# FLU2026

## Winter Preparedness Kit: Vaccination for Flu, COVID-19 and other respiratory viruses

Immunisation Advisory Centre

Health New Zealand
Te Whatu Ora

IMAC 06/03/2026

# Contents

# The Winter Preparedness Kit

Formerly the Flu kit, the 2026 Winter Preparedness Kit now includes information on other respiratory viruses, to support the co-administration of winter vaccines such as COVID-19, alongside influenza. Each year in Aotearoa New Zealand over 1 million influenza vaccines are administered. This is an opportunity to share information on other vaccines consumers may be eligible for, or recommended to purchase, and to offer these at the same time wherever possible. Vaccinators are also strongly encouraged to check consumers are protected against measles and that infants and children in the whānau are up-to-date with scheduled vaccines.

## Key changes to know in 2026

Several important changes to vaccine formulations, schedules and programme guidance are outlined in this resource. See summary below and where to find further information.

### Influenza

**Influenza programme goals and objectives have been updated to encourage co-administration** of influenza vaccine with other vaccines people are eligible for. See page 3.

**Strain changes**: Influenza A strains have been updated across all vaccines, including updates to H3N2 strains to better match newer subclade K viruses circulating overseas.

**Formulation changes**: Three of the available influenza vaccines have transitioned to trivalent formulations and now exclude the B/Yamagata strain due to its non-detection since 2020. INFLUVAC TETRA, the funded vaccine, remains quadrivalent. In the current context, both trivalent and quadrivalent vaccines are expected to provide equal levels of protection for consumers. **The absence or presence of the fourth strain does not impact on safety or effectiveness**. See page 8.

**Brand name changes:** Reflecting the shift to trivalent formulations, 'FLUAD QUAD' is now 'FLUAD', 'FLUCELVAX QUAD' is now 'FLUCELVAX' and 'FLUQUADRI' is now 'FLUZONE'. See page 8.

**Wider approval for FLUAD:** FLUAD (an adjuvanted private market influenza vaccine) is now approved from age 50 years and over (previously approved for 65 years and over). See page 9.

**Changes to age cut-off for offering two doses of influenza vaccine to unvaccinated tamariki:** updated guidance now recommends offering two doses of influenza vaccine (at least 4 weeks apart) to previously unvaccinated tamariki aged from **6 months to 3 years inclusive**. Previous guidance applied to those under 9 years of age. See page 9.

### COVID-19 vaccine

**COVID-19 vaccines have been updated to new variant specific formulations**. The Comirnaty LP.8.1 30mcg vaccine will now be supplied as a glass prefilled syringe and is no longer provided via freezer storage so will have a longer shelf life. The expiry date is the same on the box as on the syringe. See page 13.

**Updated guidance on additional doses**. The recommended schedules for COVID-19 vaccine have recently been updated to ensure vaccines are targeted at those most at risk of severe disease. There is a change to the recommended frequency of additional doses, with highest risk groups recommended still 6-monthly and others at lower risk now annually (rather than every 6 months). See page 14.

### Observation wait times

The standard post-vaccination wait time is now 15 minutes across all vaccines in Aotearoa, with the option to reduce this to 5 minutes provided set criteria is met, or to extend wait times if considered appropriate. See page 12.

### Cold chain preparedness

All providers are now strongly recommended to complete the 'Cold Chain Checklist' on page 22 prior to ordering vaccines. Cold chain storage considerations will need to be considered when ordering and planning fridge and chilly bin capacity. The new Comirnaty 30mcg LP.8.1 vaccine boxes are three times the size of the previous JN.1 boxes. Stock management processes will also need to support new co-administration goals.

# Summary & quick reference

## Dates

The 2026 Influenza Immunisation Programme starts on 1 April 2026, and funded vaccines remain available until 31 December 2026.

## Eligibility for funded influenza vaccination

The Pharmac funded eligibility criteria is unchanged from 2025. In 2026, the influenza vaccine is funded and available for:

- 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 7 for a full list of eligible conditions.

## Four influenza vaccines for 2026

| | Vaccine | Age approved |
|---|---|---|
| **Funded** | **INFLUVAC TETRA** | **≥6 months** |
| Unfunded | FLUCELVAX | ≥6 months |
| | FLUZONE | ≥6 months |
| | FLUAD | Adults ≥50 years |

*Note: INFLUVAC TETRA is available for private purchase also. See page 10 for Summary of 2026 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 details 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

# 2026 Influenza Immunisation Programme goals and objectives

### 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 2025 for non-Health New Zealand health and disability workers

**Co-administration of vaccines (New for 2026)**

- 5% increase, from the previous year, in co-administration of other vaccinations with the flu vaccine in those aged 65 years at vaccination

### 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
- Offer with the influenza vaccine any other vaccines people are eligible for **(New for 2026)**

# Key messages for use with consumers

Healthcare workers play an essential role in increasing vaccination and lowering rates of infection and severe disease. The following key messages can 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 cause serious illness and hospitalisation in otherwise healthy people.

**Influenza vaccine is recommended each year for everyone aged 6 months and over**. Vaccination is the safest way to protect you and your whānau from influenza AND reduces the spread of illness to the most vulnerable in our whanāu and communities.

**Those at highest risk of serious flu disease and complications include:**

- **Older adults:** The vaccine is funded from 65 years and over. It has been shown to reduce the risk of a stroke and heart attack, and help the elderly to maintain independent living.
- **Those with underlying health conditions**, such as diabetes, asthma, and cardiovascular disease.
- **Pēpi and children under 5, even if healthy**
- **Pregnant people and their pēpi:** the vaccine is safe, recommended and free for every pregnancy. Flu vaccination can be given at any stage during pregnancy no matter the season. It is best, however, to receive it as soon as the vaccine becomes available for the best protection for the mother who is more vulnerable to serious flu illness while pregnant. Immunising during pregnancy means antibodies are passed on to their baby to give them protection while they are too young to be vaccinated.

**The flu vaccine is updated every year** to give you the best possible protection against the flu viruses likely to be circulating this season. This year's flu vaccine has been updated to better match newer subclade K (H3N2) influenza viruses.

**It is never too late**. 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; however, influenza can circulate in the community all year round.

**The vaccine is safe**. The flu vaccine has been around for many decades and has a great safety record. The vaccine does not contain live influenza viruses and cannot cause influenza.

**Common vaccine responses** 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 severe allergic reactions, are rare.

If you are sick with a cough, runny nose or fever, it is still important to stay away from others, especially those most at risk, including pregnant people and newborn pēpi. Cover your mouth and nose when coughing and sneezing and wash your hands.

### Get protected against other viruses too

Having other vaccinations at the same time as your flu vaccination is safe and effective. For example, if you are 65 it's a good time to get your funded doses for COVID-19, tetanus and shingles.

**COVID-19 vaccine additional doses are recommended every 6-12 months for certain high-risk groups**. Regular doses are important for these groups because vaccine protection decreases over time and the vaccine is updated to match changes in the COVID-19 (SARS-CoV-2) circulating virus. See page 13.

**RSV vaccine (Arexvy) is available for purchase by older adults to reduce their risk of severe RSV illness**. One dose is expected to provide protection from the severe symptoms of RSV for up to three seasons. Talk to your vaccinator or healthcare provider to find out if this is recommended for you. This is not a funded (free) vaccine. See page 17.

# Why is influenza vaccination so important?

**Seasonal respiratory disease patterns both globally and within Aotearoa New Zealand remain unpredictable following the COVID-19 pandemic**. During 2020-2021, public health measures to control COVID-19 simultaneously reduced the spread of many other respiratory illnesses, including influenza. However, in 2022 the gradual reduction of these measures, along with population immunity gaps, saw a sharp resurgence in influenza activity with high rates of influenza-associated hospitalisations - peaking at almost three times those seen pre-COVID.

**PHF Science surveillance data from 2024 and 2025 showed moderately high levels of hospitalisations in Auckland for influenza associated severe acute respiratory illness** over several weeks.[1] Later than expected seasonal peaks were also a feature in both years, with cases extending beyond the typical autumn/winter period. In 2025 specifically, a late surge of subclade K (a new form of H3N2 influenza virus) occurred from around September onwards.[1] This subclade has gone on to dominate many Northern Hemisphere countries in early 2026. The Southern Hemisphere vaccine strains for 2026 are expected to be a good match for this subclade.[1] Other respiratory viruses have also shown shifting seasonal patterns. COVID-19 hospitalisation rates have declined since the start of the pandemic; however, the virus remains a leading infectious cause of severe illness, hospitalisations and deaths in New Zealand. RSV cases peaked in 2021 and have remained at higher-than-average levels throughout 2022-2025.

