



## STATEMENT ON THE ADMINISTRATION OF SEASONAL INFLUENZA VACCINES IN 2025

It is important to read this statement in conjunction with the [Australian Immunisation Handbook](https://immunisationhandbook.health.gov.au), available at [immunisationhandbook.health.gov.au](https://immunisationhandbook.health.gov.au)

### Overview of key points and updates for 2025

- Annual vaccination is the most important measure to prevent influenza and its complications. It is recommended for all people  $\geq 6$  months of age.
- The importance of influenza vaccination should be emphasised. Healthcare provider recommendation is the strongest predictor of a person's decision to vaccinate.
- Standard influenza vaccination is recommended for all people aged 6 months to 64 years, using age group-appropriate vaccines listed in Table 1. Influenza vaccines are available on the NIP for certain age groups, Aboriginal and Torres Strait Islander people, pregnant women, and people with certain medical conditions (Table 3).
- For adults aged  $\geq 65$  years, both the adjuvanted (Fluad® Quad) and high dose influenza vaccine (Fluzone High Dose Quadrivalent) are equally preferentially recommended over standard influenza vaccine.
- If a person had a 2024 formulation of influenza vaccine in late 2024 or early 2025, they are still recommended to receive a 2025 formulation of influenza vaccine when it becomes available (likely from March 2025).
- Acknowledging recent international activity of avian influenza, ATAGI notes that seasonal influenza vaccine is not protective against avian influenza virus. However, people in occupational risk groups, e.g. poultry workers, are recommended to receive seasonal influenza vaccination to minimise the potential of virus reassortment in the case of dual infection with seasonal and avian influenza viruses.
- The WHO and the Australian Influenza Vaccine Committee (AIVC) have recommended that the inclusion of the B Yamagata lineage virus in vaccines is no longer warranted. ATAGI notes that time to transition from quadrivalent influenza vaccine (QIV) to trivalent influenza vaccine (TIV) formulations will vary for some vaccine brands. Some QIV brands have been discontinued as a part of this transition process in 2025. All influenza vaccines available in Australia in 2025 will still be QIVs (which continue to include a B Yamagata strain). Despite this, ATAGI makes no preferential recommendation between QIVs and TIVs as both formulations contain the recommended strains for 2025 and exhibit no differences in safety or efficacy.

**Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2025, by age**

| Vaccine<br>Registered age group | Vaxigrip Tetra<br>0.5 mL<br>(Sanofi) | Flucelvax Quad<br>0.5 mL<br>(CSL Seqirus) | FluQuadri<br>0.5 mL<br>(Sanofi) | Afluria Quad<br>0.5mL<br>(CSL Seqirus) | Influvac Tetra<br>0.5 mL<br>(Viatris) | Fluad Quad<br>0.5 mL<br>(CSL Seqirus) | Fluzone High-Dose<br>0.7 mL<br>(Sanofi) |
|---------------------------------|--------------------------------------|---|---------------------------------|--|---------------------------------------|---------------------------------------|---|
| 6 months to <5 years            | ✓                                    | ✓   | ✓                               | X                                      | ✓                                     | X                                     | X                                       |
| $\geq 5$ to <60 years           | ✓*                                   | ✓*  | ✓                               | ✓                                      | ✓                                     | X                                     | X                                       |
| $\geq 60$ to <65 years          | ✓*                                   | ✓*  | ✓                               | ✓                                      | ✓                                     | X                                     | ✓                                       |
| $\geq 65$ years                 | ✓                                    | ✓   | ✓                               | ✓                                      | ✓                                     | ✓                                     | ✓                                       |

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.

