Australian Government
Department of Health and Ageing

CHIEF MEDICAL OFFICER

Dear Doctor

Influenza vaccination

Last year's influenza season was more severe than other recent seasons, with a substantial increase in the number of cases of laboratory-confirmed influenza and a number of deaths[i]. This has highlighted the importance of seasonal influenza vaccination. I am writing to provide you with information which may be useful as you prepare for the 2008 influenza season.

The NHMRC considers that influenza vaccination is the single most important measure in preventing or attenuating influenza infection and mortality.[ii] The effectiveness of the vaccine depends on the age and immunocompetence of the recipient and the degree of similarity (or match) between the vaccine strains and those circulating in the community.

On the recommendation of the Australian Influenza Vaccine Committee, the vaccine for use in the 2008 influenza season has three strains, A/Solomon Islands/3/2006 (H1N1), A/Brisbane/10/2007 (H3N2) and B/Florida/4/2006. These strains have been incorporated into this year's southern hemisphere vaccine to take into account 'antigenic drift' that occurred globally last year. The strains in the vaccine for use this year in Australia are closely related to those currently circulating globally. While vaccination is most effective when the vaccine strains are closely matched to circulating strains, worthwhile protection can be achieved even when the match is less than optimal[iii].

Free influenza vaccine is provided through the National Immunisation Program for everyone aged 65 years and over, for all Aboriginal and Torres Strait Islander peoples aged 50 years and over and for all Aboriginal and Torres Strait Islander peoples aged 15-49 years who have risk factors for severe effects from influenza.

In addition, influenza vaccine is subsidised through the Pharmaceutical Benefits Scheme (PBS) for anyone aged 6 months or more who is at special risk of adverse consequences from infections of the lower respiratory tract. Risk groups are identified in the Influenza chapter of the Australian Immunisation Handbook, 9th Edition (2008) which is published on the Immunise Australia Website at http://immunise.health.gov.au/. A hardcopy of the full Handbook will be distributed to all immunisation providers shortly.

The Handbook chapter also includes changed dosage recommendations for children. To align with international recommendations and influenza vaccine product information, the NHMRC has recommended an increase in the dosage for influenza vaccine in children. For those between 6 months and less than 3 years, the dose is 0.25ml and for anyone older than 3 years it is 0.50ml. Up to age 9 years, children need two doses of influenza vaccine in the year in which they are first vaccinated.

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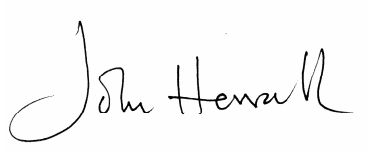
The NHMRC has not recommended universal influenza vaccination for children but advises that, if parents wish to vaccinate their children, the vaccine can be given from 6 months of age. The Australian Technical Advisory Group on Immunisation (ATAGI) has established a working group to examine the evidence relating to effectiveness of influenza vaccination in children; the Group will provide a report to ATAGI later in 2008. The Western Australian Government is running a trial of vaccinating children aged up to 5 years in the Perth area during 2008, which will contribute to the evidence-base to be examined by ATAGI.

Last year I wrote to you about influenza vaccination for your patients who are residents of aged care facilities. I would like to re-emphasise the importance of not only immunising your patients but also promoting the value of vaccination of aged care workers. Vaccination protects the individual worker and reduces the need for time off work during the winter season. It also provides increased protection for the residents, by reducing the risk of transmission of the virus from staff[iv]. High levels of staff vaccination assist in the prevention of outbreaks in facilities[v]. Vaccination is also strongly recommended for health care workers and anyone else working with, or caring for, people who are at particular risk from influenza.[vi] By being vaccinated, health care workers not only protect themselves but also reduce the risk of transmitting the infection to vulnerable people, especially those in the age groups where vaccination may be less effective. It is important not to overlook yourself and your practice staff when planning your vaccination program for the season.

Influenza vaccine is very effective at preventing infection in fit and healthy people, thereby reducing transmission to others. For updated evidence and information see the "Fightflu" website http://www.fightflu.gov.au/asp/index.asp of the National Institute of Clinical Studies (now part of the National Health and Medical Research Council).

Yours sincerely



Professor John Horvath AO
9 April 2008

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[i] http://www.health.gov.au/internet/main/Publishing.nsf/Content/cda-surveil-ozflu-flucurr.htm
[ii] NHMRC 2008 The Australian Immunisation Handbook Chapter 3.9 Influenza, available at http://www.immunise.health.gov.au
[iii] Nichol KL et al Effectiveness of influenza vaccine in the community-dwelling elderly. NEJM 2007;357(14): 1373-81.
[iv] Carman W, Elder A, Wallace L et al. Effects of influenza vaccination of health-care workers on mortality of elderly people in long-term care: a randomised controlled trial. Lancet 2000;355:93-97.
[v] Arden N, Monto A and Ohmit S. Vaccine use and the risk of outbreaks in a sample of nursing homes during an influenza epidemic. American Journal of Public Health 1995; 85: 399-401.
[vi] NHMRC 2008 The Australian Immunisation Handbook Chapter 3.9 Influenza, available at http://www.immunise.health.gov.au