Appendix 34 - Guidance on Co-administration of COVID-19 and Influenza Vaccines

Version 1.1 - 5 May 2022

OFFICIAL- Draft

Contents

Purpose

This document provides safety and operational considerations for vaccine providers on the co-administration of COVID-19 vaccines and the influenza vaccine during the same visit.

Background

On 25 March 2022, The Australian Technical Advisory Group on Immunisation (ATAGI) updated the current influenza vaccine advice: ATAGI advice on seasonal influenza vaccines in 2022. Maintaining high rates of vaccination will be essential to protecting the Victorian population against influenza, particularly considering the ongoing pandemic.

Current ATAGI advice states COVID-19 vaccines can be **co-administered** (that is, given on the same visit) with an influenza vaccine. There is no interval required between COVID-19 and influenza vaccines if given on separate days. This will provide an opportunity for the community to receive both vaccines on the same day and would encourage uptake of both vaccines.

There will be a limited number of COVID-19 hubs providing both COVID-19 and influenza vaccines to eligible National Immunisation Program (NIP) funded cohorts. Individuals who are not due for their COVID-19 vaccine can still receive their influenza vaccine through the hubs.

What is co-administration of vaccines?

Co-administration of vaccines is defined as the administration of more than one vaccine on the same day at different anatomical injection sites (preferably in opposite limbs) and not combined in the same syringe. This differs from a combined vaccine which is a vaccine containing two or more antigens in a single injection e.g., measles-mumps-rubella (MMR).

There are public health benefits associated with co-administration of vaccines. Benefits include reducing the number of vaccination visits an individual needs to attend and vaccine protection against multiple diseases is provided without delay.

A recent study investigated co-administration vaccination with Comirnaty (Pfizer) and an age-appropriate influenza vaccine. No safety concerns were identified and antibody responses to both vaccines were preserved. The study also suggests that co-administration over the next immunisation season should reduce the burden on healthcare services for vaccine delivery, allowing for timely vaccine administration and protection from COVID-19 and influenza.

For further information on the co-administration of influenza and COVID-19 vaccines, refer to ATAGI advice on seasonal influenza vaccines in 2022

2022 Seasonal Influenza vaccines registered in Australia

Table 1 - Seasonal influenza vaccines registered and available for use in Australia in 2022, by age

Vaccine / Registered age group	Vaxigrip Tetra 0.5 mL (Sanofi)	Fluarix Tetra 0.5 mL (GSK)	Afluria Quad 0.5 mL (Seqirus)	FluQuadri 0.5 mL (Sanofi)	Influvac Tetra 0.5 mL (Mylan)	Flucelvax Quad 0.5 mL (Seqirus)	Fluad Quad 0.5 mL (Seqirus)	Fluzone High-Dose Quad 0.7 mL (Sanofi)
6 to 24 months (<2 years)	✓	✓	X	✓	✓	X	X	X
≥2 to <5 years	✓	✓	X	✓	✓	✓	X	X
≥5 to <60 years	✓*	✓*	✓*	✓	✓	✓	X	X
≥60 to <65 years	✓*	✓*	✓*	✓	✓	✓	X	✓
≥65 years	✓	✓	✓	✓	✓	✓	✓	✓

Ticks indicate age at which a vaccine is registered and available. White boxes indicate availability for free under the NIP.
* NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

Table 2 - Influenza strains included in the 2022 Southern Hemisphere seasonal Influenza vaccines

Egg-based influenza vaccines	Cell-based influenza vaccines
A/Victoria/2570/2019 (H1N1)pdm09-like virus	A/Wisconsin/588/2019 (H1N1)pdm09-like virus
A/Darwin/9/2021 (H3N2)-like virus	A/Darwin/6/2021 (H3N2)-like virus
B/Austria/1359417/2021-like (B/Victoria lineage) virus	B/Austria/1359417/2021-like (B/Victoria lineage) virus
B/Phuket/3073/2013-like (B/Yamagata lineage) virus	B/Phuket/3073/2013-like (B/Yamagata lineage) virus

Note: The chosen egg-based and cell-based viruses will sometimes differ if one virus cannot be used for both production systems. In this case, different viruses with similar properties are selected for vaccine production.

