

Flu Vaccine Update 2022



HOSTED BY

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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.

2022 Influenza Season

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Declarations

Advisory Board Member – Seqirus, Pfizer, GSK, Sanofi Pasteur Honoraria received from Seqirus, Sanofi Pasteur, MSD and Seqirus



Session Outline

- Brief overview of influenza disease and expectation in 2022
- Vaccination recommendations and identifying 'at risk' groups
- Vaccine choice and the National Immunisation Program (flu)
- Adverse events following vaccination
- Tips and tricks

Influenza

- What is influenza?
 - Respiratory disease caused by influenza virus infection
 - Influenza virus are type A, type B and type C
 - Highly infectious
 - Estimated R₀ in community is 1.2 to 2.4, school settings 2.8 16.9
- Influenza infection can cause a wide spectrum of disease



Australian Immunisation Handbook



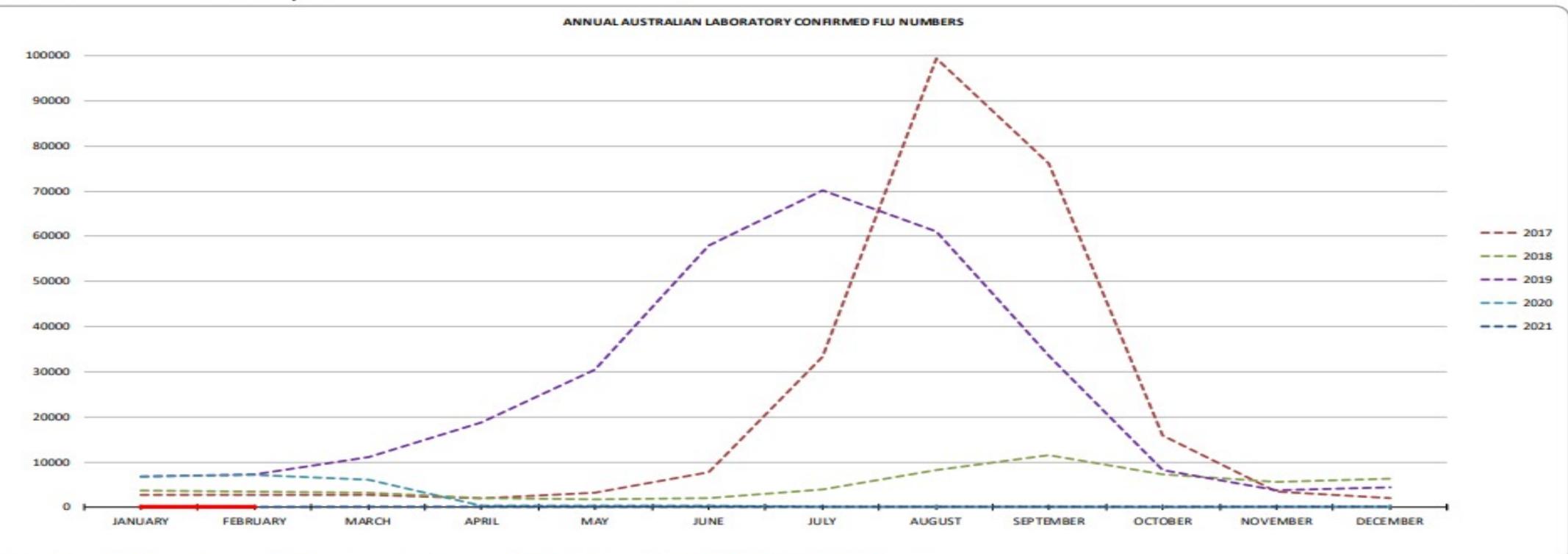
The Immunisation Coalition is the leading voice in whole-of-life immunisation in Australia, protecting all Australians against communicable diseases.

visit our website: https://www.immunisationcoalition.org.au/news-data/influenza-statistics/

ANNUAL AUSTRALIAN INFLUENZA STATISTICS

YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTALS
2017	2762	2750	2815	1939	3285	7793	33207	99367	76060	15912	3369	2031	251290
2018	3746	3481	3174	1977	1717	1988	3969	8168	11506	7320	5548	6267	58861
2019	6829	7161	11158	18667	30372	57842	70151	60964	33572	8319	3734	4316	313085
2020	6870	7133	6043	321	232	224	200	130	58	34	49	69	21363
2021	54	47	60	58	73	64	59	51	54	49	73	89	731
2022	35	22											57