**Influenza vaccination controls seasonal activity and impact**. Vaccination is a cornerstone of public health strategy in Aotearoa New Zealand to reduce the burden of infectious disease on our healthcare system and communities. PHF Science data demonstrates that the 2025 influenza vaccine was highly effective at reducing rates of infection amongst vaccinated people. Those vaccinated had around a 69.5% lower chance of being infected with influenza than those unvaccinated.[1] Influenza vaccination reduces the severity of influenza and the risk of serious illness, hospitalisation, and death. People may feel that the vaccine "did not work" as they were still infected. It is important to emphasise that while the vaccine may not always prevent infection, it will reduce the severity of illness.

**Influenza vaccination has many benefits**. Influenza is associated with an increased risk of cardiovascular events[2-4] and invasive bacterial infections such as meningococcal and pneumococcal disease. Influenza vaccine has been shown to lower rates of heart attacks, strokes and pulmonary embolism[5, 6] and to reduce antibiotic use prescribing and occurences of acute otitis media.[7, 8]

**Increased uptake protects those at higher risk**. Protecting vulnerable communities and high-risk groups not only alleviates the burden on the healthcare system but enhances overall community resilience against preventable respiratory diseases. PHF hospital-based surveillance data from Auckland in 2025 showed that the burden of severe influenza was highest for:

- young children aged 0–4 years,
- older adults aged 65 years and over, and
- those of Māori or Pacific ethnicity.[1]

**Healthcare professionals can play a significant role through active promotion of immunisation within their communities, and by ensuring high vaccination rates among healthcare workers.**

# High-risk groups: Influenza vaccine

**Everyone from the age of 6 months is recommended to receive an annual influenza vaccine to reduce the spread of the virus and to protect against severe illness.**

**Some consumers are at increased risk of complications from influenza disease and should be considered as priority groups for vaccination.**

**Note: Not all high-risk groups are eligible for funded influenza vaccine. Vaccinators are advised to regularly check the Pharmaceutical Schedule for changes to funding decisions for special groups.**

Tamariki aged under 5 years old, adults aged 65 years and over, and Māori and Pacific peoples have been consistently shown to be more likely to be admitted to hospital due to severe influenza associated illness than any other age and ethnic group.[1, 9]

## Pregnant people - FUNDED

The World Health Organization[10] and Health New Zealand | Te Whatu Ora[11] recommend that influenza vaccination is offered to pregnant people at any stage of pregnancy and before winter, if possible. Influenza vaccination is a 'three for one' - providing protection to both the mother, the unborn baby, and the newborn from their higher risk of influenza-related complications. Hospital-based data from Auckland during 2012–2014 identified that pregnant people with influenza were five times more likely to be hospitalised than non-pregnant women.[12] For the unborn baby, potential complications from maternal influenza include increased likelihood of premature birth, stillbirth and being born small for gestational age.[13-15] Babies less than 12 months of age, particularly those less than 6 months of age who cannot be vaccinated, have the highest risk of all children for getting influenza and developing serious complications.[13] One study showed that babies whose mothers received the influenza vaccine were around 39% less likely to be admitted to hospital with influenza-like illness in the first 6 months of life.[16] Vaccination is funded from when influenza vaccines are available at the start of the influenza season until 31 December.

**For more information see page 19 of this kit and visit:**

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

www.immune.org.nz/factsheets/influenza-pregnancy

## Children - FUNDED IF HIGH-RISK

Vaccinating children from age 6 months protects them from severe influenza complications and reduces spread to vulnerable people.[17] Children under 5 years are among those with the highest risk for severe disease and hospitalisation. This risk applies even for healthy children, with one study showing that nine out of 10 children hospitalised with influenza had no underlying conditions.[18] Potential complications in children include: pneumonia, fever-related convulsions, vomiting, diarrhoea, and brain inflammation.[19] Children also have the highest rates of influenza infection,[20, 21] making them key spreaders of disease.[22] Vaccinating children can therefore significantly reduce influenza-like illness and associated family costs.[23]

Vaccination is funded for children with underlying medical conditions from 6 months of age. It is also funded for those aged 6 months to 4 years with a history of respiratory disease and/or hospitalisation. Self-funded vaccination is encouraged for all children. For more information, visit: www.immune.org.nz/factsheets/influenza-children

## 65 years and older - FUNDED

The World Health Organization[10] and Health New Zealand | Te Whatu Ora[24] 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,[25, 26] especially in the context of co-circulation of other respiratory diseases, such as COVID-19 and RSV. Due to age-related immunological changes and underlying health conditions, older adults often have a reduced response to vaccines compared to healthy younger adults or children.[27] However, influenza vaccination does attenuate the severity of the disease, reducing hospitalisation rates, loss of independence, and deaths.[28]

For more information: visit www.immune.org.nz/factsheets/influenza-older-people

## Underlying health conditions and immunocompromised - FUNDED

Influenza has been associated with increased morbidity and mortality in those with underlying medical conditions and immunocompromise. Risk increases with multiple conditions.

For those commencing immunosuppressive therapies like chemotherapy, where possible offer influenza vaccination prior to the initiation of treatment. However, the vaccine is recommended at any time and can be given while receiving most treatments.

## Māori and Pacific

Hospital-based surveillance data in Auckland from 2012–2022 showed that the incidence of influenza-associated severe acute respiratory illness (SARI) among Māori and Pacific peoples was at least three times that of non-Māori/non-Pacific groups across all age groups.[9] This trend continued in 2025 with hospital surveillance data showing that Māori and Pacific peoples were around twice as likely to be hospitalised than non-Māori/non-Pacific groups. Higher rates among these ethnic groups can be attributed to their higher incidence of underlying health conditions at a younger age than other ethnicities, such as cardiovascular disease and chronic respiratory disease,[21 29] which increases the risk of severe influenza complications. Other contributing factors include the increased risk of transmission in multi- generational households and close-knit communities, and a high prevalence of chronic respiratory conditions.

## Mental health - FUNDED

Individuals with mental health disorders are at an increased risk of comorbid health conditions that predispose them to severe complications associated with influenza disease. They also demonstrate historically lower rates of access to vaccination programmes[30] with psychological distress identified in the literature as a longstanding barrier to access.[31]

## Health and disability workers – FREE FOR HNZ STAFF. REIMBURSEMENT FOR NON-HNZ STAFF

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.[11]

Health New Zealand | Te Whatu Ora has set a goal for all health districts to immunise at least 80 percent of their healthcare workers each 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, especially young babies, should receive an influenza vaccination to protect themselves and others from infection. Influenza infection rates are generally highest in tamariki, and they are a major source of the spread of influenza.[20-22]

### 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 of the following criteria:

- not employed by HNZ
- 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. **No applications will be able to be submitted after these dates**.

# Pharmac eligibility criteria for 2026 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 https://schedule.pharmac.govt.nz/ScheduleOnline.php or scan the QR code.

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
     - haemoglobinopathiese, 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 2026

## FUNDED VACCINE BRAND

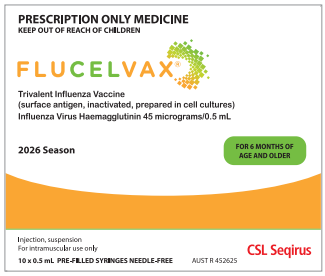
### INFLUVAC TETRA

- Funded for those who meet PHARMAC criteria
- Approved for use in children ≥6 months and adults


## UNFUNDED VACCINES

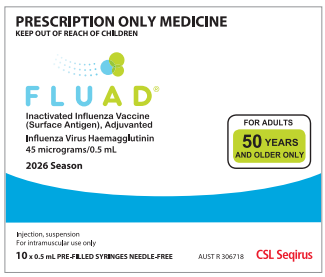
### FLUCELVAX

- Unfunded only
- Approved for use in children ≥6 months and adults



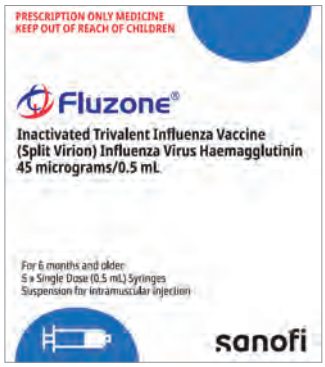

### FLUAD

- Unfunded only
- Approved for use in adults aged 50 years and over.




