Influenza vaccine

Infant ≥6 months of age use only

2026

Alert	Influenza vaccines can change from year to year with regard to which vaccines are registered by the Therapeutic Goods Administration and the indicated ages for each vaccine. Always check annual seasonal influenza statements published by the Australian Technical Advisory Group on Immunisation on health.gov.au website and consult the product information for each vaccine. All children aged 6 months to less than 5 years are eligible to receive free annual influenza vaccines under the National Immunisation Program (NIP), however funding is brand specific (Please check annual NIP).[1,2]
Indication	Infants ≥6 months of age.[2] **Preterm infants:** Provided they are medically stable and there are no contraindications to vaccination, preterm infants should receive vaccines according to the recommended schedule at 6 months chronological age, without correction for prematurity.[3]
Action	Inactivated influenza vaccine (IIV). Active immunisation against influenza A and B virus strains.
Drug type	Vaccine
Trade name	Vaxigrip 0.5mL Influvac 0.5mL (Not funded under NIP in Australia) Flucelvax 0.5mL (Not funded under NIP in Australia) Fluzone 0.5mL (Not funded under NIP in Australia)
Presentation	All vaccines listed below contain trivalent inactivated influenza vaccine, containing two A strains and one B lineage. Vaxigrip 0.5mL monodose pre-filled syringe Influvac 0.5mL monodose pre-filled syringe. Flucelvax 0.5mL monodose pre-filled syringe. Fluzone 0.5mL monodose pre-filled syringe
Dose	6 months – 2 years of age: 0.5 mL IM of inactivated influenza vaccine (IIV) Number of doses: [1,2]

Age	Dose	If receiving influenza vaccine for the first time	If influenza vaccination received in the previous season
6 months to 2 years of age	0.5ml	2 doses (4 weeks apart)	1 dose

Dose adjustment	Not applicable.
Route	Intramuscular (IM)
Preparation	Not required.
Administration	For intramuscular injection, use a 25-gauge 25 mm long needle. Position the limb to relax the muscle that the vaccine is being injected into. Inject into the anterolateral thigh for infants not yet walking. If only two vaccines are co-administered, it is recommended to give one vaccine into each limb. If two vaccines need to be administered in the same muscle, there should be a distance of 2.5 cm between injections. Pierce the skin at a 90° angle, so the needle can be safely inserted to the hub to reach the muscle layer. Inject the vaccine slowly over a count of 5 seconds. It is not necessary to draw back on syringe plunger before injecting. However, if you have done this and a flash of blood appears in the needle hub, withdraw needle and select a new site for injection. Document vaccines administered in the child's clinical file and the individual child health record. All immunisation encounters including influenza vaccinations need to be recorded by the immunisation provider on the Australian/Aotearoa (New Zealand) Immunisation Register (AIR/).[2]
Monitoring	Hypersensitivity, including anaphylaxis
Contraindications	Anaphylaxis following a previous dose of any influenza vaccine.[2] Anaphylaxis following any vaccine component.
Precautions	Persons with egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines that have less than 1 microgram of residual egg ovalbumin per dose. none of the listed influenza vaccines contain >1ug of ovalbumin. If there is significant parental or health professional anxiety, the vaccine may be administered in primary care settings with a longer waiting period of 30 minutes.[2,4]

