



Australian Government
Department of Health and Ageing

CHIEF MEDICAL OFFICER

Dear Colleague

Seasonal Influenza Vaccination 2011

I am writing to update you on the arrangements for seasonal influenza vaccination under the National Immunisation Program (NIP) for 2011. The program will commence on 15 March and vaccine stock will be available in all practices by this date. In the Northern Territory (which experiences an earlier influenza season) vaccine stock will be available earlier. The groups eligible for free influenza vaccine are listed in the enclosed Fact Sheet.

The composition of the seasonal influenza vaccine in 2011 is the same as in 2010, covering pandemic H1N1 2009, H3N2 and B strains. All of these occurred in Australia last year and have been circulating during the Northern Hemisphere winter season. At the end of February 2011, the dominant virus in North America was H3N2 while, in Europe, B and pandemic (H1N1) 2009 viruses were the most common. In Europe, pandemic H1N1 2009 virus has been over-represented among the severe cases, which have occurred in the highest number in the 15 to 64 years age group. The majority of these cases have had underlying medical risk factors and most have been unvaccinated. This reinforces the importance of influenza vaccination for people with chronic conditions. Patients should also be advised that, even if they had the seasonal influenza vaccine in 2010, annual vaccination is necessary due to waning immunity.

Following the investigation of the febrile reactions to the 2010 influenza vaccine in children, the Australian Technical Advisory Group on Immunisation (ATAGI) has advised that children aged between 6 months to less than 5 years should not receive the 2011 *Fluvax*[®] vaccine and *Fluvax*[®] is not registered for use in this age group in 2011. The alternative influenza vaccines available for paediatric use are *Vaxigrip*[®] or *Influvac*[®]. ATAGI has also advised a strong preference for the use of either *Vaxigrip*[®] or *Influvac*[®] in children aged 5 years to less than 10 years. *Fluvax*[®] may be used in children aged 5 years to less than 10 years when no timely alternative vaccine is available. The full ATAGI statement which includes the rationale for these recommendations is available at www.immunise.health.gov.au

The events of last year illustrated the importance of monitoring influenza vaccine usage in children. To assist in this I would ask you to notify the Australian Childhood Immunisation Register when you administer influenza vaccine to a child aged up to 7 years. I also encourage you to report any adverse events following influenza vaccine to the Therapeutic Goods Administration through the usual reporting mechanisms in your State or Territory.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jim Bishop'.

Professor Jim Bishop AO
MD MMed MBBS FRACP FRCPA
7 March 2011