FLU2025

Essential information for health professionals

Immunisation Advisory Centre

Health New Zealand
Te Whatu Ora

IMAC 28/02/2025

Contents

Summary & quick reference

Dates

The 2025 Influenza Immunisation Programme starts on 1 April 2025 and runs until 31 December 2025 for all groups.

2025 eligibility for funded influenza vaccination

Funded influenza vaccinations are unchanged from 2024 and available for those who meet Pharmac's eligibility criteria:

- pregnant people
- people aged 65 years and over
- people aged 6 months to under 65 years with eligible conditions*
- children 4 years of age and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness
- people aged 6 months to under 65 years with serious mental health and addiction conditions

See page 6 for a list of eligible conditions.

Five quadrivalent influenza vaccines for 2025

- **INFLUVAC TETRA** is FUNDED and approved for use in children and adults, 6 months of age and over
- FLUCELVAX QUAD is unfunded only, approved for use in children and adults, 6 months of age and over
- FLUAD QUAD is unfunded only, approved for use in adults aged 65 years and over
- FLUQUADRI is unfunded only, approved for use in children and adults, 6 months of age and over
- AFLURIA QUAD is unfunded only, approved for use in children and adults, 3 years of age and over

See page 9 for Summary of 2025 influenza vaccines table.

Ordering vaccine

Healthcare Logistics (HCL) Online: hcl.co.nz (preferred option, registration required)

Email: Flu@healthcarelogistics.co.nz

Emailed orders incur a manual order processing fee of $10 per order.

Phone: 0508 425 358

Further detail and the funded vaccine email order form can be found at immune.org.nz/vaccine/influenza-vaccine

Clinical queries and general information for health professionals

Immunisation Advisory Centre (IMAC)
University of Auckland

Clinical queries:

Freephone: 0800 IMMUNE (0800 466 863)

Email: 0800immune@auckland.ac.nz

General information:

Email: influenza@auckland.ac.nz

Website: immune.org.nz

2025 Influenza Immunisation Programme goals

The programme goals are:

Aged 65 years and over:

- Vaccinate 75% of the population aged 65 and over

Healthcare and disability workers:

- 80% coverage for Health New Zealand employed workers
- An increase in absolute vaccinations from 2024 for non-Health New Zealand health and disability workers

The objectives are:

- Offer influenza vaccine to all children aged between 6 months and 4 years upon hospital discharge following respiratory illness
- Offer influenza vaccine to all pregnant people
- Offer influenza vaccine to all eligible people on discharge from hospital.

Key messages for use with consumers

Healthcare workers play an essential role in increasing influenza vaccination and lowering infection rates. You may refer to the following messages to help support discussions with consumers.

- Influenza (flu) is a common viral infection that affects people of all ages. While it may be a mild disease for some, it can also cause serious illness and even lead to hospitalisation in otherwise healthy people.
- Those with underlying health conditions such as diabetes, asthma and cardiovascular disease are at higher risk of complications from a flu infection, which could result in hospitalisation.
- Vaccination reduces the spread of illness to the most vulnerable in our whanāu and communities. Flu vaccine is recommended each year for everyone aged 6 months and over.
- Vaccination, administered annually by a healthcare provider, is the safest way to protect you and your whānau from influenza.
- It is never too late to get your vaccination, since influenza can circulate in the community all year round.
- The flu vaccine has been around for many decades and has a great safety record.
- This year's vaccine gives you the best possible protection against the flu viruses likely to be circulating this season.
- Common side effects from the vaccine include mild pain, redness or swelling where the vaccine was given. These side effects usually last for a few days and go away without any treatment. Serious side effects, such as a severe allergic reaction, are rare. The vaccine does not contain live influenza viruses and cannot cause influenza.
- Babies and children younger than 5 years have a higher risk of complications from influenza, potentially leading to hospitalisation. Even healthy children can get very sick from influenza.
- Influenza is a serious disease for pregnant people and their pēpi.
- The flu vaccine is recommended and free for every pregnancy. It's safe to give at any stage during pregnancy and while breastfeeding. Vaccination in pregnancy is beneficial to both the mother and the baby. Vaccination enables the transfer of protective antibodies to the baby through the placenta. This protects them in their vulnerable early months when they are too young to be vaccinated themselves.
- Annual flu vaccination also reduces the risk of strokes and heart attacks, particularly in those with cardiovascular disease, and helps the elderly to maintain independent living.
- You should get your annual influenza vaccine anytime from April onwards to be protected for the peak flu season. The highest level of protection happens in the first few months following vaccination.
- If you are sick with a cough, runny nose or fever, it is still important to stay away from others, especially those who are most at risk, including pregnant people and newborn pēpi. Cover your mouth and nose when coughing and sneezing and wash your hands.

Additional messages about whooping cough

- In November 2024, a pertussis (whooping cough) epidemic was announced in Aotearoa New Zealand.
- Whooping cough causes breathing difficulties and severe coughing fits, which sometimes cause broken ribs.
- Whooping cough spreads easily between people by coughing and sneezing and is very easily passed to others, including newborn babies who are at high risk of complications from pertussis.
- By getting immunised when you're pregnant, you will protect your pēpi until they can have their first immunisations when they are 6 weeks old. Vaccination in pregnancy enables the transfer of protective antibodies to the baby through the placenta. This protects them in their vulnerable early months when they are too young to be vaccinated themselves.
- Pregnant people should receive the whooping cough vaccine every pregnancy to protect each baby. The vaccine is best given from 16 weeks of pregnancy and can be given at the same time as the flu vaccine.
- A booster is offered at 45 years (if people have not already received 4 doses in their life) and everyone at 65 years - ask your vaccinator if you are due for yours.

Why is influenza vaccination so important?

Influenza vaccination is recommended annually for two important reasons:

- protection from the previous vaccination lessens over time, and
- the circulating influenza viruses can change, and the strains in the vaccine change each year in response to the circulating virus pattern.

Seasonal respiratory disease patterns remain unpredictable following the COVID-19 pandemic, both globally and within Aotearoa New Zealand. Public health interventions in 2020 and 2021 curtailed the spread of COVID-19 within Aotearoa New Zealand. These also simultaneously reduced the spread of many other seasonal respiratory illnesses, including influenza.

Although in 2020 and 2021 there was little to no influenza in Aotearoa New Zealand, lower residual immunity, in combination with the gradual reduction in public health measures to control COVID-19, resulted in very high rates of influenza-associated hospitalisation in 2022. These rates peaked at almost twice those observed in pre-pandemic years (2018 and 2019). This trend was reflected globally, with subsequent influenza seasons in the USA reporting uncharacteristically high illness and hospitalisation rates, particularly in children.

ESR surveillance data from 2024 showed moderately high levels of hospitalisations in Auckland for influenza-associated severe acute respiratory illness over several weeks.[1] The influenza burden was highest for young children aged 0–4 years and older adults aged 65 years and over, and those of Māori or Pacific ethnic groups were at higher risk than other groups. This aligns with previous data, ie those at highest risk from influenza include older adults, immunocompromised individuals, pregnant people and young children, especially infants and toddlers under 2 years of age. Influenza can lead to serious complications, such as heart or lung conditions, particularly within these high-risk groups.

Predicting seasonal influenza illness rates and severity is often challenging, particularly in the aftermath of a pandemic when seasonal respiratory viruses may deviate from typical patterns. Factors that influence influenza activity include population immunity, the degree of virus mutation, and vaccine effectiveness. These variables can be modified by healthcare professionals through active promotion of immunisation within their communities, and by ensuring high vaccination rates among healthcare workers.

Vaccination remains a cornerstone of public health strategy in Aotearoa New Zealand to reduce the burden of infectious disease on our healthcare system and communities. Prioritising vaccination uptake, particularly in vulnerable communities, is instrumental in safeguarding those who are at highest risk. A targeted approach not only alleviates burden on the healthcare system but enhances overall community resilience against preventable respiratory diseases.

High-risk groups

Everyone from the age of 6 months is recommended to receive an annual influenza vaccine to reduce the spread of the virus, and for direct protection against severe illness.