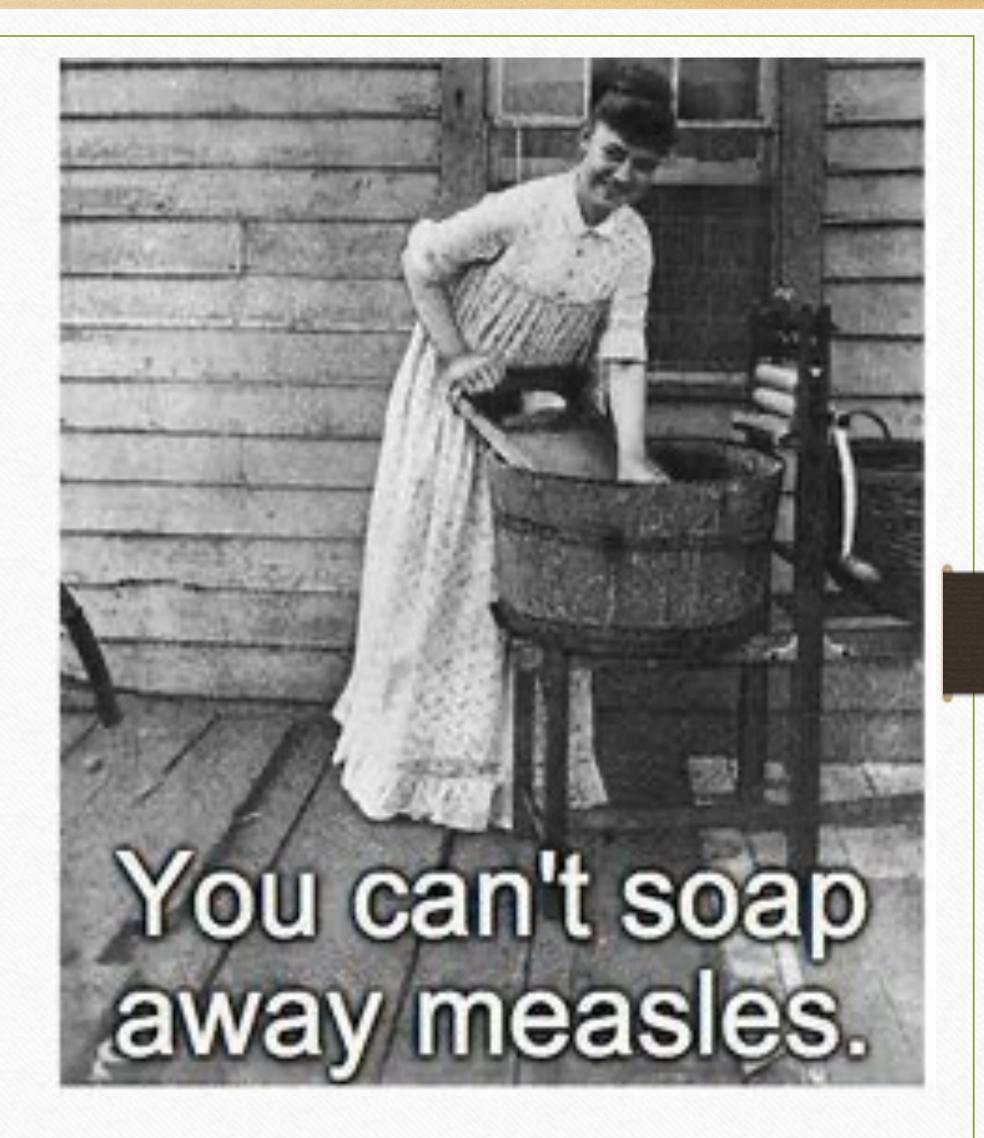
LAST UPDATED: 28 February 2022



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

Why do we want them to have it?

- Avoid flurona twindemic co infection, putting a strain on resources
- Reduce risk of infection, pneumonia hospitalisation, MI, death
- Reduce risk of chronic disease worsening
- Reduce risk of loss of function
- Loss of productivity, work, social activities, childcare
- Reduce suffering
- Protect loved ones
- Pregnant women self and baby
- HCWs primum non nocere
- Routine/habit
- Requirement to enter RACF
- Travellers: cruise, aeroplanes, Hajj...travel bubbles



Influenza vaccine coverage issues 2021

- Programs for populations mandated to receive vaccine
- Lack of coordinated approach where vaccines can be booked and administered for both flu and COVID-19
- Timely vaccine supply and communication to maximize opportunities to vaccinate
- Minimize co-administration exclusion periods
- Government and other stakeholders should align on clear, consistent, and timely communications which are repeated and instill the importance and urgency for receiving **both** vaccinations.