For further information see ATAGI Statement on the Administration of seasonal influenza vaccines in 2022

Eligible cohort for free flu vaccination under NIP

Annual influenza vaccination is recommended and funded for

- children aged 6 months to <5 years, and
- adults aged ≥65 years.
- all Aboriginal and Torres Strait Islander people
- people who have certain medical conditions (see Table 3)
- pregnant women (during any stage of pregnancy)

Table 3 - Medical conditions associated with an increased risk of influenza disease complications and for which individuals are eligible for publicly funded vaccination under the NIP

Category	Medical conditions
Cardiac disease	Cyanotic congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory conditions	Severe asthma, cystic fibrosis, bronchiectasis, suppurative lung disease, chronic obstructive pulmonary disease, chronic emphysema
Chronic neurological conditions	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders
Immunocompromising conditions	Immunocompromised due to disease or treatment, asplenia or splenic dysfunction, HIV infection
Diabetes and other metabolic disorders	Type 1 or 2 diabetes, chronic metabolic disorders
Renal disease	Chronic renal failure
Haematological disorders	Haemoglobinopathies
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye syndrome following influenza infection

Note: See the Australian Immunisation Handbook (available at immunisationhandbook.health.gov.au) for advice on people who are strongly recommended to receive annual influenza vaccination but not eligible for NIP-funded influenza vaccines.

Timing of co-administration of other vaccines

COVID-19 vaccines can also be co-administered with other vaccines if required. This includes routine childhood and adolescent vaccines for children 5 years and above. The benefits of ensuring timely vaccination and maintaining high vaccine uptake outweigh any potential risks associated with immunogenicity, local adverse reactions, or fever.

Providers need to balance the opportunistic need for co-administration with the benefits of giving the vaccines on separate visits. There is the potential for an increase in mild to moderate adverse events when more than one vaccine is given at the same time. Co-administration or near administration (e.g., within days) with another vaccine may also make it challenging to attribute potential adverse events.

Providers should ensure that parents/guardians of young children receiving COVID-19 vaccines are aware of the increased potential for local reactions.

The additional winter booster dose of COVID-19 vaccines for specific cohorts commenced from April 2022, coinciding with the rollout of the 2022 influenza vaccination program. Influenza vaccine can be co-administered with any COVID-19 vaccine including the additional booster dose of COVID-19 vaccine. However, if a person is not yet eligible for their additional booster dose, influenza vaccine can be given ahead of the additional booster dose.

For further information, See ATAGI Clinical recommendations for COVID-19 vaccines - Timing of administration of other vaccines

Operational Safety Considerations

Models of Care

Primary care providers and pharmacist immunisers:

- can provide both vaccines at the same appointment
- can supply and administer NIP eligible & private Influenza vaccines.
- have established procurement processes and software for provision of data to the Australian Immunisation Register (AIR).
- pharmacist immunisers are currently only eligible to deliver the influenza vaccine to children aged 10+.
- pharmacists (non-immunisers) who have been given emergency authorisation to administer COVID-19 vaccines are not authorised to administer the influenza vaccine.

Local Public Health Units (LPHUs):

- can coordinate coadministration of COVID-19 and Influenza vaccines.
- nurse immunisers are authorised to carry and administer both vaccines.
- LPHUs will provide Influenza vaccines supplied under the National Immunisation Program (NIP).
- CVMS is unable to take bookings and record Influenza vaccines. Hubs will record influenza vaccines using their usual software.
- Hubs can access AIR through HPOS using a PRODA account.

Workforce considerations

Table 4 – The differences in workforce authorisation for COVID-19 vaccines and influenza vaccines

