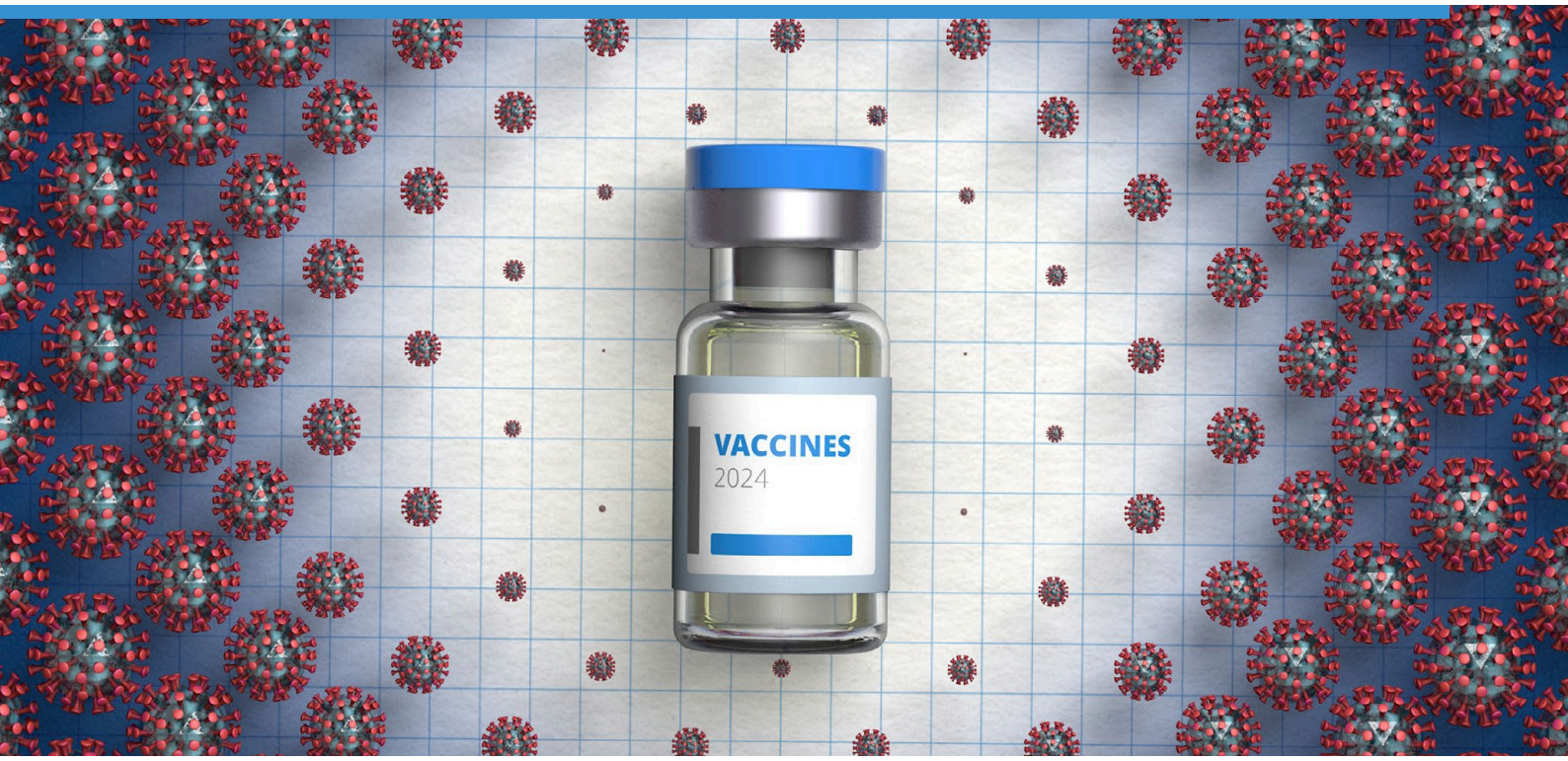


Seasonal influenza and COVID-19 vaccinations: 2024 edition

The Influenza Immunisation Programme has begun for the 2024 season. Influvac® Tetra is the sole funded influenza vaccine for 2024 for people who meet eligibility criteria. Since March, 2024, a new COVID-19 vaccine (XBB.1.5) has been available in New Zealand for people aged 12 years and over; a single dose is sufficient for a primary course. Eligible adults and children who have not yet received a primary COVID-19 vaccination, or are not up to date with additional (booster) doses, should be encouraged to do so.

"Flu season" 2024

The Influenza Immunisation Programme for 2024 runs from 2nd April to 31st December.[1] **Influvac® Tetra** is the sole funded vaccine this year for adults and children aged six months and over who meet eligibility criteria (see: "Changes to the funding groups for 2024").[2] It is also available to purchase for those not eligible for funded vaccination.

Four other non-funded influenza vaccines are also available for purchase in 2024: **Flucelvax® Quad** and **FluQuadri™** for use in children aged six months and over and adults, **Fluad® Quad** for use in adults aged 65 years and over and **Alfuria® Quad** for use in children aged three years and over and adults.[1]

Changes to the funding groups for 2024

Changes have been made this year to the criteria for funded influenza vaccination, compared to 2023. Funded access remains for:[2]

- People aged 65 years and over
- People aged six months to under 65 years with specific long-term conditions or mental health conditions or addictions (see "Funded influenza vaccination criteria")
- People who are pregnant
- Children aged six months to under five years who have been hospitalised for, or have a history of, significant respiratory illness

People aged 55 – 64 years of Māori or Pacific ethnicity and children aged 3 – 12 years are no longer eligible for funded influenza vaccination (unless they meet other criteria or funding is available through your local PHO). However, these populations remain high-risk groups and should still be encouraged to get vaccinated (although cost may be a barrier to access).[1, 2]