Some consumers are at increased risk of complications, and influenza vaccination is funded for these people.

Vaccinators are advised to regularly check the Pharmaceutical Schedule and any online updates for changes to funding decisions for special groups.

Tamariki aged under 5 years old, adults aged 65 years and over, and those of Māori and Pacific ethnicities are more likely to be admitted to hospital due to severe illness than any other age and ethnic group.[2,3]

Pregnant people

The World Health Organization[4] and Health New Zealand | Te Whatu Ora[5] recommend that influenza vaccination is offered to pregnant people at any stage of pregnancy and before winter, if possible. Influenza vaccination provides direct protection from the complications of influenza, both during pregnancy and postpartum. The newborn is also protected through passive immunity for the first few months of life. Babies less than 12 months of age, particularly those less than 6 months of age, have the highest risk of all children for getting influenza and developing serious complications. Influenza during pregnancy can result in pregnancy complications, including premature birth, stillbirth and babies who are small for gestational age; it is for this reason that influenza vaccination is recommended at any stage of pregnancy. Vaccination is funded from when influenza vaccines are available at the start of the influenza season until 31 December.

For more information on influenza and vaccination during pregnancy, visit:

- info.health.nz/immunisations/when-to-immunise/pregnancy-and-immunisations#immunisations-you-need-while-you-are-pregnant-427 (tinyurl.com/yume3n8s)
- immune.org.nz/resources/factsheets

Children

Influenza infection rates are generally highest in children. Studies show vaccination of healthy children has the potential to substantially reduce influenza-like illness and related costs in both children and their families.[6] Vaccination of children can help provide additional protection to those around them, particularly for babies and older people living in the same house.

Babies aged under 6 months have an increased risk of being hospitalised with influenza compared to other age groups.[2,7-9] Influenza-related complications can include pneumonia, fever-related convulsions, vomiting and diarrhoea, and occasionally brain inflammation. As children under 6 months are unable to receive the influenza vaccine themselves, vaccination during pregnancy and of the wider whānau is highly recommended to protect this age group.

For more information on influenza and vaccination for children, visit immune.org.nz/resources/factsheets and refer to the Pharmac eligibility criteria on page 6.

65 years and older

The World Health Organization[4] and Health New Zealand | Te Whatu Ora[10] recommend annual influenza vaccination for all adults aged 65 years or older. Increasing the number of older people vaccinated against influenza disease annually can have a significant impact on improving health outcomes in older people,[11,12] especially in the context of ongoing co-circulation of other respiratory diseases, such as COVID-19 and RSV. Due to age-related immune changes and underlying health conditions, older adults respond less effectively to vaccines compared to healthy younger adults or children. Although currently funded influenza vaccines are less effective at preventing clinical illness in older people compared to other age groups, influenza vaccination does attenuate the severity of the disease, reducing hospitalisations, loss of independence and deaths.[13]

For more information on influenza and vaccination for older people, visit immune.org.nz/resources/factsheets.

Underlying health conditions

Influenza has been associated with increased morbidity and mortality in those with underlying medical conditions. Risk increases with multiple conditions. Māori and Pacific people are at greater risk of developing underlying health conditions, such as cardiovascular disease and chronic respiratory disease,[14] at a younger age than other ethnicities,[15] which increases the risk of severe influenza and complications. Contributing factors can include the increased risk of transmission in multi-generational households and close-knit communities, and a high prevalence of chronic respiratory conditions.

Mental health

Historically, individuals with serious mental health illnesses have faced comparatively low access to preventative vaccination programmes, despite the significant health risks associated with this group.[16] By way of demonstrating this, in Aotearoa New Zealand, 2020–2021 COVID-19 vaccination uptake data showed that a two-dose COVID-19 vaccination rate across DHB specialist mental health and addiction services was approximately 30% compared to 48% of the eligible population.[17]

There is longstanding literature to support the notion of psychological distress as a barrier to preventative medical care. A US study examining the association between mental distress and influenza vaccination coverage found that individuals with mental illness had a lower likelihood of receiving the seasonal influenza vaccination.[18] In addition, the study notes that individuals with mental health disorders are at an increased risk of comorbid health conditions that predispose them to severe complications associated with influenza disease.

Similar studies examining the influence of maternal mental illness on childhood vaccination uptake found that the likelihood of a child completing recommended vaccinations by the ages of 2 and 5 years was significantly lower among children with maternal mental illness, in comparison to children with mothers without mental illness.[19]

Immunocompromised

Individuals who are immunocompromised due to treatment or underlying conditions are at high risk of severe influenza and complications. It is important to offer vaccination prior to the initiation of chemotherapy or immunosuppressive therapy. When this is not possible, influenza vaccination is recommended and can be given while receiving most treatments.

Influenza vaccination unfunded but recommended

The influenza vaccine is recommended for everyone aged from 6 months, in particular:

Health and disability workers

The World Health Organization and Health New Zealand | Te Whatu Ora recommend that healthcare workers are a priority group for influenza vaccination, not only for their own protection and ability to maintain services, but also to reduce the spread of influenza to vulnerable patients, including those who are pregnant.[5] To meet these recommendations and protect public health, Health New Zealand | Te Whatu Ora sets a goal for all health districts to immunise at least 80 percent of their healthcare workers every year. There is an established process for districts to vaccinate their staff against influenza, and the cost of this is factored into their existing budgets.

Non-district employers can claim a reimbursement for the cost of influenza vaccination of their frontline health and disability staff who have patient/client contact. This may include caregivers, aged-care staff and those working in disability services. Health New Zealand | Te Whatu Ora runs this through the reimbursement portal (see below).

People who work with tamariki

Individuals who work with tamariki should receive an influenza vaccination to protect themselves against infection. Influenza infection rates are generally highest in tamariki, and they are a major source of the spread of influenza. It is also important for all people working with tamariki, especially young babies, to be vaccinated against influenza to reduce the risk of passing influenza on to them.

Reimbursement portal

Health New Zealand | Te Whatu Ora will reimburse non-HNZ Health and Disability employers the costs associated with vaccinating their frontline staff. This offers an opportunity for providers to apply for reimbursement for influenza vaccinations they have provided to their frontline staff.

Reimbursement is available for non-Health New Zealand health and disability sector employees, self-employed workers, and carers employed under individualised funding arrangements who satisfy all three of the following criteria:

- provide a health and/or disability service
- have direct patient/client contact
- are not eligible for a publicly funded influenza vaccine

The Flu Reimbursement Portal and further information for employers can be found at www.tewhatuora.govt.nz/for-health-professionals/clinical-guidance/diseases-and-conditions/influenza (tinyurl.com/4bttxfrp). Applications for reimbursement can be submitted into the Flu Reimbursement Portal from 1 April to 30 September.

Pharmac eligibility criteria for 2025 funded influenza vaccination

Eligibility criteria may change throughout the influenza season and this list may be added to.
To check criteria is current, search influenza vaccine at New Zealand Pharmaceutical Schedule.
Visit schedule.pharmac.govt.nz/ScheduleOnline.php

Funded influenza vaccine is available each year for people who meet the following criteria set by Pharmac:*

1. All people 65 years of age and over; or
2. People under 65 years of age who:
    - have any of the following cardiovascular diseases:
        - ischaemic heart disease, or
        - congestive heart failure, or
        - rheumatic heart disease, or
        - congenital heart disease, or
        - cerebrovascular disease; or
    - have either of the following chronic respiratory diseases:
        - asthma, if on a regular preventative therapy[a], or
        - other chronic respiratory disease with impaired lung function[b], or
    - have diabetes; or
    - have chronic renal disease; or
    - have any cancer, excluding basal and squamous skin cancers if not invasive; or
    - have any of the following other conditions:
        - autoimmune disease[c], or
        - immune suppression or immune deficiency, or
        - HIV, or
        - transplant recipient, or
        - neuromuscular and CNS diseases/disorder,[d] or
        - haemoglobinopathies[e], or
        - children on long-term aspirin, or
        - a cochlear implant, or
        - errors of metabolism at risk of major metabolic decompensation, or
        - pre and post splenectomy, or
        - Down syndrome, or
    - are pregnant (any trimester); or
3. Children 4 years of age and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or
4. People under 65 years of age who:
    - have any of the following serious mental health conditions:
        - schizophrenia, or
        - major depressive disorder, or
        - bipolar disorder, or
        - schizoaffective disorder, or
    - are currently accessing secondary or tertiary mental health and addiction services.

