

Flu vaccines available 2025

INFLUVAC TETRA (≥6 months) (**funded** vaccine)

- Inactivated Influenza Vaccine, Surface Antigen, Egg-based

FLUQUADRI (≥6 months)

AFLURIA QUAD (≥ 3 years)

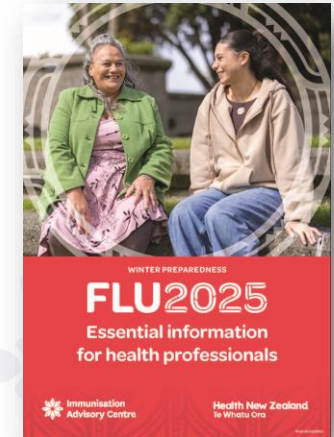
- Inactivated Influenza Vaccine, Split Virion, Egg-based

FLUAD QUAD (≥ 65 years)

- Inactivated, Surface Antigen, **Adjuvanted**, Egg-based

FLUCELVAX (≥ 6 months)

- Inactivated Influenza Vaccine, Surface Antigen, **Cell-based**



Summary of 2025 influenza vaccines

Vaccine brand	INFLUVAC® TETRA	AFLURIA® QUAD	FLUAD® QUAD	FLUQUADRi®	FLUCELVAX® QUAD
Manufacturer and/or supplier	Viatrix 0800 168 169	Seqirus 0800 502 757	Seqirus 0800 502 757	Sanofi 0800 283 684	Seqirus 0800 502 757
Fully funded	Yes, if individual meets Pharmac eligibility criteria	No	No	No	No
Available for purchase	Yes	Yes	Yes	Yes	Yes
Age	6 months and over	3 years and over	65 years and over	6 months and over	6 months and over
Dose	0.5 mL	0.5 mL	0.5 mL	0.5 mL	0.5 mL
Number of doses	1 or 2*	1 or 2*	1	1 or 2*	1 or 2*
	*For children less than 9 years of age who have not previously been vaccinated, a second dose of 0.5 mL should be given after an interval of at least 4 weeks.				
Route of administration	IM†	IM†	IM	IM	IM
	†If needle length results in deep subcutaneous administration, that is also acceptable.				
Presentation	Pre-filled syringe, needle attached: 0.5mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle: 0.5 mL	Pre-filled syringe, no needle attached: 0.5mL. Needle provided separately	Pre-filled syringe, needle attached: 0.5mL
Concomitant administration with COVID-19 vaccines	Yes	Yes	Yes	Yes	Yes
Concomitant administration with Shingrix	Yes	Yes	Yes	Yes	Yes
Concomitant administration with PCV13	Individuals (or parents/legal guardians/powers of attorney) should be informed of the small risk of febrile convulsion in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended. (Not applicable to FLUAD QUAD as only approved for ages 65 and over)				
Residual antibiotics	Gentamicin, tylosine tartrate	Neomycin, polymyxin B	Kanamycin, neomycin	No antibiotics used to manufacture	No antibiotics used to manufacture
	Latex-free [‡]	Latex-free	Latex-free	Latex-free	Cannot be considered latex-free [‡]
Latex	‡ Manufacturer cannot exclude possible inadvertent contamination during the manufacturing and packaging process. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine.			‡ Sheath covering the needle may contain natural rubber latex. Patients with anaphylaxis (not sensitivity) to latex should be offered alternative vaccine.	
Ovalbumin	Each dose contains less than 1 microgram of ovalbumin				Does not contain egg proteins as eggs are not used in the manufacturing processes
Vaccines' influenza strains (bolded strains are new for 2025)	Egg-based vaccines				Cell culture vaccine
	• A/Victoria/4897/2022 (H1N1)pdm09-like virus • A/Croatia/10/136RV/2023 (H3N2)-like virus • B/Austria/1359477/2021-like virus • B/Phuket/3073/2013-like virus				• A/Wisconsin/67/2022 (H1N1)pdm09-like virus • A/District of Columbia/27/2023 (H3N2)-like virus • B/Austria/1359477/2021-like virus • B/Phuket/3073/2013-like virus
Storage	• Vaccines must be stored, protected from light, at +2°C to +8°C. DO NOT FREEZE. • Temperature-monitored chilly bins must be used if vaccines are temporarily stored outside the vaccine refrigerator or being transported. • Quarantine vaccines stored outside the required temperature range and contact your Immunisation/Cold Chain Coordinator.				
Order from	HEALTHCARE LOGISTICS (HCL) Email: Flu@healthcarelogistics.co.nz Phone: 0508 425 358 Website: hcl.co.nz				
INFLUVAC TETRA, AFLURIA QUAD, FLUAD QUAD, FLUQUADRi and FLUCELVAX QUAD are prescription only medicines. Please refer to the Medsafe data sheets for further details at medsafe.govt.nz and immune.org.nz/vaccine/influenza-vaccine					


