allergy can be safely vaccinated
- NCIRS fact sheets

Summary

- Vaccination is the most important measure to prevent influenza and its complications.
- While protection is generally expected to last throughout the year, the highest level of protection occurs in the first 3 to 4 months after vaccination.
- Vaccination should continue to be offered as long as influenza viruses are circulating, and a valid vaccine (before expiration date) is available. Some vaccine brands have an expiry date of February 2027.
- It is part of the valid consenting process to advise of alternative vaccines such as cell-based, High Dose Fluzone and Fluad (if age appropriate) to patients ….. ultimately it is their choice.
- Consider increasing access to vaccine by using SMO’s to run nurse-led flu clinics.

Take Home Messages

- Considerations:
  - ensure age-appropriate vaccine
  - egg based v cell based
  - Adjuvanted or High-dose vaccine for older adults
- We are ‘seed planters’
- **Check, check and check** – right vaccine, right age-group
- Strains have changed - importance of getting a vaccine every year
- ‘Normalise’ the vaccine
- Have it yourself!
- Keep asking/offering/promoting!
- It’s never too late to vaccinate – we don’t know what will happen to flu in 2026

HotDoc | WEBINAR

Optimising MBS Billing for Sustainable General Practice

HOSTED BY

Wendy O'Meara

Primary Care Consultant

Thur 16th April

12:30pm AEDT

HotDoc

Flu Clinic Kit 2026

Have a Question?

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Thank You!

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