

Influenza and international travel

Studies have indicated that influenza is the second most commonly contracted vaccine-preventable disease amongst international travellers, behind COVID-19.¹ Influenza outbreaks have been linked to travellers,¹⁻³ and certain types of travel where large numbers of people are likely to be in close proximity, such as cruise ship voyages⁴⁻⁸ or events that include mass gatherings^{9,10} are particularly high risk.

A recent study observing travel-related influenza cases in an Australian paediatric hospital found that a high proportion of inter-seasonal influenza cases in children were linked to travel.¹¹ Out-of-season transmission of influenza-like illnesses, in conjunction with COVID-19 co-circulation, presents risks for severe disease in instances of co-infection,¹² particularly in the elderly and immunocompromised.

During the regular pre-travel consultation, all people travelling outside New Zealand should be advised to receive an influenza vaccination. The pre-travel consultation can also be used opportunistically to ensure that those who are eligible to receive funded influenza vaccine are vaccinated. This is particularly important for older travellers and those who are at higher risk of influenza complications.

In tropical countries, influenza activity can occur throughout the year, so vaccination is worthwhile regardless of season. In temperate climates in the Northern Hemisphere, influenza activity is more common from December to March. If a traveller has received the Southern Hemisphere vaccine in the preceding New Zealand autumn or winter and the same strains are circulating in the Northern Hemisphere, they should remain protected.

If they have not been vaccinated in the preceding autumn or winter or it is getting close to six months¹³ 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, additional protection would be beneficial by having 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. Again, vaccination with the Southern Hemisphere vaccine may offer some protection and would be preferable to having no vaccine. The Northern Hemisphere vaccine is not available in New Zealand.

Are there any circumstances where people may consider re-vaccinating within a year?

Yes. By six months after vaccination, protective levels are low and will not be sufficient to provide good protection.¹³ Protective antibodies peak one week to one month after vaccination and then begin to wane.¹⁴

As the available vaccine is likely to provide some protection against influenza viruses circulating in the Northern Hemisphere, travellers (particularly older individuals and those who are at higher risk of influenza complications) who will be exposed should consider vaccination or repeat vaccination prior to travel.

**Except children ≤ 9 years who are receiving influenza vaccine for the first time.*

Call 0800 IMMUNE (0800 466 863) for clinical advice