INFLUVAC TETRA – FUNDED inactivated, surface antigen, egg-based

- Approved for use in children and adults, **6 months of age and over**.
- Funded for those who meet Pharmac eligibility criteria.
- Can also be purchased by those not meeting funding criteria.
- Does not contain latex – can't be excluded in manufacturing process.
- Supplied with needle attached.

PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN

2025 season
Influvac® Tetra

Influenza vaccine (surface antigen, inactivated)
Influenza Virus Haemagglutinin 60 micrograms/0.5 mL
Suspension for intramuscular or deep subcutaneous injection

 x10

For 2025 season, the following four influenza strains are present
(15 micrograms haemagglutinin of each strain per 0.5 mL dose):

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

and:

Potassium chloride	0.10 mg
Calcium chloride dihydrate	0.067 mg
Monobasic potassium phosphate	0.10 mg
Magnesium chloride hexahydrate	0.05 mg
Dibasic sodium phosphate dihydrate	0.67 mg
Water for injections	q.s. to 0.5 mL
Sodium chloride	4.0 mg


Propagated in hens' eggs. Inactivated by formaldehyde treatment.
Each 0.5 mL dose may also contain not more than:

- 100 ng ovalbumin
- 1 ng gentamicin sulfate
- 0.02 mg cetrimonium bromide
- 0.01 mg formaldehyde


Store at 2°C to 8°C.
(Refrigerate. Do not freeze)
Protect from light.

AUST R 292237

For 6 months of age and older
10 prefilled syringes each
containing 0.5 mL
For single use in one patient only
Contains no antimicrobial
preservative



For information on this
medicine, scan the QR
code or contact Viartis:
Australia: 1800 274 276 or
www.viartis.com.au
New Zealand: 0800 188 169
or www.viartis.co.nz


VIATRIS

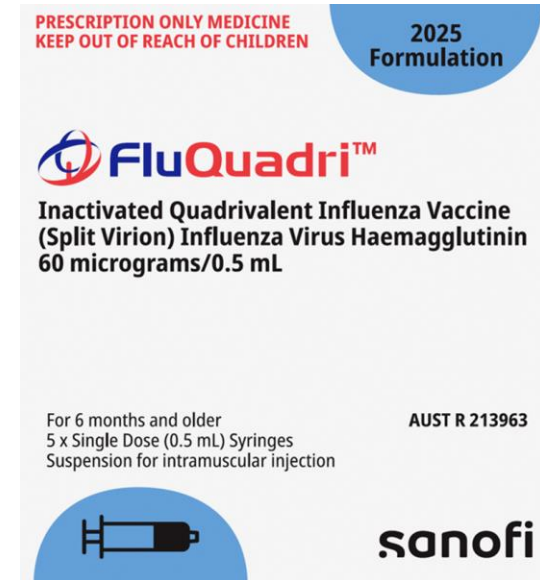
Inactivated vaccine, split virion, egg-based

FLUQUADRI

- **Unfunded only**, approved for use in children and adults, **6 months of age and over**.
- Needles are unattached. Included separately with the vaccine. Latex free

AFLURIA QUAD

- **Unfunded only**, approved for use in children and adults, **3 years of age and over**.
- Supplied without needles. Order from suppliers. Latex free.



FLUAD QUAD inactivated, surface antigen, **adjuvanted**, egg-based

- **Unfunded only**, approved for use in **adults aged 65 years and over**.
- Contains an MF59 adjuvant to improve immune response, particularly in older adults.
- Prolongs antigen interaction with the immune system to increase the response to the vaccine
- Supplied without needles. Order from suppliers. Latex free.

PRESCRIPTION ONLY MEDICINE
KEEP OUT OF REACH OF CHILDREN


FLUAD[®] Quad

Inactivated Quadrivalent Influenza Vaccine
(Surface Antigen), Adjuvanted

Influenza Virus Haemagglutinin
60 micrograms/0.5 mL

2025 Season

FOR ADULTS

**65 YEARS
AND OLDER ONLY**

**Immunisation
Advisory Centre**

Adjuvanted Influenza Vaccines

Influenza vaccination is a critical tool in preventing illness, reducing severe (potentially fatal) complications, and minimising the overall burden of influenza.