**Note: For eligible tamariki who require two doses of the vaccine, both doses are funded.*

Unless meeting the criteria set out above, the following conditions are excluded from funding:

- asthma not requiring regular preventative therapy
- hypertension and/or dyslipidaemia without evidence of end-organ disease.

Explanatory notes:

a. *People with asthma who are prescribed a preventer inhaler are entitled to a funded influenza vaccination, regardless of whether they are adherent with treatment.*

b. *Chronic respiratory diseases include chronic bronchitis, chronic obstructive pulmonary disease, cystic fibrosis, emphysema.*

c. *Autoimmune diseases may include coeliac disease, Crohn's disease, Grave's disease, Hashimoto's thyroiditis, lupus, rheumatoid arthritis. Immune suppression or immune deficiency includes disease modifying anti-rheumatic drugs (DMARDS) or targeted biologic therapies.*

d. *Neuromuscular and CNS diseases/disorders include cerebral palsy, congenital myopathy, epilepsy, hydrocephaly, motor neurone disease, multiple sclerosis, muscular dystrophy, myasthenia gravis, Parkinson's disease, spinal cord injury.*

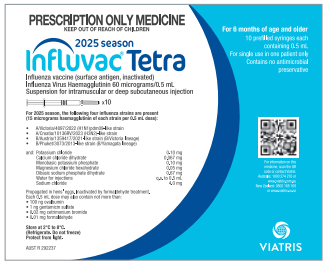
e. *Haemoglobinopathies include sickle cell anaemia, thalassemia.*

Influenza vaccines for 2025

Vaccine brands

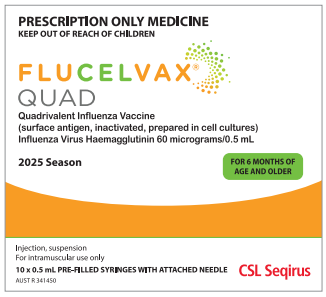
INFLUVAC TETRA

Approved for use in children and adults, 6 months of age and over.
Funded for those who meet Pharmac eligibility criteria.
Can also be purchased by those not meeting funding criteria.



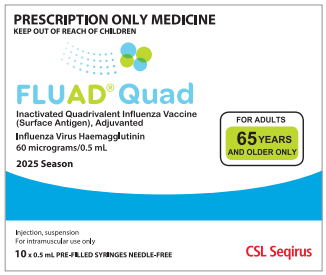
FLUCELVAX QUAD

Unfunded only, approved for use in children and adults, 6 months of age and over.



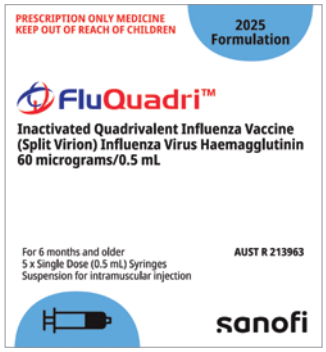
FLUAD QUAD

Unfunded only, approved for use in adults aged 65 years and over.



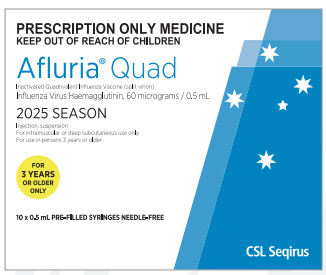
FLUQUADRI

Unfunded only, approved for use in children and adults, 6 months of age and over.



AFLURIA QUAD

Unfunded only, approved for use in children and adults, 3 years of age and over.



Vaccine strains

The circulating influenza viruses can alter and the strains in the vaccine usually change each year in response to the changing virus pattern. In 2025, the Southern Hemisphere egg-based and cell culture vaccines contain different strains, as recommended by the World Health Organization.[20]

2025 egg-based vaccine strains* (INFLUVAC TETRA, FLUAD QUAD, FLUQUADRI, AFLURIA QUAD)

- A/Victoria/4897/2022 (H1N1) pdm09-like virus
- **A/Croatia/10136RV/2023 (H3N2)-like virus**
- B/Austria/1359417/2021 -like virus
- B/Phuket/3073/2013 -like virus

2025 cell culture vaccine strains* (FLUCELVAX QUAD)

- A/Wisconsin/67/2022 (H1N1) pdm09-like virus
- **A/District of Columbia/27/2023 (H3N2)-like virus**
- B/Austria/1359417/2021 -like virus
- B/Phuket/3073/2013 -like virus

** Bolded strains are new for 2025*

Ordering vaccine

Influenza vaccine ordering is handled by Healthcare Logistics (HCL). Please do not organise clinics before vaccine stock has arrived. For more information see page 1 and also visit immune.org.nz/vaccine/influenza-vaccine

Needles

INFLUVAC TETRA and FLUCELVAX QUAD are supplied with a needle attached. FLUQUADRI needles are unattached and included separately with the vaccines. AFLURIA QUAD* and FLUAD QUAD are supplied without needles. Needles will need to be purchased from suppliers such as EBOS, Amtech or pharmacy wholesalers.

**Some occupational health providers may have needles supplied if part of their individual contracts with Seqirus.*

INFLUVAC TETRA minimum order quantities

- 60 doses March to May
- 30 doses June to July
- 10 doses August to December

Storage and transportation

Vaccines must be **stored between +2°C and +8°C at all times**, including for off-site vaccinations. Refer to the *National Standards for Vaccine Storage and Transportation 2017*. Sites should ensure their Cold Chain Policy is up to date (including contact details for immunisation coordinators) and Cold Chain Accreditation is current. If off-site vaccination is to be offered, the Cold Chain Accreditation must specifically include this.

Shelf life

All influenza vaccines are marked with an expiry date that must be checked before vaccine administration.

Production of vaccines

For the 2025 influenza season, there are five different vaccine options. All available influenza vaccines contain haemagglutinin proteins from the surface of the influenza virus. These proteins are harvested and purified from an influenza virus that is either grown in embryonated chicken eggs (egg-based vaccines)[21-24] or propagated in Madin Darby Canine Kidney (MDCK) cells (cell-based vaccine, FLUCELVAX QUAD).[25] Four virus strains are produced separately and combined to make the quadrivalent formulation. The adjuvanted formulation, FLUAD QUAD, also contains a squalene-based oil-in-water emulsion adjuvant, MF59, to stimulate a stronger immune response in older people.[22]

Vaccine types:

- Inactivated influenza vaccine, surface antigen, egg-based: **INFLUVAC TETRA**
- Inactivated influenza vaccine, split virion, egg-based: FLUQUADRI and AFLURIA QUAD
- Inactivated influenza vaccine, surface antigen, adjuvanted, egg-based: FLUAD QUAD
- Inactivated influenza vaccine, surface antigen, cell-based: FLUCELVAX QUAD

Egg-based vs cell-based vaccines

Egg-based and cell-based vaccines differ in their method of manufacture. Egg-based vaccines are traditionally manufactured by cultivating influenza viruses in embryonated chicken eggs. Once the influenza viruses have replicated in the eggs, the viral particles are harvested, purified and inactivated for use in vaccines. In comparison, cell-based vaccine manufacture uses mammalian cell cultures to propagate the influenza virus.

Replication via cell-line eliminates the requirement for chicken eggs. This can be advantageous in scenarios where egg-based production faces challenges, such as a shortage of eggs, egg adaptation or poor antigenic match due to mutations occurring in the circulating seasonal influenza virus during production. Egg adaptation is a phenomenon in which the virus can undergo genetic mutations as it adapts to growing in the egg environment. This can potentially impact the accuracy of the vaccine to match the circulating influenza strains.

