



ACIPC

Australasian College
for Infection Prevention and Control

ACIPC Position Statement
Seasonal Influenza vaccination

ACIPC Position Statement - Seasonal Influenza Vaccination

Executive Summary

To improve and strengthen the response to influenza illness across the Australasian region, and to improve safety for patients, residents, and communities, ACIPC strongly recommend that:

- Annual influenza vaccination is offered equitably for everyone aged 6 months and older.
- Access to vaccinations is promoted and accessible to all, especially segments of the population at higher risk of illness.
- Healthcare workers and essential service providers are vaccinated.
- Healthcare organisations are encouraged to develop/incentivise vaccination programs for employees, to increase vaccination uptake in healthcare workers and essential service providers.

Introduction

Influenza is a highly contagious acute respiratory infection caused by influenza viruses, that spread easily from the respiratory secretions of infected people, via viral particles and direct contact^{1,2,3}. While influenza can be a mild disease for some, it can cause severe illness for otherwise healthy people and can lead to hospitalisation^{4,5}. Influenza is estimated to infect 1 in 5 unvaccinated children, and 1 in 10 unvaccinated adults². Each year around a billion cases of seasonal influenza occur, including 3-5million cases of severe illness, and 290,000 to 650,000 deaths¹. And in Australia there are approximately 5,100 influenza related hospitalisations, and 100 deaths each year, though this is believed to be widely under-reported³.

Definitions

Healthcare workers: Anyone who works in a healthcare or social care setting, e.g., medical practitioners, nurses, midwives, carers, dentists, allied health, students on placement; as well as executives, managers, and administration.

Long-term residential facilities: Includes correctional facilities and immigration detention centers.

Literature Review

Influenza is a common viral infection that can cause mild disease or serious illness. Vaccination is the best way to prevent both acute infection and severe outcomes caused by influenza viruses⁶. Influenza vaccines are updated annually with new vaccines developed to match the viruses that are circulating. They are made using inactivated or recombinant-based viruses⁷, thus the vaccine is not live and cannot replicate and cause influenza infection. Vaccination should occur before the start of the influenza season and is recommended from mid-April onwards to provide protection during the peak season, usually between June to September. Protection from the vaccination is at its highest

level in the 3-4 months after receiving the vaccination, though it is generally expected to last throughout the year³.

The COVID-19 pandemic has provided ongoing evidence of changing considerations in the management of all respiratory viruses, including the role of viral particles in transmission⁸. Current guidelines and recommendations for the management of people with influenza indicate that the transmission routes are through exposure to droplets or contact with contaminated surfaces or objects⁹. Airborne transmission may also occur, however the impact of this mode of transmission is unclear⁸, and warrants further review on guidelines into the management of people with influenza.

Recommendations

Who should be vaccinated?

- Annual influenza vaccination is offered for everyone aged 6 months and older.
- Access to vaccinations should be promoted and accessible to all, especially segments of the population at higher risk of illness.
- Healthcare workers and essential service providers should be vaccinated.
- Healthcare organisations are encouraged to develop/incentivise vaccination programs for employees, to increase uptake in healthcare workers and essential service provider vaccination rates.

High risk groups are:

- Older adults
- Pregnant women or women up to 2 weeks postpartum
- Children under 5 years
- People with a BMI of ≥ 30 kg/m²
- People with underlying health conditions (including transplant recipients, cardiac disease, chronic respiratory conditions, chronic neurological conditions, chronic liver disease, immunosuppressive conditions)
- Aboriginal or Torres Strait Islander people
- Māori and Pacific ethnicities
- People planning international travel

Occupational groups at risk:

Some occupational groups are at an increased risk of exposure to influenza compared with the general population, due to increased exposure to influenza in their day-to-day work. Infection in these groups may increase the risk of transmission of influenza to susceptible people that they work with:

- Healthcare workers, carers, and household contacts of people in high-risk groups.
- Residents, clients, staff, and volunteers to aged care.

- Residents and staff of long-term residential facilities.
- Early childhood education and care.
- Essential service providers.
- Commercial poultry and pork industry workers.

Access to vaccinations

Access to influenza vaccinations should be made readily and freely available to at-risk people, and occupational groups who have an increased risk of exposure. Funded immunization programs^{4,10}, provides free influenza vaccination to all children aged 6 months to <5 years, all adults aged ≥ 65 years, and people aged <65 years who are at an increased risk of complications (e.g. certain medical conditions, Aboriginal and Torres Strait Islander people and Māori and Pacific ethnicities).

Employers of people with an increased risk of exposure are encouraged to provide influenza vaccinations to their employees through staff health programs and initiatives to incentivize vaccination uptake, including promotional and educational activities on the benefits of vaccination.



Version

Version	Date	Addition/Amendments	Author	Review By
1.0	March 2024	New position statement	Infection Prevention CNC	PGC ACIPC Board

References

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