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2024 WEBINAR

INFLUENZA UPDATE

WEDNESDAY 3 APRIL | 6pm–7pm AEDT

Presenter: Angela Newbound

Moderator: Andrew Minton, PhD



Presenter

Angela Newbound

Immunisation Education Consultant and an Immunisation Coalition Member

Angela Newbound is a nurse and is based in South Australia. She is an Immunisation Education Consultant, also a member of the Immunisation Coalition and has been involved in immunisation program delivery in South Australia for over 20 years.

Angela provides clinical advice, support and education to a wide range of immunisation providers and contributes to the development of immunisation resources to assist providers with challenging aspects of the immunisation program.

Angela is passionate about the role that nurses play in vaccinating against infectious diseases and presents regularly at IC events to mixed HCP audiences.



Please indicate the profession or expertise area that most closely represents your background:

1. GP / Medical Practitioner
2. Nurse / Midwife / Immunisation Practitioner
3. Researcher / Educator
4. Pharmacist
5. Other healthcare worker
6. Other



What is influenza?

Respiratory disease caused by influenza virus infection.

Influenza infection can cause a wide spectrum of diseases:

- Minimal to no symptoms in some people.
- Respiratory symptoms with systemic features (ie. involving the whole body) in others.
- In some patients, progression to viral pneumonia or secondary bacterial pneumonia.
- In other patients worsening of an underlying comorbidity or precipitation of events such as myocardial infarction.

Influenza viruses

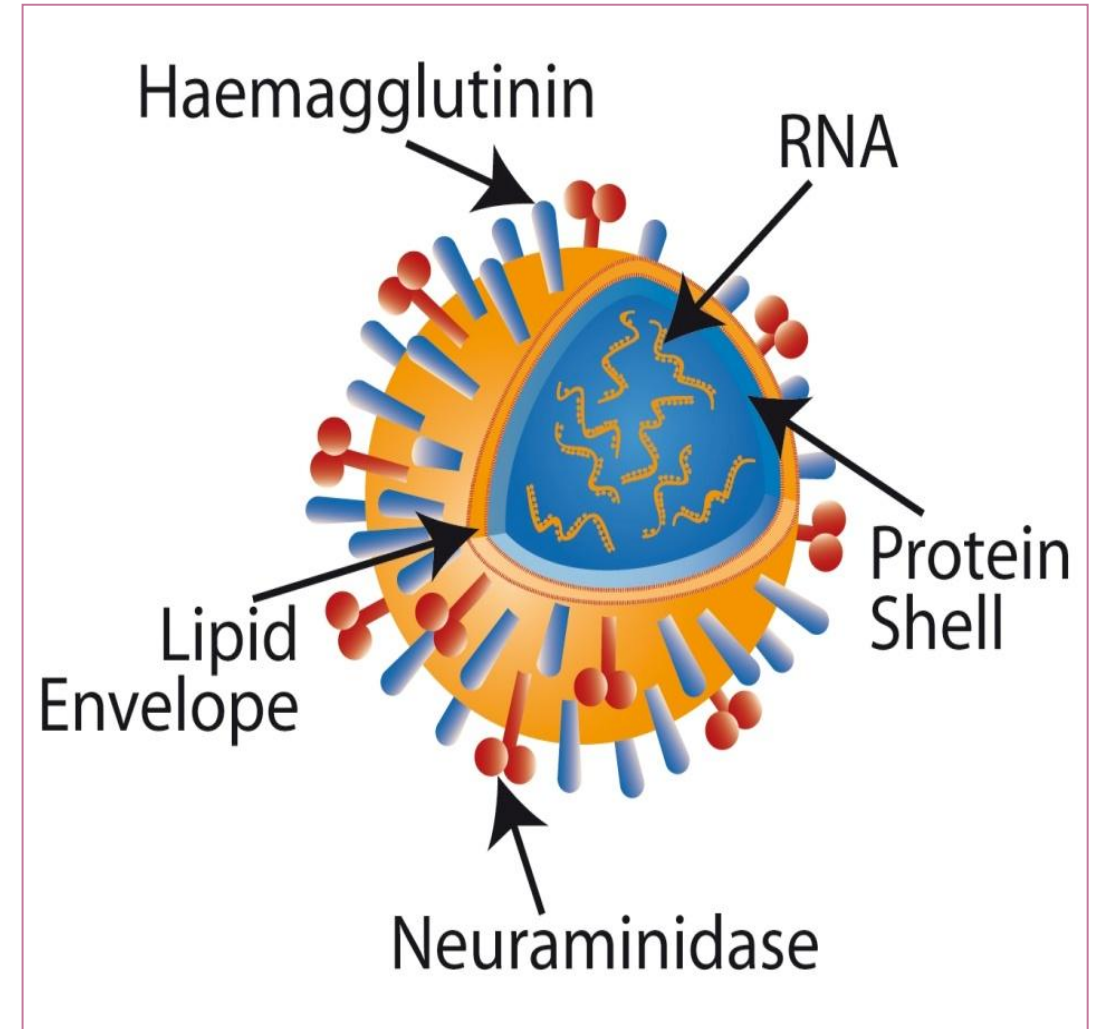


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During infection influenza virus enters the epithelial cells lining the airways. Replication of the virus leads to release of larger quantities of virus.

Influenza viruses have 2 surface glycoprotein antigens:

- Haemagglutinin (H) – involved in cell attachment during infection.
- Neuraminidase (N) – facilitates the release of newly synthesized virus from the cell.



Poll 1

What best describes antigenic shift?

