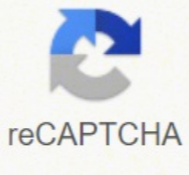




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Victorian influenza guidelines

Age	Disease	Vaccine Brand
Childhood vaccinations (also see influenza section)		
Birth	<ul style="list-style-type: none">Hepatitis B (perinatal or 12 months)	HiB (HiB 2) or HiB 1 or Engix (SP) or HiB 1 or Engix (SP)
2 months Can be given from 6 weeks of age	<ul style="list-style-type: none">Diphtheria, tetanus, pertussis (dTPaP)Hepatitis B, polio, Haemophilus influenzae type B (Hib)PneumococcalRotavirus	Infanrix [®] Hexa Pneumax [®] SP Rotarix [®]
4 months	<ul style="list-style-type: none">Diphtheria, tetanus, pertussis (dTPaP)Hepatitis B, polio, Haemophilus influenzae type B (Hib)PneumococcalRotavirus	Infanrix [®] Hexa Pneumax [®] SP Rotarix [®]
6 months	<ul style="list-style-type: none">Diphtheria, tetanus, pertussis (dTPaP)Hepatitis B, polio, Haemophilus influenzae type B (Hib)	Infanrix [®] Hexa
Additional vaccines for Aboriginal and Torres Strait Islander children (ASIS, NT, WA and SA), and readily at risk children	<ul style="list-style-type: none">Pneumococcal	Pneumax [®] SP
12 months	<ul style="list-style-type: none">Meningococcal ACWYMumps, measles, mumps, rubellaPneumococcal	Menomax [®] MM2P or Mumps [®] Pneumax [®] SP
Additional vaccines for Aboriginal and Torres Strait Islander children (ASIS, NT, WA and SA)	<ul style="list-style-type: none">Hepatitis A	Vagif [®] Pentavalent
18 months	<ul style="list-style-type: none">Haemophilus influenzae type B (Hib)Mumps, measles, mumps, rubella, varicella (MMRV)Diphtheria, tetanus, pertussis (dTPaP)	AziBIP Pneumax [®] SP or Mumps [®] Infanrix [®] Hexa or Engix [®]
Additional vaccines for Aboriginal and Torres Strait Islander children (ASIS, NT, WA and SA)	<ul style="list-style-type: none">Hepatitis A	Vagif [®] Pentavalent
4 years	<ul style="list-style-type: none">Diphtheria, tetanus, pertussis (dTPaP), polio	Infanrix [®] PV or Engix [®] PV
Additional vaccines for readily at risk children	<ul style="list-style-type: none">Pneumococcal	Pneumax [®] SP



