

2026 INFLUENZA GUIDE

FOR HEALTHCARE PROFESSIONALS



ABOUT INFLUENZA

Influenza is a potentially fatal disease that is estimated to cause up to 100 deaths and 5,100 hospitalisations in Australia annually.¹ However, these figures are likely to under-represent the real burden of influenza in Australia.

Healthcare professionals have an important role in prompting patients to consider the benefits of influenza vaccination and addressing concerns about its efficacy and safety.

This guide provides useful information about influenza and vaccination, along with tips on how to facilitate influenza vaccination programs in general practice.

PROVIDER RESOURCES FOR FIRST NATIONS PEOPLES

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New resources are available to [help providers talk to First Nations peoples about influenza vaccinations](#).

INFLUENZA AND THE NIP



Free influenza vaccine is available under the NIP for people in the following risk groups:

- Older adults (65 years and over)
- Children aged between 6 months and less than 5 years old
- First Nations peoples aged 6 months and over
- Any stage of pregnancy
- [Specific individuals](#) aged 5 to <65 years of age at increased risk of severe influenza²

[Access the NIP schedule here.](#)

Health, age, lifestyle, and occupation (HALO) can also put people at high risk of influenza complications. These include:

- Obesity
- Stroke
- Tobacco smoking
- Down syndrome
- Residents of nursing homes and other long-term facilities
- Unhoused people

For more information about the NIP, visit: health.gov.au/immunisation or contact your state or territory health department

ACT (02) 6205 2300

SA 1300 232 272

WA (08) 9321 1312

NSW 1300 066 055

TAS 1800 671 738

QLD Contact your local Public Health Unit

NT (08) 8922 8044

VIC 1300 882 008

2026 INFLUENZA VACCINES AVAILABLE FOR USE IN AUSTRALIA

Discard 2025 influenza vaccines where possible as these are not manufactured to the latest seasonal influenza virus.

Remember to discard the prior year's influenza vaccine unless there is a good reason and they are still in date.

Seasonal influenza vaccines available for use in Australia in 2026, by age:²

Registered Age (years)	6mths to <2	<2 to <5	<5 to <18	<18 to <50	<50 to <60	<60 to <65	<65
Vaxigrip 0.5mL Sanofi	✓\$	✓\$	✓#	✓#	✓#	✓#	✓
Flucelvax 0.5mL CSL Seqirus	✓	✓	✓#	✓#	✓#	✓#	✓
Fluzone 0.5mL Sanofi	✓	✓	✓	✓	✓	✓	✓
Influvac 0.5mL Viatris	✓	✓	✓	✓	✓	✓	✓
Fluad 0.5mL CSL Seqirus	X	X	X	X	✓	✓	✓\$
Fluzone High-Dose 0.5mL Sanofi	X	X	X	X	X	✓	✓
Flumist 0.2mL AstraZeneca	X	✓	✓	✓	X	X	X

✓ Vaccine is registered and available

\$ Vaccine is available for under the [NIP](#)

NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

X Vaccine is not available for that age group

TIMING OF VACCINATIONS

Vaccination is encouraged before and throughout the influenza season.

In Australia, the influenza season is officially recognised as starting in April.

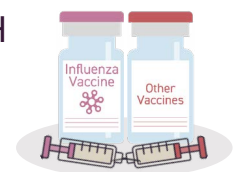
However, residents of northern Australia should be offered the new seasonal vaccines as soon as they become available.

This also applies to your patients during their pregnancy.



CO-ADMINISTRATION WITH OTHER VACCINES

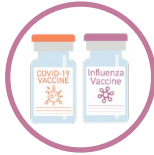
Influenza vaccines can be administered at the same time as, or at any interval before or after, other vaccines. This includes dTPa, respiratory syncytial virus (RSV), pneumococcal, and COVID-19 vaccines.¹



INFLUENZA AND COVID-19

COVID-19 and influenza are both serious respiratory infections. It is therefore essential that patients are immunised against influenza at the earliest opportunity, particularly those most at risk.

All COVID-19 vaccines can be co-administered with an influenza vaccine.³



INFLUENZA AND PREGNANCY

Influenza is a potentially severe disease that can affect both the birthing parent and baby. It can affect the birthing parent in the second and third trimesters and the baby in the first few months after birth, even causing death.

[Read more about influenza vaccination while pregnant.](#)



INFLUENZA AND CHILDREN

The influenza vaccination is funded under the NIP for children aged between 6 months and <5 years for some vaccines.

The vaccine available for children under the NIP in this age group are:

- **Vaxigrip® 0.5mL** (6 months to <5 years)
- **Flucelvax® 0.5mL** (<5 to <18 years)

NIP Funded Influenza vaccine for Aboriginal and/or Torres Strait Islander children and people who have certain medical conditions:

- **Vaxigrip® 0.5mL** (from 6 months and older)
- **Flucelvax® 0.5mL** (<5 to <18 years)

Other vaccines that are registered and available for children in 2025 but are **not** funded under the NIP are:

- **Influvac® 0.5mL** (6 months and older)
- **Fluzone 0.5 mL** (6 months and older)
- **Flucelvax® 0.5mL** (6 months to 5 years)
- **Flumist 0.2 mL** (>2 to <18 years)



ENHANCED INFLUENZA VACCINES FOR OLDER PEOPLE

There are two enhanced influenza vaccines available for older adults in 2026:

- **Fluad® 0.5mL** for people aged 65 and over (funded under the NIP)
- **Fluzone® High-Dose Quad 0.7mL** for people aged 60 and over (not funded under the NIP)

For adults aged 65 and over, either the adjuvanted influenza vaccine (*Fluad Quad*, funded under the NIP) or the high-dose influenza vaccine (*Fluzone High Dose Quadrivalent*) is recommended over standard-dose egg-based or cell-based influenza vaccines.^[4]

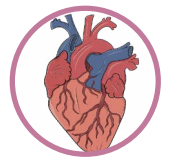


INFLUENZA AND HEART ATTACKS

Evidence from several studies indicates that annual vaccination against seasonal influenza reduces cardiovascular morbidity and mortality in patients with cardiovascular conditions.

Studies suggest that the influenza vaccine almost halves the risk of heart attacks in older adults.^{5, 6}

GPs who treat individuals with cardiovascular disease can help improve influenza vaccination coverage rates by asking about vaccination status, strongly recommending it, and providing vaccination to their patients before and throughout the influenza season.



REFERENCES

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5. MacIntyre CR, Heywood AE, Kovoor P, Ridda I, Seale H, Tan T, et al. Ischaemic heart disease, influenza and influenza vaccination: a prospective case control study. *Heart*. 2013;99(23):1843-8.
6. Barnes M, Heywood AE, Mahimbo A, Rahman B, Newall AT, Macintyre CR. Acute myocardial infarction and influenza: a meta-analysis of case-control studies. *Heart*. 2015;101(21):1738-47.