MARCH 2025

2025 Winter Immunisation Toolkit for Tasmanian Immunisation Providers

Influenza, COVID-19 and RSV vaccine program guidance

Business Unit **Communicable Diseases Prevention**
Department of **Health**

Tasmanian Government

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Version 1.0 – 28/03/2025

Influenza Immunisation Campaign Provider Timeline

DUE	ACTION	✓
March	Ensure **all** 2024 influenza ('flu') vaccine stock has been discarded. Some brands expired in December 2024 and other expired in February 2025. Report discarded stock to the Public Health Immunisation Unit using the *Discarded Vaccine Report Form*	
	Influenza vaccines can be ordered **from Monday 31 March** through your usual vaccine ordering portal. Please note that during influenza season you will be able to place more regular orders.	
	Review the Australian Technical Advisory Group on Immunisation's (ATAGI) statement on the administration of seasonal influenza vaccines in 2025	
	Review the 2025 influenza vaccination – Program advice for health professionals	
	Identify at-risk and eligible clients for National Immunisation Program (NIP) funded influenza vaccines and calculate how many vaccines are required for each cohort for your first order. For a list of specified medical conditions and NIP funding status, see the Table outlining specified medical conditions associated with increased risk of influenza disease and severe outcomes	
	Identify priority populations that are also due for a COVID-19 vaccine, particularly older clients, residential aged care home (RACH) residents, and those with severe immunocompromise. Consider opportunities for co-administration.	
	The number of orders per month for the flu vaccine is not restricted. Check your purpose-built vaccine fridge has capacity to store the number of vaccines which you are ordering, and do not over-order.	
	Ensure PRODA access to the Australian Immunisation Register (AIR) is obtained for staff providing immunisations.	
	For Authorised Immunisers vaccinating under an immunisation program approval, ensure that your Program Approval is up to date. For further information about the Program Approval process please contact the Immunisation Team at Public Health by emailing authorisedimmuniser@health.tas.gov.au or see the Tasmanian Immunisation Program Guidelines	

DUE	ACTION	✓
	Check capacity and process to rebook any children requiring a second influenza vaccination. This only applies to children less than 9 years of age who are receiving influenza vaccine for the first time.	
April	Clearly label your influenza vaccine stock in baskets in the fridge by age category to minimize the risk of inappropriate administration. Please ensure government-funded and private vaccine stock is stored separately.	
	Send communications to **all** clients to let them know that the influenza vaccination program has commenced. Prioritise communications to NIP-eligible cohorts in the first instance. Have consumer resources available for clients to read.	
	Display influenza campaign posters in your clinic/pharmacy. These are available from The Australian Government, Department of Health and Aged Care's resources collection.	
	Influenza vaccine campaign commences. Consider opportunities for co-administration of other indicated vaccines throughout the campaign.	
	Report **all** vaccination encounters to the AIR. It is now mandatory to also report whether an individual was pregnant at the time of vaccination.	
Mid-May	Review vaccine uptake – send reminders to pre-identified eligible clients who have not attended for vaccination. Continue to order vaccines according to stock on hand and demand. Please do not over-order vaccine stock.	
	Consider using a waitlist for clients if vaccine demand exceeds your last order.	

Introduction

The Immunisation Team, Communicable Diseases Prevention Unit, Public Health Services have developed this toolkit to assist providers with managing the roll-out and implementation of their influenza vaccination program in 2025.

Annual influenza vaccination remains the most important measure to prevent influenza and its complications. Everyone aged six months and older is recommended to receive an influenza vaccine each year to protect themselves and those around them. The vaccine is funded under the NIP for people most at-risk of severe disease and is strongly recommended in these groups.

Even the healthiest of children are at risk of serious complications from influenza, yet parental awareness about the importance of influenza vaccination in children under five years of age varies and the uptake in this age group remains low. Recommendation by a healthcare provider to receive an influenza vaccination is a key driver of vaccine uptake. The support of health practitioners in advocating for and improving the uptake of influenza vaccine in young children as well as in other at-risk groups, in particular pregnant women and First Nations people is of utmost importance.