Some studies, comparing the relative efficacy of egg-based and cell-based vaccines, showed that cell-based influenza vaccine advantage is more pronounced during seasons when substantial variations occur between the egg-based vaccine strains and the influenza strains circulating in the population. In these studies, no significant advantage was seen in older adults.[26, 27]

For more information on cell-based influenza vaccines, visit immune.org.nz/resources/factsheets

Summary of 2025 influenza vaccines

Vaccine brand	INFLUVAC® TETRA	AFLURIA® QUAD	FLUAD® QUAD	FLUQUADRI™	FLUCELVAX® QUAD
Manufacturer and/or supplier	Viatris 0800 168 169	Seqirus 0800 502 757	Seqirus 0800 502 757	Sanofi 0800 283 684	Seqirus 0800 502 757
Fully funded	Yes, if individual meets Pharmac eligibility criteria	No	No	No	No
Available for purchase	Yes	Yes	Yes	Yes	Yes
Age	6 months and over	3 years and over	65 years and over	6 months and over	6 months and over
Dose	0.5 mL	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Number of doses	1 or 2*	1 or 2*	1	1 or 2*	1 or 2*
	**For children less than 9 years of age who have not previously been vaccinated, a second dose of 0.5 mL should be given after an interval of at least 4 weeks.*				
Route of administration	IM†	IM†	IM	IM	IM
	†*If needle length results in deep subcutaneous administration, that is also acceptable.*				
Presentation	Pre-filled syringe, needle attached: 0.5mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle attached: 0.5mL Needle provided separately	Pre-filled syringe, needle attached: 0.5mL
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes	Yes	Yes
Concomitant administration with Shingrix	Yes	Yes	Yes	Yes	Yes
Concomitant administration with PCV13	Individuals (or parents/legal guardians/powers of attorney) should be informed of the small risk of febrile convulsions in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended. (Not applicable to FLUAD QUAD as only approved for ages 65 and over)				
Residual antibiotics	Gentamicin, tylosine tartrate	Neomycin, polymyxin B	Kanamycin, neomycin	No antibiotics used to manufacture	No antibiotics used to manufacture
Latex	Latex-free§	Latex-free	Latex-free	Latex-free	Cannot be considered latex-free ‡
	§*Manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine.*				‡*Sheath covering the needle may contain natural rubber latex. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine*
Ovalbumin	Each dose contains less than 1 microgram of ovalbumin				Does not contain egg proteins as eggs are not used in the manufacturing processes
Vaccines' influenza strains (bolded strains are new for 2025)	Egg-based vaccines				Cell culture vaccine
	• A/Victoria/4897/2022 (H1N1)pdm09-like virus • **A/Croatia/10136RV/2023 (H3N2)-like virus** • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus				• A/Wisconsin/67/2022 (H1N1)pdm09-like virus • **A/District of Columbia/27/2023 (H3N2)-like virus** • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus
Storage	• Vaccines must be stored, protected from light, at +2°C to +8°C. DO NOT FREEZE. • Temperature-monitored chilly bins must be used if vaccines are temporarily stored outside the vaccine refrigerator or being transported. • Quarantine vaccines stored outside the required temperature range and contact your Immunisation/Cold Chain Coordinator.				
Order from	HEALTHCARE LOGISTICS (HCL) Email: **Flu@healthcarelogistics.co.nz** Phone: **0508 425 358** Website: **hcl.co.nz**				

INFLUVAC TETRA, AFLURIA QUAD, FLUAD QUAD, FLUQUADRI and FLUCELVAX QUAD are prescription only medicines.
Please refer to the Medsafe data sheets for further details at **medsafe.govt.nz** and **immune.org.nz/vaccine/influenza-vaccine**

28/02/2025

Pregnancy-specific

Additional pregnancy-specific information is available at immune.org.nz/vaccine/influenza-vaccine

Risk of influenza during pregnancy

Data from the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) hospital-based surveillance for severe acute respiratory infections in Auckland during 2012–2014 identified that pregnant women with influenza were **five times more likely to be hospitalised than non-pregnant women**.[28] A normally healthy person who is pregnant has a similar risk for complications from influenza as a non-pregnant person who has comorbidities. This risk increases with gestation time. When pre-existing medical conditions are superimposed on pregnancy, the risks become even higher.[8, 29-32]

Improving immunisation uptake during pregnancy

Recommendations from trusted, knowledgeable health professionals are known to improve confidence and uptake of vaccines in pregnancy. Studies show the importance of an explanation during the decision-making process that addresses the risks associated with influenza disease, the effectiveness of vaccination for the pregnant person and their baby, and the excellent safety record of influenza vaccination during pregnancy.[33-35]

Funded influenza vaccine for pregnant people

The inactivated quadrivalent influenza vaccine INFLUVAC TETRA is recommended and funded each influenza season during pregnancy. This is not a live vaccine and safe to be administered during pregnancy. The funded vaccine is available through to 31 December 2025. An individual who is pregnant across two influenza seasons is recommended and funded to receive influenza vaccination in both seasons. No minimum time is required between an influenza vaccination in 2024 and one in 2025.

Best time to be vaccinated

Influenza vaccination can be given at any time during pregnancy. **It is preferable to vaccinate as soon as the vaccine is available**, well before the start of winter. This ensures protection against influenza while pregnant. It also allows placental transfer protective antibodies to the baby in utero and gives them protection from influenza up to 6 months of age.[36,37]

Funded influenza vaccine will be funded if given in pregnancy prior to the official start of the influenza season. This is an ideal opportunity to discuss other vaccinations recommended in pregnancy and ensure whānau are also up to date with all vaccinations.

Concomitant vaccinations during pregnancy

Influenza vaccine can be administered alongside COVID-19 and Tdap vaccines. While Tdap vaccination is recommended from 16 weeks of pregnancy, it can be administered from the start of the second trimester when the pregnant person is in their 13th week of pregnancy. The ability for the consumer to return for Tdap vaccination should be considered if they present for an influenza vaccine between 13 and 16 weeks.

COVID-19 vaccination

The COVID-19 vaccine (Comirnaty) is recommended for anyone at increased risk of COVID-19 complications. If previously unvaccinated, pregnant individuals are recommended to have a dose of COVID-19 vaccine at any stage of pregnancy.

For those who have been previously immunised, an additional dose of COVID-19 vaccine is recommended during pregnancy for those with a high-risk pregnancy or who are at increased risk from severe COVID-19. Anyone who is pregnant is eligible for a COVID-19 vaccine, to be given from 6 months after a previous COVID-19 vaccination or acute, confirmed COVID-19 infection.

It can be given at the same time as the influenza vaccine or pertussis vaccine, or separately. Refer to the Immunisation Handbook for guidance on COVID-19 vaccination.

History of miscarriage

Influenza vaccination does not increase the risk of miscarriage. However, catching influenza can increase the risk.

Post-partum or breastfeeding individual

The influenza vaccine can be given post-partum and to those who are breastfeeding. An increased risk of influenza complications continues for a few weeks post-partum, as normal heart and lung function return. Protecting the breastfeeding individual can help prevent them from becoming infected and transmitting influenza to their baby. Breastfeeding after vaccination may offer the baby some protection against influenza.

Pertussis alert

In November 2024, a national pertussis epidemic was declared in Aotearoa New Zealand. The flu vaccination event is an opportunity to ensure the pregnant person is aware of the importance of receiving pertussis vaccination, which should be offered with their flu vaccine if they are in the second or third trimester. Additionally, it provides an opportunity to remind parents that infant vaccinations start on-time at 6 weeks of age and to ensure whānau know how to access these. Whānau who do not have access to a primary care provider should be supported to enroll or contact the Immunisation Helpline 0800 28 29 26.

Measles protection

Due to the MMR vaccine (Priorix) being a live vaccine, it should NOT be administered during pregnancy. Vaccinators should however use the pregnancy vaccination event as an opportunity to review immunity status. For those identified as not fully vaccinated, the MMR vaccine should be offered as soon as possible after delivery (safe to be administered while breastfeeding). To protect the newborn against measles, it is important to check the vaccine status of all whānau members before the arrival of the new family member and offer vaccination as appropriate.