Australian Government Bureau of Meteorology

Egg allergy can be confirmed by a consistent medical history of adverse reactions to eggs and foods containing eggs, plus a skin or blood test for immunoglobulin E directed against egg proteins. Any authorized influenza vaccine recommended (i.e., any IV, RIV4 or LAIV4) otherwise appropriate for the age of the recipient and the state of health may be used. Suppliers should also consult the current recommendations of the ACIP COVID-19 vaccine and the CDC guide on the codmination of these vaccines with influenza vaccines. The use of CCGIV4 and RIV4 in such cases should occur in a hospital or outpatient medical environment under the supervision of a supplier who may recognize and manage a severe allergic reaction; Suppliers may also consider consulting with an allergologist to help identify the vaccine component responsible for the reaction. Severe allergic reactions to vaccines, though rare, can occur at any time, even in the absence of a history of the previous allergic reaction. This report focuses on recommendations for the use of vaccines for the prevention and control of seasonal influenza during the 2021-22 influenza season in the United States. For RIV4, the history of a severe allergic reaction (e.g. anaphylaxis) to any riv of any valence or any component of riv4 is a contraindication to the future use of RIV4. A short summary of the recommendations and a link to the latest background document containing additional information are available at . A previous severe allergic reaction to the flu vaccine, regardless of the component suspected to be responsible for the reaction, is a contraindication to the future vaccine receipt. These apply to U.S. licensed influenza vaccines. Used according to licensed indications for food and drug use. Recommendations for the use of Covid-19 vaccines are available at and additional clinical guidance is available at described in this report reflect discussions during public meetings of ACIP that were held on October 28, 2020; February 25, 2021; and June 24, 2021. Occasional cases of anaphylaxis after administration of influenza vaccines in patients who are have been reported to the Vaccine Adverse Event Reporting System (VAERS). Updates and other information are available from CDC's influenza website (; vaccination and health care providers should check this site periodically for additional information. Routine annual influenza vaccination is recommended for all persons aged 6 months who do not have contraindications. Second, the composition of 2021-22 U.S. influenza vaccines includes updates to the influenza A(H1N1)pdm09 and influenza A(H3N2) components. ACIP makes no preferential recommendation for a specific vaccine when more than one licensed, recommended, and age-appropriate vaccine is available. This report updates the 2020-21 recommendations of the Advisory Committee on Immunization Practices (ACIP) regarding the use of seasonal influenza vaccines in the United States (MMWR Recomm Rep 2020;69[No. RR-8]). Fifth, guidance concerning timing of influenza vaccination now states that vaccination soon after vaccine becomes available can be considered for pregnant women in the third trimester. Sixth, contraindications and precautions to the use of cclIV4 and RIV4 have been modified, specifically with regard to persons with a history of severe allergic reaction (e.g., anaphylaxis) to an influenza vaccine. However, the ACIP recommends that vaccine providers consider observing patients (seated or supine) for 15 minutes after administration of a vaccine to decrease the risk for injury should syncope occur. Vaccine administration should be supervised by a health care provider. 22-1202 azneulfi'led enoigats aL .J4VIAL(otanetta elazneulfi onicav li onoviv e .)4VIR(etnanimocir elazneulfi onicav li .)S4VII(ã itavittani ilazneulfi inicav :ilbinopsid eresse orebbervod inicav id ipit itneugas i .22-1202 elazneulfi itna enoigats al etnarud .4VIICC id orutuf osu'la enoizacidniortnoc anu "À 4VIICC id etnenopmoc isaislauq o aznelav isaislauq id VIICC isaislauq a jissalifanA .se da(acigrella enoizae evarg anu id airots al .4VIICC reP .91-divoC inicav e ilazneulfi itna inicav id enoizicidoc al rep inoizaredismoc ednermpoc inicav irtla noc ilazneulfi inicav id enoizartsinimmos allus enoisuscid al ,ogoul otraug ni .animublavo emoc ,ovou'leddã enietorp id eccart id .Àitnaug eremetnoc ebbertop e inoibrme avou ni suriv id enoizagaporp etnaidem aznecl ni itaraperp onos ,ertlo e 4 Àte rep aznecl ni ossecnoc .xavieculF illed etnelavirdauQ .4VIICC (elullec id esab a otavittani elazneulfi onicav li e jima 81 a erorepus o irap .Àte rep aznecl ni ossecnoc .korbul led etnelavirdauQ .4VIR etnanimocir azneulfi'led onicav led inoizecce el noc ,ilbinopsid etnemlautta ilazneulfi inicav l .itarapes icmotana itis ni itartsinimmos eresse orebbervod opmet ossets oia litrof inicav l .ilazneulfi itna inicav i otuvecir reva opod issalifana id isac i adraugir otraug rep ilbinopsid itad i eredevir a .Areumitnoc PICAL .erbotto id enif al ortne erevecir ad jopod enamittes 4 YA "ã eÀ atartsinimmos eresse eved ehct esod adnocecs al eritnesnoc rep elilbinopsid atnevid onicav li opod elibissop otserp "Aip li esod amirp orol al erevecir ebbervod 12 YA eÀ id isod id ativ id elatol nu aznedecerp ni otuvecir onnah non ehc o olazneulfi onicav li otuvecir iam onnah non ehc inna 8 art aserpmoc .Àte id isem 8 art aserpmoc .Àte id inibmab isod 2 id onatissecen ehc inibmab i .otadnamoccar etnemtedecerp emoc .ehcigrella inoizae ivary eritseg e ercesnocir id odarg ni "À ehc atsinioseforP with the continuous circulation of SARS-Cov-2, the virus that causes Covid-19. 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