### FLUZONE

- Unfunded only
- Approved for use in children ≥6 months and adults




## Vaccine strains

The circulating influenza viruses can alter, and the strains in the vaccine are updated annually to reflect these changes.[1, 22] All of the vaccines in 2026 have been updated in accordance with World Health Organization recommendations on changing virus patterns. All include updates to the H3N2 strains, which are expected to better match the newer subclade K viruses now circulating overseas.

## Quadrivalent vs trivalent options

The 2026 funded vaccine **INFLUVAC TETRA** remains a quadrivalent vaccine that protects against four different influenza strains, while the unfunded vaccine options have shifted to trivalent formulations and do not include the B/Yamagata strain. Protection against this strain is no longer considered necessary by WHO as B/Yamagata strains have not been detected since 2020.[32] In the current context, both trivalent and quadrivalent vaccines are expected to provide equal levels of protection for consumers. **The absence or presence of the fourth strain does not impact on safety or effectiveness.**

See IMAC factsheet on quadrivalent and trivalent influenza vaccines (tinyurl.com/464ca4p9 ).

### 2026 egg-based vaccine strains* (INFLUVAC TETRA, FLUAD, FLUZONE)

- **A/Missouri/11/2025 (H1N1) pdm09-like virus**
- **A/Singapore/GP20238/2024 (H3N2)-like virus**
- B/Austria/1359417/2021 -like virus

**INFLUVAC TETRA ONLY**

- B/Phuket/3073/2013-like strain (B/Yamagata lineage)

### 2026 Cell culture vaccine strains* (FLUCELVAX)

- **A/Missouri/11/2025 (H1N1) pdm09-like virus**
- **A/Sydney/1359/2024 (H3N2)-like virus**
- B/Austria/1359417/2021 -like virus

** Bolded strains are new for 2026*

## 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 2.

## Needles

- **INFLUVAC TETRA:** Needle attached.
- **FLUZONE:** Needles are unattached and included separately with the vaccines.
- **FLUAD/FLUCELVAX:** Supplied without needles. Needles will need to be purchased from suppliers such as EBOS, Amtech or pharmacy wholesalers.

## INFLUVAC TETRA minimum order quantities

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

## Production of vaccines

For the 2026 influenza season, there are four 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)[33-35] or propagated in Madin Darby Canine Kidney (MDCK) cells (cell-based vaccine, FLUCELVAX).[36] Virus strains are produced separately and combined to make either trivalent or quadrivalent formulations. The adjuvanted formulation, FLUAD, also contains a squalene-based oil-in-water emulsion adjuvant, MF59, to stimulate a stronger immune response in older people.[34]

## Vaccine types

- Inactivated influenza vaccine surface antigen (subunit), egg-based: **INFLUVAC TETRA**
- Inactivated influenza vaccine, split virion, egg-based: FLUZONE
- Inactivated influenza vaccine, surface antigen (subunit), adjuvanted, egg-based: FLUAD
- Inactivated influenza vaccine, surface antigen (subunit), cell-based: FLUCELVAX

## Egg vs cell-based vaccines

Cell-based vaccines are manufactured using cultured mammalian cells as opposed to embryonated chicken cells. These vaccines offer the advantage of avoiding the problem of egg adaptation – a phenomenon where viruses grown in eggs can mutate, resulting in vaccine strains that no longer closely match circulating influenza strains. Some studies have shown that cell-based vaccines have been more effective at preventing illness or inducing an immune response in comparison to standard egg-based vaccines during certain seasons. Of these comparative studies, cell-based advantage is more pronounced during seasons when there are substantial variations between the egg-based vaccine strains and the influenza strains circulating in the population.[37-38] None of the studies to date have shown any significant advantage in older adults.[37, 39] For more information visit https://www.immune.org.nz/factsheets/influenza-cell-based-vaccines.

## Adjuvanted vaccines

The addition of an adjuvant to a vaccine enhances the immune response to vaccination. Adjuvanted influenza vaccines can improve the protective benefits of influenza vaccination for older adults, particularly those with comorbidities, frailty and those needing residential or home-based care[40-42.] FLUAD, the adjuvanted private market vaccine available in 2026, is approved for older adults from 50 years. Those aged from 50 years with significant comorbidities and those over 65 may prefer to access this vaccine as they may have an improved immune response. However, it should be stressed that any influenza vaccine is beneficial.

## Preparation of vaccine

Manufacturers' guidance from vaccine box:

**INFLUVAC TETRA** - Shake contents before use

FLUCELVAX - Shake before use

FLUAD - Gently shake before use

FLUZONE - Shake well before use

All vaccines are supplied as prefilled syringes which often come with an air lock bubble. This does not need to be expelled.

## Tamariki vaccines and doses

**INFLUVAC TETRA**, FLUCELVAX AND FLUZONE are all approved for use in tamariki from 6 months of age.

**The guidance on doses for first time recipients has been updated:**

- Children aged 3 years and under receiving influenza vaccine for the first time should be **offered two doses**, at least 4 weeks apart. Children aged 4 years and over receiving influenza vaccine for the first time require only one dose.

This replaces previous guidance recommending two doses for all unvaccinated children under 9 years of age receiving influenza vaccine for the first time. Recent evidence suggests that children from 4 years of age generally achieve an adequate immune response after a single dose and do not need a second dose, as they are likely to have already been exposed to the influenza virus.[40] Certain groups of severely immunocompromised children receiving influenza vaccine for the first time are strongly recommended to be offered two doses, administered at least 4 weeks apart. See the Immunisation Handbook for specific age-based recommendations for these groups. Influenza vaccine is funded for all children meeting eligibility criteria including those requiring a second dose.

# Summary of 2026 influenza vaccines

| Vaccine brand | INFLUVAC TETRA® | FLUAD® | FLUZONE™ | FLUCELVAX® |
|---|---|---|---|---|
| **Manufacturer and/or supplier** | Viatris 0800 168 169 | Seqirus 0800 502 757 | Sanofi 0800 283 684 | Seqirus 0800 502 757 |
| **Fully funded** | Yes, if individual meets Pharmac eligibility criteria | No | No | No |
| **Available for purchase** | Yes | Yes | Yes | Yes |
| **Age** | 6 months and over | 50 years and over | 6 months and over | 6 months and over |
| **Dose** | 0.5 mL | 0.5 mL | 0.5 mL | 0.5 mL |
| **Number of doses** | 1 or 2* | 1 | 1 or 2* | 1 or 2* |
| | **For children between 6 months and less than 4 years of age who have not been previously vaccinated, a second dose should be given at least 4 weeks later. Refer to the Immunisation Handbook for specific guidance on doses for severely immunocompromised children.* | | | |
| **Route of administration** | 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 attached-needle provided separately: 0.5mL | Pre-filled syringe, no needle: 0.5mL |
| **Concomitant administration with COVID-19, Tdap, Shingrix, RSV vaccines** | 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. (Note FLUAD IS only approved for ages 50 and over) | | | |
| **Residual antibiotics** | Gentamicin, tylosine tartrate | Kanamycin, neomycin | No antibiotics used to manufacture | No antibiotics used to manufacture |
| **Latex** | 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 2026)** | Egg-based vaccines | | | Cell cuture vaccines |
| | • **A/Missouri/11/2025 (H1N1) pdm09-like virus**<br>• **A/Singapore/GP20238/2024 (H3N2)-like virus**<br>• B/Austria/1359417/2021-like virus<br>• B/Phuket/3073/2013-like virus | • **A/Missouri/11/2025 (H1N1) pdm09-like virus**<br>• **A/Singapore/GP20238/2024 (H3N2)-like virus**<br>• B/Austria/1359417/2021-like virus | | • **A/Missouri/11/2025 (H1N1) pdm09-like virus**<br>• **A/Sydney/1359/2024 (H3N2)-like virus**<br>• B/Austria/1359417/2021 like virus |
| **Expiry*** | 31/12/2026 | 02/12/26 | TBC** | 28/02/27 |
| **Storage** | • Vaccines must be stored, protected from light, at +2°C to +8°C. DO NOT FREEZE.<br>• Temperature-monitored chilly bins must be used if vaccines are temporarily stored outside the vaccine refrigerator or being transported.<br>• Quarantine vaccines stored outside the required temperature range and contact your Immunisation/Cold Chain Coordinator. | | | |
| **Order from** | HEALTHCARE LOGISTICS (HCL)<br>Email: **Flu@healthcarelogistics.co.nz** Phone: **0508 425 358** Website: **hcl.co.nz** | | | |

**INFLUVAC TETRA**, FLUAD, FLUZONE AND FLUCELVAX 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

* Always check expiry dates as these may change. ** Date not available at time of printing.