During the influenza vaccination program, consider opportunities for co-administration of other vaccines, including COVID-19 and respiratory syncytial virus (RSV) vaccines.

The RespTas Report presents detailed information about activity and trends of acute respiratory infections in Tasmania.

See notifications of influenza, COVID-19, RSV and acute respiratory illness in the fortnightly Tasmanian Respiratory Surveillance Reports.

2025 Influenza Immunisation Campaign

Influenza Vaccine Composition

The composition of influenza vaccines for the Southern Hemisphere is reviewed by the World Health Organization annually in September. Subsequently the Australian Influenza Vaccine Committee (AIVC) provide advice to the Therapeutic Goods Administration (TGA).

The WHO and AIVC have recommended that the inclusion of the B Yamagata lineage virus in vaccines is no longer warranted. This will mean a transition from quadrivalent influenza vaccine (QIV) to trivalent influenza vaccine (TIV). In Australia, in 2025, due to timing of transition, all vaccine brands remain QIVs however these formulations still contain the recommended strains for 2025.

Influenza virus strains recommended for inclusion in the 2025 Southern Hemisphere seasonal influenza vaccines (all are QIV's):

Egg-based influenza vaccines:

- A/Victoria/4897/2022 (H1N1) pdm09-like virus.
- A/Croatia/10136RV/2023 (H3N2)-like virus.
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Cell-based influenza vaccines:

- A/Wisconsin/67/2022 (H1N1) pdm09-like virus.
- A/District of Columbia/27/2023 (H3N2)-like virus.
- B/Austria/1359417/2021 (B/Victoria lineage)-like virus.
- B/Phuket/3073/2013 (B/Yamagata lineage)-like virus.

Both egg-based (FluQuadri®, Fluad Quad® and Vaxigrip Tetra®) and cell-based vaccine (Flucelvax Quad®) will be available in Australia in 2025 under the NIP. There is no preferential recommendation between the use of Flucelvax® Quad and standard egg-based influenza vaccines and both can be given to people with egg allergy.

Privately Purchased Influenza Vaccines

Influenza vaccines, for those who are not eligible for funded vaccine under the NIP, are available to purchase on the private market. Privately purchased influenza vaccines must be ordered through your regular vaccine wholesaler.

ATAGI has provided advice regarding the recent international activity of avian influenza, and notes that seasonal influenza vaccine is not protective against avian influenza virus. However, people in occupational risk groups, for example poultry workers are recommended to receive a 2025 influenza vaccine to minimise the risk of dual infection with seasonal and avian influenza viruses.

NIP-funded Influenza Vaccines

The Australian Government provides a free seasonal influenza vaccine to those most at risk of complications from influenza. Eligibility for NIP-funded influenza vaccines remains unchanged in 2025. Annual influenza vaccine is funded for:

- all children aged six months to less than five years
- pregnant women (at any stage of pregnancy)
- First Nations people aged six months and over
- all people aged 65 years and older
- people aged six months and over with certain medical conditions (see Table 1).

General Practitioners (GP's) and council providers can order NIP influenza vaccine for all NIP eligible cohorts. Pharmacist immunisers can order NIP influenza vaccines for NIP eligible cohorts aged five years and older.