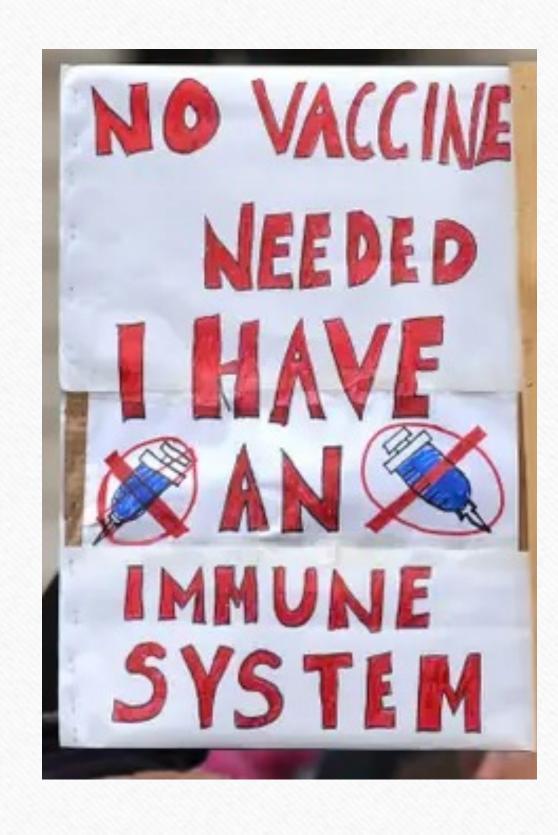


Source: Australian experience of the SH21 flu vaccination program during the COVID-19 vaccine program https://www.tandfonline.com/doi/full/10.1080/21645515.2021.1967042
Accessed 10th March 2022

- Mandatory reporting of influenza vaccine administration commenced on 1st March 2021
- Despite this mandate, by 1st November 2021, there were only 8,720,316 influenza vaccinations reported to the AIR in 2021



Influenza vaccine coverage issues 2021





Australian recommendations vs. funding of seasonal influenza vaccines in 2022

Recommended	Strongly Recommended	Funded
All people aged ≥6 months	 People with certain medical conditions (beyond NIP-funded): Down syndrome Obesity (BMI ≥30 kg/m2) Chronic liver disease Residents <65/staff of aged care Residents <65 in long-term residential care Homeless people* Carers/household contacts of those in high-risk groups Poultry/pork industry workers Essential services providers Travellers 	 Influenza vaccination is funded (FREE) on the National Immunisation Program (NIP) for: Adults aged ≥65 years Aboriginal and Torres Strait Islander people aged ≥6 months Pregnant women (any stage) Children 6 months to <5 years Individuals aged ≥ 6 months with specified medical conditions* *Refer to Australian Immunisation Handbook



AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI) CLINICAL ADVICE

Issue date: March 2022

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2022

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

**Always check age and brand

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

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

The recommended following viruses are included in quadrivalent influenza vaccines for the 2022 southern hemisphere influenza season:

Egg-based quadrivalent influenza vaccines:	Cell or recombinant-based quadrivalent influenza vaccines:
an A/Victoria/2570/2019 (H1N1)pdm09-like virus;	an A/Wisconsin/588/2019 (H1N1)pdm09-like virus;
an A/Darwin/9/2021 (H3N2)-like virus;	an A/Darwin/6/2021 (H3N2)-like virus;
a B/Austria/1359417/2021-like (B/Victoria lineage) virus; and	a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and
a B/Phuket/3073/2013-like (B/Yamagata lineage) virus.	a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Web accessed 2nd March 2022: https://www.tga.gov.au/aivc-recommendations-composition-influenza-vaccine-australia-2022

What we do not know in 2022

- Will we see outbreaks of influenza?
- Will the vaccine strains match the circulating virus?
- Will there be high or low demand for flu vaccine?
- How much do I order?



- Remember:
 - cell-based flu vaccine is now an option for people aged ≥2 years
 - high-dose vaccine is an option for individuals aged ≥60 years

Influenza vaccine Adverse Events

- Common side effects of influenza vaccines include:
 - injection site pain, redness, swelling
 - fever, tiredness, body aches (flu-like symptoms).
 - headaches
 - nausea, vomiting, diarrhoea, loss of appetite

The vaccine is your best defense against influenza.