	COVID-19 vaccines	Influenza vaccines
Workforce authorisation	• Medical practitioners, nurse practitioners (within their scope of practice), nurse immunisers and pharmacist immunisers are authorised to administer the COVID-19 vaccine to all age groups as approved by the Therapeutic Goods Administration. • Several other professional and student cohorts have been authorised via time limited Public Health Emergency Orders (PHEOs) and trained to prepare and administer the COVID-19 vaccine only. They are **not authorised** to administer the influenza vaccine. • All workforces administering the COVID-19 vaccine are required to complete mandated COVID-19 vaccination training. Workforces authorised via the PHEOs are also required to complete a competency assessment.	• Medical practitioners, nurse practitioners (within their scope of practice) and nurse immunisers are authorised to administer the influenza vaccine to all eligible age groups. • Registered nurses can also administer influenza to all eligible age groups on a doctor's order. • Pharmacist immunisers are authorised to administer the influenza vaccine to people aged 10 years and older. • Nurse immunisers and pharmacist immunisers are required to complete an 'Immuniser Program of Study' and continuing professional development in immunisation (including current skills in cardiopulmonary resuscitation/anaphylaxis response). The 'Immuniser Program of Study' includes best practice and safety information about all scheduled vaccines, including the seasonal influenza vaccine. **No additional training is required.**
Medical and professional indemnity	All vaccine providers should continue to exercise reasonable care to ensure that all individuals employed and/or engaged by them are suitably trained, credentialed, supervised, and adhere to all government and healthcare guidelines as they relate to the vaccination program. Service providers and authorised vaccination workforces are required to hold appropriate medical and professional indemnity and public liability insurances for administration of vaccines and provision of a vaccination service. Vaccinators employed or engaged by State-run vaccination sites will be covered by the service providers' medical indemnity insurance. Other vaccinators, for example, in general practice or other primary care settings, should confirm their own medical indemnity insurance arrangements.	

Vaccine Safety Considerations

Table 5 – Summary of the safety considerations for co-administration of COVID-19 and influenza vaccines

Pre- vaccination	During Vaccination	Post-vaccination
• Informed consent: Easy English and culturally and linguistically diverse (CALD) resources should also be provided to patients and carers during the consent process in the co-administration of the vaccines • Pre-prepared labelled syringes must be carefully monitored for expiry and stored in conditions according to the relevant vaccine handling requirements. • Immuniser should complete the Influenza pre-vaccination screening checklist and the COVID-19 consent This helps ensure that the person does not have a condition that increases the risk of an AEFI or is a contraindication to vaccination. • The immuniser must ensure the correct brand and age-appropriate vaccines are prepared and administered. • The two different vaccines must be stored separately and clearly marked to avoid confusion.	• The immuniser must be clear if one or two vaccines are being administered to the individual when gaining their consent. • Ensure a record of the site of vaccination (i.e., right deltoid/left deltoid) and the type of vaccine is communicated to the patient and clearly documented. • The vastus lateralis muscle in the anterolateral thigh is the recommended site for intramuscular Influenza vaccination in infants 6 months to <12 months of age. • For details on multiple injections sites refer to the Australian Immunisation Handbook • It is recommended COVID-19 and influenza vaccines should be given in different limbs. If this is not possible, separate the injections by 2.5cm.	• Vaccinators should monitor the patient on-site for a minimum of 15 minutes following vaccination to assess for serious adverse events following immunisation (AEFI) e.g., anaphylaxis. • It is preferable to give people written advice, such as Table. Common side effects following immunisation for vaccines used in the National Immunisation Program schedule. • Parents and carers are encouraged to support post-vaccination monitoring (AEFI) and should be educated and provided with Easy English and culturally and linguistically diverse (CALD) resources • **If there are subsequent doses/vaccines to be given, consider booking this for the patient at the time of vaccination in line with recommended intervals to prevent loss to follow up.**
For Infection Protection and Control (IPC) considerations refer to the standard Department of Health COVID-19 infection control guidelines. There should be ready access to emergency medical equipment as outlined in the Australian Immunisation Handbook and The Victorian COVID-19 vaccination guidelines		

Table 6 – The precautions and contraindications associated with influenza and COVID-19 vaccines