March 2026

# Influenza: 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:

- a previous dose of inactivated influenza vaccine; or
- any ingredient or component in the vaccine (with the exception of egg allergies – see below).

## Ingredient-based considerations

### Antibiotics

- **INFLUVAC TETRA** contains traces of gentamicin and tylosine tartrate.[35]
- FLUAD contains traces of kanamycin and neomycin.[34]
- The vaccines are contraindicated in people with known anaphylaxis to these respective antibiotics.
- No antibiotics are used to manufacture FLUCELVAX[36] or FLUZONE.[33]

### Latex

- **INFLUVAC TETRA** does not contain any latex but the manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process.
- FLUCELVAX 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 and FLUZONE are latex-free.

### Egg allergy or egg anaphylaxis

- **INFLUVAC TETRA**, FLUAD and FLUZONE 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.[41] Each dose of **INFLUVAC TETRA**, FLUAD and FLUZONE contains less than one microgram of ovalbumin.[33-35]
- FLUCELVAX does not contain ovalbumin, as eggs are not used in the manufacturing process.[36]

### Seafood, shellfish or other food allergies or anaphylaxis

People with a seafood or shellfish allergy or anaphylaxis can receive an influenza vaccine, including FLUAD that contains the MF59 adjuvant.[34] Allergy or anaphylaxis to other foods or products are not a contraindication for influenza vaccination.

### Sulfonamide (sulphur) allergy

**INFLUVAC TETRA**, FLUCELVAX, FLUAD and FLUZONE can be given to people with a sulfonamide allergy. None of these vaccines contain sulfonamide antibiotics (co-trimoxazole or sulfasalazine) or sulphite preservatives. Note some of these vaccines have ingredients containing the words sulfate or sulphate (eg, neomycin sulphate).[42] It is safe to use a sulphate when a person has a sulfonamide antibiotic allergy or a sulphite preservative (sulfite) intolerance.

## 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.[43]

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; additional preventative strategies are important to reduce their exposure to influenza. It is advisable for all household members, from age 6 months and over, and close contacts of immunocompromised people to also receive an influenza vaccine (unfunded).

### Anticoagulant medication

**INFLUVAC TETRA**, FLUCELVAX, FLUAD and FLUZONE can be administered to people on anticoagulants, including aspirin, dabigatran (Pradaxa®), enoxaparin (Clexane®), heparin, rivaroxaban (Xarelto®), ticagrelor (Brilinta™) and warfarin.[44]

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

### 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.[45, 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.

## Concomitant administration with the influenza vaccine

Any 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 for which they may be eligible. In particular, it is important to check for vaccination against other winter viruses and MMR vaccine history.

To ensure efficiency of vaccinator resource and consumer ease of access, wherever possible providers should offer a range of vaccines alongside the influenza vaccine event.

| | INFLUVAC TETRA | FLUCELVAX | FLUZONE | FLUAD |
|---|---|---|---|---|
| **COVID-19 vaccine (Comirnaty)** | Yes | Yes | Yes | Yes |
| **Zoster vaccine (Shingrix)** | Yes** | Yes | Yes | Yes* |
| **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. | | | Yes – note only approved for 50 years and over. |
| **RSV vaccine (Arexvy)** | Yes | Yes | Yes | Yes* |
| **MMR (Priorix)** | Yes | Yes | Yes | Yes |
| **Tdap (Boostrix)** | Yes | Yes | Yes | Yes |

* *FLUAD, Shingrix and Arexvy 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.*

## Post-vaccination observation period (New)

Standard post-vaccination wait time is now **15 minutes** across all vaccines in Aotearoa, with a possible reduction of the observation period to five minutes*, or an extension of the observation period if that was felt to be appropriate. Wait times can be increased or decreased on an individual basis as deemed appropriate by the vaccinator.

**A reduced observation period may be considered for individuals who meet all of the following criteria:**

- Do not have a history of severe allergic reactions
- Have been assessed for any immediate post-vaccination adverse reactions (5 minutes)
- Know when and how to seek post-vaccination advice
- Will have an adolescent or adult with them for the first 15 minutes post-vaccination
- Will not drive, skate, scoot, ride a bike or operate machinery until 15 minutes post-vaccination
- Have the ability to contact emergency services if required.

Refer to IMAC factsheet '*Guidelines for post-vaccination wait time*' - immune.org.nz/resources/factsheets

# COVID-19 vaccine

## Key messages for consumers

Getting the flu vaccine is a great time to also check for and receive any recommended COVID-19 vaccines.

Like influenza, COVID-19 is highly contagious and can lead to severe respiratory illness and complications in older people and those with underlying medical conditions. It remains a leading cause of infection related hospitalisations and deaths in Aotearoa New Zealand, particularly for older adults.

Once or twice-yearly additional doses of COVID-19 vaccine are encouraged if older or at higher risk of getting sick from COVID-19. These are important because vaccine protection decreases over time, and the vaccine is updated regularly to match changes in the circulating COVID-19 virus. In 2026, the vaccine has been updated to target the LP.8.1 variant.

## Vaccine

The most recent Comirnaty (Pfizer/BioNTech) LP.8.1 vaccine comes in three age-based formulations.

| Comirnaty age-based options | 30mcg<br>12+ years | 10mcg<br>5-11 years | 3mcg<br>6 months – 4 years<br>RESTRICTED ELIGIBILITY |
|---|---|---|---|
| **Presentation** | Pre-filled syringe | Single dose vial - no dilution required | Multi dose vial - requires dilution |
| **Doses** | 1 | 1 | 3 |
| **Dose volume** | 0.3 mL | 0.3 mL<br>Check volume and discard excess | 0.3 mL<br>Check volume |
| **Cold chain** | Store at (2°C to 8°C) | | |
| **Expiry** | Expiry date on box and vial are the same | Expiry 10 weeks.<br>Use expiry date on box (not vial) | Expiry 10 weeks.<br>Use expiry date on box (not vial) |
| **Storage and preparation** | Standard cold chain<br>Prepare when needed<br>do not remove air bubble<br>Do not shake | Standard cold chain<br>Prepare when needed, invert vial gently x10 | Draw up as needed<br>**Diluted in vial:** keep at 2°C to 8°C for up to 12 hrs;<br>**Pre-drawn syringes:** keep at 2°C to 30°C for up to 6 hrs. |
| **Needle** | Administer with standard needle appropriate for consumer's size | Draw up and administer with standard needle appropriate for consumer's size | Draw up and administer with standard needle appropriate for consumer's size |

*NOTE: Authorised vaccinators/ Pharmacist vaccinators, administering COVID-19 vaccines must have completed specific IMAC COVID-19 vaccine training. While no refresher is required, you must ensure you have access to and are following the latest factsheets.*

## Recommended schedules and timing

The recommended schedules for COVID-19 vaccines have recently been updated to ensure vaccines are targeted at those most at risk of severe disease. There is a change to the recommended frequency of additional doses, with highest risk groups recommended still 6-monthly and others at lower risk now annually (rather than every 6 months). The below tables from the Immunisation Handbook - Table 5.2 (schedule for healthy individuals) and Table 5.3 (schedule for high-risk individuals) should be used by providers to support vaccine decision-making.