Isn't it worth a shot?

Taking The Flu Shot



- Most people experience:
 - · Sore Arm (mild)
- Some people experience:
 - Low Grade Fever
 - Mild Aches
- Flu vaccine has been extensively tested and has an excellent safety record for the past 30+ years, over millions of doses given.

Catching Influenza

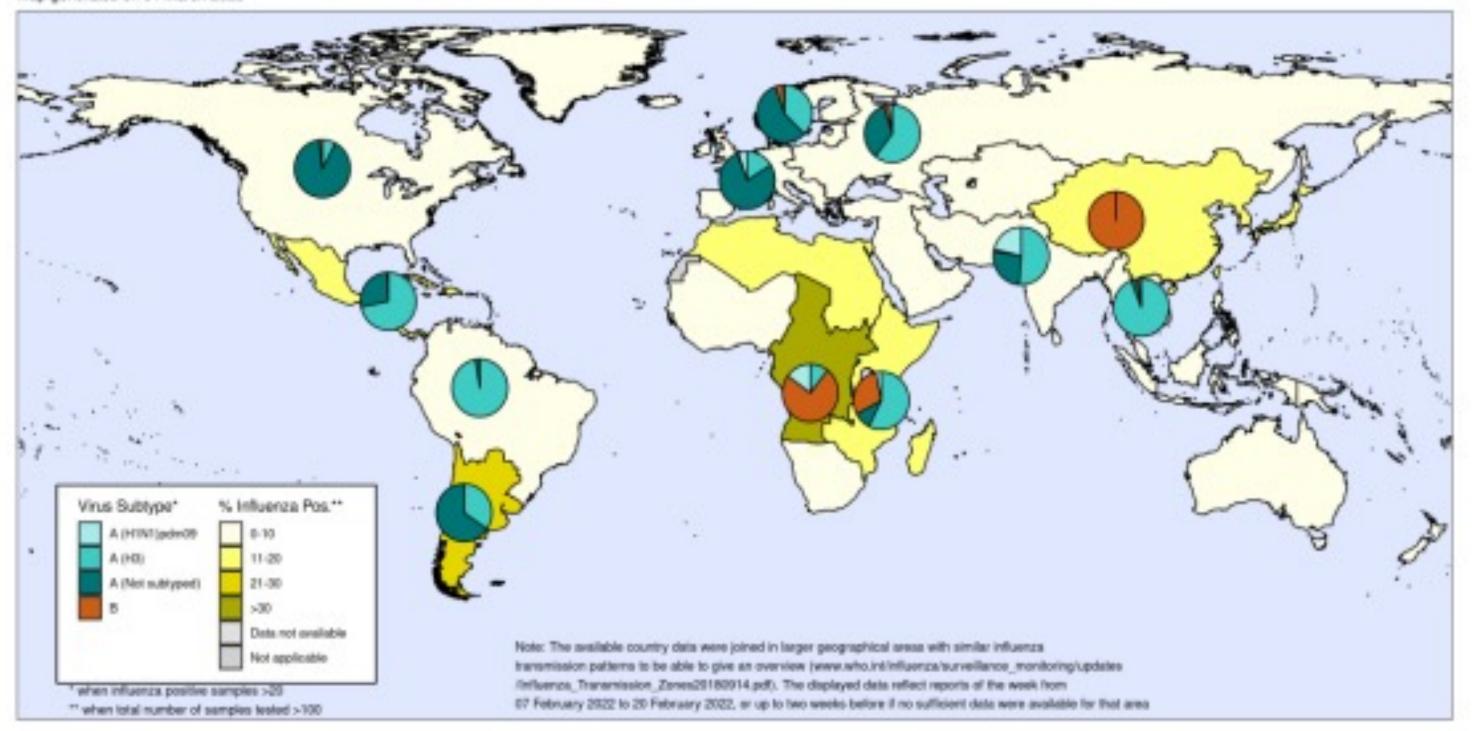


- Most people experience:
 - Fever
 - Chills
 - Cough
 - Body Aches
 - Fatigue
 - Headache
 - Sore Throat
 - Runny Nose
- Some people experience:
 - Pneumonia
 - Death

Percentage of respiratory specimens that tested positive for influenza by influenza transmission zone¹. Map generated on 04 March2022.

Percentage of respiratory specimens that tested positive for influenza By influenza transmission zone

Map generated on 04 March 2022



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, oily or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.



Data source: Global Influenza Surveillance and Response System (GISRS), FluNet (www.who.intflunet) Copyright WHO 2022. All rights reserved.