COVID-19 vaccine	Influenza vaccine
Contradictions to all COVID-19 vaccines are: • Anaphylaxis after a previous dose of the same vaccine applies to all vaccines • Other serious adverse events attributed to a previous dose that has been reported to a state adverse event reporting program and/or TGA and a determination made by a relevant specialist that a repeat dose would be associated with a risk of recurrence of the serious adverse event. **Some of the specific contradictions include:** **Comirnaty (Pfizer) vaccine or Spikevax (Moderna) vaccine** • anaphylaxis to any component of the vaccine, including polyethylene glycol (PEG) • myocarditis and/or pericarditis attributed to a previous dose of either of these vaccines **Specific to Vaxzevria (AstraZeneca) vaccine** • anaphylaxis to any component of the vaccine, including polysorbate 80 • history of capillary leak syndrome • thrombosis with thrombocytopenia occurring after a previous dose **Specific to Nuvaxovid (Novavax)** • anaphylaxis to any component of the vaccine, including polysorbate 80 For more information refer to: ATAGI clinical guidance on COVID-19 vaccine in Australia in 2021 **Precautions** for each vaccine is outlined in the ATAGI clinical guidance: COVID-19 vaccine contraindications and precautions	**The only absolute contraindications to influenza vaccines are:** • anaphylaxis after a previous dose of any influenza vaccine • anaphylaxis after any component of an influenza vaccine **Precautions include:** • people with a known egg allergy • People with known anaphylaxis egg allergy • People with known non-anaphylaxis egg allergy • People with latex allergy • People with a history of Guillain–Barré syndrome • People receiving immuno-oncology therapy For more information on influenza contradictions and precautions refer to the Australian Immunisation Handbook

Cold chain management

There are **different** cold chain management and reporting requirements for the COVID-19 vaccines and influenza vaccines that need to be considered when planning to co-administer these vaccines, including transportation and handling of vaccines.

For more information on COVID-19 vaccine cold chain management and requirements, see Victorian COVID-19 Vaccination Guidelines.

Influenza vaccines must be kept and transported within the safe temperature range of +2C to +8C. For further information please refer to The National Storage Guidelines" Strive for 5. and Australian Immunisation Handbook (Influenza) and Information for consumers and health professionals 2022 Seasonal Influenza vaccines (TGA).

Cold chain breaches for COVID-19 vaccines should be reported to the Commonwealth Vaccine Operations Centre (VOC) on 1800 318 208. The VOC will provide advice on how cold chain breaches must be managed.

The Victorian Department of Health outlines the actions that are required in Victoria when there is a cold chain breach.

Transporting doses for home visits

When transporting Pfizer, Moderna, AstraZeneca or Novavax COVID-19 vaccines for a home visit, there are 2 options:

- Where possible, transport the vial at 2 °C to 8 °C and not exceeding the total maximum storage period of 6 hours, and draw up the dose at the site of administration.
- A pre-drawn dose in a syringe can be transported if it can be appropriately stored (protecting from light and maintaining the cold chain) and can be administered as soon as practicable and not exceeding the total maximum storage period of 1 hour if at room temperature, and within 6 hours if at 2°C to 8°C). Please refer to the Commonwealth Government website for further information on transporting, storing and handling COVID-19 vaccines.

For influenza vaccines refer to product information in The Australian Immunisation Handbook and The National Vaccine Storage Guidelines 'Strive for 5'

For further guidance see Appendix 32 Safety considerations for in-home COVID-19 Vaccination.

Additional influenza vaccine information

Annual influenza vaccination is recommended for all people ≥6 months of age to prevent influenza and its complications. Providers must ensure that the correct age-appropriate brand of the influenza vaccine is administered as per The Australian Immunisation Handbook.

Providers must also check to see if an individual is eligible for a free influenza vaccine funded by the National Immunisation Program (NIP) which is available for special risk groups, outlined previously.

For further information about influenza vaccines see the Therapeutic Goods Administration

Table 7 - Recommended doses of influenza vaccine available through the NIP by age group

Age	Single use pre-filled syringe dose	Number of doses needed in 1st year of influenza vaccination	Number of doses needed if person received 1 or more doses of influenza vaccine in a previous season
6 months to <9 years*	0.5 mL	**2 (given 4 weeks apart)**	1
≥9 years	0.5 mL	1	1
People of any age who have recently had a haematopoietic stem cell transplant or solid organ transplant	0.5 mL	**2 (given 4 weeks apart) in 1st year after transplant**	**2 (given 4 weeks apart) in 1st year after transplant**

* There are no influenza vaccines registered for use in any infant under 6 months of age.