### Immunisation Handbook Table 5.2: COVID-19 vaccination for healthy individuals aged 5 years and over

| Age | No prior vaccination Primary dose | Previously vaccinated Additional dose with the most current variant-matched vaccine |
|---|---|---|
| **Healthy population** | | |
| **75 years and over** | One dose | Twice yearly, from 6 months after any previous dose |
| **65 – 74 years** | | One dose, annually |
| **30 – 64 years** | | One dose is available annually, but not generally recommended (see footnote a) |
| **16 – 29 years** | | Not generally recommended (see footnote b) |
| **12 – 15 years** | | - |
| **5 – 11 years** | | - |
| Complete vaccination course as recommended, regardless of previous SARS-CoV-2 infection | | |

*a. Carers, frontline healthcare, aged-care or disability workers aged 30 years and over can receive one dose of variant-matched mRNA-CV annually, with a priority for those working with frail elderly or severely immunocompromised. All other individuals aged 30 years and over can be given mRNA-CV if they request it.*

*b. A one-off booster dose is funded for those aged 16-29 years. Additional doses are only available for this age group if they have certain underlying medical conditions (see Table 5.3 and section 5.5.3 of the Immunisation Handbook). Healthy frontline healthcare, aged-care or disability workers aged under 30 years are not eligible for additional doses.*

## Immunisation Handbook Table 5.3: COVID-19 vaccination for individuals at higher risk of severe COVID-19 aged 6 months and over

| Groups at highest risk of severe COVID-19 | Age / group | No prior vaccination Primary course | Previously vaccinated Additional dose with the most current variant-matched vaccine |
|---|---|---|---|
| **All older adults** | 75 years and over | One dose | Twice yearly, from 6 months[a] after any previous dose |
| **Resident of aged-care facility or those with pronounced frailty and complex medical conditions** | 65 years and over | | |
| **Severely immune compromised [b] (see section 5.5.2 of the Immunisation Handbook)** | 5 years and over | Two doses 8 weeks apart[c] | Twice yearly, from 6 months[a] after any previous dose. |
| | 6 months to 4 years | Three doses[d] | Twice yearly, from 6 months[a] after any previous dose, based on clinical decision. |
| **Other groups[e] at high risk of severe COVID-19** | 5 years and over | One dose | Once yearly or twice yearly, from 6 months[a] after any previous dose (see below for further details) |
| | 6 months to 4 years | Three doses[d] | Once yearly, from 12 months after any previous dose |
| **Examples of other groups at higher risk of severe COVID-19 (see section 5.5.3)** | | | |
| Multiple comorbidities, complex medical conditions and/or profound frailty | 18 – 64 years | One dose | Twice yearly, from 6 months after any previous dose [a] |
| | 5 – 17 years | | Once yearly, from 12 months[a] after any previous dose |
| All older adults | 65 – 74 years | One dose | Once yearly, from 12 months after any previous dose |
| Māori or Pacific People | 50 –74 years | | |
| Resident of aged or disability care facility | 16 – 64 years | | |
| At least 1 comorbidity that increases risk from COVID-19 | 5 years and over | | |
| Pregnant (see section 5.5.6 of the Immunisation Handbook) | High-risk pregnancy or with underlying health conditions | One dose, at any stage of pregnancy | One dose during pregnancy, if it is more than 6 months since previous dose |
| | Healthy pregnancy | | Personal preference, given from 12 months after any previous dose |
| Complete vaccination course as recommended, regardless of previous SARS-CoV-2 infection | | | |

a. *This spacing can be reduced or increased, on a case-by-case basis, where there is a clinical need or to facilitate mass vaccinations. Preferred spacing is at least 6 months between additional doses with the most current variant-matched vaccine. Once yearly vaccination can be considered for young people.*

b. *Certain individuals aged 5 years and over with severely immunocompromising conditions or immunosuppressive treatments are eligible for a second primary dose and additional doses. See section 5.5.2 of the Immunisation Handbook.*

c. *The timing of the second dose needs also to consider current or planned immunosuppressive therapies. If the period of least immunosuppression is less than eight weeks, the second vaccination can be given any time from three weeks after dose one. See section 5.5.2 of the Immunisation Handbook.*

d. *Give dose two 3 weeks after dose one; and dose three is given 8 weeks later. See footnote c around spacing.*

e. *See section 5.5.4 of the Immunisation Handbook for examples of other conditions, significant or complex health needs in children aged 6 months to 4 years eligible for mRNA-CV.*

## Concomitant administration: COVID-19 and other vaccines

COVID-19 vaccines can be administered concurrently with influenza vaccine and all National Immunisation Schedule vaccines. When the timing of mpox or COVID-19 vaccination is not urgent, consider spacing mRNA-CV and mpox vaccine 4 weeks apart. This is particularly relevant for young males and those who have a history of cardiac inflammation. While no link has been shown between this mpox vaccine and myocarditis,[47] this recommendation is in view of historical concerns of a potential link with older mpox/smallpox vaccines, and the rare but known link with mRNA COVID-19 vaccines.

## Contraindications and precautions

**Do NOT give** – to anyone with a severe allergy (anaphylaxis) to a previous dose of the vaccine or component of the vaccine.

**Postpone** – in those with acute severe febrile illness (fever over 38°C) or who are systemically unwell.

**Defer and seek specialist immunisation advice for those who have experienced myocarditis, myopericarditis or pericarditis following a previous dose of Comirnaty. Those with a history of pericarditis or myocarditis, unrelated to Comirnaty, may have the vaccination if the condition is completely resolved (i.e., no symptoms for at least three months and no evidence of ongoing heart inflammation).**

Check for any cardiac symptoms after a previous COVID-19 vaccine (particularly chest pain, palpitations, dizziness) and refer for further advice if there were any potential concerns.

See IMAC COVID-19 screening guides for further information: tinyurl.com/5n6cdxj7.

Service providers not currently offering COVID-19 vaccines are encouraged to contact their local immunisation coordinator/local immunisation lead/or PHO for information on onboarding.

## Post-vaccination advice

Consumers should be informed about both common vaccine responses to expect as well as rare, but potentially serious, responses associated with COVID-19 vaccine.

This should include a discussion of the signs and symptoms of myocarditis and pericarditis and when and how to seek help.

Post-vaccination advice for consumers can be found in the *After the COVID-19 vaccination (HP8591) handout*. Refer to page 12 for guidance on post-vaccination observation times.

# RSV - Arexvy

## Key messages for consumers

Respiratory syncytial virus (RSV) is a highly contagious and very common virus that circulates during the autumn/winter months in Aotearoa New Zealand.

It is a major cause of severe respiratory illnesses in infants and young children as well as older adults and can cause lower airway infections, hospitalisation and death.

Arexvy is an RSV vaccine (unfunded), available for purchase by older adults to reduce the risk of severe illness. It is recommended for adults aged 50 years and older with multiple risk factors such as chronic medical conditions, frailty or living in residential care (see below) and for all adults aged 75 years and over.

A single dose of vaccine is expected to provide protection that lasts for up to 3 years.

## Vaccine - Arexvy

Arexvy is a recombinant protein vaccine that is indicated for active immunisation for the prevention of lower respiratory tract disease caused by respiratory syncytial virus RSV-A and RSV-B subtypes. It includes an adjuvant to enhance immune response to the vaccination.

**Presentation:** Two glass vials – antigen powder with adjuvant suspension for reconstitution.

**Administration:** Reconstitute prior to administration. Draw up 0.5mL of the reconstituted vaccine, change needle and administer IM into the deltoid.

## Availability and recommendations

The vaccine is approved for use in those from 60 years and over and for adults 50 to 59 years of age who are at increased risk for RSV disease. It is most recommended for adults aged 75 years and over and adults aged 50 years and older with multiple risk factors, including:

- Chronic medical conditions: respiratory, cardiovascular, neurological or neuromuscular conditions
- Haematological conditions
- Diabetes with complications
- Chronic liver or kidney disorders
- Severe obesity (BMI ≥40 kg/m2)
- Moderate or severe immunocompromise
- High degrees of frailty
- Living in a nursing home or long-term care facility

## Schedule/Timing

One dose, given prior to or during the RSV season (autumn/winter months), is expected to provide protection for up to three years. It is anticipated that adults may need additional doses of RSV vaccine in the future, but ideal revaccination timing is not yet known.

## Concomitant administration

Arexvy can be administered concurrently with influenza vaccine and all National Immunisation Schedule vaccines. When administered at the same time as FLUAD and Shingrix, which are also adjuvanted, consumers should be made aware of the potential for a stronger post-vaccination response. Separate syringes and different injection sites should be used.

## Contraindications, precautions

**Do NOT give** - to anyone with a severe allergy (anaphylaxis) to a previous dose of the vaccine or component of the vaccine.

