Immunisation Advisory Centre

VERSION 4

Influenza and vaccination for children

Influenza infection rates are generally highest in children.[1,2] It can be a serious illness in children.
The influenza vaccine is now funded for all children from 6 months to under 5 years of age (from 1 September 2026).
We strongly recommend all children aged 6 months and over have an influenza vaccination each year.
Influenza vaccine is also funded for children with underlying medical conditions from 6 months of age.

Background

Influenza is a serious illness in children, even in those who are otherwise healthy. In Auckland during 2025, children aged under 5 years had the highest rate of hospitalisations for influenza-related severe acute respiratory illness across all age groups. There were 366.3 cases/100,000 children aged 0–4 years, compared with 170.1 cases/100,000 adults aged 65 years or older and 60.6 cases/100,000 adults aged 45–64 years.[3]

In Australia, during the 2011-2013 influenza seasons and prior to the introduction of universally funded influenza for children, previously healthy children aged under 16 years accounted for 57% of influenza admissions.[4] Over the 2010–2016 influenza seasons in the US, half of children aged under 18 years who died with laboratory-confirmed influenza (n=327 of 654) were previously healthy.[5]

Children are also the major cause of influenza spread in the community, having higher rates of infection and more efficient patterns of transmission.

In young children, the presentation of influenza may not be typical (fever, muscle aches, tiredness, respiratory symptoms) and instead they may present with vomiting and diarrhoea or febrile seizures. This often leads to hospital admission for investigations and care.

Complications of influenza include pneumonia, respiratory failure, secondary bacterial infections, neurological complications (such as encephalopathy/encephalitis and ataxia), muscle damage and myocarditis or pericarditis and death.

Benefits of influenza vaccination

While vaccination doesn't guarantee a child won't get the flu, it significantly lessens the severity of symptoms if they do fall ill. Having influenza vaccination reduces complications, admissions to intensive care and the duration of illness in children. Vaccination of healthy children also has the potential to substantially reduce influenza-like illness and related costs for their families.[1]

Although influenza vaccination recommendations vary between countries, many high-income countries recommend and fund influenza vaccine for all children.

In NZ, the influenza vaccine is now funded for all children from 6 months to under 5 years of age (from 1 September 2026).

Australia recommends annual influenza vaccine for everyone aged from 6 months, and it is funded for children aged under 5 years. Western Australia has recently introduced funding for all children from 2 years of age to under 12 years to receive a live attenuated influenza vaccine that is given as a nasal spray. This type of influenza vaccine is not currently available in NZ.

The US recommends annual vaccination for everyone from 6 months of age. The United Kingdom influenza vaccination programme funds inactivated influenza vaccine for high-risk children from 6 months of age and includes annual vaccination for all children aged 2–17 years using live attenuated intranasal influenza vaccine, as part of the strategy to offer both individual protection and herd immunity.

Vaccines approved for use in children and the number of doses required

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

INFLUVAC TETRA is the only funded vaccine.

Children who have received a previous influenza vaccination in the past only need a single dose in the current season.

Children who are **aged 3 years and under and who are receiving the influenza vaccine for the first time should receive two doses,** a minimum of 4 weeks apart. Two doses are needed to enhance the immune response because children in this age group are considered less likely to have encountered influenza virus previously. See Table 1 on the following page for further guidance.

NOTE: This is a change from previous guidance which recommended two doses for all children under 9 years of age receiving influenza vaccine for the first time. Recent evidence suggests that children from 4 years of age are likely to have already been exposed to the influenza virus and therefore generally achieve an adequate immune response after a single dose. [6]

Call 0800 IMMUNE (0800 466 863) for clinical advice

Vaccine	Age	Dose	Number of doses
INFLUVAC TETRA	6 months – 3 years	0.5mL	1 or 2*
	≥4 years		1
FLUCELVAX	6 months – 3 years	0.5mL	1 or 2*
	≥4 years		1
FLUZONE	6 months – 3 years	0.5mL	1 or 2*
	≥4 years		1
*Two doses separated by at least 4 weeks if an influenza vaccine is being used for the first time. **Note:** See Immunisation Handbook guidance for specific advice on number of doses recommended for severely immunocompromised children.			

Table 1: Influenza vaccine doses for children

Use of paracetamol following vaccination

The routine prophylactic use of paracetamol or any other antipyretic to prevent fever with influenza vaccination is not generally recommended. Evidence shows that the use of prophylactic paracetamol can reduce laboratory-measured immune responses to some vaccine antigens.[7] However, there is limited evidence that it reduces the immune response or effectiveness of the influenza vaccine. With other vaccine antigens, lower measured immune responses have also not been shown to cause individuals to be less protected from disease.[8,9]

Current recommendations for paracetamol use when administering influenza vaccine to children

- Do not use routine prophylactic paracetamol pre- or post-vaccination in the absence of pain or significant discomfort.
- For children who are uncomfortable with fever, give plenty of breastfeeds or cool drinks, dress them in a single layer, ensure the room is not too hot or too cold, and give them lots of cuddles.
- Paracetamol can be given for relief of pain or significant discomfort post-vaccination.
- Ibuprofen may be given as an alternative to paracetamol.[8]
- Children **under two years of age** are recommended to receive prophylactic paracetamol if they are receiving **Bexsero at the same time** as influenza vaccine.

Co-administration with Prevenar 13

- Young children are at slightly higher risk of fever (over 39C), chills, rash and myalgia when influenza vaccine is co-administered with Prevenar 13.
- Inform parents/guardians of this risk and consider offering a separation of two days between these vaccines. This is particularly recommended for children aged under 5 years who have a history of febrile convulsions.

Call 0800 IMMUNE (0800 466 863) for clinical advice