New Zealand is currently at high risk of a measles outbreak due to our low immunisation rates and increasing measles cases globally.

Contraindications and precautions

For further clinical advice or for situations/conditions not covered below, contact the Immunisation Advisory Centre.
Freephone: 0800 IMMUNE (0800 466 863)
Email: 0800immune@auckland.ac.nz

Who should NOT receive the vaccine?

Influenza vaccination is contraindicated for individuals who have had documented anaphylaxis to any ingredient in the vaccine (with the exception of egg allergies - see below) or to a previous dose of inactivated influenza vaccine. These individuals should not receive the vaccine.

Other considerations

Immunocompromised

Individuals who are immunocompromised can receive an influenza vaccination. Those who are immunocompromised are at high risk of severe influenza and complications. If possible, offer vaccination prior to the initiation of chemotherapy or immune suppressant medication. When this is not possible, influenza vaccination can be given while an individual is receiving most treatments.

Following cessation of chemotherapy, normal immune responses return after about 30 days.[38]

Specialist advice should be sought when considering influenza vaccination of individuals who have received a haematopoietic stem cell or solid organ transplantation in the preceding 6 months.

The response to influenza vaccination in those with a poorly functioning immune system is likely to be low;[39] additional preventative strategies are important to reduce their exposure to influenza. It is advisable for all close contacts of immunocompromised people, aged from 6 months, to also receive an influenza vaccine (unfunded).

Egg allergy or egg anaphylaxis

INFLUVAC TETRA, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD are egg-based vaccines, but can be administered to people with a history of egg allergy or egg anaphylaxis at general practices, pharmacies or at the workplace, although the data sheet advises caution in people who have a history of egg anaphylaxis. Studies have shown that influenza vaccines containing one microgram or less of ovalbumin do not trigger anaphylaxis in sensitive individuals.[40] Each dose of **INFLUVAC TETRA**, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD contains less than one microgram of ovalbumin.[21-24]

FLUCELVAX QUAD does not contain ovalbumin, as eggs are not used in the manufacturing process.[25]

Seafood, shellfish or other food allergy or anaphylaxis

People with a seafood or shellfish allergy or anaphylaxis can receive an influenza vaccine, including FLUAD QUAD that contains the MF59 adjuvant. Allergy or anaphylaxis to other foods or products are not a contraindication for influenza vaccination.

Sulfonamide (sulphur) allergy

INFLUVAC TETRA, FLUCELVAX QUAD, FLUAD QUAD, FLUQUADRI or AFLURIA QUAD can be given to people with a sulfonamide allergy.

Sulfonamide antibiotics, such as co-trimoxazole or sulfasalazine, and sulphite preservatives used in food, are different from medicines containing the words sulfate or sulphate (eg, neomycin sulphate).[41] Sulphate itself does not cause allergic reactions. It is safe to use a sulphate when a person has a sulfonamide antibiotic allergy or a sulphite preservative (sulfite) intolerance.

Anticoagulant medication

INFLUVAC TETRA, FLUCELVAX QUAD, FLUAD QUAD, FLUQUADRI or AFLURIA QUAD can be administered to people on anticoagulants, including aspirin, dabigatran (Pradaxa®), enoxaparin (Clexane®), heparin, rivaroxaban (Xarelto®), ticagrelor (Brilinta™) and warfarin.[42]

After vaccination, apply firm pressure over the injection site for 10 minutes to reduce the risk of bruising.

Latex

INFLUVAC TETRA does not contain any latex but the manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process. FLUCELVAX QUAD cannot be considered latex- free as the sheath covering the needle may contain natural rubber latex. Patients with anaphylaxis (not sensitivity) to latex should be offered an alternative to these vaccines.

FLUAD QUAD, FLUQUADRI and AFLURIA QUAD are latex-free.

Antibiotics

INFLUVAC TETRA contains traces of gentamicin and tylosine tartrate.[21] FLUAD QUAD contains traces of kanamycin and neomycin.[22] AFLURIA QUAD contains traces of neomycin and polymyxin B.[24] The vaccines are contraindicated in people with known anaphylaxis to these respective antibiotics.

No antibiotics are used to manufacture FLUCELVAX QUAD[25] or FLUQUADRI.[23]

History of Guillain–Barré syndrome (GBS)

No association was found between administering a million doses of influenza vaccine and GBS in adults aged from 65 years in the US.[43] The risk of developing GBS is increased following influenza infection, and the magnitude of the risk is several times greater than that possibly occurring following influenza vaccination.[44-46]

If GBS has occurred within 6 weeks of previous influenza vaccination, the decision to give an influenza vaccine should be based on careful consideration of the potential benefits and risks.

For details of these benefits and risks refer to section 11.6.2 *Precautions* of the Immunisation Handbook .

Administration

Vaccinating workforce

For current guidance on who can administer the influenza vaccine, including to which consumer age groups, refer to section 2 *Processes for safe immunisation* of the Immunisation Handbook.

Pre-vaccination screen

A comprehensive pre-vaccination screen must be completed with the vaccine recipient.

The consumer A4 handout *What you need to know about the flu vaccination* (HP8682) is available to assist with pre-vaccination screening and to provide post -vaccination information. It can be downloaded to print from National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/3wbu6x9p). Also see page 20 for how to order tear-off pads of this resource.

Refer also to previous section on page 12 regarding contraindications and other considerations.

The full screening checklist can be found in section 2.1.3 *Pre-vaccination screening* of the Immunisation Handbook.

The IMAC pre-vaccination screening tool can be found here (tinyurl.com/2ufdtkua).

Informed consent

Informed consent must be obtained before a vaccine is administered. See section 2.1.2 *Informed Consent* of the Immunisation Handbook for a full explanation of the informed consent process and who can give consent. The informed consent process includes advising consumers on what to expect following the vaccination and where to seek help if required.

Verbal versus written consent

Consent can be gained either verbally or using a written consent form and will depend on the providers' local systems and processes, but also on the vaccination setting. If consent is gained verbally, it must be documented as part of a permanent patient record. In most cases consent can be gained verbally based on the provider's local systems and the vaccination setting.

Written consent is recommended in situations where patient management systems are not used to document consent, such as when a vaccine is being administered under a prescription or consent is being obtained on behalf of someone unable to give consent themselves (for example, a legal guardian or enduring power of attorney situation).

If written consent is required, the *2025 Flu vaccination consent form* (HP7990) file is available in the *Influenza (flu)* folder at National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/3wbu6x9p). It is also printed on pages 18 and 19 of this document.

Additional clinical information to support consent discussions is available at immune.org.nz/vaccine/influenza-vaccine (tinyurl.com/2hx6nww5), including:

- influenza vaccine safety and effectiveness for all ages
- the risks and burden of influenza for older people, pregnant people and children.

Post-vaccination advice

The consumer *What you need to know about the flu vaccination* handout also includes post-vaccination advice. It is important that consumers know to keep this information handy. Instead of a paper copy, some consumers may prefer to take a photo of the post-vaccination information on the handout.

Concomitant administration with the influenza vaccine

The influenza vaccine can be given concomitantly with all National Immunisation Schedule vaccines.

In settings where other funded vaccines are provided, it is recommended that the influenza vaccine appointment is used as an opportunity to check the consumer's vaccine history to check for other vaccines that they may be eligible for. In particular, it is important to check for MMR vaccine history in those who may not have received any/both MMR vaccines.