**Pregnancy** - Arexvy is not recommended for use during pregnancy.

**Postpone** - in those with acute severe febrile illness (fever over 38°C) or who are systemically unwell.

## Guillain–Barré syndrome (GBS)

Real world monitoring suggests an increased risk of GBS following Arexvy although uncertainty remains regarding the magnitude of risk. As of October 2024, an FDA analysis found 7 excess cases per 1 million doses of Arexvy. Patients should be warned of this possible but rare risk and encouraged to seek medical attention if they develop suggestive symptoms, such as leg weakness, tingling in limbs, incoordination or trouble with facial movements, as early medical care can reduce severity and improve outcomes.

# Opportunistic vaccination: other important vaccines that can be co-administered

## Measles vaccine - MMR

**Key messages for consumers:**

- There is an escalated national measles risk currently, with global outbreaks and imported cases identified in Aotearoa in 2025.
- Measles is an extremely contagious viral illness that spreads easily between people and makes most people feel very unwell. It can also cause serious health problems, including diarrhoea, chest infections, brain swelling and weakened immune system.
- MMR (Priorix), a combined Measles, Mumps and Rubella vaccine, remains the best form of protection and can be given at the same time as the influenza vaccine.
- MMR is free for all under 18 years (regardless of immigration status) and is free for those over 18 who are eligible for publicly funded healthcare. Everyone born after 1 January 1969 should have evidence of 2 documented doses given after 12 months of age. Routine doses are offered to all children at 12 months and 15 months with catch up doses available. An earlier dose (MMR0) may be considered for infants under the age of 12 months for international travel and may be recommended in outbreak situations.
- MMR is safe and effective for most but is contraindicated for pregnant people and those with severely weakened immune systems. Ask the consumer about any medical conditions, medicines, other vaccines or recent blood products they have received.

**Resources for vaccinators**: Quick access to measles and MMR resources - tinyurl.com/3yrknnxn

## Pertussis vaccine - Tdap

**Key messages for consumers:**

- There is currently a whooping cough epidemic in NZ with higher-than-normal case numbers and hospitalisations continuing to occur.[48]
- 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.
- Vaccination with Tdap, a booster dose that protects against pertussis, is recommended and funded from the second trimester in pregnancy – see page 19 of this Kit for more information.
- A booster is offered at 45 years (if people have not already received 4 doses in their life) and everyone at 65 years – Check if the consumer/individual is due.

**Resources for vaccinators:** See IMAC factsheets: *Quick access to measles and MMR resources*; and *Quick access to pertussis (whooping cough) resources* - immune.org.nz/resources/factsheets.

# Pregnancy-specific vaccines

The influenza vaccine is safe, recommended and free for every pregnancy. Flu vaccination can be given at any stage during pregnancy. It is best given as soon as the vaccine becomes available for the best protection for the mother who is more vulnerable to serious flu while pregnant. Immunising during pregnancy means antibodies are passed on to their baby to give them protection while they are too young to be vaccinated. If a consumer is pregnant across two flu seasons, they should be offered a flu vaccine each season; both are funded.

Additional pregnancy-specific information is available at https://immune.org.nz/factsheets/influenza-pregnancy

## Influenza vaccination

Influenza vaccination protects both the mother and the baby from influenza-related complications.[13, 14] Data from the Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) hospital based surveillance in Auckland between 2012–2014 **showed that pregnant women with influenza were five times more likely to be hospitalised than non-pregnant women**.[12] 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 and in women with pre-existing medical conditions.[13, 49-51] For babies, risks include premature birth, stillbirth and being small for gestational age.[15] Vaccination also enables passive immunity to the unborn baby, protecting them for the first few months of life.[52, 53]

## 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 is safe to be administered during pregnancy.

## Best time to be vaccinated

The vaccine can be given at any stage of pregnancy and is funded through to 31 December 2026. NOTE: If vaccine supply is available before the official programme start date (April 1), a funded vaccine may be given slightly earlier.

It is preferable to vaccinate as soon as the vaccine becomes available, to ensure the pregnant woman (and baby) are already well protected before the start of winter.

### When two influenza doses may be needed for a pregnant woman

- An individual who is pregnant across two **influenza seasons** is recommended and funded to receive an influenza vaccine in each season. No minimum time interval is required between the two vaccines.
- An individual who received an influenza vaccine early in the season and then becomes pregnant may consider a second dose (funded) if more than 5 months have passed since the last vaccination. Vaccination during the second or third trimester leads to greater protection for the infant than first trimester vaccination.

### The vaccine does not increase the risk of miscarriage and is safe post-partum and for those breastfeeding

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

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

## Other pregnancy vaccines: Tdap and COVID-19

Flu vaccination appointments should be used as an opportunity to offer other pregnancy vaccines and remind parents about infant vaccinations from 6 weeks of age. Whānau who do not have access to a primary care provider should be supported to enroll or contact the Vaccination Helpline 0800 28 29 26 for support.

## Whooping cough (Tdap) from 16 weeks gestation

A whooping cough (pertussis) epidemic is currently ongoing in Aotearoa New Zealand.[48] Whooping cough (Tdap) vaccination is recommended and funded in each pregnancy. This can be given at the same time as the influenza vaccine and is recommended from 16 weeks. Tdap is funded from 13 weeks and any pregnant woman presenting for influenza vaccine at this stage should be given the option to have then or to return later.

**Whooping cough: key messages for hapu māmā**

- Whooping cough is a highly contagious respiratory disease that causes breathing difficulties and severe coughing fits. It can cause serious complications in newborn babies, such as life threatening breathing difficulties, seizures, brain damage and death.
- There is currently a whooping cough epidemic in NZ with higher-than-normal case numbers and hospitalisations continuing to occur.[48]
- Vaccination of the pregnant woman enables immunity to pass to baby through the placenta protecting them in their vulnerable early months when they are too young to be vaccinated themselves.

## COVID-19 vaccine

The COVID-19 vaccine is recommended for anyone at increased risk of severe disease.

**If previously unvaccinated:** A single primary dose of COVID-19 vaccine can be offered at any stage of pregnancy.

**If previously vaccinated:** An additional dose of COVID-19 vaccine may be considered but is primarily recommended for those at increased risk from severe COVID-19 disease. This includes pregnant women

- with a high-risk pregnancy (e.g., gestation diabetes, hypertension, thrombosis, obesity with BMI >35 kg/m2 or with a history of pregnancy complications)
- with underlying medical conditions or who meet other eligibility criteria
- of older age (usually considered those aged 35 years and older)

## Measles vaccine - contraindicated in pregnancy but should be screened for

There is an escalated national risk of measles currently. Since the MMR vaccine (Priorix) is a live vaccine, it should NOT be administered during pregnancy. Vaccinators should however use the influenza pregnancy vaccination event as an opportunity to review immunity status. All individuals born after 1 January 1969 should have two documented doses of MMR given from 12 months of age. Some countries offer early measles vaccine, so screening should include a check of overseas records which should be added to the AIR or the primary care records. 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). The vaccine status of all whānau members should also be reviewed. For infants and children, two doses of MMR vaccine are routinely offered at 12 and 15 months of age.

## Midwives supporting vaccination

Health New Zealand | Te Whatu Ora has contracted the Midwifery and Maternity Providers Organisation (MMPO) to enable LMC midwives to claim the vaccine administration fee and other immunisation funding to support offering an immunisation service.

Payment of the administration fee is processed via the MMPO. The MMPO can assist LMC midwives on how to order vaccines, sign up for the AIR, and receive immunisation event payments.

LMCs not currently using MMPO (i.e., using Expect or SolutionsPlus) can continue to use their current provider and register with MMPO solely for vaccination/training incentive claims.

More information can be found on MMPO's website: mmpo.org.nz/resources/antenatal-immunisation-support-hub or email vaccsupport@mmpo.org.nz

All midwives are encouraged to complete the IMAC 'Maternal immunisation essentials for midwives' training module. LMCs who work under the 'Notice' are able to claim a training incentive of $250 once completed.

Midwives wishing to expand their practice within scope to offer vaccines to whānau can find more information on the MMPO website or the IMAC website.

Midwives can check pregnant women's vaccination status in the Aotearoa Immunisation Register (AIR). All midwives can sign up for 'view only' access to AIR including those not offering vaccination services.