Who else should be encouraged to get vaccinated?

All adults and children aged six months and over should be encouraged to get immunised against influenza.[2] Immunisation is particularly recommended (but not funded) for the following groups:[2]

- Māori and Pacific peoples aged 55 – 64 years
- People with asthma who are not taking regular preventive treatment
- People with hypertension or dyslipidaemia without evidence of end-stage organ disease
- Health care workers or other essential workers
- People in close contact with others who are at increased risk of complications from influenza, e.g. child care staff, family members, caregivers
- People aged under 65 years living in residential care facilities and staff
- People who are homeless*

* Recommended in the Immunisation Handbook; people living in sub-standard housing are also likely to benefit from influenza vaccination, but cost is likely to be a significant barrier in these groups unless funding is available from other sources

Influenza vaccination is also recommended (but not funded) for people travelling overseas and for those at increased risk of complications from influenza, e.g. people who are obese, who smoke or have alcohol dependency (risk also increases with cumulative factors).[2]

New strains included this season

Influvac® Tetra contains two new strains (in bold below) and retains two strains from the 2023 vaccine:[1]

- **A/Victoria/4897/2022(H1N1) pdm09-like virus**
- **A/Thailand/8/2023 (H3N2)-like virus**
- B/Austria/1359417/2021-like virus
- B/Phuket/3073/2013-like virus

Fluad® Quad, FluQuadri™ and Alfuria® Quad contain the same strains as Influvac® Tetra.[1]

Flucelvax® Quad includes **A/Wisconsin/67/2022 (H1N1) pdm09-like virus**, **A/Massachusetts/18/2022 (H3N2)-like virus**, B/Austria/1359417/2021-like virus and B/Phuket/3073/2013-like virus.[1]