- A. A random genetic mutation of an infectious agent resulting in minor changes in proteins called antigens
- B. The accumulation of a series of minor genetic mutations
- C. Viruses that are closely related to one another. This can be illustrated by their location close together on a phylogenetic tree
- D. An abrupt, major change in an influenza A virus, resulting in new HA and/or new HA and NA proteins in influenza viruses that infect humans

Influenza viruses

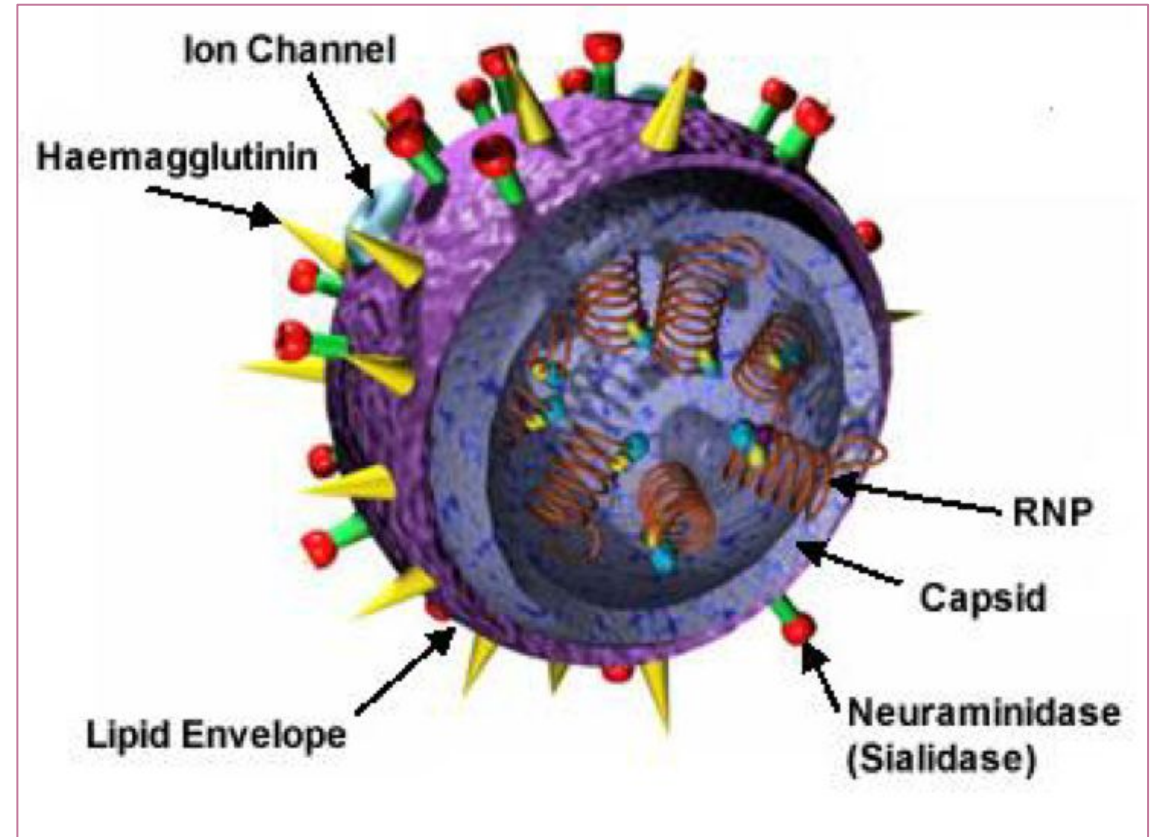


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Influenza A and influenza B viruses undergo frequent changes in their surface antigens

Stepwise mutations of genes coding for Haemagglutinin and Neuraminidase result in changes in surface antigens.

- This leads to new strains (**shift**) and repeated outbreaks and epidemics of influenza (**drift**)
- Reason why the composition of influenza vaccines is reviewed yearly and may change





How does influenza spread?

Respiratory aerosols, droplets produced during coughing/sneezing, and direct contact with respiratory secretions containing influenza viruses deposited on surfaces.

Typical course of influenza disease in symptomatic individuals

Incubation period of 1 to 3 days followed by abrupt illness, including:

- Cough, sore throat
- Feeling of discomfort (malaise)
- Fever
- Chills
- Headache
- Aching muscles (myalgia)

May also be accompanied by nasal discharge and sneezing



Burden of Influenza Disease

Annual influenza attack rates¹:

- Typically, 5-10% of the community
- In some years, may be up to 20%.
- Paediatric levels are higher ~30%.
- Influenza-like illness accounts for significant morbidity in the general population and substantial economic losses through increased healthcare utilisation and lost productivity

In a typical year, estimated to be responsible for²:

1,500,000
lost workdays

>300,000
GP visits

18,000
hospitalisations

1,500 – 3,000
deaths

Ref 1.: <https://www.immunisationcoalition.org.au/diseases/influenza/> Accessed March 2024

2. Influenza-related disease: the cost to the Australian healthcare system Accessed March 2024

Burden of Influenza Disease

Australia in 2020 & 2021

A significant reduction in cases (21,355 and 753 respectively) due to Covid-19 restrictions:

- Border closures
- Stay at home orders
- Masks and social distancing
- Regular handwashing

Australia in 2022

233,000+ cases

Australia in 2023

288,992 cases – the worst on record since 2019

Number of influenza notifications (laboratory confirmed from 2018 to 3 April 2024)