	INFLUVAC TETRA	FLUCELVAX QUAD	FLUQUADRI	AFLURIA QUAD	FLUAD QUAD
Concomitant administration with COVID-19 vaccine (Comirnaty)	Yes	Yes	Yes	Yes	Yes
Concomitant administration with zoster vaccine (Shingrix)	Yes**	Yes	Yes	Yes	Yes*
Concomitant administration with PCV13 (Prevenar 13)	Individuals (or parents/legal guardians/power of attorneys) should be informed of the small risk of febrile convulsions in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended.				Not applicable
Concomitant administration with RSV vaccine (Arexvy, from age 60 years unfunded)	Yes	Yes	Yes	Yes	Yes*

* *FLUAD QUAD and Shingrix utilise adjuvants to gain a good immune response. Consumers should be informed of the possibility of a stronger post-vaccination response, where two or more of these are administered together.*

** *A co-administration payment is included in some providers' service contract with Health New Zealand | Te Whatu Ora, for funded co- administration of both the influenza and Shingrix vaccines. For more information contact your PHO or Pharmacy Immunisation Lead.*

Tamariki vaccine and dose chart

Vaccine	Age	Dose	Number of doses
INFLUVAC TETRA	6 months –8 years	0.5 mL	1 or 2*
	≥ 9 years		1
FLUCELVAX QUAD	6 months –8 years	0.5 mL	1 or 2 *
	≥ 9 years		1
FLUQUADRI	6 months – 8 years	0.5 mL	1 or 2*
	≥ 9 years		1
AFLURIA QUAD	3–8 years	0.5 mL	1 or 2*
	≥ 9 years		1

* *Two doses separated by at least 4 weeks if an influenza vaccine is being used for the first time. For eligible tamariki who require two doses of the vaccine, both doses are funded.*

Preparation of vaccine

Manufacturers' guidance from vaccine box:

- **INFLUVAC TETRA** – Shake contents before use
- FLUCELVAX QUAD - Shake before use
- FLUAD QUAD - Gently shake before use
- FLUQUADRI – Shake well
- AFLURIA QUAD – Shake before use

Post-vaccination observation period

Post influenza vaccination observation period 2025	
Influenza only	20 minutes
	5 minutes*
Concomitant influenza & COVID-19	20 minutes
	15 minutes*
Concomitant influenza & other non-COVID-19 vaccine	20 minutes

* *The observation period can be reduced to the relevant asterisked time in the table above for people who meet all the following criteria:*

- *are aged 13 years and over*
- *do not have a history of severe allergic reactions*
- *have been assessed for any immediate post-vaccination adverse reactions (5 minutes)*
- *are aware of when they need to and how to seek post-vaccination advice*
- *will have another adult with them for the first 20 minutes post vaccination*
- *will not drive, skate, scoot, ride a bike or operate machinery until 20 minutes post-vaccination*
- *have the ability to contact emergency services if required.*

Reporting adverse events following influenza vaccination

Healthcare professionals and vaccinators are professionally and ethically responsible for reporting any serious or unexpected adverse events after the administration of all medicines, including the influenza vaccine, regardless of whether or not they consider the event to have been caused by the vaccination.

Any member of the public, including consumers, vaccinators and healthcare professionals, are encouraged to submit a report for themselves or others who have experienced an AEFI. Find out how to submit a report here (tinyurl.com/8vaaa978) or submit a report directly to CARM on their website at pophealth.my.site.com/carmreportnz/s/ (tinyurl.com/nxxcvun9).

Aotearoa Immunisation Register – recording influenza vaccinations

The Aotearoa Immunisation Register (AIR) should be used to record all immunisations, either through a Patient Management System (PMS) that connects to the AIR or the AIR vaccinator portal. Please refer to the AIR website tewhatuora.govt.nz/air for further information on signing up to use AIR.

If your PMS is not connected to the AIR you can use the AIR vaccinator portal. Please email help@imms.min.health.nz

Book My Vaccine

Book My Vaccine (BMV) will be used as the national vaccination appointment booking system during the 2025 influenza season. Consumers will be able to make bookings for both COVID-19 and influenza vaccinations. Bookings can only be viewed by logging into BMV and will not display in AIR.

- Providers who offered influenza vaccinations during the 2024 season will automatically have influenza enabled for the 2025 season. For those providers who offered influenza vaccinations during the 2024 season and do not want to have this automatically setup on BMV, please log into BMV to manage provider appointment schedules.
- To request support, email help@imms.min.health.nz or call 0800 855 066.

How to sign up as a new Book My Vaccine user?

If you are a vaccine provider and would like to start using Book My Vaccine, please click here (tinyurl.com/44h24he9) to create your user log in, which will then enable you to create your organisation and/or site on the Book My Vaccine admin system.

Once you have created your organisation and/or site, it will be sent for approval to the Book My Vaccine Provider Support Team.

If you are a new user of Book My Vaccine and wish to access an existing site, click here (tinyurl.com/44h24he9) to create your user log in, when you will then be able to search for, and request access to, an existing site.

Healthpoint

Please check your Healthpoint page before 1 April 2025 to make sure the immunisation services your site offers are up to date. Health New Zealand | Te Whatu Ora resources often refer people to Healthpoint to check what their local providers offer, so it is important this information is current.

- For help updating your Healthpoint page visit healthpoint.co.nz/useful-information/how-to-edit-and-update-your-healthpoint-page/
- For general enquiries contact Healthpoint on 09 630 0828.

International travel

Influenza vaccination is recommended for those planning to travel internationally, including within the Pacific region.

Studies have indicated that influenza is the most contracted vaccine-preventable disease amongst international travellers.[47] Influenza outbreaks have been linked to travellers[47-49] and certain types of travel where large numbers of people are likely to be in close proximity, such as cruise ship voyages[50-54] or events that include mass gatherings.[55,56] A study observing travel-related influenza cases in an Australian paediatric hospital found that a high proportion of inter-seasonal influenza cases in tamariki were linked to travel.[57]

Out-of-season transmission of influenza, in conjunction with co-circulation of COVID-19 and other respiratory infections, presents risks for severe disease in instances of co-infection,[58] particularly in the elderly and immunocompromised.

During regular consultations pre-travel, anyone travelling outside Aotearoa New Zealand should be advised to receive an influenza vaccination. In particular, to ensure that those who are eligible to receive a funded influenza vaccine are vaccinated, such as older travellers and those who are at higher risk of influenza complications.

If the traveller has not been vaccinated in the preceding autumn or winter or it is close to 6 months[59] since their last influenza vaccination, vaccination is recommended prior to travel. Note that any second vaccination is not funded. Vaccination with the Southern Hemisphere vaccine at least two weeks prior to departure to any destination will offer some protection and would be preferable to having no vaccine.

If the Southern and Northern Hemisphere vaccine strains differ significantly, for additional protection it would be beneficial to have the local vaccine on arrival (stand- down period not required). Note that protection from the disease will not commence for at least a week after vaccination and therefore the traveller may be at risk of infection during that time.

Southern Hemisphere versus Northern Hemisphere vaccine strains

Southern Hemisphere 2025 [20]	Northern Hemisphere 2024–2025[60]
Egg-based: • A/Victoria/4897/2022 (H1N1)pdm09-like virus • A/Croatia/10136RV/2023 (H3N2)-like virus • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus (**INFLUVAC TETRA**, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD)	Egg-based: • A/Victoria/4897/2022 (H1N1) pdm09-like virus • A/Thailand/8/2022 (H3N2)-like virus • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus
Cell culture: • A/Wisconsin/67/2022 (H1N1)pdm09-like virus • A/District of Columbia/27/2023 (H3N2)-like virus • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus (FLUCELVAX QUAD)	Cell culture & recombinant vaccines: • A/Wisconsin/67/2022 (H1N1)pdm09-like virus • A/Massachusetts/18/2022 (H3N2)-like virus • B/Austria/1359417/2021-like virus • B/Phuket/3073/2013-like virus

2025 Consent form

Note: In many situations use of a written consent form is not required. See page 13 for more information.