For more information on the recommended doses of influenza by age group refer to the Australian Immunisation Handbook.
For more information please refer to the ATAGI advice on seasonal influenza vaccines in 2022 and The Victorian Department of Health seasonal influenza vaccine information page

Storage of multiple vaccine types in a shared location

For comprehensive information on caring for vaccines at clinics and the storage of multiple vaccine types in the fridge refer to National vaccine storage guidelines - Strive for 5, 3rd edition

Risk of vaccine errors

Authorised vaccinators should continue to mitigate errors with usual process of medication management and report any vaccine errors. For further information on reporting see Adverse events following immunisation (AEFI). The influenza vaccines specific brands/formulation of influenza vaccine are available for different age groups, and it is important that providers are familiar with the age-appropriate doses. Influenza vaccines do not require reconstitution and there is a clear difference in naming and branding across COVID-19 vaccines. There are numerous seasonal influenza vaccine brands recommended for use in different ages.

Documentation

Immunisation providers must document all vaccinations. This includes documenting in:

- A person's medical record including the site of vaccination (e.g., Left leg, right deltoid)
- COVID-19 vaccine into CVMS and;
- Notifying the vaccination to the Australian Immunisation Register (AIR)

For more information, please refer to the Australian Immunisation Handbook.

Ordering influenza vaccine

Influenza vaccine is available for 2022. Registered immunisation providers in Victoria can order government funded vaccines via the online ordering facility.

Other safety considerations

Consent

An authorised vaccinator must obtain valid consent from the individual being vaccinated or their parent or guardian. Authorised vaccinators must undertake pre-vaccination screening prior to vaccine administration to identify any contraindications or precautions see The Australian Immunisation Handbook - Influenza pre-vaccination screening checklist and the Commonwealth COVID-19 consent form.

The person being vaccinated should be provided with information (preferably written), including the risks and benefits relating to the vaccines and the immunisation procedure and what to do in the event of side effects following vaccination. Consent and the vaccination administration record must be documented, and their privacy and confidentiality always upheld.

If a child or adolescent under the age of 18 years presents without a parent or guardian, an experienced health professional may assess whether the child or adolescent has decision-making capacity to provide informed consent to receive the vaccinations.

Administration of Influenza vaccines to infants from 6 months and children

There are different injection sites recommended for children compared to infants under 12 months. Guidance for vaccination injection techniques for different ages is detailed in The Australian Immunisation Handbook.

Recommended injection site and needle length for children

Needle length and injection site are the same for this cohort as adults. Refer to Australian Immunisation Handbook for more information.

Adverse events following immunisation (AEFI)

Information on possible adverse events related to both the specific COVID-19 vaccine and the influenza vaccine administered should be provided as a part of the consent process. Immunisers should provide information on how to manage common, minor, expected adverse events, such as the use of simple analgesics for injection site pain, fever, headaches, or body aches, and advise the vaccinee for injection site pain, fever, headaches, or body aches, and advise the vaccinee to seek further medical attention if more serious adverse events are experienced. Resources for patients receiving a COVID-19 vaccination are available from the Commonwealth COVID-19 Vaccination website.

Resources available for people receiving the influenza vaccine can be found in The Australian Immunisation Handbook and the **Victorian Health Department website.**

For further information and to report an adverse event following immunisation, please refer to the information below and the SAEFVIC vaccine safety information and reporting website.