Table 1. Medical conditions associated with an increased risk of influenza disease complications

CATEGORY	EXAMPLE MEDICAL CONDITION	NIP FUNDED
Cardiac Disease	Congenital heart disease, congestive heart failure, coronary artery disease.	Yes
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultation or the use of multiple medicines)	Yes
Immunocompromising conditions	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR-T cell therapy	Yes
Haematological disorder	Haemoglobinopathies	Yes
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyria	Yes
Chronic kidney disease	Chronic kidney disease stage 4 or 5	Yes
Chronic neurological condition	Hereditary and degenerative central nervous system diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, conditions which increase respiratory infection risk	Yes
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection	Yes
Chronic liver disease	Cirrhosis, autoimmune hepatitis, non-alcoholic fatty liver disease, alcoholic liver disease.	**No**
Obesity	Body mass index >30 kg/m2	**No**
Chromosomal abnormality	Trisomy 21	**No**
Harmful use of alcohol	Any harmful use of alcohol	**No**

Note: These examples are not exhaustive, and providers may include individuals with conditions similar to those listed above based on clinical judgement. See the Australian Immunisation Handbook-Influenza chapter.

Figure 1. 2025 Influenza vaccines funded under the NIP by age

NIP FUNDED INFLUENZA VACCINES BY AGE GROUP				
	Quadrivalent Influenza Vaccines (QIVs)			
Age Group	FluQuadri® (Sanofi) 	Vaxigrip Tetra® (Sanofi) 	Flucelvax® Quad (CSL Seqirus) 	Fluad® Quad (Seqirus) 
6 months to <5 years	✓**	✓	NOT FUNDED	DO NOT USE
≥5 to <65 years	NOT FUNDED	✓*	✓*	DO NOT USE
≥65 years	NOT FUNDED	NOT FUNDED	NOT FUNDED	✓

Note: Ticks indicate vaccines that are NIP funded. Before administering an influenza vaccine, check that you have the correct vaccine for the person's age at time of administration.

**Funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions. Other influenza vaccines that are not NIP-funded are available in 2025. For further information, refer to the ATAGI clinical statement on the administration of influenza vaccines in 2025 available at health.gov.au/influenza-resources and the Australian Immunisation Handbook chapter – Influenza (Flu).*

***FluQuadri does not have a NIP funded label printed on the box in 2025. Please be very careful to separate your NIP funded and private stock in your fridges to prevent NIP vaccine leakage.*

Reminders

- Influenza vaccines **are not** recommended for infants less than six months of age.
- Children aged six months to less than nine years receiving influenza vaccine for the first time require two doses at least four weeks apart.
- Influenza vaccines can be given at the same time as, or at any interval before or after any other vaccines. See the section below on "Adjuvanted vaccines" for further information on the co-administration of the adjuvanted vaccines Fluad® Quad, Shingrix® and Arexvy® (RSV).
- If a person had a 2024 influenza vaccine in late 2024 or early 2025, they are still recommended to receive a 2025 formulation of influenza vaccine when it becomes available. There should be a four-week minimum interval between doses.
- For women who received an influenza vaccine in 2024, it is recommended to also administer the 2025 vaccine if available before the end of pregnancy.
- If a pregnant woman received an influenza vaccine prior to becoming pregnant, revaccination is recommended during pregnancy.

Ordering of NIP Influenza Vaccines

General Practice and Local Council Providers

General Practice and Local Council providers can place orders on the vaccine online ordering system **from Monday 31 March 2025**.

Please note that the Tasmanian vaccine warehouse is currently situated in Victoria and deliveries will not arrive on a Monday.

When placing influenza vaccine orders, you will be asked to report how many influenza vaccines you have in stock. You **do not** need to count all other NIP vaccines in your fridge if you are only placing an influenza vaccine order.

You should consider the following when placing your influenza vaccine orders:

1. Calculate how many vaccines your service can provide each day and estimate how many vaccines are needed to maintain stock levels until the next delivery.
2. Check your vaccine fridge storage capacity.
3. Order vaccine brands appropriate for your patient age cohorts, ensuring those aged 65 years and older receive Fluad® Quad vaccine, the adjuvanted influenza vaccine recommended for this age group.
4. Only order a sufficient volume of vaccines for use in a maximum four-week period.
5. Keep in mind that the demand for influenza vaccines will decrease after the first four-to-six weeks of the program.
6. Providers should aim for no more than two orders per month, however where necessary, extra orders may be considered.

