Pharmaceutical Society of Australia

FluMist Product Guide

Influenza and vaccination

In Australia, influenza hospitalisation rates are highest among **older adults and children under five,** including those without pre-existing conditions.[1]

In 2024, **only 25.8% of children under five were vaccinated against influenza** – a rapidly declining rate leaving many vulnerable.[1]

Vaccination remains the cornerstone of influenza prevention. Benefits of vaccination go beyond direct protection against circulating influenza strains and include[2]:

- Reduces risk of severe illness, complications, and hospitalisation in children.
- Contributes to herd immunity, protecting vulnerable populations who cannot be vaccinated.
- Reduces absenteeism from school and childcare, supporting better attendance and learning outcomes.
- Helps to decrease parental time off work associated with caring for sick children.

FluMist live-attenuated influenza vaccine

FluMist is a live-attenuated influenza vaccine (LAIV) delivered via nasal spray. As FluMist avoids injections and is more convenient, it can improve vaccine access and uptake, especially in needle averse populations or those who have difficulty accessing healthcare professionals.

In Australia, FluMist is TGA approved for the prevention of influenza in children aged 2 to less than 18 years.[3]

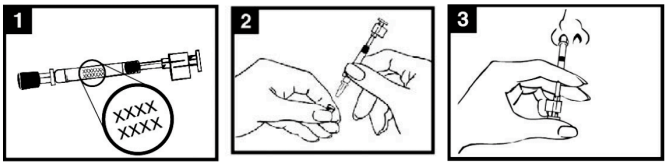
Children aged 24 months to 8 years who are receiving the influenza vaccine for the first time should receive **two doses,** given at least **four weeks apart.** Those who have previously been vaccinated require only **one dose.** Children aged 9 to 17 years should only receive **a single dose**.[3]

FluMist has demonstrated similar efficacy to injectable influenza vaccine against any influenza in pediatric population.[4]

Who should not receive the FluMist vaccine[3]

- children under 2 years of age (increased risk of hospitalisation and wheezing)
- adults 18 years and older (outside the approved age range)
- children and adolescents who have a severe allergy to eggs or other vaccine components
- children who have an allergy to gentamicin (a trace residual in the FluMist)
- children and adolescents under 18 yeras receiving long-term aspirin or salicylate therapy (risk of Reye's syndrome with salicylates and wild-type influenza infection)
- children with severe asthma or current wheezing (precaution)
- clinically immunocompromised children or adolescents or those on immunosuppressive therapy
- not recommended in pregnancy and lactation (insufficient safety data)

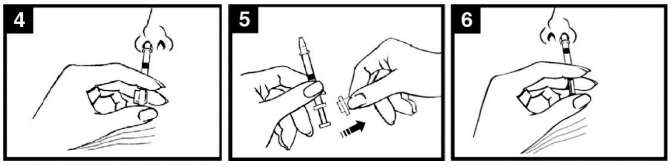
Administration[3]



Check expiration date. Product must be used before date on applicator label.

Remove rubber tip protector. Do not remove dose-divider clip at the other end of the applicator.

With the patient in an upright position, place the tip just inside the nostril to ensure the vaccine is delivered into the nose.



With a single motion, depress plunger **as rapidly as possible** until the dose-divider clip prevents you from going further.

Pinch and remove the dose-divider clip from plunger.

Place the tip just inside the other nostril and with a single motion, depress plunger **as rapidly as possible** to deliver remaining vaccine.

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For a step-by-step video on how to administer *FluMist*, please scan the QR code.

Depending on state or territory regulations and funding, pharmacist immunisers might be able to administer FluMist under the same authority as injectable influenza vaccines. To check eligibility, consult with the Immunisation Branch your state or territory Health Department.

Where FluMist is funded as part of the seasonal influenza vaccination program, a separate doctor's prescription will not be required. The vaccine must be administered by the pharmacist and not given to the consumer, parent or carer to be administered at home.

Pharmacists must maintain professional indemnity insurance, comply with reporting requirements (e.g. Australian Immunisation Register), and ensure emergency response protocols are in place (including access to adrenaline for anaphylaxis).

Post-vaccination observation

As per ATAGI and PSA recommendations, all patients should remain in the pharmacy or vaccination setting for atleast 15 minutes after influenza vaccination.[5] This allows for prompt recognition and management of any immediate adverse events, such as syncope or anaphylaxis.

Timing of vaccination

The influenza vaccine should be administered annually before the peak flu season, which in Australia typically occurs from June to September.[5] Vaccination can be given later in the season if the child has not been immunised.[6]

Situations when *FluMist* administration should be delayed[3]

- **moderate or severe acute illness** (with or without fever) – vaccination should be postponed until recovery, to avoid confusion between illness symptoms and vaccine side effects.
- children and adolescents with **active wheezing** at the time of presentation
- children and adolescents presenting with **nasal congestion** (may limit deliver)
- receiving another live vaccine in the preceeding two week period (unless co-administered on the same day, as per guidelines)

Co-administration with other vaccinations

FluMist may be given at the same time as other vaccines. Concurrent administration of FluMist with the MMR vaccine, MMR and varicella vaccine and the oral poliovirus vaccine have been studied, showing no clinically meaningful changes in immune responses to measles, mumps, rubella, varicella, poliovirus or influenza.[3]

Potential side effects

Mild, self-limiting side effects are common and should be discussed with parents and carers to avoid unnecessary concern, these may include[6]	Serious adverse events are rare but should be recognised and acted upon promptly. These include[6]:
• runny or stuffy nose • mild sore throat • headache • low grade fever	• persistent high fever • difficulty breathing • wheezing • allergic reaction

FluMist is generally well tolerated.

Flumist has been available in the northern hemisphere for over 20 years and TGA registered since 2016. Consumers can be reassured that the vaccine has extensive safety data from its previous overseas use.

Storage

Ensure the vaccine is kept at +2°C to +8°C at all times, must not be frozen and must remain in the carton until use to protect from light.3 In the event of a cold chain breach, *FluMist* can tolerate a single temperature excursion up to 25°C for a maximum of 12 hours.[3] Pharmacists should follow the National Vaccine Storage Guidelines for best practice.[7]

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Want to learn more? Scan the QR code to access PSA's online module, Novel influenza prevention for children

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PSA Empowering pharmacists

References:

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2. Nayak J, Hoy G, Gordon A. Influenza in children. Cold Spring Harb Perspect Med 2021;11(1):a038430
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5. Australian Technical Advisory Group on Immunisation (ATAGI). Australian Immunisation Handbook. Canberra: Australian Government Department of Health; 2025. At: https://immunisationhandbook.health.gov.au/contents/vaccine-preventable-diseases/influenza-flu
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7. Australian Government Department of Health, Disability and Ageing. National Vaccine Storage Guidelines 'Strive for 5'. Canberra: Department of Health, Disability and Ageing; 2025 Sep. At: www.health.gov.au/resources/publications/national-vaccine-storage-guidelines-strive-for-5?language=en

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