2025 Flu vaccination consent form

Person

Surname _____ First name _____

Phone _____ Date of birth ___/___/_____ (DD/MM/YYYY) Age _____ years

Address _____

Medical Centre/GP _____ NHI _____ (National Health Index number if known)

Ethnicity (please tick one or more)

☐ NZ European ☐ Māori ☐ Samoan ☐ Cook Island Māori ☐ Tongan ☐ Niuean ☐ Chinese

☐ Indian ☐ Other – please state _____

Consent statements

- ☐ I have read the fact sheet called 'What you need to know about the flu vaccination', and kept a copy or photographed so I can refer to it after I leave the appointment.
- ☐ The benefits and risks of the flu vaccine have been explained to me. I have had enough time to ask questions and my questions were answered to my satisfaction. I have been advised of the different types of flu vaccine available to me and my options.
- ☐ I have been told how long I will need to wait after the vaccination.
- ☐ I was told how and when to seek assistance if I/ the person being vaccinated experience symptoms after the immunisation which may be vaccine related.
- ☐ The vaccinator has discussed with me other vaccines that I am eligible for.
- ☐ I understand this vaccination will be recorded by Health New Zealand on the Aotearoa Immunisation Register (AIR) and can be accessed by authorised health care staff e.g my GP.
- ☐ I have been provided with the AIR privacy information.
- ☐ **I consent to the flu vaccination being given.**

Signature _____ Date ___/___/_____ (DD/MM/YYYY)

As parent / legal guardian / enduring power of attorney

I _____ am the parent, legal guardian or enduring power of attorney, and agree to the flu vaccination of the person named above.

Relationship to person being vaccinated _____ Phone _____

Signature _____ Date ___/___/_____ (DD/MM/YYYY)

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

Vaccination record (for vaccinator use)

Consumer details confirmed ☐ Affirmative answer to any screening questions? ☐ Yes ☐ No

If yes, record the detail and advice given _____

Verbal and written post vaccination information given ☐

Previous vaccination records checked prior to administration and other eligible vaccines offered eg Tdap / MMR / Shingles ☐

Discussed with consumer influenza vaccines available and pros and cons of these as appropriate ☐

Informed consent obtained? ☐ Yes ☐ No

Influvac Tetra (Funded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Flucelvax Quad (Unfunded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Fluad Quad (Unfunded) 65 years and over	Dose 1 ☐ 65 years and over	
FluQuadri (Unfunded) 6 months and over	Dose 1 ☐ 6 months and over	Dose 2* ☐ 6 months – 9 years
Afluria Quad (Unfunded) 3 years and over	Dose 1 ☐ 3 years and over	Dose 2* ☐ 3 – 9 years

*Two doses separated by at least four weeks if a flu vaccine is being administered for the first time.

Flu vaccination details

Name of vaccine	Batch	Expiry	Dose	Needle size	Site	Date	Time
Write vaccine name or place vaccine sticker here ☐ Funded ☐ Non-funded					Deltoid ☐ L ☐ R		

Other vaccines given (vaccinator must ensure informed consent has been obtained for these)

Vaccine details	Batch	Expiry	Dose	Needle size	Site	Date	Time
Write vaccine name or place vaccine sticker here					Deltoid ☐ L ☐ R		

Vaccinator information

Place of vaccination _____

_____

Name _____

Signature _____

Observation period

☐ Details of any AEFI or observations recorded

☐ CARM report completed

Signature _____

Departure time _____

Clinical supervisor (if relevant)

Name _____ Signature _____

HP7990 | 2025 Flu vaccine consent form | 11.02.25

For more information visit **info.health.nz/flu**

Links and resources

Key documents

- Immunisation Handbook – Health New Zealand | Te Whatu Ora (tinyurl.com/3f7k3tef): For clinical guidelines for the safe and effective use of the influenza vaccine

To confirm the most up-to-date version of this FLU 2025 Essential information for health professionals document is being used, compare the date on the bottom right of the last/back page with that of the online document (search "Influenza Immunisation Programme" at immune.org.nz). It should be used alongside the Immunisation Handbook, particularly the Influenza section.

Influenza Immunisation Programme resources

Email: immunisation@tewhatuora.govt.nz

Dropbox: Influenza (flu) – Dropbox (tinyurl.com/r83mrscj)

These Dropbox resources include a variety of promotional material and the 2025 consent form.

Printed copies of some 2025 influenza promotional resources can be ordered for free via the Bluestar portal (tinyurl.com/5cxt8scd). If you are not already registered, select Need to Register? below the login box. Complete the online registration form, including your clinic/practice/ pharmacy name and your contact details. You will receive a confirmation email. Click the button in the email to 'Activate' your registration.

A range of immunisation resources are available from healthed.govt.nz, including a few that are influenza specific.

Equity

- More Than Just a Jab: Evaluation of the Māori Influenza Vaccination Programme as part of the COVID-19 Māori Health Response | Ministry of Health NZ (More Than Just a Jab) (tinyurl.com/2psbetdy)
- Equity and Best Practice immunisation - Factsheet | Immunisaton Advisory Centre (tinyurl.com/yr7jxcfw)
- Whakamaua: Māori Health Action Plan 2020-2025 | Ministry of Health NZ (tinyurl.com/3t56ffxh)
- Ola Manuia: Pacific Health and Wellbeing Action Plan 2020–2025 | Ministry of Health NZ (tinyurl.com/2ex6wa5t)
- Pae Ora, Healthy Futures Strategies | Ministry of Health NZ (tinyurl.com/378k28a7). There are separate strategies for Aotearoa New Zealand, Hauora Māori, Pacific Health, Health of Disabled People, Rural Health and Women's Health.
- National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl.com/39b9fb9n). See the Getting a vaccine - support material and accessible formats folder which has a range of resources, including specifically to support influenza vaccinations.

Information for consumers

Freephone: Healthline 0800 611 116 anytime

Website: info.health.nz/immunisations/vaccines-aotearoa/flu-vaccine (tinyurl.com/bdeerunb)

Cold chain

Visit immune.org.nz/resources/regional-advisors-and-local-coordinators (tinyurl.com/29ydd7jw) for contact details of local immunisation/cold chain Coordinators.

Visit tewhatuora.govt.nz/for-the-health-sector/vaccine-information/vaccine-service-delivery/cold-chain-standards-for-vaccines/ (tinyurl.com/46umstaf) to view National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition) for information on cold chain management.

Claiming funded vaccine

Information on online and manual claiming is available from tewhatuora.govt.nz/for-health-providers/claims-provider-payments-and-entitlements/immunisation-subsidy (tinyurl.com/4wd4wwre).

For additional assistance, call Sector Operations Contact Centre freephone 0800 855 066.

Reporting adverse events following immunisation

Centre for Adverse Reactions Monitoring (CARM)

Freephone: 0800 400 569 Email: CARMreport@health.govt.nz

Website: pophealth.my.site.com/carmreportnz/s/

See section 1.6.3 of Immunisation Handbook.

Aotearoa Immunisation Register (AIR)

Website: tewhatuora.govt.nz/air for information about AIR

Please use this contact information below for assistance.

Freephone: 0800 855 066, select option 2 and then option 1.

Email: help@imms.min.health.nz for technical support.

Webform: Help using the Aotearoa Immunisation Register (AIR) (tinyurl.com/3d43623n)

Vaccine data sheets

Visit Medsafe (tinyurl.com/4dustw9u) or immune.org.nz/vaccine/influenza-vaccine

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Vaccine product information

INFLUVAC® TETRA (Influenza virus haemagglutinin) Suspension for Injection in a single-dose prefilled syringe with 16 mm needle. Prescription Medicine. **PRESENTATION:** Each 0.5 mL dose contains 15 mcg haemagglutinin per each of the four influenza virus strains, for a combined total amount of 60 mcg. **INDICATIONS:** For the prevention of influenza virus types A and B, for adults and children from 6 months of age and older. **CONTRAINDICATIONS:** hypersensitivity to the active substances or to any component of the vaccine, except egg proteins; anaphylaxis following a previous dose of any influenza vaccine; immunisation should be postponed in patients with febrile illness or acute infection; refer to the relevant National Immunisation Guidelines for full details on contraindications and precautions. **ADVERSE EVENTS**: Injection site pain, fatigue and headache. Serious reactions include transient thrombocytopenia; transient lymphadenopathy; allergic reactions such as anaphylactic shock; neuralgia; paraesthesia; febrile convulsions; neuritis; encephalomyelitis; Guillain Barré syndrome; vasculitis with transient renal involvement; generalised skin reactions. **PRECAUTIONS:** Medical facilities with staff experienced in recognising and treating anaphylaxis; **INFLUVAC® TETRA** is not for intravascular administration; caution in individuals with thrombocytopenia or any coagulation disorder; syncope (with procedures in place to avoid injury from faints); antibody responses may not be protective in all vaccines, particularly in immunosuppressed patients; consider interference with serological testing. **DOSAGE AND ADMINISTRATION:** Gently shake and inspect visually before use; administer a single 0.5 mL dose by intramuscular or deep subcutaneous injection, whereas the intramuscular route is preferred. Store at 2–8°C; do not freeze; store in original package in order to protect from light. Before prescribing, review the **INFLUVAC® TETRA** Data Sheet at www.medsafe.govt.nz.