Source accessed 19th March 2022: https://cdn.who.int/media/docs/default-source/influenza-updates/2022/2022 03 07 surveillance update 414 vcm.pdf?sfvrsn=e2f04c8b 5&download=true

What we do know in 2022

- Influenza epidemiology may be atypical this year
- Some Northern Hemisphere countries have seen a concurrent surge of influenza and COVID-19 activity
- Vaccination is the most important measure to prevent influenza and its complications.
- While protection is generally expected to last throughout the year, the highest level of protection occurs in the first 3 to 4 months after vaccination.
- Vaccination should continue to be offered as long as influenza viruses are circulating, and a valid vaccine (before expiration date) is available. Some vaccine brands have an expiry date of February 2023.

How might 2022 be different to 2021?

Lower Vaccine coverage

Is the population more vulnerable?

Adults

Less working from home More public transport use More socialising, large gatherings, capacity in indoor venues

Borders

Interstate travel - open International travel - open

Children Schools open Sporting activities

General

RATs – giving a false sense of security Flu out of sight – out of mind? Reduced testing COVID-19 fatigue?

1. Data extracted from FluTacking - https://info.flutracking.net/reports-2/australia-reports/ Accessed 15 October 2021.

What we do know in 2022



AUSTRALIAN TECHNICAL ADVISORY
GROUP ON IMMUNISATION (ATAGI)
CLINICAL ADVICE

Issue date: March 2022

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2022

- Vaccine likely to be available from March 2022
- Influenza vaccine is recommended in every pregnancy and at any stage of pregnancy.
- All COVID-19 vaccines can be co-administered (given on the same day) with an influenza vaccine
- For adults aged ≥65 years, the adjuvanted influenza vaccine, Fluad® Quad, is preferentially recommended over standard influenza vaccine.
- Influvac Tetra® is a quadrivalent influenza vaccine is now registered for use in children and adults from 6 months of age.
- The safety of concomitant administration of the adjuvanted vaccines Fluad Quad and Shingrix has not been studied.

Dispel the myths

COMMON MYTHS ABOUT THE FLU VACCINE



MYTH #1:

THE FLU
SHOT WILL
MAKE ME
SICK

TRUTH:

THE FLU SHOT
CONTAINS
INACTIVATED
INFLUENZA VIRUS
THAT CAN'T CAUSE
INFECTION.

MYTH #2:

I GOT SICK
WITH THE FLU
AFTER MY
SHOT. THE
VACCINE
DOESN'T
WORK!

TRUTH:

EVEN IF YOU END UP GETTING THE FLU, STUDIES SHOW THAT VACCINATION CAN REDUCE DEATHS, ICU ADMISSIONS, THE LENGTH OF HOSPITAL STAYS, AND THE SEVERITY OF A FLU ILLNESS.

MYTH #3:

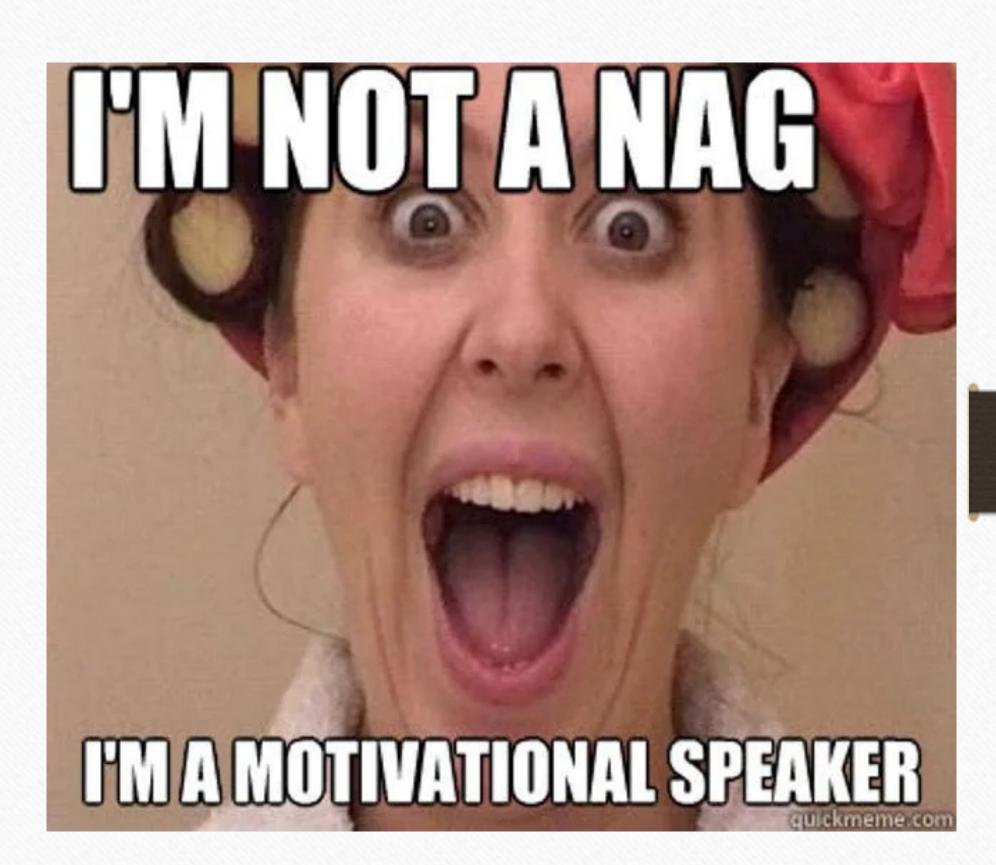
I NEVER GET THE FLU SHOT. I'LL BE FINE WITHOUT IT.