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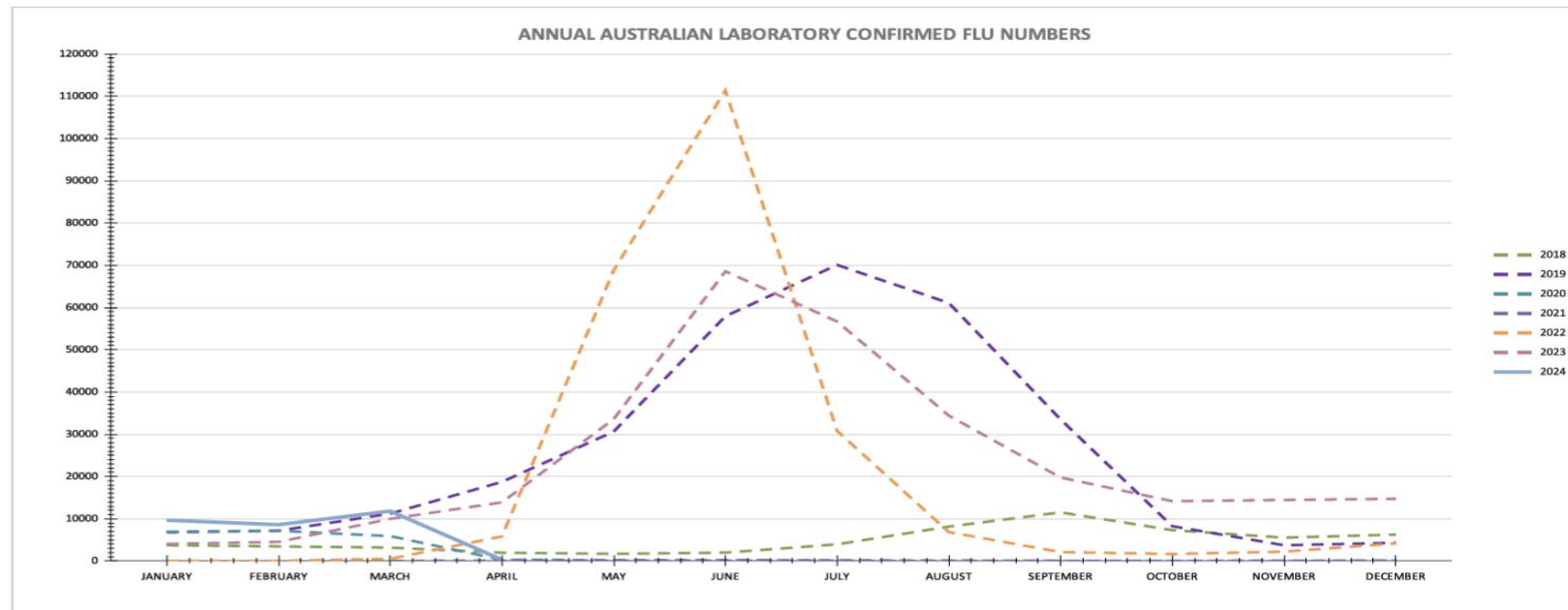


The Immunisation Coalition is the leading voice in whole-of-life immunisation in Australia, protecting all Australians against communicable diseases.
For more information, please visit <https://www.immunisationcoalition.org.au/news-data/influenza-statistics/>

ANNUAL AUSTRALIAN INFLUENZA STATISTICS

YEAR	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	TOTALS
2018	3,751	3,467	3,189	1,976	1,712	1,995	3,967	8,158	11,523	7,324	5,542	6,273	58,877
2019	6,808	7,185	11,234	18,745	30,650	57,951	70,100	61,090	33,531	8,257	3,742	4,322	313,615
2020	6,963	7,180	5,913	304	237	228	193	125	59	36	53	64	21,355
2021	56	48	56	64	72	71	60	53	56	51	68	98	753
2022	40	39	540	5,828	68,820	111,404	30,815	6,866	2,128	1,682	2,234	4,185	234,581
2023	4,053	4,539	9,991	13,897	33,593	68,587	56,699	34,423	19,779	14,180	14,467	14,748	288,956
2024	9,686	8,610	11,837	324									30,457