	Influenza vaccination is generally not recommended for people with a history of Guillain-Barré Syndrome whose first episode occurred within 6 weeks of receiving an influenza vaccine.[2]
Drug interactions	There is a possible small increased risk of fever with co-administration of 13vPCV (13-valent pneumococcal conjugate vaccine).
Adverse reactions	Drowsiness, muscle aches, localised pain, redness and swelling at injection site, occasionally, an injection-site nodule which may last many weeks (no treatment needed), fever and irritability and poor feeding.
Compatibility	Not applicable.
Incompatibility	Not applicable.
Stability	Can remain stable at temperatures up to 12°C for 15 minutes. However, immediate administration is highly recommended. Follow local cold chain guidelines and Department of Health National Vaccine Storage 'Strive for 5' Guidelines for management of vaccines during cold chain breaches.[5]
Storage	Store at 2°C to 8°C (Refrigerate, do not freeze). Protect from light. Discard if vaccine has been frozen.
Excipients	**Vaxigrip:** sodium chloride, potassium chloride, dibasic sodium phosphate, monobasic potassium phosphate, water for injection **Influvac:** potassium chloride, monobasic potassium phosphate, dibasic sodium phosphate dihydrate, sodium chloride, calcium chloride dihydrate, magnesium chloride hexahydrate, water for injections. **Flucelvax:** sodium chloride, potassium chloride, magnesium chloride hexahydrate, dibasic sodium phosphate dihydrate, monobasic potassium phosphate, water for injections. **Fluzone:** sodium chloride, dibasic sodium phosphate, monobasic sodium phosphate, water for injections
Special comments	Children can receive 13vPCV and inactivated influenza vaccine at the same visit if they need both vaccines.[2] Doses of intramuscular 1:1000 adrenaline for anaphylaxis[2] <1 year (approx. 5–10 kg) = 0.05 to 0.1 mL 1–2 years (approx. 10 kg) = 0.1 mL
Evidence	**Background** Approximately 1 in 5 unvaccinated children and 1 in 10 unvaccinated adults are estimated to be infected by seasonal influenza annually, with rates of symptomatic influenza roughly half of these estimates.[6] Preterm infants have a higher risk of complications from influenza.[7] The incidence of influenza-associated hospitalization in children, NSW 2001-2011, was markedly increased for infants 0 to 24 months of age with bronchopulmonary dysplasia at 41.6 (95%CI 15.7-67.5) per 1000 child-years, those with cystic fibrosis 44.5 (6.0-83.0) and other congenital and chronic lung conditions 42.9 (18.1-67.8) compared to all other children without chronic lung disease at 0 to 24 months age 9.3 (4.4-14.2), 2 to 5 years 0.6 (0.3-1.0) and 5 to 10 years 0.1 (0.0-0.1). [7] The cost/episode (95%CI) of influenza-associated hospitalisation was AUD$19704 (95%CI 11 715-27 693) for children with CLDs compared to $4557 (95%CI 4129-4984) for children without.[7] Majority of hospital admissions still occur in infants without any comorbidities (underscoring importance of vaccination for all children)[15] **Efficacy** **Influenza vaccination in children:** Systematic review found inactivated influenza vaccine in children aged 6 months to 16 years reduced influenza (RR 0.41, 95%CI 0.29 to 0.59; participants = 1628; studies = 7; I^2 = 36%; RD -20%, 95% CI -33 to -7; test for subgroup differences according to age p=0.04) and influenza like illness (ILI) (RR 0.64, 95%CI 0.54 to 0.76; participants = 19388; studies = 7; I^2 = 67%; RD -12%, 95%CI -16 to -8). In infants 6 months to 2 years age, inactivated influenza vaccine had a smaller effect on influenza (RR 0.55, 95%CI 0.18 to 1.69; participants = 786; studies = 2; RD -5%, 95%CI -17 to 8; participants = 786; studies = 2). **Influenza vaccination of pregnant women for prevention of influenza infection in infants:** A systematic review of maternal influenza vaccination in pregnancy found a 36% reduced risk of infants <6 months having laboratory-confirmed influenza infection (RR 0.64, 95%CI 0.52, 0.78; 4 RCTs, 1099 infants).[11,12] **Safety** Many influenza vaccines are grown in eggs but contain less than 1 microgram of ovalbumin per dose.[2,4] Influenza vaccine can be safely given in most patients with egg allergy (including egg prophylaxis) following appropriate guidelines.[2, 4, 10, 13] Children can receive 13vPCV and inactivated influenza vaccine at the same visit if they need both vaccines. One study found a slightly higher risk of fever and febrile convulsions in children aged 6 months to <5 years (especially those aged 12–24 months) when they received inactivated trivalent influenza vaccine and 13vPCV at the same time, compared with receiving the vaccines separately. The risk was about 18 more