See the AIR section on page 24 for contact details

# International travel vaccines

## Influenza vaccine

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

Influenza is one of the most contracted vaccine-preventable diseases amongst international travellers.[54] Certain types of travel where large numbers of people are likely to be in close proximity, such as cruise ship voyages[54-58] or events that include mass gatherings,[59-61] increase the risk. Interseasonal influenza outbreaks have been linked to travellers.[55, 62, 63] 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.[64] Out-of-season transmission of influenza, in conjunction with co-circulation of COVID-19 and other respiratory infections, presents risks for severe disease due to co-infections particularly in the elderly and immunocompromised.[65] In addition to vaccination, use of well-fitting masks in crowded poorly ventilated areas, such as airplanes prior to take-off, should be encouraged.

**When to offer influenza vaccine for travel**

Anyone traveling outside Aotearoa New Zealand, especially those eligible for a funded vaccine dose or at higher risk of influenza complications, should be advised to get the current influenza vaccine if they not have already received it.

Revaccination prior to travel may be recommended if it has been approximately 6 months since an individual received their last influenza vaccine. This is recommended due to potential waning immunity.[66] Note: any second vaccination is not funded.

Vaccination should ideally be offered at least two weeks before travel and will offer some protection, even if the Southern and Northern Hemisphere vaccine strains differ significantly. Alternatively, individuals could have the local vaccine on arrival if it is available to them. 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.[66]

## Other vaccines to offer:

**MMR:** International travellers remain at significant risk from measles and mumps, with measles epidemics currently occurring in many regions of the world. Catch-up doses should be offered to all travellers born after 1 January 1969 who do not have two documented doses of MMR given from 12 months of age. For infants and children, two doses of MMR vaccine are routinely offered at 12 and 15 months of age. A 'dose zero' of MMR (MMR0) may be offered to those aged between 4-11 months who are travelling internationally. This dose will require a prescription.

**COVID-19**: COVID-19 is still a common vaccine-preventable-disease contracted by travellers.[54] COVID-19 vaccine should be offered to those not up-to-date with recommended schedules.

**RSV:** Could be offered to older adults and those over 50 with risk factors, who have not yet already received RSV vaccine. This is a private market vaccine and is not currently funded. While the risk is seasonal in temperate countries, it circulates year-round in tropical climates with outbreaks during hot humid rainy seasons.[67]

# Cold Chain preparedness

The influenza programme and winter season places increased demand on vaccine providers, refrigerators and stock management, increasing the risk of cold chain breaches and excursions. We strongly encourage all providers to complete the below checklist **before ordering vaccines** to ensure they are well prepared. In addition to the checklist, it is recommended to complete a Cold Chain Accreditation self-assessment.

## Cold Chain checklist for influenza and other winter vaccines.

REMINDER: All vaccines must always be stored between +2°C and +8°C (including for off-site vaccinations). All are marked with an expiry date that must be checked before vaccine administration. ALL vaccinators are responsible for ensuring the vaccines they administer are stored and handled correctly.

| **Cold Chain Policy** | **Refrigerator:** |
|---|---|
| ☐ Cold Chain Accreditation is valid and Cold Chain Policy has had its annual update – including contact details for your immunisation coordinator.<br>☐ Staff who handle vaccines have read, understood and signed the policy.<br>☐ Fridge thermometer daily min/max temperature logs (plus reset), monthly charts and weekly datalogger downloads completed and saved in an accessible location.<br>☐ **All** staff know process for receiving vaccine deliveries. | ☐ Not overstocked – adequate space available for expected vaccine deliveries including allowance for the single syringe dose COVID-19 vaccines.<br>☐ Vaccine boxes stored away from the back and sides of fridge with 2-3cm gap between boxes to maintain good airflow.<br>☐ Vaccine stored in their original packaging.<br>☐ Vaccines only removed from fridges immediately prior to administration.<br>☐ Expired stock disposed and soon to be expired stock shifted to front to use first. |
| **Dataloggers:** | **Continuous real-time monitoring systems** |
| ☐ Calibrated or checked within the last 12 months or as per manufacturer requirements.<br>☐ Staff responsible for cold chain are confident downloading logger and interpreting log.<br>☐ Set to record at 5-10 minute intervals and logger clock/time is accurate. | ☐ Real-time monitoring system alerts are enabled and active.<br>☐ **All** staff know who is responsible for after-hours monitoring and what to do if an alert is received. |
| **Off-site vaccination** | **Emergency planning** |
| ☐ Immunisation coordinator has been informed before commencing off-site services to provide support.<br>☐ Appropriate offsite equipment and processes are in place to accommodate vaccine storage requirements. | ☐ All staff know what to do when temperature recordings are outside the +2°C to +8°C range or when the alarm goes off.<br>☐ All staff are aware to not remove vaccines from fridge until advised to do so by immunisation coordinator or IMAC.<br>☐ Staff responsible for cold chain know how to prepare emergency chilly bins with correct insulation and datalogger. |

Form can be downloaded or completed online. See Cold Chain preparedness form - immune.org.nz/resources/factsheets

# Vaccine administration

## Vaccinating workforce

For current guidance on who can administer the influenza and other vaccines, including to which consumer age groups, refer to Chapter 2 Processes for safe immunisation and Appendix 4 of the Immunisation Handbook.

## Pre-vaccination screen

A comprehensive pre-vaccination screen must be completed with the vaccine recipient. This should include checking the AIR to ensure the vaccine has not already been administered elsewhere.

### Pre-flu vaccination screening;

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 is printed on pages 27 and 28 of this document. It can be downloaded from National Immunisation Programme Dropbox - Influenza (flu) vaccine resources (tinyurl. com/3wbu6x9p). Also see Appendix 3 for how to order tear-off pads of this resource. Refer also to previous section on page 11 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).

### Pre COVID-19 vaccination screening

Consumer information *What you need to know about the COVID-19 vaccine HP8590* can be ordered from HealthEd / Bluestar.

The COVID-19 vaccine screening tool can be found here (tinyurl.com/yswuvc2v)

**Vaccinators should also refer to the Immunisation Handbook.**

## 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

In most situations, consent for vaccines can be gained verbally following a fully informed consent conversation including post-vaccination advice. If consent is gained verbally, it must be documented as part of a permanent patient record.

Written consent should be used when a vaccine is being administered under a prescription or when consent is being obtained on behalf of someone unable to give consent themselves (for example, a legal guardian or enduring power of attorney situation). Some providers may prefer to use a written consent form in all situations. If written consent is used, vaccinators should use the appropriate consent forms.

- The *2026 Flu vaccination consent form (HP7990)* file is available to order on HealthEd and or BlueStar. It is also printed on pages 25 and 26 of this document.
- COVID-19 consent forms can also be ordered or printed from HealthEd and or BlueStar.
- A universal consent form NIP8896 can also be downloaded from HealthEd for use with concomitant vaccine events.

Vaccines documented on a written consent form should be uploaded to the AIR or PMS as soon as practically possible within 48 hours.

## Post-vaccination advice

Post-vaccination advice for consumers can be found in the following handouts:

- *What you need to know about the flu vaccination HP8682.* See pages 27 and 28.
- *After the COVID-19 vaccination (HP8591)*

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.

## Post-vaccination observation period – see updated guidance on page 12

## 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 – checking influenza vaccinations

The Aotearoa Immunisation Register (AIR) should be used to check vaccine history and record all immunisation events, either through a Patient Management System (PMS) that connects to the AIR or directly through the AIR vaccinator portal. Many healthcare professionals who are not offering vaccines themselves can also use the AIR to check a consumer's vaccination status.

Please refer to the AIR website tewhatuora.govt.nz/air for further information on signing up to use or access the AIR. Please email help@imms.min.health.nz

## Book My Vaccine

Book My Vaccine (BMV) is a national vaccination appointment booking system. Consumers will be able to make bookings for all vaccines (including for both COVID-19 and influenza vaccinations) from 1 March 2026. Bookings can only be viewed by providers by logging into BMV and will not display in AIR.

- Providers who offered influenza vaccinations during the 2025 season will automatically have influenza enabled for the 2026 season. For those providers who offered influenza vaccinations during the 2025 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 use the tinyurl link below to create your user login, which will then enable you to create your organisation and/or site on the Book My Vaccine admin system. This is a free service for providers (tinyurl.com/sds3y99p).

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, use the tinyurl link below to create your user log in, when you will then be able to search for, and request access to, an existing site (tinyurl.com/mr356955).

As the Vaccination Helpline uses Book My Vaccine to book appointments for consumers and their whānau it is important to ensure that bookings systems are up to date for the age ranges and booking times.