Vaccination in high-risk individuals, including older people, offers protection against severe influenza illness, hospitalisation and lowers the risk of major adverse cardiovascular events.

For the elderly, adjuvanted influenza vaccines have been shown to offer modest improvements in immune response and effectiveness against influenza-related primary care visits and hospitalisations compared with non-adjuvanted influenza vaccines.

Influenza Disease Risk

People aged 65 years or older are at a higher risk for influenza-related mortality. Research indicates that this age group accounts for 7-8 out of 10 influenza-related deaths and 8-9 out of 10 influenza-related hospitalisations, each flu season.

The urgent need for more effective influenza vaccines in the elderly population arises from unique challenges and vulnerabilities associated with ageing. A natural decline in the immune system's effectiveness is a phenomenon known as **immunosenescence**. This age-associated weakening of the immune response makes older people more susceptible to infections, such as influenza.

Benefits of influenza vaccination

Vaccinated elderly people who are exposed to influenza are less likely to develop severe illness¹, be hospitalised², or require admission to an intensive care unit, compared with unvaccinated individuals.³ Standard influenza vaccination is also associated with a 56% (95% CI 35-76%) lower risk of major adverse cardiovascular events.⁴

Benefits for 65 years

For adjuvanted trivalent and quadrivalent influenza vaccines, studies have found a modest improvement in vaccine effectiveness in individuals, aged 65 years and older, vaccinated with an adjuvanted vaccine, compared with standard influenza vaccines.

Benefits of influenza vaccines vary from season to season and by age group and other factors, such as comorbidities. It is estimated that small improvements in influenza vaccine effectiveness can lead to significant reductions in the burden of disease.

Mathematical modelling in the US has estimated that a 1% absolute increase in vaccine effectiveness would prevent more than 1,000,000 influenza cases and 20,000 hospitalisations in those aged 65 years, and 780,000 influenza cases and 15,000 fewer hospitalisations in adults aged 18-64 years.⁵ The benefit of improved vaccine effectiveness is greater in those aged 65 years, while improvements in coverage have a greater impact in age groups 65 years.

What is an adjuvant?

The inclusion of an adjuvant intends to broaden the immunogenic response, this provides some benefit to the elderly who could be experiencing immunosenescence.

Quad (quad contains 4 types) a water-based, oil-in-water emulsion adjuvant, that has been used in influenza vaccines since 1967. Squelene is a naturally occurring substance, found in humans and other animals and is highly purified during the vaccine manufacturing process.

Why are adjuvants added to influenza vaccines?

An adjuvant heightens the immune response to a vaccine antigen. This provides some additional benefit to the elderly who could be experiencing a natural decline in immune function.

Benefits for 65 years

For adjuvanted trivalent and quadrivalent influenza vaccines, studies have found a modest improvement in vaccine effectiveness in individuals, aged 65 years and older, vaccinated with an adjuvanted vaccine, compared with standard influenza vaccines.

**Immunisation
Advisory Centre**

DATA SUGGESTS THAT ADJUVANTED INFLUENZA VACCINES CAN REDUCE RESPIRATORY-RELATED HOSPITALISATIONS^{1,2} AND INFLUENZA-RELATED PRIMARY CARE CONSULTATIONS, COMPARED TO STANDARD INFLUENZA VACCINES³.

Adjuvanted vaccine safety

Influenza vaccines are generally well tolerated. As a result of the unmet need for improved effectiveness in older adults, there can be an increased likelihood of local (such as redness, swelling, and pain at the injection site) and/or systemic reactions (such as fever, (35%) and body aches) compared to standard, non-adjuvanted vaccines.⁴ The 2019⁵ WHO report has an excellent safety record.

Effectiveness data

The effectiveness of adjuvanted influenza vaccines has been examined in a number of studies performed in different settings.

A study examining relative vaccine effectiveness (RVE) for influenza vaccine in 65 adults over the age of 65 years during two flu seasons over the 2017-2018 period, found that those who received adjuvanted trivalent influenza vaccine had fewer influenza-related medical encounters compared to those who received a standard quadrivalent influenza vaccine. The authors note that this study evaluated the RVE specifically in older adults with underlying medical conditions, a subgroup who is at high risk of influenza and severe complications – yet are often excluded from randomised controlled trials. The adjuvanted vaccine was 1.1% (95% CI 0.0-10.5%) and 22.4% (95% CI 10.2-34.2%) more effective at preventing influenza-related medical encounters for the 2017-2018 and 2018-2019 flu seasons, respectively.