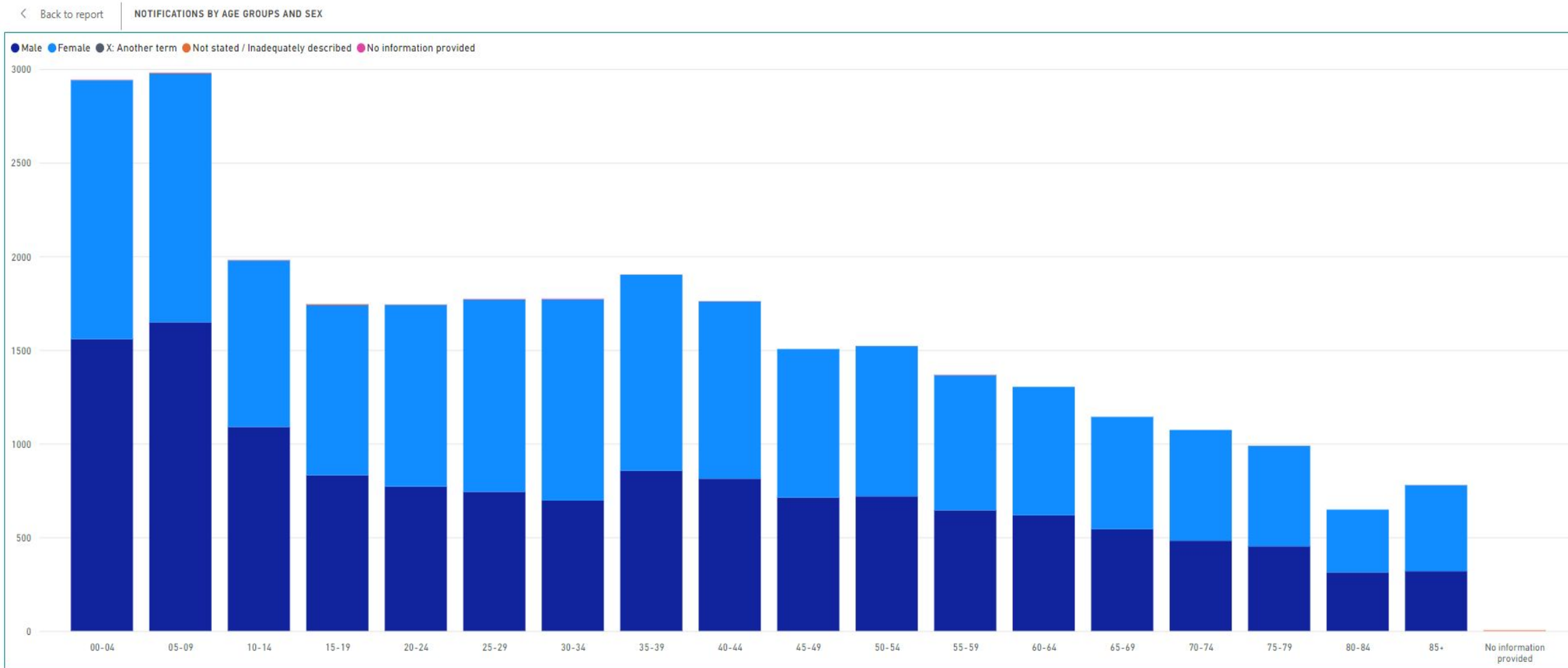
Data valid as at: 3 April 2024



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

<https://www.immunisationcoalition.org.au/news-data/influenza-statistics/>

Number of influenza notifications by age and gender



Notifications of laboratory-confirmed influenza, Australia, Jan 2022 to March 2024 by subtype



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INFLUENZA LABORATORY SURVEILLANCE INFORMATION Virus detections by subtype reported to FluNet



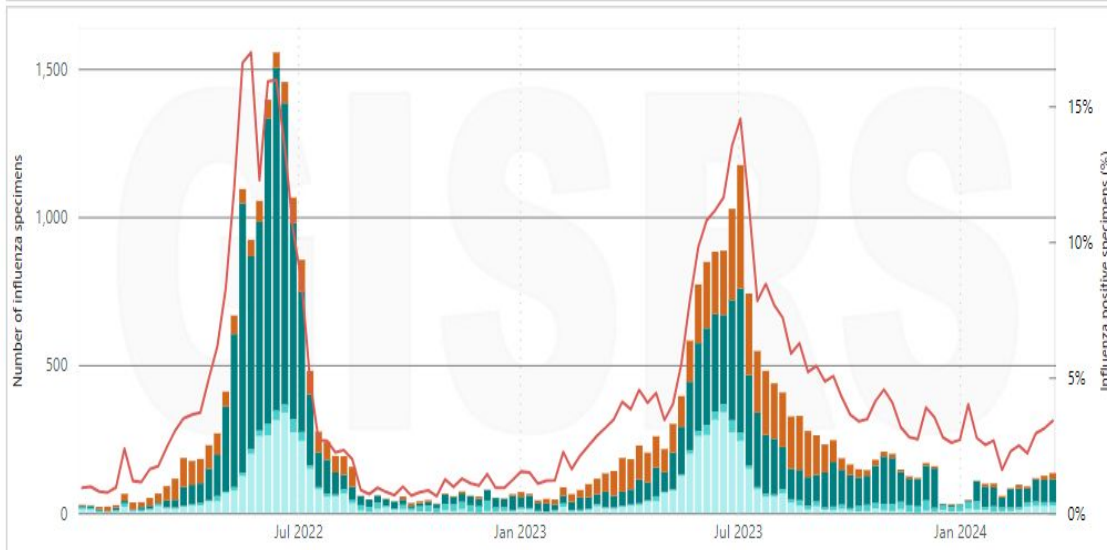
Date last refreshed (UTC)
3/29/2024 3:00:10 AM

Country, area or territory Australia	WHO region All	Influenza transmission zone All	Hemisphere Southern hemisphere	*Surveillance site type All
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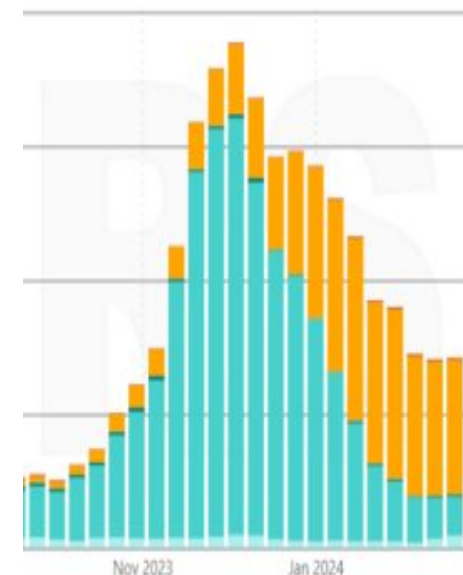
Show chart

By date By week

Week start date
1/1/2022 3/18/2024



- Influenza subtype**
- Select all
 - Influenza B (lineage not determined)
 - Influenza B (Victoria)
 - Influenza B (Yamagata)
 - Influenza A not subtyped
 - Influenza A(H3)
 - Influenza A(H1N1)pdm09
 - Influenza A(H1)
 - Influenza A(H5)
- Select positive specimens (%)**
- Hide positive specimens (%)
 - Influenza positive specimens (%)