Pharmacy Providers

NIP Influenza vaccine stock can be ordered through Sigma Healthcare (Sigma) **from Monday 31 March 2025.**

VACCINE NAME	SIGMA PRODUCT CODE	ORDERING CAP PER WEEK
Fluad® Quad	10036976	50 doses
Vaxigrip® Tetra	10033936	20 doses
Flucelvax® Quad	10036977	20 doses

Please be mindful that NIP influenza vaccine orders will be capped, particularly early in the season, to ensure an even and equitable distribution of vaccines and to minimise wastage.

NIP influenza vaccines will be supplied to pharmacies at no cost, with delivery costs covered by the department.

Contact your Sigma sales representative with any enquiries related to your *Sigma* ordering account.

Influenza Vaccine Effectiveness

The effectiveness of the influenza vaccine varies each flu season because the vaccine viruses may not completely match the circulating influenza viruses.

In general, influenza vaccine effectiveness has been found to vary between 40-60 per cent (refer to ATAGI statement on the transition from quadrivalent to trivalent seasonal influenza vaccines in Australia). This means that on average, a vaccinated person is 40-60 per cent less likely to experience a negative health outcome associated with influenza, for example requiring medical attendance at a GP practice or hospital as a result of influenza, than an unvaccinated person.

Vaccine effectiveness is generally lower in older people than in younger adults and children. For this reason, either of the adjuvanted influenza vaccine, Fluad® Quad (NIP funded) or the high dose influenza vaccine, Fluzone® High Dose Quadrivalent is recommended in preference to standard influenza vaccine for adults aged over 65 years.

There is no evidence for the effectiveness or safety of giving two influenza vaccines in one season, except in very specific circumstances such as in children under nine years of age receiving vaccine for the first time, and post-transplant patients. See the Australian Immunisation Handbook- Influenza chapter for further information.

Considerations for Vaccine Timing

Typically, the period of peak influenza circulation is **June to September** in most parts of Australia, including Tasmania.

The ATAGI advises that whilst protection is expected to last throughout the year, optimal protection occurs in the first three to four months of vaccination.

Young children aged six months to under nine years require **two doses** in their first year of vaccination (given at least four weeks apart). Please note that **both doses are funded** for the six months to less than five-year cohort, so ideally vaccinate children as soon as stock becomes available. Should a child not receive two doses in their first year, they only require one dose the following year.

Pregnant women should be vaccinated at the earliest opportunity during pregnancy. In accordance with the Australian Immunisation Handbook, the 2025 influenza vaccine should be given to pregnant women even if the 2024 vaccine was given earlier in the pregnancy. The influenza vaccine can be given at the same time as dTpa and RSV vaccines (Abrysvo® only), as well as COVID-19 if this is required.

People travelling to a country where influenza is circulating can be vaccinated two weeks before travel, at any time of the year, if they have not already received a 2025 influenza vaccine.

Patients with Allergies

Egg allergy: is **not** a contraindication to any influenza vaccine. People with an egg allergy, including anaphylaxis, can be safely vaccinated with influenza vaccines (including egg-based and cell-based vaccines) unless they have previously reported a serious adverse reaction to influenza vaccines.

The minimum period of observation following vaccination for egg-allergic individuals is 15-20 minutes (ASCIA guidance).

People with a history of **anaphylaxis** to eggs should:

- Receive a **full** age-appropriate vaccine dose.
- If there is significant parental or health professional anxiety, the vaccine may be administered in primary care settings with a longer post vaccination observation period of 30 minutes.
- As for all vaccinations, it is essential that clinic staff can recognise and treat suspected anaphylaxis, which includes administration of adrenaline (epinephrine).

For further information please refer to the Australian Immunisation Handbook and the Australasian Society of Clinical Immunology and Allergy (ASCIA), Vaccination of the Egg-allergic Individual Guidelines.