Egg and latex allergy

Influenza vaccines manufactured using chicken eggs (i.e. Influvac® Tetra, Fluad® Quad, FluQuadri™ and Alfuria® Quad) contain some residual egg white protein (ovalbumin), but vaccines containing less than one microgram of ovalbumin do not trigger anaphylaxis.[1, 2] The residual ovalbumin in one dose of Influvac® Tetra, Fluad® Quad, FluQuadri™ and Alfuria® Quad is lower than one microgram, therefore, the vaccine can be safely administered at general practices, pharmacies or workplaces to people with a history of anaphylaxis to eggs.[1, 2] Flucelvax® Quad is a cell-based vaccine that does not contain egg protein.[1, 2]

Funded influenza vaccination criteria: specific long-term conditions, mental health conditions or addictions

- ☐ Cardiovascular disease (ischaemic heart disease, congestive heart failure, rheumatic heart disease, cerebrovascular disease)
- ☐ Chronic respiratory disease (asthma if prescribed a preventer medicine or other chronic respiratory disease with impaired lung function)
- ☐ Diabetes
- ☐ Chronic renal disease
- ☐ Cancer (excluding non-invasive basal and squamous skin cancers)
- ☐ Autoimmune disease
- ☐ Immunosuppression/immune deficiency
- ☐ HIV
- ☐ Transplant recipient
- ☐ Neuromuscular or central nervous system disease/ disorder
- ☐ Haemoglobinopathy
- ☐ Child taking aspirin long-term
- ☐ Cochlear implant
- ☐ Errors of metabolism at risk of major metabolic decompensation
- ☐ Pre- or post-splenectomy
- ☐ Down syndrome
- ☐ Schizophrenia
- ☐ Major depressive disorder
- ☐ Bipolar disorder
- ☐ Schizoaffective disorder
- ☐ Currently accessing secondary or tertiary mental health and addiction services

For the full Pharmac influenza vaccine community schedule see: **schedule.pharmac.govt.nz/ScheduleOnline.php?edition=&osq=Influenza+vaccine**

Influvac® Tetra does not contain any latex, but the supplier is unable to confirm that the product did not come into contact with any latex materials during the manufacturing and packaging process.[1] Flucelvax® Quad is **not** considered latex-free; consider an alternative influenza vaccine for people with a history of anaphylaxis to latex.[1] Fluad® Quad, FluQuadri™ and Alfuria® Quad influenza vaccines are latex-free.[1]

The dosing schedule for influenza vaccination remains the same as in previous years

One dose is usually sufficient for all influenza vaccines.[1,2] Any of the influenza vaccines may be administered at the same time as a COVID-19 vaccine (in a different injection site).[1]

Second dose recommended in some groups: Children aged under nine years who have not previously been vaccinated against influenza are recommended to receive a second dose at least four weeks after their first dose; if they are eligible for funded influenza vaccination, the second dose will also be funded.[1,2] A second dose is also recommended for people who are immunocompromised (any age) if they have not previously been vaccinated against influenza; the second dose is not funded (even if the first dose is funded).[2]

Post-vaccination observation period

The observation period following influenza vaccination alone and after concomitant vaccination with influenza and another vaccine, e.g. COVID-19, is 20 minutes.[1] The observation period can be reduced to five minutes after influenza vaccination alone, or 15 minutes after concomitant influenza and COVID-19 vaccination for people who meet **all** of the following criteria:[1]

- Aged ≥ 13 years
- No history of severe allergic reactions
- Have been assessed for immediate adverse reactions to the vaccine(s) (i.e. for five minutes)
- Have an adult with them for 20 minutes after vaccination
- Have been advised not to drive, skate, scoot, bike or operate machinery until 20 minutes after vaccination
- Know when and how to seek advice after vaccination and can contact emergency services if required

The 2024 Flu kit booklet for health professionals is available from the Immunisation Advisory Centre: **www.immune.org.nz/factsheets/2024-flu-kit**

For further information on influenza vaccines, see: **www.immune.org.nz/vaccine/influenza-vaccine**

COVID-19 vaccination

There is currently one type of COVID-19 vaccine available and funded in New Zealand: messenger RNA COVID-19 vaccines (mRNA-CV; Comirnaty™). The adjuvanted recombinant spike protein COVID-19 vaccine (rCV; Nuvaxovid®) is no longer available (as of 1st May, 2024).[2] **An application has been received** by Medsafe for Nuvaxovid® Omicron XBB.1.5 (Novavax) vaccine for use in people aged ≥ 12 years, however, an approval decision is yet to be made.