- Influenza subtype**
- Select all
 - Influenza B (lineage not determined)
 - Influenza B (Victoria)
 - Influenza B (Yamagata)
 - Influenza A not subtyped
 - Influenza A(H3)
 - Influenza A(H1N1)pdm09
 - Influenza A(H1)
 - Influenza A(H5)

Number of specimens positive for influenza by subtype, Western Pacific Region, week 9, 2023 to week 9, 2024

***Surveillance site type:**

- **Non-sentinel:** Data obtained from non-sentinel systems as indicated by the reporting country. Data reported in this category may include outbreak investigation, universal testing, testing at point of care or other systems apart from sentinel surveillance.
- **Sentinel:** Data obtained from sentinel surveillance as indicated by the reporting country. Sentinel surveillance systems collect high-quality data in a timely manner systematically and routinely from sentinel surveillance sites representatives of the population under surveillance.
- **Type not defined:** Source of data not indicated by the reporting country neither as sentinel nor as non-sentinel surveillance. These data may include sentinel or non-sentinel surveillance sources or both.

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Calendar type: ISO 8601

Data source: Global Influenza Surveillance and Response System (GISRS)

Poll 2

International studies reveal that healthcare settings have some of the highest rates of 'sickness presenteeism'.

What percentage of HCWs in Australia admit to going to work with an influenza like illness?

- A. 40%
- B. 25%
- C. 60%
- D. 75%

Complications of Influenza

- Acute bronchitis
- Acute otitis media
- Pneumonia
 - Primary viral pneumonia (rare)
 - Secondary bacterial pneumonia (frequent complication in individuals at high risk of influenza complications)
- Cardiovascular complications (e.g. myocardial infarction, myocarditis, pericarditis)
- Stroke
- Encephalopathy
- Reye syndrome
- Guillain-Barre syndrome
- Death from pneumonia or cardiac failure

What are the risks of complications?

What are the risks of complications from influenza infection?

In 2019, 905 influenza-associated deaths were notified to the NNDSS.

The median age of deaths notified was 86 years (range <1 to 106 years).

2020 – 37 deaths reported.

2021 – 0 deaths reported.

2022 – 308 deaths reported.

2023 – 376 deaths reported¹.

Who is at risk of complications?

Who is at increased risk of complications from influenza infection?



Children



All individuals aged ≥ 65 years



Aboriginal Australians and/or
Torres Strait Islanders

Who is at risk of complications from influenza infection?

Individuals with chronic conditions or predisposing factors.

- Cardiac disease
- Chronic respiratory conditions
 - COPD (chronic obstructive pulmonary disease) and chronic emphysema
 - Severe asthma
 - Suppurative lung disease, bronchiectasis, and cystic fibrosis
- Other chronic illnesses requiring regular medical follow up or hospitalisation in the preceding year e.g.
 - Diabetes mellitus
 - Chronic renal failure
 - Chronic metabolic diseases
 - Haemoglobinopathies
 - Harmful use of alcohol

Who is at risk of complications from influenza infection?

Individuals with chronic conditions or predisposing factors.

- Chronic neurological conditions that can compromise respiratory function (CNS diseases, seizure disorders, spinal cord injury, neuromuscular disorders)
- Chronic liver disease
- Impaired immunity (e.g. HIV infection or malignancy)
- Pregnant women
- Preterm infants (< 37 weeks gestation)
- Children aged 6 months to 10 years on long-term aspirin therapy
- Down syndrome
- Obesity (BMI >30kg/m²)

Who else is at risk?

Others to consider:

- Everyone \geq 6 months!
- **Note that children \geq 6 months to <5 years are funded under NIP**
- Residents \geq 65 years in RACFs and other long term care facilities
- Homeless people (State funded vaccine in SA)
- Commercial poultry or pork industry staff (during confirmed avian or swine influenza activity)
- Essential Services personnel
- Travellers

Influenza infection & cardiac arrest

Cardiac diseases that increase the risk of severe complication from influenza

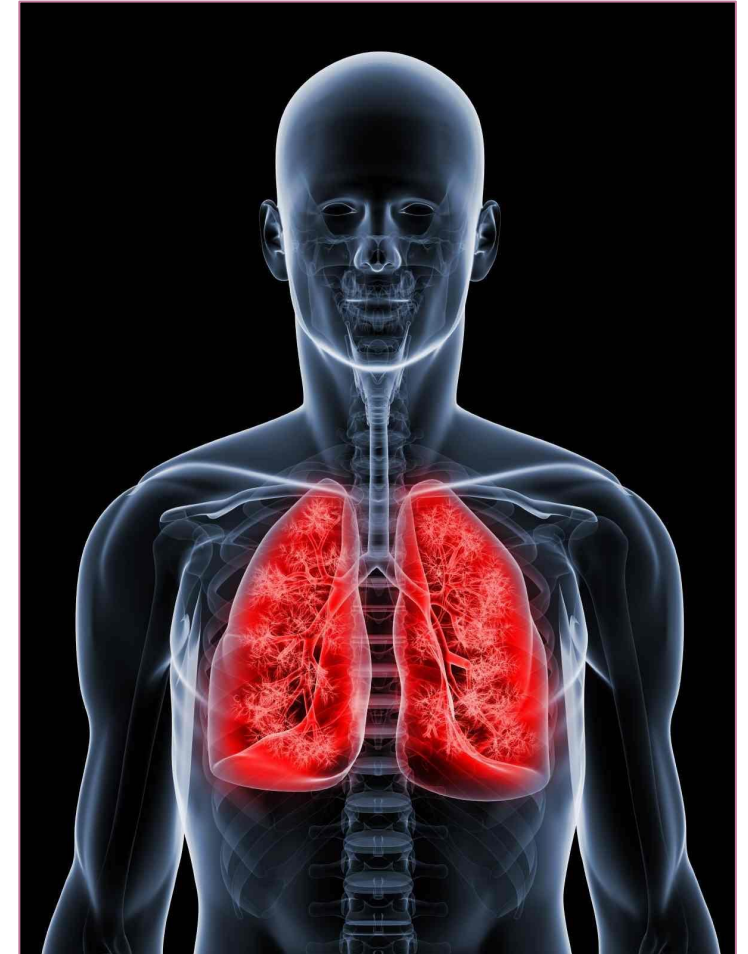
- Cyanotic congenital heart disease
- Coronary artery disease
- Congestive heart failure
- Increased rates of myocardial infarction and coronary death often occur during the influenza season.
- Pulmonary congestion in chronic heart failure patients predisposes them to increased risk of respiratory infections.
- Patients with chronic heart failure are at increased risk of hospitalisations and death during the influenza season.