Latex allergy: all influenza vaccines supplied under the NIP in 2025 are latex-free. For further information please refer to the Australian Immunisation Handbook.

Please note that anaphylaxis after a previous dose of any influenza vaccine or after any component of an influenza vaccine is a contraindication to vaccination. Seek specialist advice.

Other Acute Respiratory Infection Immunisations

If a patient presents for an influenza vaccine, it is a good opportunity to ensure they are up to date with other vaccines recommended for their age, including COVID-19, shingles, RSV and pneumococcal vaccine.

In particular, given the increased risk of respiratory disease in winter, please co-administer influenza,COVID-19 and RSV vaccines where appropriate.

COVID-19

Vaccination remains the most important measure to protect those at risk of severe illness from COVID-19.

Primary Course Advice

- All adults aged 18 years and over are recommended a single primary dose.
- Children and adolescents aged less than 18 years of age are not routinely recommended a primary dose.
- Those aged six months to less than 18 years with medical conditions that may be associated with an increased risk of severe COVID-19 are eligible for a primary course based on an individual risk-benefit assessment.

Booster Advice

Adults are eligible for an additional COVID-19 vaccine every six to 12 months, depending on age and medical risk factors (see below). Please prioritise vaccination of older patients, residents of RACHs and those with severe immunocompromise.

COVID-19 Vaccine Booster Doses by Age Group and Risk Status*

AGE	WITH SEVERE IMMUNOCOMPROMISE#	WITHOUT SEVERE IMMUNOCOMPROMISE#
≥ 75 years	Recommended every 6 months	
65-74 years	Recommended every 12 months and eligible for a dose every 6 months	
18-64 years	Recommended every 12 months and eligible for a dose every 6 months	Eligible for a dose every 12 months
5-17 years	Eligible every 12 months	Not recommended
<5 years	Not recommended	

*See the Australian Immunisation Handbook - COVID-19 chapter

Reminders

COVID-19 vaccines can be co-administered (given on the same day) with any other vaccine.

COVID-19 vaccinations are funded for all eligible individuals under emergency measures, **not** by the National Immunisation Program, and may be given to eligible people with or without a Medicare card.

For further information please see the Australian Immunisation Handbook - COVID-19 chapter.

Respiratory Syncytial Virus (RSV)

RSV is a virus transmitted by respiratory secretions. It is a common cause of upper and lower respiratory tract infections. The highest burden of RSV disease is among infants, young children and elderly people.

RSV vaccination is recommended for:

- Pregnant women 28 to 36 weeks gestation to protect their infant (NIP funded)*
- All people aged ≥75 years and Aboriginal and Torres Strait Islander people aged ≥ 60 years (private script)
- People with medical risk factors for severe RSV disease aged ≥ 60 years (private script)

The RSV vaccines Arexvy® (GSK) and Abrysvo® (Pfizer) are different formulations and are registered for use in specific population groups.

Only Abrysvo® is to be used in pregnant women. There are no RSV vaccines licensed for non-pregnant people under 60 years of age.

Both Arexvy® and Abrysvo® are available on the private market, whilst Abrysvo® is also funded through the NIP for pregnant women (see below information).

RSV vaccines can be co-administered with other vaccines for older adults, such as COVID-19, influenza, pneumococcal and recombinant zoster (Shingrix®) vaccines. There is an increased likelihood of local and systemic adverse events if Arexvy® is co-administered with other vaccines, but the benefits of co-administration should be weighed against this (see Adjuvanted Vaccines section below).

The need for further doses in the future has not yet been established.

*RSV Maternal and Infant Protection Program 2025

In Tasmania in 2025, there are two RSV products being offered as part of a comprehensive maternal and infant protection program.

Maternal program - a single dose of Abrysvo® is funded under the NIP and recommended in pregnancy from 28-36 weeks gestation to protect the infant against RSV from birth through to approximately 6 months.