Available vaccines, eligibility and dosing

Three Comirnaty™ COVID-19 vaccines (30 microgram,10 microgram and 3 microgram), indicated for different age groups, are available in New Zealand (Table 1).[2] All available COVID-19 vaccines are latex-free.[2]

Comirnaty™ vaccines are the preferred vaccine for most people for primary or additional doses (see: "Guidance on additional doses").[2] If approved, the Nuvaxovid® Omicron XBB.1.5 (Novavax) vaccine will be an alternative COVID-19 vaccine to Comirnaty™ and may be suitable for people with a contraindication to mRNA-CV, or who have experienced an adverse reaction to mRNA-CV, or for people who prefer an alternative vaccine to mRNA-CV.[2]

The Comirnaty™ Omicron XBB.1.5 mRNA-CV (30 microgram) vaccine has replaced the original mRNA-CV 30 microgram (tozinameran) and mRNA-CV BA.4/5 (15/15 microgram; tozinameran and famtozinameran) vaccines for both primary and additional doses in people aged ≥ 12 years.[2]

Reminder: The observation period following COVID-19 vaccination is at least 15 minutes (see: "Post-vaccination observation period").[2]

Guidance on additional doses

All people aged 16 years and over are recommended to receive one additional dose (previously referred to as a booster dose) following completion of the primary course.[2]

Further additional doses are available (regardless of the number of prior doses received) for people aged 30 years and over, people aged 16 – 29 years who are pregnant and people aged 12 – 29 years who are at higher risk of severe illness from COVID-19.[2]

Table 1. Summary of COVID-19 vaccines available in New Zealand.[2]

	Comirnaty™		
	XBB.1.5 mRNA-CV 30 microgram	**mRNA-CV 10 microgram**	**mRNA-CV 3 microgram**
Eligibility	People aged 12 years and over	Children aged 5 – 11 years	Children aged six months to four years with severe immunocompromise or **complex or multiple health conditions** that increase their risk of severe illness from COVID-19
Cap colour	Grey Single dose vial = light grey Multidose vial = dark grey N.B. Due to similarities in cap colour, ensure the right vial is being selected.	Orange	Maroon
Dilution required?	No	Yes	Yes
Primary course dosing	One dose primary course Administer one primary dose to people who have not previously been vaccinated against COVID-19 or who have not completed a primary course with another COVID-19 vaccine (administer from three months after most recent dose) For people with severe immunocompromise, administer three primary doses at eight week intervals. The second and third primary doses need to be prescribed as their use is considered "off-label" (unapproved; Section 29). N.B. If the spacing between doses is more than three months a prescription is not required, however, protection may be suboptimal.	Two dose primary course Two primary doses are administered at least eight weeks apart (can be given a minimum of three weeks apart if needed) Children who turn age 12 years during the primary course should be given XBB.1.5 mRNA-CV for subsequent primary doses For people with severe immunocompromise, a third primary dose is recommended at least eight weeks after the second dose (unapproved use; Section 29). N.B. If the spacing between doses is more than three months a prescription is not required, however, protection may be suboptimal.	Three dose primary course The second dose can be administered from three weeks after the first. The third dose should be given at least eight weeks after the second. Children who turn age five years during the primary course still require a three dose primary course; complete the primary course with the mRNA-CV 10 microgram vaccine