A similar US study comparing the efficacy of the adjuvanted trivalent influenza vaccine with a non-adjuvanted trivalent vaccine in aged-care residents, showed that the adjuvanted influenza vaccine reduced primary care consultations and respiratory related hospitalisations, pneumonia, (potentially fatal) complications, and influenza hospitalisation rates were lower for the adjuvanted vaccine cohort.⁶

Over three influenza seasons (2017-2020) in the US, the use of adjuvanted influenza vaccine in adults aged 65 years was shown to improve vaccine effectiveness against influenza-related medical encounters, compared with standard egg-based vaccines (overall relative vaccine effectiveness point estimate range 20-27.5%).⁷

A recent systematic review examining real-world data found that adjuvanted trivalent influenza vaccines were more effective than standard trivalent and quadrivalent influenza vaccines in reducing influenza-related outcomes in older adults. The relative vaccine effectiveness (RVE) of adjuvanted influenza vaccines ranged from 7.5% to 36.3% against standard influenza vaccines in reducing medical encounters and hospitalisations.⁸

In the interest of reducing uncertainties surrounding variations in influenza vaccine effectiveness estimates, a cohort study estimated the relative effectiveness of trivalent adjuvanted influenza vaccine versus non-adjuvanted trivalent/quadrivalent influenza vaccine in preventing all-cause hospitalisation over 10 consecutive flu seasons. The study found that the adjuvanted vaccine cohort was associated with a 1.0% (95% CI -0.4% to 2.4%) lower chance of hospitalisation for older adults.⁹

A study that reports on CDC mathematical modelling to estimate the number of additional influenza-related outcomes averted with adjuvanted versus standard influenza vaccines, found that adjuvanted trivalent influenza vaccines were more effective, preventing twice as many influenza illnesses over three seasons in adults over the age of 65 years. Proportional decreases were also observed in repeat healthcare use and complications.¹⁰

In large-scale postlicensure studies of community-dwelling adults aged 65 years, adjuvanted influenza vaccine was between 4.7% and 12% more effective in preventing hospitalisation from influenza or pneumonia, compared to standard influenza vaccines.¹¹

Call 0800 IMMUNE (0800 466 863) for clinical advice

1 of 2

What if someone is allergic to eggs



Egg allergies

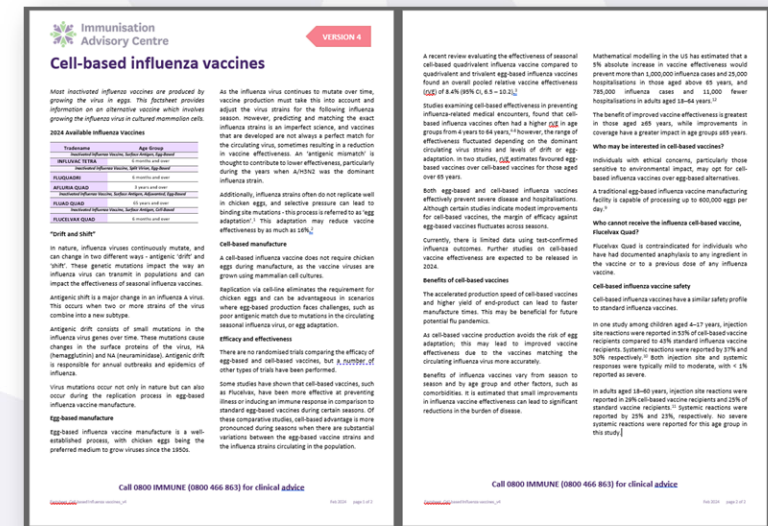
- Some influenza vaccines are egg-based
- They can be administered to people with an egg allergy as they contain less than 1mcg of egg protein (ovalbumin)
- 1 microgram (mcg) is 1 millionth of a gram—an extremely tiny amount.
- Have copy of the FluKit by your side

FLUCELVAX QUAD does not contain ovalbumin, as eggs are not used in the manufacturing process.²⁵

Egg allergy or egg anaphylaxis

INFLUVAC TETRA, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD are egg-based vaccines, but can be administered to people with a history of egg allergy or egg anaphylaxis at general practices, pharmacies or at the workplace, although the data sheet advises caution in people who have a history of egg anaphylaxis. Studies have shown that influenza vaccines containing one microgram or less of ovalbumin do not trigger anaphylaxis in sensitive individuals.⁴⁰ Each dose of **INFLUVAC TETRA**, FLUAD QUAD, FLUQUADRI and AFLURIA QUAD contains less than one microgram of ovalbumin.²¹⁻²⁴

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- Immunisation
Advisory Centre**



Can influenza vaccines be given alongside others?