Infant program - a single dose of Beyfortus® (nirsevimab) is recommended 1 April to 30 September 2025 for:

First RSV season: eligible infants born from 1 October 2024 AND less than 8 months at time of administration. Eligible infants include those not protected by maternal RSV vaccination or with specific risk conditions*:

- Infants whose mother did not receive Abrysvo® at least 2 weeks prior to delivery
- Infants with specific conditions associated with increased risk of severe RSV disease* regardless of maternal RSV vaccination status
- Infants born to mothers with severe immunosuppression, where the immune response to maternally administered RSV vaccine was impaired±
- Infants whose mothers have received RSV vaccine in pregnancy but have subsequently undergone a treatment, such as cardiopulmonary bypass or extracorporeal membrane oxygenation, that has led to loss of maternal antibodies±

High-risk infants and young children entering their second RSV season: children less than 24 months at time of administration AND with specific conditions associated with increased risk of severe RSV disease* entering their second RSV season^

Beyfortus® (nirsevimab) will be offered through public and private birthing hospitals, General Practitioners, and some tertiary outpatient clinics.

*Conditions associated with increased risk of severe RSV disease in infants and young children are listed in the Australian Immunisation Handbook

± For advice regarding maternal immunosuppression and where women have undergone treatment leading to a loss of maternal antibodies refer to the Australian Immunisation Handbook

^ In Tasmania, the RSV season typically occurs from May to September, with year-to-year variation.

For further information on this program see the Tasmanian Department of Health website:

RSV maternal and infant protection program 2025 | Tasmanian Department of Health

RSV Maternal and Infant Protection Program Toolkit Tasmania 2025 | Tasmanian Department of Health

Adjuvanted Vaccines

An adjuvant is a substance that enhances the body's immune response to a vaccine. There is a potential for an increase in mild to moderate local and systemic reactions when administering two adjuvanted vaccines on the same day (e.g. Fluad® Quad, Shingrix® or Arexvy®).

Administration may be separated by a few days, although it is also acceptable to co-administer these vaccines to avoid missing opportunities to vaccinate eligible people. See the Australian Immunisation Handbook for further information.

Adjuvanted vaccines that are given on the same day should ideally be administered at separate anatomical sites.

See the Australian Immunisation Handbook for more details.

Reporting Adverse Events Following Immunisation and Vaccine Administration Errors

An adverse event following immunisation (AEFI) is any untoward medical occurrence which follows immunisation, and which does not necessarily have a causal relationship with the vaccine.

Immunisation providers should report AEFIs and vaccine administration errors (VAEs) to the Immunisation team to enable immunisation safety issues to be identified and managed appropriately and in a timely manner. The AEFI report form may be completed and emailed to tas.aefi@health.tas.gov.au or alternatively, providers may phone the Immunisation team at Public Health on 1800 671 738.

Additionally, *AusVaxSafety* is an active vaccine safety surveillance system that monitors the safety of vaccines in Australia (information and weekly updates are available on AusVaxSafety).

Reporting to the Australian Immunisation Register (AIR)

The AIR is a national register that records vaccines given to all people in Australia. It is mandatory for all vaccination providers to report the administration of NIP, COVID-19, influenza and Japanese encephalitis virus (JEV) vaccines to the AIR within a timely manner. This is a requirement under the *Australian Immunisation Register Act* 2015 and the Australian Immunisation Register Rule 2015.

Under the “vaccine type” field in “Episode details”, there are now just two options:

- NIP/Commonwealth
- Other

The antenatal option has been removed from the “vaccine type” field, and instead there is a new **antenatal indicator**. “Yes” should be selected to this indicator when the person presenting is pregnant at the time the vaccine is administered.

Reporting timely, high quality and accurate vaccination information to the AIR allows monitoring of immunisation coverage and administration across Australia. This will ensure complete vaccination records for your patients including the availability of this information in their My Health Record.

