Dose of Knowledge: 11 March 2025 Influenza vaccine indication codes

PMS users can select from a large group of indication codes for Influenza vaccine.

INDICATION DESC Privately funded, primary course Influenza, eligible criteria Primary course Influenza, eligible under 18 years Pregnant Booster Privately funded, booster Influenza, eligible over 65 years Funded, if not otherwise specified [Not Applicable] 12 months 4 years 15 months 11 years 5 months At risk, no previous history 14 years At risk, previous 23PPV HepB high risk, booster or extra dose 45 years 65 years Pre-post splenectomy schedule

AIR vaccinator portal users can select from the following indication codes for Influenza vaccine.

Influenza, eligible over 65 years Influenza, eligible under 18 years Influenza, eligible criteria Pregnant Privately funded, primary course PMS users may want to consider using the AIR equivalent indication codes for Influenza vaccine

Indication value	Description
1	Over 65 years (Influenza)
2	Under 18 years, eligible condition (Influenza)
3	Eligible condition (Influenza)
16	Pregnant woman

Private market influenza vaccine: Flu – not funded (or other similar code)

Entering doses for children 6 months <9years *(receiving flu vaccine for the first time)*

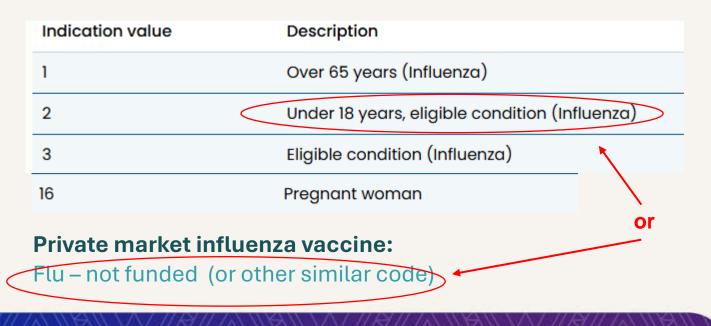
Give 2 doses at least four weeks apart:

- If the child is eligible for funded influenza vaccine, select eligible under 18 years indication code.
- If the child is **not** eligible for funded influenza vaccine, select a privately funded /not funded option.
- Do this for both doses.

AIR vaccinator portal Indication Codes for Influenza vaccines



Equivalent PMS Indication Codes for Influenza vaccines



Opportunistic immunisation





Offer 'Do you want fries with that?' Concomitant opportunistic immunisations when people come in for their flu vaccines – we do this for adults, e.g. offer Covid-19, MMR etc.

And we can offer **'mini fries'** for tamariki immunisations also. Check what other immunisations tamariki need when you have them in front of you particularly MMR and catchup Meningococcal B.