mRNA-CV = messenger RNA COVID-19 vaccine

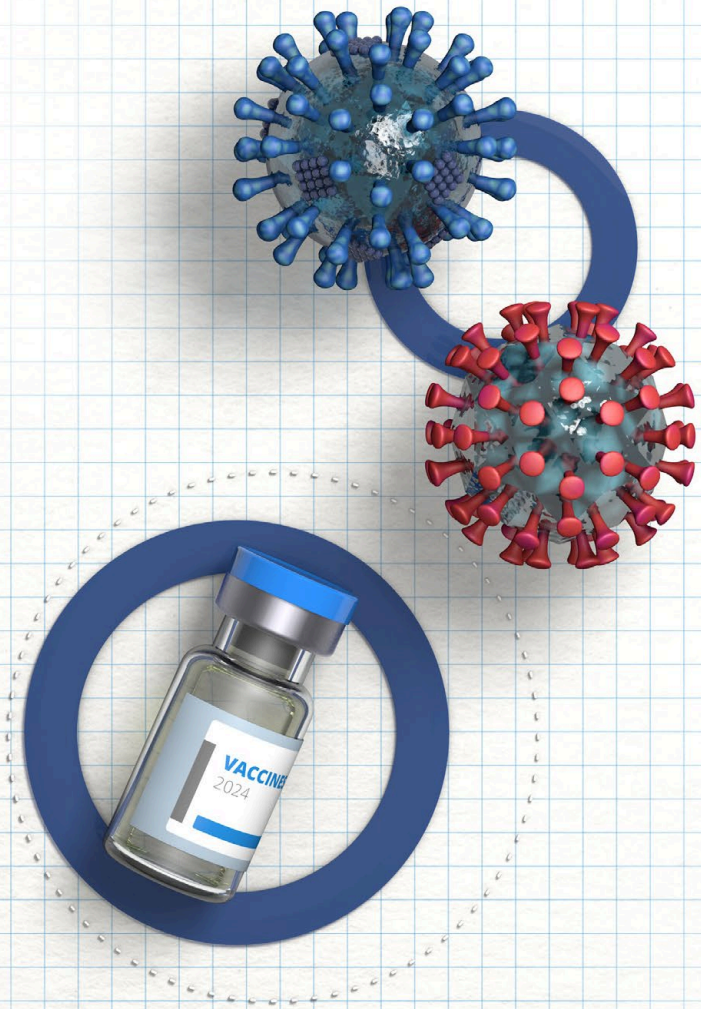
People who are particularly recommended to receive additional doses include those who are:[2]

- Aged ≥ 65 years
- Of Māori or Pacific ethnicity aged ≥ 50 years
- Aged ≥ 16 years who live in aged residential care or disability facilities
- Aged ≥ 12 years with severe immunocompromise who were eligible to receive three primary doses, or with a medical condition that increases their risk of severe illness from COVID-19 (including people who are pregnant)

It is recommended that additional doses are given at least six months apart, or six months after a positive COVID-19 test.[2] Clinical discretion, however, can be applied for some patients, e.g. an interval of three months may be appropriate for patients at high risk of severe disease from COVID-19.[2] N.B. A spacing of fewer than three months between doses requires a prescription.[2]

For further information of groups recommended to receive additional COVID-19 doses, see: **info.health.nz/immunisations/vaccines-aotearoa/covid-19-vaccines/getting-covid-19-vaccines/**, and Table 5.6 in the Immunisation Handbook, available from: **www.tewhatuora.govt.nz/for-the-health-sector/vaccine-information/immunisation-handbook-2024-version-1/**

For further information on COVID-19 vaccines, see: **www.immune.org.nz/vaccines-and-diseases/vaccines**



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2. Health New Zealand, Te Whatu Ora. Immunisation Handbook 2024 version 1. 2024. Available from: https://www.tewhatuora.govt.nz/for-the-health-sector/vaccine-information/immunisation-handbook-2024-version-1 (Accessed Apr, 2024).

This article is available online at:
www.bpac.org.nz/2024/vaccinations.aspx