- Influenza vaccines can be given concomitantly with all NIS vaccines
- FLUAD QUAD, Shingrix and Arexvy contain adjuvants
- Advise possible stronger immune response when 2 or more are given together. Not a reason to avoid
- Caution with flu and PCV13 administered concomitantly – children under 5 with febrile convulsion history

	INFLUVAC TETRA	FLUCELVAX QUAD	FLUQUADRI	AFLURIA QUAD	FLUAD QUAD
Concomitant administration with COVID-19 vaccine (Comirnaty)	Yes	Yes	Yes	Yes	Yes
Concomitant administration with zoster vaccine (Shingrix)	Yes	Yes	Yes	Yes	Yes*
Concomitant administration with PCV13 (Prevenar 13)	Individuals (or parents/legal guardians/power of attorneys) should be informed of the small risk of febrile convulsions in concomitant delivery in children aged 6 months to under 5 years. If the individual has a history of febrile convulsions, separation of two days between vaccines is recommended.				Not applicable
Concomitant administration with RSV vaccine (Arexvy, from age 60 years unfunded)	Yes	Yes	Yes	Yes	Yes*

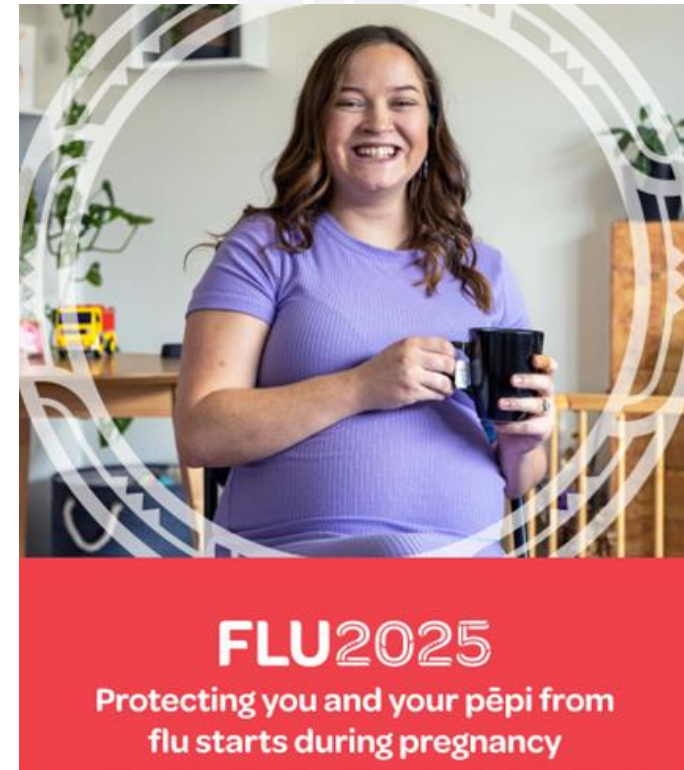
When is the best time to have an influenza vaccine in pregnancy

Influenza vaccination is recommended at any stage of pregnancy during the flu season.

Pregnant individuals across two flu seasons should get vaccinated in both seasons.

Reminders:

- COVID-19 can be given at any stage
- Pertussis ideally given from 16 weeks gestation



Can someone with past Guillain-Barré Syndrome get the flu vaccine?



- Large studies from the USA have found no association between administering a million doses of **influenza vaccine** and GBS occurrence in adults aged from 65 years.
- The risk of developing GBS is increased following **influenza infection**, and the magnitude of the risk is several times greater than that possibly occurring following influenza vaccination.
- If GBS has occurred within 6 weeks after a previous influenza vaccination, the decision to give another influenza vaccine should be based on careful consideration of the potential benefits and risks.



Do all children need one dose of influenza vaccine?



- Children under 9 years old who have not previously been vaccinated against influenza are recommended 2 doses of influenza vaccine, given at least 4 weeks apart.
- Not recommended to be given under 6 months old. Promote vaccination during pregnancy and of the wider whānau.
- Vaccination of healthy children has the potential to substantially reduce influenza-like illness in the community.