Vaccination providers can report vaccination information through the AIR site in HPOS, or through clinical software. Providers should update to the latest version of their clinical software as soon as possible to make sure reporting requirements are met.

Access to PRODA

Each individual that works in the organisation and requires AIR access will also need to register for an individual PRODA account.

Information for organisations about PRODA can be found here.

Further information for health professionals in regard to the AIR can be found here.

Vaccine Storage and Cold Chain Management

The Immunisation Team at Public Health is responsible for all NIP and state funded vaccines.

Vaccines must be stored in a purpose-built vaccine fridge, within the recommended temperature range of +2°C to +8°C and protected from light. Correct storage and handling of vaccines is vital to maintaining vaccine potency and ensuring vaccines are safe and effective for patient administration.

Refer to The National Vaccine Storage Guidelines - 'Strive for 5' for more information on best practice guidelines for immunisation storage and cold chain management.

If the vaccine storage temperatures for NIP and state-funded vaccines have been outside the recommended range of +2°C to +8°C (except for up to 12°C for less than 15 minutes), contact the Immunisation team at Public Health on 1800 671 738 for further advice. There is a Public Health nurse on-call seven days a week.

Immunisation Provider Resources

Influenza

- **Department of Health, National Immunisation Program**
  2025 influenza vaccination – Program advice for health professionals | Australian Government Department of Health and Aged Care
- **Australian Technical Advisory Group on Immunisation (ATAGI) statement 2025**
  www.health.gov.au/resources/publications/atagi-statement-on-the-administration-of-seasonal-influenza-vaccines-in-2025-0?language=en
- **National Centre for Research and Surveillance (NCIRS) website**
  www.ncirs.org.au/ncirs-fact-sheets-faqs-and-other-resources/influenza
- **2025 influenza (flu) vaccination – Consumer fact sheet**
  www.health.gov.au/resources/publications/2025-influenza-flu-vaccination-consumer-fact-sheet?language=en
- **Tasmanian Department of Health - Flu Vaccination**
  www.health.tas.gov.au/health-topics/flu-influenza/flu-vaccination
- **Tasmanian Department of Health – Funded Influenza Immunisation Schedule**
  Funded influenza immunisation schedule | Tasmanian Department of Health
- **Australian Immunisation Handbook – Influenza (flu)**
  immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/influenza-flu

COVID-19

- **Australian Government Department of Health and Aged Care – ATAGI clinical guidance for COVID-19 vaccine providers**
  www.health.gov.au/our-work/covid-19-vaccines/advice-for-providers/clinical-guidance
- **Tasmanian Department of Health - COVID-19 vaccination**
  www.health.tas.gov.au/health-topics/coronavirus-covid-19/covid-19-vaccination
- **Australian Immunisation Handbook – COVID-19**
  immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/covid-19

Respiratory Syncytial Virus

- **Australian Government Department of Health and Aged Care – Respiratory syncytial virus (RSV) vaccine –** for providers and consumers
  www.health.gov.au/respiratory-syncytial-virus-rsv-vaccine
- **NCIRS RSV prevention resources and data to assist health care providers**
  ncirs.org.au/respiratory-syncytial-virus-rsv/respiratory-syncytial-virus-rsv-immunisation
- **Tasmanian Department of Health – RSV maternal and infant protection program 2025** www.health.tas.gov.au/health-topics/immunisation/rsv-maternal-and-infant-protection-program-2025
- **RSV Maternal and Infant Protection Program Toolkit Tasmania 2025**
  www.health.tas.gov.au/publications/rsv-maternal-and-infant-protection-program-toolkit-tasmania-2025
- **Australian Immunisation Handbook - Respiratory syncytial virus (RSV)**
  immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/respiratory-syncytial-virus-rsv

To contact the Immunisation Team at Public Health, email immunisation@health.tas.gov.au or call 1800 671 738 (choose the Immunisation option) to speak to an Immunisation Clinical Nurse Consultant.