**Table 2. Influenza virus strains included in the 2025 Southern Hemisphere seasonal influenza vaccines\***

| Egg-based influenza vaccines                           | Cell-based influenza vaccines                          |
|--|--|
| A/Victoria/4897/2022 (H1N1)pdm09-like virus            | A/Wisconsin/67/2022 (H1N1)pdm09-like virus             |
| A/Croatia/10136RV/2023 (H3N2)-like virus               | A/District of Columbia/27/2023 (H3N2)-like virus       |
| B/Austria/1359417/2021 (B/Victoria lineage)-like virus | B/Austria/1359417/2021 (B/Victoria lineage)-like virus |
| B/Phuket/3073/2013 (B/Yamagata lineage)-like virus     | B/Phuket/3073/2013 (B/Yamagata 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 viruses with similar properties are selected for vaccine production. \*Vaccine strain composition post-2025 is yet to be determined.

## Highlights for 2025 influenza vaccine formulations

- Flucelvax Quad® is a cell-based influenza vaccine registered for use in children aged ≥6 months and adults. It is now funded on the NIP for those at risk of influenza complications (Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions) who are aged 5–64 years. There is no preferential recommendation between the use of Flucelvax Quad and standard dose egg-based influenza vaccines. Both egg-based and cell-based vaccine formations can be given to people with egg allergy.
- Influenza vaccines can be given at the same time as, or at any interval before or after, other vaccines, including pertussis, RSV, and Shingrix vaccines. Refer to the [Australian Immunisation Handbook](#).

## Timing of vaccination

- Annual vaccination should ideally occur before the onset of each influenza season when it becomes available (likely March/April 2025).
- For [people who are planning international travel](#), depending on individual circumstances, a southern hemisphere vaccine administered prior to travel or northern hemisphere influenza vaccine administered overseas should be considered for optimal protection while travelling.
- 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 2025 vaccine brands have an expiry date of February 2026.
- If a person had a 2024 influenza vaccine in late 2024 or early 2025, they are still recommended to receive a 2025 formulation of influenza vaccine when it becomes available.

## Influenza vaccination for pregnant women

- Influenza vaccine is recommended in every pregnancy, at any stage of pregnancy and can safely be given at the same time as a pertussis, RSV, or COVID-19 (if required) or other vaccines indicated in pregnancy,
- For pregnant women who received an influenza vaccine in 2024, it is recommended to also give the 2025 influenza vaccine if it becomes available before the end of pregnancy.
- For pregnant women who receive influenza vaccine before becoming pregnant, revaccination is recommended during pregnancy to maximise the protection of the mother and the infant in the first six months of life.

## Eligibility for influenza vaccines funded by the National Immunisation Program (NIP)

- Annual influenza vaccination is funded for:
  - all children aged 6 months to <5 years;
  - all adults aged ≥65 years; and
- Specific populations aged 5 to <65 years of age at increased risk of severe influenza (all Aboriginal and Torres Strait Islander people, people who have certain medical conditions (see Table 3) and pregnant women)

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

| Category  | Example medical conditions   | NIP funded |
|---|--|------------|
| <b>Cardiac disease</b>  | Congenital heart disease, congestive heart failure, coronary artery disease  | Yes        |
| <b>Chronic respiratory condition</b>                            | 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        |
| <b>Immunocompromising condition</b>                             | 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        |
| <b>Haematological disorder</b>                                  | Sickle cell disease or other haemoglobinopathies   | Yes        |
| <b>Chronic metabolic disorder</b>                               | 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        |
| <b>Chronic kidney disease</b>                                   | Chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)  | Yes        |
| <b>Chronic neurological condition</b>                           | Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, other conditions which impair respiratory or airway function   | Yes        |
| <b>Long-term aspirin therapy in children aged 5 to 10 years</b> | These children are at increased risk of Reye's syndrome following influenza infection  | Yes        |
| <b>Chronic liver disease</b>                                    | Conditions with progressive deterioration of liver function for more than 6 months including cirrhosis and other advanced liver diseases   | No         |
| <b>Obesity</b>  | Body mass index $\geq 30$ kg/m <sup>2</sup>  | No         |
| <b>Chromosomal abnormality</b>                                  | Trisomy 21 or another chromosomal abnormality that increases the risk of severe disease  | No         |
| <b>Harmful use of alcohol</b>                                   |  | 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](https://immunisationhandbook.health.gov.au) (available at immunisationhandbook.health.gov.au) for further details.