## Healthpoint

Please check your Healthpoint page before 1 April 2026 to make sure the immunisation services your site offers are up-to-date. These details should include to which ages vaccines can be offered to and if 'walk in' vaccines are an option. 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.

# Appendix 1

Note: In many situations use of a written consent form is not required. See page 23 for more information.

## 2026 Flu vaccination consent form

**Person**

Surname _____ First name _____

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

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 'Before and after Flu vaccination – fact sheet', 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.

☐ 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.

☐ The vaccinator has discussed with me other vaccines that I am eligible for and I do/do not (circle one) consent to receiving the following vaccine/s _____ (vaccinator to complete).

☐ **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

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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)**<br>6 months and over | Dose 1 ☐<br>6 months and over | Dose 2* ☐<br>As required |
| **Flucelvax** (Unfunded)<br>6 months and over | Dose 1 ☐<br>6 months and over | Dose 2* ☐<br>As required |
| **Fluzone** (Unfunded)<br>6 months and over | Dose 1 ☐<br>6 months and over | Dose 2* ☐<br>As required |
| **Fluad** (Unfunded)<br>50 years and over | Dose 1 ☐<br>50 years and over | |

* Two doses separated by at least four weeks if being administered for the first time to a child 3 years and under OR as recommended in the **Immunisation Handbook**

**Flu vaccination details**

| Name of vaccine | Batch | Expiry | Dose | Needle size | Site | Date | Time |
|---|---|---|---|---|---|---|---|
| Write vaccine name or place vaccine sticker here<br>☐ Funded ☐ Non-funded | | | | | Deltoid<br>☐ L<br>☐ 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<br>☐ L<br>☐ 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 | 2026 Flu vaccine consent form | 20.01.26

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

# Appendix 2

## What you need to know about the flu vaccination

**Your best defence against the flu is to get a yearly flu vaccine.** Although having the flu vaccine doesn't guarantee you won't catch the flu, it will give you more protection and mean you are less likely to experience complications from a flu infection.

Protection against the flu reduces over time. Each year the flu is caused by different strains, which may not be included in the previous year's vaccine. This is why it is important to have the flu vaccine every year.

### Who can have the flu vaccine?

Flu vaccines are available for anyone aged 6+ months. The new flu vaccine is available in autumn each year and is free for those most likely to have complications from a flu infection. The flu vaccine is strongly recommended by health care professionals for those who have medical conditions as well as those who are pregnant.

If your child is 3 years or under and receiving the flu vaccine for the first time, they will need two vaccinations at least 4 weeks apart. Two doses may also be required for some older children who are severely immunocompromised. Your vaccinator will let you know if a second dose is required and when it will be due.

### Consent and recording your vaccination event

Before having your vaccine, the vaccinator will ask if you give consent. You have the right to make an informed choice about your healthcare including immunisations.

They will explain what to expect after your vaccine and how and where to seek help if needed. You will have time to have your questions answered and you can request an interpreter if you need one.

The vaccination event will be recorded by Health New Zealand on the Aotearoa Immunisation Register (AIR) and can be accessed by authorised health care staff e.g. your GP.

For more information about your privacy when recording vaccinations, visit tewhatuora.govt.nz/airprivacy or ask your vaccinator for a copy of the policy.

### Are you ready for winter?

Keeping up to date with all of your immunisations including covid, measles, and whooping cough (pertussis) will give you the best protection this winter. It's safe and recommended to have these vaccines at the same time if due. Ask the vaccinator for more information.

### Are you pregnant?

If you are vaccinated for the flu, it protects the baby in their early months until they can have their own flu vaccine at 6 months of age.

If you catch the flu when you are pregnant, you could develop serious complications that can affect you and your pēpi (baby). Complications include:

- premature birth
- low birthweight
- miscarriage or stillbirth.

You can get a free flu vaccine at any stage of your pregnancy. If you are pregnant across two flu seasons, it is recommended that you get a vaccination in both seasons.

**Whooping cough (pertussis) protection.**

A whooping cough epidemic was declared throughout Aotearoa in November 2024. All pregnant people are encouraged to have their free whooping cough booster from 16 weeks of pregnancy in **every** pregnancy to protect **each** baby.

The flu and pertussis vaccine are safe to receive during pregnancy and are highly recommended by healthcare professionals to protect pēpi.

### Please let the vaccinator know if you/ the person being vaccinated:

- is currently unwell with a high fever
- is taking blood thinning medication or have a bleeding disorder
- have had a severe allergic reaction (anaphylaxis) to any vaccine, medicine, or anything else
- have had any other vaccines in the last week.

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# After the flu vaccination

Don't want to take this fact sheet with you? Take a photo instead! It's important to keep this information handy.

**It takes up to 2 weeks after having your vaccine for your body to start protecting against flu.**
As with any vaccine, you may experience some side effects. Most are mild, do not last long and happen in the first few days of having the vaccine. The flu vaccine is not a live vaccine and cannot give you the flu. Some people notice side effects after their vaccine as part of their immune system working and this can sometimes be confused with a flu infection. Serious side effects after vaccination are very rare.

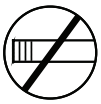
| What you may feel | What can help |
|---|---|
| Swelling and pain or redness at the injection site (hard or sore to touch)<br>Heavy arm | Place a cold wet cloth or ice pack where the injection was given (leave it on for a short time)<br>Do not rub the injection site |
| Tiredness Muscle aches<br>Headache Chills and/or fever | Rest and drink plenty of fluids<br>Take paracetamol or ibuprofen for pain, if needed. |

## Allergic reactions and wait times after your immunisation

You will be asked to stay after the vaccination to make sure you are feeling okay, usually between 5 to 15 minutes. If you have had previous allergies or reactions to a vaccine, food, or something else, you may be asked to stay longer. Your vaccinator will let you know how long you will need to wait.

## Reporting severe reactions

If you experience any unexpected side effects, you can report them to the Centre for Adverse Reactions Monitoring (CARM). Use the online form on the CARM website otago.ac.nz/carm



## Are you a smoker or do you vape?

Smokers can be more at risk of complications following flu infection. If you would like free support on quitting or reducing the amount you smoke or vape visit quit.org.nz or call **0800 778 778**. Your vaccinator may also be able to support you with resources.

## Are you *and* your whānau up to date with all immunisations?

Ask your vaccinator if you are due for any other immunisations and if these can be given at the same time as your flu vaccine.

It is usually fine to have other vaccines such as **whooping cough**, **measles**, **shingles**, or **covid** vaccines with the flu immunisation.

Visit info.health.nz/immunisations for more information on what vaccines you and your whānau may be due for.

If you have any concerns about your symptoms after your vaccine, talk to your doctor or practice nurse, or call **Healthline** on **0800 611 116** anytime to get advice.

If you have immediate concerns about your safety, call **111** and make sure you tell them you have had a flu vaccination.

### Children who need a second dose

Your child's next flu vaccine is due:

__/__/____
DD MM YYYY

### Other vaccines you can book now:

_____

_____

Ask your vaccinator how to book your next appointment or visit **info.health.nz/bookavaccine**

HP8682 | Flu – Before and After vaccination fact sheet | 20.01.26

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

# Appendix 3: Links and resources

To confirm the most up-to-date version of the Winter Preparedness Kit 2026 is being used, compare the date on the bottom right of the back page with the online version at immune.org.nz.

## 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

## NPHS Immunisation Programme

Email: immunisation@tewhatuora.govt.nz

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

Dropbox resources include a variety of promotional material including social media assets.

Printed copies of some 2026 influenza promotional resources can be ordered for free via HealthEd or 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 vaccination consent forms

## 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)

Strategic Approach to Immunisation in New Zealand 2025–2030 | Ministry of Health NZ

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.

## Information for consumers

Vaccine Helpline: 0800 28 29 26 08:30-5pm weekdays (translators available)

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

Online booking: app.bookmyvaccine.health.nz

Healthline: 0800 611 116 anytime

## Cold chain

Visit here (tinyurl.com/29ydd7jw) for contact details of local immunisation/cold chain Coordinators.

Visit: National Standards for Vaccine Storage and Transportation for Immunisation Providers 2017 (2nd Edition) (tinyurl.com/46umstaf) for information on cold chain management.

## Claiming funded vaccine

Information on online and manual claiming is available here (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.

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) for most up-to-date versions of the vaccine data sheets.

INFLUVAC TETRA, FLUCELVAX, FLUAD and FLUZONE™ 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 06/03/2026