Influenza infection & chronic lung disease

COPD

- Patients with COPD are at increased risk for respiratory illness-related hospitalisation during influenza outbreaks.
- Influenza infection is an important cause of excess mortality and morbidity in COPD.
- Effective management of acute exacerbations of COPD can be challenging and so prevention strategies are preferred.



Influenza infection & chronic lung disease

Asthma

- Asthmatic children experience a significantly greater incidence of viral respiratory tract infections than do their non-asthmatic siblings of similar age.
- The course of illness was typically longer in the asthmatic siblings.
- Influenza can cause severe exacerbations of wheezing and about 10% of episodes of virus-induced wheezing are attributable to influenza.

Suppurative lung disease, bronchiectasis, and cystic fibrosis

- Patients with these conditions are at increased risk of contracting influenza, which can lead to irreversible deterioration in lung function

Influenza infection & diabetes

Increased risk from influenza infection in people with diabetes

- People with diabetes may develop more severe disease.
- Those with Type I or Type II diabetes are at increased risk of lower respiratory tract infections including influenza.
- Influenza infection may be associated with increased morbidity and mortality in people with diabetes.
- Factors such as malnutrition, blood vessel damage and other co-existing conditions (e.g. cardiovascular and chronic renal disease) can increase the risk of lower respiratory tract infections.

Influenza infection & diabetes

Deaths from influenza in people with diabetes

- A sizeable fraction (~10%) of deaths associated with influenza and pneumonia are attributable to diabetes.
- In the general population, people aged 25 to 64 years with diabetes were **4 times** more likely to die with pneumonia and influenza than people without diabetes of comparable age, sex, race, and socioeconomic status.

Pregnancy



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- Pregnant women, are at increased risk of morbidity and mortality from influenza
- The risk of complications due to influenza increases during the later stages of pregnancy
- Selective suppression of immune components significantly increases the rate of serious illnesses and hospitalisations in pregnant women
- RANZCOG recommend the routine vaccination of pregnant women against influenza in every pregnancy
- Vaccination during pregnancy also provides protection for the unborn child



Ref: NHMRC. The Australian Immunisation Handbook Digital Edition 2020. CDC Seasonal Influenza, specific groups, people at high risk, pregnant women and influenza, available at <http://www.cdc.gov/flu/protect/vaccine/pregnant.htm> accessed Nov 2013. RANZCOG Guidelines available at http://www.ranzcog.edu.au/documents/doc_details/978-c-obs-45-influenza-vaccination-for-pregnant-women.html accessed Nov 2013.

Influenza vaccination for travellers

Frequent vaccine preventable disease in travellers

- Low rate all year round in the tropics
- Peaks seasonally in Northern and Southern hemispheres

Australian residents undertaking international travel has almost doubled

- 2008: 5.1 million
- 2018: 9.5 million
- 2019: 11.3 million

Risk factors

- Aeroplanes / Airport lounges etc
- Cruise ships (majority elderly)
- Hajj (~30% elderly)
- Other mass gatherings:
- FIFA World Cup, Olympics, Diwali etc

Influenza vaccination for at-risk groups

In summary: NHMRC Recommendations

- The Australian Immunisation Handbook
- Recommends annual influenza vaccination for any person aged ≥ 6 months of age.
- **Strongly recommends** influenza vaccination in groups at risk of severe influenza or complications from influenza.
- Advises that influenza vaccination should be actively promoted in these groups.

Poll 3

Who is recommended to receive 2 doses of influenza vaccine, 4 weeks apart, in the same year?

- A. Children <9 years receiving flu vaccine for the first time
- B. Individuals having flu vaccine for the first time post Solid Organ Transplant or Haematopoietic Stem Cell Transplant
- C. Women who have received a dose of influenza vaccine and then become pregnant in the same year
- D. All of the above
- E. None of the above

Government-funded vaccine for at-risk groups

Free influenza vaccine is available through the National Immunisation Program Schedule for the following individuals at risk of severe influenza and its complications

- Individuals aged ≥ 65 years
- All children aged ≥ 6 months to less than 5 years.
- All Aboriginal and Torres Strait Islander people aged 6 months and over.
- Individuals aged ≥ 6 months with the following chronic conditions:
 - Cardiac disease
 - Chronic respiratory conditions
 - Chronic Neurological conditions
 - Diabetes mellitus, asplenia, renal disease, haematological malignancies, impaired immunity (due to disease or treatment)
- Pregnant women
- Children aged 6 months to 10 years on long-term aspirin therapy

When to administer influenza vaccine

- Annual influenza vaccination is recommended before the influenza season starts.
- Need to allow time for the full development of protective antibody levels (10-14 days).
- Protection is expected to last for the whole season, but optimal protection is within the first 3–4 months after vaccination.
- Vaccination is encouraged throughout the influenza season and in some settings such as pregnant women and residents of northern Australia, this should occur as soon as vaccine is available.
- Deferring vaccination may result in missed opportunities for vaccination and lack of protection if the influenza season starts early.