	cases per 100,000 doses in children aged 6 months to <5 years. The highest risk was 45 per 100,000 doses in children aged 16 months. This increased risk is small. A later study did not show the same association between febrile seizures and co-administration of these 2 vaccines.[2] It is acceptable to administer these vaccines concurrently when both vaccines are indicated.[14]
References	1. Australian Technical Advisory Group on Immunisation (ATAGI) Statement on the Administration of Seasonal Influenza Vaccines in 2026. https://www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2026?language=en. 2. Australian Immunisation Handbook. https://immunisationhandbook.health.gov.au/contents. Accessed 11 July 2026. 3. Vaccination for preterm infants. Australian immunisation handbook. https://immunisationhandbook.health.gov.au/contents/vaccination-for-special-risk-groups/vaccination-for-preterm-infants. Accessed on 11 July 2026. 4. ASCIA Guidelines - Vaccination of the egg-allergic individual. https://www.allergy.org.au/hp/papers/vaccination-of-the-egg-allergic-individual. 2017. 5. National Vaccine Storage Guidelines 'Strive for 5'. 3rd edition. https://www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5. 6. Somes MP, Turner RM, Dwyer LJ, Newall AT. Estimating the annual attack rate of seasonal influenza among unvaccinated individuals: A systematic review and meta-analysis. Vaccine. 2018;36:3199-207. 7. Homaira N, Briggs N, Oei JL, et al. Impact of influenza on hospitalization rates in children with a range of chronic lung diseases. Influenza other respi. 2019:233-9. 8. Jefferson T, Rivetti A, Di Pietrantonj C, Demicheli V. Vaccines for preventing influenza in healthy children. Cochrane Database Syst Rev. 2018;2:CD004879. 9. Dhamayanti M, Tarigan R, Fadlyana E, et al. Immunogenicity and safety of Quadrivalent Influenza HA vaccine in Indonesian children: An open-labeled, bridging, clinical study. Vaccine. 2020 Jan 29;38(5):993-1000. 10. Hu Y, Shao M, Hu Y, et al. Immunogenicity and safety of an inactivated quadrivalent influenza vaccine: a randomized, double-blind, controlled phase III clinical trial in children aged 6-35 months in China. Hum Vaccin Immunother. 2020 Jul 2;16(7):1691-1698. 11. Nunes MC, Madhi SA. Influenza vaccination during pregnancy for prevention of influenza confirmed illness in the infants: A systematic review and meta-analysis. Hum Vaccin Immunother. 2018;14:758-66. 12. Sahni LC, Olson SM, Halasa NB, et al. New Vaccine Surveillance Network Collaborators. Maternal Vaccine Effectiveness Against Influenza-Associated Hospitalizations and Emergency Department Visits in Infants. JAMA Pediatr. 2024 Feb 1;178(2):176-184. 13. Thiem VD, Chabanon AL, Fournier M, Lavis N, Quang ND, Ha VH, Sanicas M. Safety of a quadrivalent influenza vaccine in Vietnamese healthy subjects aged 6 months and older. Hum Vaccin Immunother. 2021 Mar 4;17(3):690-693. 14. National centre for immunisation research and surveillance. Influenza vaccines for Australians. https://www.ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/influenza. Accessed 01/05/2025. 15. Paediatric influenza in Austraia. https://paeds.org.au/influenza/paediatric-influenza-australia. Accessed on 7 May 2025.

VERSION/NUMBER	DATE
Original	14/05/2020
Version 2.0	28/05/2020
Version 3.0	26/05/2025
Current 4.0	23/07/2026
Review	23/07/2027

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