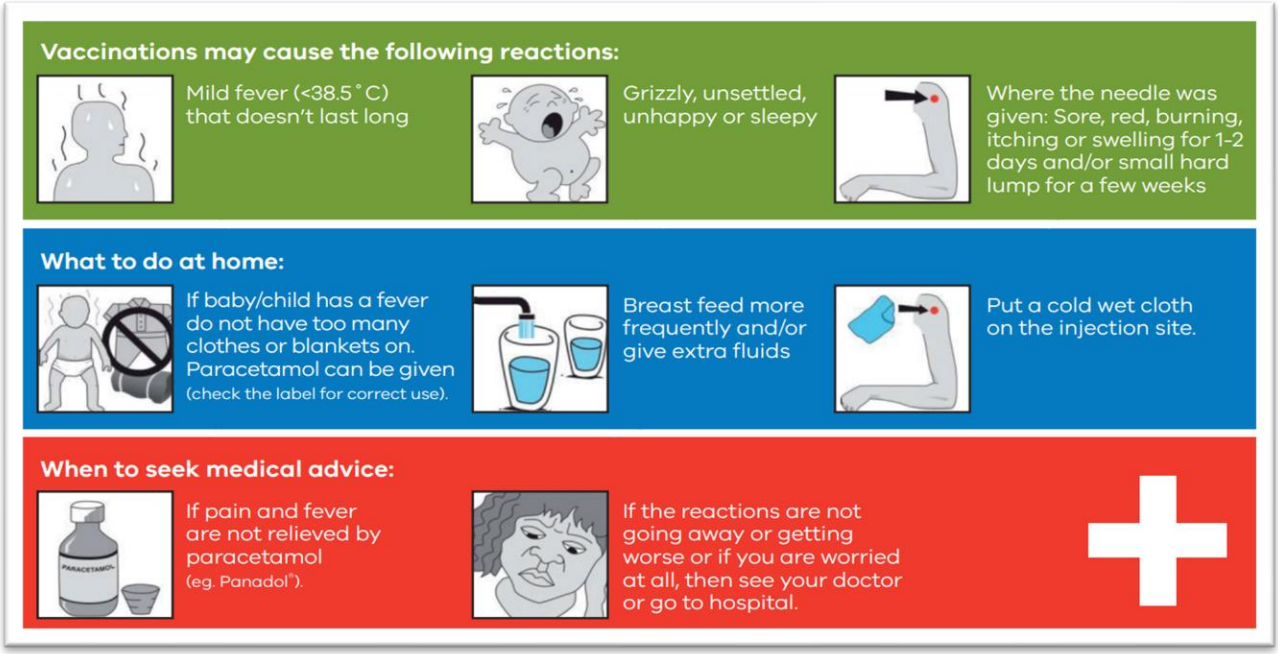
Mild, common or expected AEFI

Vaccine providers do not need to report minor, common or expected side effects. These may include pain, redness, swelling and tenderness at the injection site, tiredness, headache, muscle pain, nausea, fever and chills, feeling unwell or joint pain

For further details of minor, common and expected side effects following COVID-19 vaccines refer to the Commonwealth resources: Information on Influenza (flu), After your AstraZeneca (VAXZEVRIA) Vaccine, After your Pfizer (COMIRNATY) vaccine and After your Moderna (SPIKEVAX) vaccine, After your Nuvaxovid (Novavax) vaccine

Managing AEFI in infants and children under 5 years

Diagram 1 – Managing AEFI in infants and children 6 months through 4 years (Source: Image from The Victorian Department of Health resource on vaccine side effects)



For more information on AEFI in children under 5 years refer to the Australian Immunisation Handbook.

Serious or unexpected AEFI

All medically attended AEFI are to be reported to SAEFVIC via online reporting at www.saefvic.org.au or by using the QR code.

- Medically attended events are defined as a visit to general practitioner, emergency department, or hospital admission
- If the adverse event is serious, IMMEDIATE notification is also required – see red box (below)

When reporting an adverse event following co-administration, providers should include in their report the details of both vaccines that were administered.

Serious or unexpected AEFI **requires urgent direct** notification in addition to routine reporting via online SAEFVIC Rapid Report

Serious adverse events requiring urgent reporting

AEFI that result in:

- Transfer to hospital care
- CPR
- Defibrillator use
- Life-threatening incidents
- Death

Vaccine administration errors

1. **Manage the AEFI by usual clinical pathways**
2. **Immediately notify via phone:**

   → Business hours (Mon – Fri, 9AM – 5PM)
   Call SAEFVIC **1300 882 924** (Option 1)

   → Out of Hours
   Call Victorian Vaccine Control Centre (VVCC)
   1800 271 131

3. **Submit an AEFI report online to SAEFVIC**

More information and resources

- Information on Influenza (flu), from The Australian Immunisation Handbook
- The Victorian Department of Health seasonal influenza vaccine information page
- MVEC: SAEFVIC
- MVEC: COVID-19 vaccines and allergy
- MVEC: COVID-19 FAQs: allergies, side effects and safety
- MVEC: COVID-19 vaccine adverse events
- MVEC: COVID-19 vaccines in people with immunocompromise
- MVEC: Immunisation recommendations for the older population
- The Victorian Specialist Immunisation Service (VicSIS) webpage
- ATAGI statement on recommendations on a winter booster dose of COVID-19 vaccine
- Influenza pre-vaccination screening checklist
- COVID-19 consent form