It is important to continue to offer vaccination throughout the influenza season.

Influenza: How often to vaccinate

Annual vaccination is recommended

The influenza virus is always changing.

Antibody levels decrease over the course of a year.

- For optimal protection against influenza and potentially, its complications – yearly vaccination is recommended.
- Annual vaccination is advised even if a person has been vaccinated previously and the new season influenza vaccine contains the same influenza strains as in the previous season's vaccine.

AIVC recommendations for composition of 2024 influenza vaccine for Australia

The influenza vaccines in 2024 contain the following strains:

Egg-based quadrivalent influenza vaccines:

- an A/Victoria/4897/2022 (H1N1)pdm09-like virus;
- an A/Thailand/8/2022 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus;
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell or recombinant-based quadrivalent influenza vaccines:

- an A/Wisconsin/67/2022 (H1N1)pdm09-like virus;
- an A/Massachusetts/18/2022 (H3N2)-like virus;
- a B/Austria/1359417/2021 (B/Victoria lineage)-like virus;
- a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus




Influenza quadrivalent vaccine age recommendations 2024

TABLE 1: Seasonal influenza vaccine registered and available for use in Australia in 2024, by age

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

Ticks indicate the age at which a vaccine is registered and available. Crosses indicate that the vaccine is not available for that age group. 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.


Australian Government
 Department of Health and Aged Care

AUSTRALIAN TECHNICAL ADVISORY GROUP ON IMMUNISATION (ATAGI)
CLINICAL ADVICE
 Issue date: March 2024

STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2024

It is important to read this statement in conjunction with the [Australian Immunisation Handbook](https://www.health.gov.au/sites/default/files/2024-02/atagi-immunisation-handbook-2024.pdf), available at immunisationhandbook.health.gov.au

Influenza vaccines registered for older people in Australia for 2023

Enhanced Influenza Vaccines for older people

There are 2 enhanced influenza vaccines available for older adults in 2023:

- *Fluad®Quad* 0.5ml for people aged 65 and over and is funded under the NIP.
- *Fluzone®High-Dose Quad* 0.7ml for people aged 60 and over but is not funded under the NIP.

For people aged 65 and over, *Fluad®Quad* is preferred over standard influenza vaccines.

However, there is no preference between *Fluad®Quad* and *Fluzone®High-Dose Quad*.

Influenza vaccine efficacy and effectiveness

The efficacy and effectiveness of influenza vaccines of similar composition depend on the:

- age and immunocompetence of the vaccine recipient
- degree of similarity between the virus strains in the vaccine and those circulating in the community

Overall efficacy and effectiveness of¹:

Quadrivalent vaccines:

54 - 59% against laboratory-confirmed influenza in healthy adults <65 years old

65% against laboratory-confirmed influenza in children aged 6–59 months

Influenza vaccine efficacy and effectiveness



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Enhanced egg-based vaccines:

- adjuvanted influenza vaccine in people aged ≥ 65 years was between **4.7% and 33%** more effective in preventing hospitalisation from influenza or pneumonia than standard influenza vaccine
- the high-dose influenza vaccine was between **23% and 47%** more effective at preventing influenza or pneumonia associated mortality than standard-dose egg-based influenza vaccines

Cell-based vaccine^{1,2}:

- cell-based influenza vaccines are manufactured from host mammalian cells and are egg free
- ATAGI considers both egg & cell-based influenza vaccines as equivalent and does not preferentially recommend one over the other
- a small study in 2017-2018 flu season in people ≥ 65 years found no significant difference to standard egg-based eQIV vaccine

Ref: 1. NHMRC. The Australian Immunisation Handbook Digital Edition. 2020

2. ATAGI NIP Influenza Vaccination Program 2024

3. Rajaram S, Boikos C, Gelone DK, Gandhi A. Influenza vaccines: the potential benefits of cell-culture isolation and manufacturing. Ther Adv Vaccines Immunother. 2020 Feb 22;8:2515135520908121. doi: 10.1177/2515135520908121. PMID: 32128506; PMCID: PMC7036483.

Influenza vaccine : Adverse events and contraindications

Adverse events

VERY COMMON (> 10%) – Local reactions (swelling, induration, redness and pain)

COMMON (1-10%) – Mild, short-lived fever, malaise and myalgia

RARE – Immediate reactions, e.g. hives, angioedema, or anaphylaxis

Contraindications

- Anaphylaxis following a previous dose of any influenza vaccine.
- Anaphylaxis following any vaccine component.

Note:

People with egg allergy, including a history of anaphylaxis, can be safely vaccinated with influenza vaccines.

Vaccination coverage

Reporting all adult vaccinations, including influenza vaccinations to the AIR will give us a better understanding of vaccine uptake.