TRUTH:

THE FLU SHOT
PREVENTS DISEASE
FROM BEING
PASSED TO
VULNERABLE
POPULATIONS,
SUCH AS PREGNANT
WOMEN AND
CHILDREN.

Take Home Messages

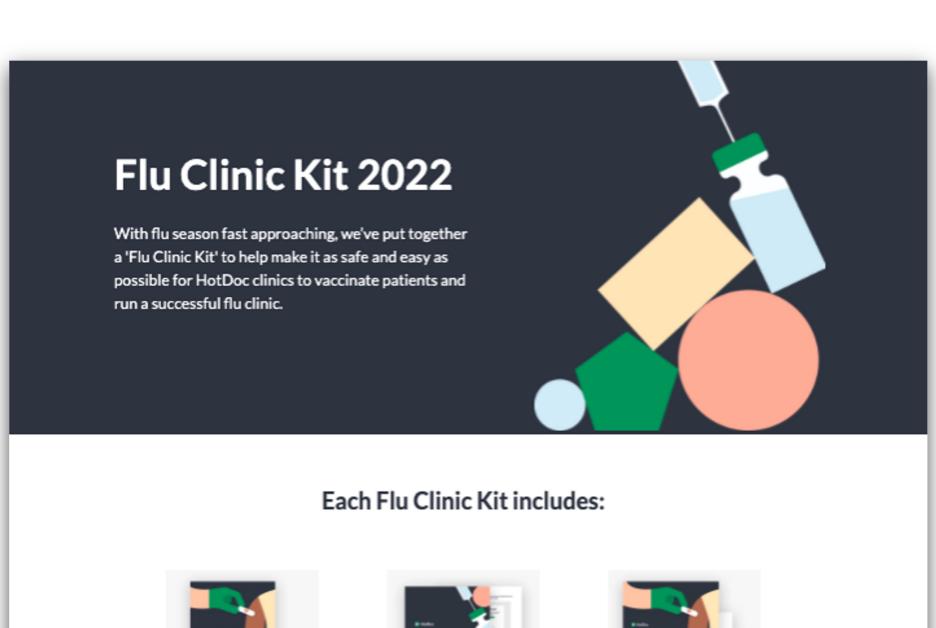
- Considerations:
 - ensure age-appropriate vaccine
 - egg based v cell based
 - High-dose vaccine for 60+ (especially if non-NIP eligible at 65 years)
- We are 'seed planters'
- Check, check and check
- Strains have changed importance of getting a shot every year
- 'Normalise' the vaccine
- Have it yourself!
- Keep asking/offering/promoting!
- It's never too late to vaccinate we don't know what will happen to flu in 2022



Online Resource

Flu Clinic Kit 2022

Access via - https://try.hotdoc.com.au/flu-kit-2022





Posters and social posts

Waiting room posters and Facebook posts to help clinics communicate to patients how the flu clinic will run



PMS set-up and guides

Step-by-step guides that show you how to create a 'flu clinic practitioner' in HotDoc



Flu clinic kit

A helpful kit of information, including a checklist of considerations prior to running a flu clinic, a guide to get the most out of HotDoc and patient communication templates

Download your kit





How to Conduct an Employee Pulse Survey



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O&ZA