FLUCELVAX® QUAD is an inactivated quadrivalent influenza vaccine, prepared in cell cultures as a suspension for injection, in a single-dose glass syringe. **PRESENTATION:** Each dose contains 60 microgram/0.5 mL of surface haemagglutinin and neuraminidase from four influenza virus strains. **INDICATIONS:** For the prevention of influenza caused by Influenza Virus, types A and B, in adults and children 6 months of age and older. **CONTRAINDICATIONS:** Known severe allergic reaction (e.g. anaphylaxis) to a previous influenza vaccination or to any component of the vaccine. **ADVERSE EVENTS:** Local injection site pain, erythema and induration. Systemic headache, fatigue, myalgia, irritability, nausea, upper respiratory tract infection and nasopharyngitis. Post-marketing serious adverse events includes hypersensitivity reactions, anaphylactic shock; paraesthesia, Guillain-Barré syndrome; pruritus, urticaria, or non-specific rash; Extensive swelling of injected limb. **PRECAUTIONS:** Postpone immunisation in patients with febrile illness or acute infection. A protective immune response may not be elicited in all vaccine recipients, particularly in immunosuppressed patients. If Guillain-Barré syndrome has occurred within 6 weeks of previous influenza vaccination, the decision to give Flucelvax® Quad should be based on careful consideration of the potential benefits and risks. Treatment and supervision for anaphylactic reactions should be available. Co-administration with other vaccines has not been studied. **DOSAGE AND ADMINISTRATION:** By intramuscular injection only. Gently shake to produce a clear to slightly opalescent suspension before use. Store at 2–8°C; do not freeze; protect from light. Before prescribing, review the Flucelvax® Quad Data Sheet (June 2024) at www.medsafe.govt.nz.

FLUAD® QUAD is an inactivated influenza vaccine, with an MF59® Adjuvant, as a suspension for injection in a single-dose prefilled glass syringe. **PRESENTATION:** Each 0.5 mL dose contains 15 mcg of surface haemagglutinin and neuraminidase from four influenza virus strains. **INDICATIONS:** For active immunisation against influenza, for people 65 years of age and older. **CONTRAINDICATIONS:** Known severe allergic reactions to any component of the vaccine, except egg proteins; previous dose of any influenza vaccine. **ADVERSE EVENTS:** Common injection site pain, fatigue and headache. Most of these reactions disappear within 3 days. Rare but serious events include thrombocytopenia; lymphadenopathy; muscular weakness; allergic reactions such as anaphylactic shock, anaphylaxis; encephalomyelitis, Guillain Barré syndrome, neuritis, neuralgia, paraesthesia, or convulsions; vasculitis with transient renal involvement; generalised skin reactions; and severe injection- site reactions (extensive limb swelling or cellulitis-like reactions). **PRECAUTIONS:** Postpone immunisation in patients with acute febrile illness or infection. Antibody responses may not be protective in all vaccines, particularly in immunosuppressed patients. FLUAD® Quad is not for intravascular or subcutaneous administration. Persons with a history of anaphylaxis to egg should be vaccinated only in medical facilities with staff experienced in recognising and treating anaphylaxis. Co-administration with other vaccines has not been studied. If Guillain-Barré syndrome has occurred within 6 weeks of previous influenza vaccination, the decision to give FLUAD® Quad should be based on careful consideration of the potential benefits and risks. **DOSAGE AND ADMINISTRATION:** Gently shake before use to produce a milky-white suspension; inject a single 0.5 mL dose into the deltoid muscle. Store at 2–8°C; do not freeze; protect from light. Before prescribing, review the FLUAD® QUAD Data Sheet at www.medsafe.govt.nz.

FLUQUADRI™ is an inactivated quadrivalent influenza vaccine, split virion (Influenza Virus Haemagglutinin). **INDICATIONS:** FLUQUADRI indicated for active immunisation of influenza caused by influenza virus types A and B in adults and children aged 6 months and over. **DOSAGE AND ADMINISTRATION:** Shake well. For IM injection. Adults and children 6 months of age and over: 0.5mL. Two doses separated by an interval of 4 weeks recommended for children under 9 years of age who have not been adequately primed based on influenza vaccination history. **CONTRAINDICATIONS:** Known systemic hypersensitivity reactions after previous administration of any influenza vaccine or to any component of vaccine (eggs or egg products), and acute febrile illness. **PRECAUTIONS:** Weigh risks and benefits in subjects with a history of Guillain-Barré Syndrome (GBS), bleeding disorder or in individuals on anticoagulant therapy. Syncope. **PREGNANCY AND LACTATION** – Category A. Health authorities recommend the vaccination of pregnant women. **SIDE EFFECTS:** Local reactions: pain, tenderness, erythema, swelling, induration and ecchymosis. Systemic reactions: myalgia, headache, malaise, shivering, fever, irritability, drowsiness, appetite loss, vomiting and abnormal crying (in children). Very rarely: transient thrombocytopenia, lymphadenopathy, ocular hyperaemia, vasculitis, vasodilation/flushing, dyspnoea, pharyngitis, rhinitis, cough, wheezing, throat tightness, Stevens-Johnson syndrome, pruritis, asthenia/fatigue, pain in extremities, chest pain and other allergic reactions and neurological disorders such as myelitis, GBS, convulsions including febrile convulsions and Bell's palsy, optic neuritis/neuropathy, brachial neuritis, syncope, paresthesia. Please review the full data sheet prior to prescribing at www.medsafe.govt.nz.

AFLURIA® QUAD (for use in persons aged 3 years and older) is an inactivated split virion quadrivalent influenza vaccine, single dose pre-filled glass syringes containing 0.5 mL of suspension for injection. Indicated for the prevention of influenza caused by the four A and B virus types contained in the vaccine. Each dose contains 15 mcg of surface haemagglutinin from the four influenza virus strains. **CONTRAINDICATIONS:** Infants younger than 6 months of age. Previous anaphylaxis following a dose of any influenza vaccine or anaphylaxis following exposure to any component of the vaccine, excluding egg protein. **PRECAUTIONS:** Postpone immunisation in patients with acute febrile illness. Manage any fever, febrile convulsions, or anaphylactic reactions; consider interactions with other vaccines, medications, or laboratory tests; history of anaphylaxis to egg, history of Guillain-Barré syndrome which has occurred within 6 weeks of previous influenza vaccination. Response may be lower in immunocompromised patients and people aged 65 years or older. **ADVERSE EFFECTS:** Common injection site reactions e.g. pain, swelling, and redness; headache, myalgia, malaise, nausea, chills, vomiting, and fever. **ADMINISTRATION:** Shake before administering via intramuscular or deep subcutaneous injection. **DOSAGE:** A single 0.5 mL dose; children 3 years to <9 years not previously vaccinated require two doses given at least four weeks apart. Before prescribing, review the AFLURIA® QUAD Data Sheet at www.medsafe.govt.nz.

INFLUVAC® TETRA, FLUCELVAX® QUAD, FLUAD® QUAD, FLUQUADRI™ and AFLURIA® QUAD are prescription medicines. Before you administer these vaccines, please read the data sheet (at medsafe.govt.nz or immune.org.nz/vaccine/influenza-vaccine) for information on the active ingredients, contraindications, precautions, interactions and adverse effects.

Immunisation Advisory Centre

Health New Zealand
Te Whatu Ora

IMAC 28/02/2025