Influenza vaccination % coverage* - by jurisdiction - all people

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - < 5 yrs	50.0	26.8	32.0	23.9	28.0	27.3	32.9	32.2	28.3
5 - < 15 yrs	24.4	14.9	17.1	14.7	15.6	18.6	16.2	14.1	16.1
15 - < 50 yrs	32.7	20.6	24.8	20.4	25.0	21.7	24.7	21.9	22.4
50 - < 65 yrs	46.1	34.1	38.5	36.1	40.7	37.4	44.5	27.2	36.8
≥ 65 yrs	67.3	60.3	64.0	63.5	68.1	64.3	70.1	36.3	63.1

Influenza vaccination % coverage* - by jurisdiction - Aboriginal and Torres Strait Islander people

	ACT	NSW	VIC	QLD	SA	WA	TAS	NT	AUS
6 mo - < 5 yrs	30.2	18.4	21.7	16.8	16.7	19.6	27.0	36.0	19.7
5 - < 15 yrs	17.1	12.9	12.7	12.9	12.4	15.3	15.2	22.4	14.1
15 - < 50 yrs	23.5	16.9	19.3	17.5	19.3	17.8	20.9	30.8	19.2
50 - < 65 yrs	43.6	39.5	40.1	38.8	41.1	36.7	50.4	44.5	40.0
≥ 65 yrs	66.8	64.3	64.6	61.0	61.6	55.2	74.9	48.3	61.4











COVID-19 and influenza

- Symptoms are similar
- At risk groups are also similar
- Most other people experience mild disease
- Vaccination against influenza will not protect from COVID-19
- It is more important than ever to be vaccinated against influenza
- If infection by influenza is followed by infection from COVID-19, it could have devastating effects.....and vice versa
- **COVID-19 and Influenza vaccines can now be co-administered¹**

1. <https://www.health.gov.au/sites/default/files/2024-02/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2024.pdf>



COVID-19: Identifying the Symptoms

Symptoms	COVID-19	Cold	Flu	Allergies*
	Symptoms range from mild to severe	Gradual onset of symptoms	Abrupt onset of symptoms	May be abrupt or gradual onset of symptoms
Fever 	Common	Rare	Common	No
Cough 	Common	Common	Common	Common (asthma)
Sore Throat 	Sometimes	Common	Sometimes	Sometimes (Itchy throat and palate)
Shortness of Breath 	Sometimes	No	No	Common (asthma)
Fatigue 	Sometimes	Sometimes	Common	Sometimes
Aches & Pains 	Sometimes	No	Common	No
Headaches 	Sometimes	Common	Common	Sometimes
Runny or Stuffy Nose 	Sometimes	Common	Sometimes	Common
Diarrhoea 	Rare	No	Sometimes, especially for children	No
Sneezing 	No	Common	No	Common

*Adapted from material produced by WHO, Centers for Disease Control and Prevention and the American Academy of Allergy, Asthma and Immunology. *Respiratory allergies include allergic rhinitis (hay fever), and allergic asthma. Other common symptoms of hay fever include itchy nose and itchy, watery eyes.*

It is very difficult to distinguish between the symptoms of COVID-19, influenza and a cold. If you have any infectious or respiratory symptoms (such as a sore throat, headache, fever, shortness of breath, muscle aches, cough or runny nose) don't go to work. You need to self-isolate and to be assessed by a medical professional. You may need testing for COVID-19. You must not return to work until cleared by a medical professional. You need to ensure that the people you care for are protected and safe. People who have respiratory allergy symptoms such as allergic rhinitis (hay fever) and allergic asthma should stay home and get tested for COVID-19 at the onset of their symptoms and if they experience symptoms that are unexpected, seem different or worse than usual, or do not respond to their usual medication.

For more information about **Coronavirus (COVID-19)** go to [health.gov.au](https://www.health.gov.au)

Visit www.health.gov.au/resources/translated or for translating and interpreting services call **131 450**.

The practice nurse as an advocate for adult immunisation

- Accessible by patients.
- Trusted and credible.
- Ability to help educate and provide additional information:
 - Identify misconceptions e.g. “can get flu from the flu vaccine”
 - Address concerns
- General practice is at the forefront of healthcare in Australia and in a pivotal position to deliver preventive healthcare.

Conclusions

- Many people are at increased risk of severe influenza or influenza-related complications because of their underlying medical conditions such as diabetes, heart disease, or lung disease even where these are controlled by medication.
- In an effort to prevent the disease burden of influenza in at-risk individuals, Australian guidelines recommend yearly influenza vaccination
- Funding for the vaccines in certain at-risk groups is available through the NIP (National Immunisation Program)
- Free flu vaccines for children under 5 on the NIP
- At-risk individuals should be encouraged to speak to their doctor about their influenza vaccination status.
- Vaccination of those in close contact with at-risk individuals can provide them with an additional level of protection.

Other take-home messages

- Offer influenza vaccine to every individual aged ≥ 6 months of age
- Undertake robust pre-vaccination checklist to identify 'at risk' individuals
- Use EVERY encounter to discuss influenza vaccination
- Use EVERY influenza vaccine encounter to discuss other recommended vaccines



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Questions

www.immunisationcoalition.org.au



Thank you to Angela, and to you for your engagement and questions.

The next update webinar is **COVID-19**, presented by **Gary Grohmann** on **14th May**.

You can register for this on our website or via our Newsletter (published every Monday).

Future CPD accredited webinars

Influenza / COVID19 / RSV webinar series starting 17 April, then 22 May and 19 June.

These are multidisciplinary panel discussions centered around number of cases, current vaccine coverage rates and options to increase the number of vaccinations through primary care and pharmacy.

A very short survey will be sent to your registration address.