# Winter 2024 and the seasons ahead

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#### Jingeri.

We acknowledge the Traditional Custodians of the land in which we work, live and grow, the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples, of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and emerging. We also acknowledge other Aboriginal and Torres Strait Islander people present today.





#### Influenza

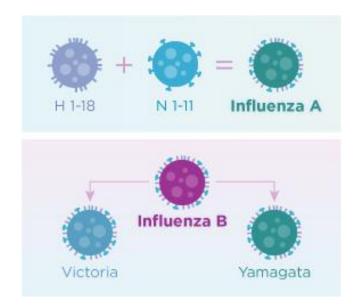


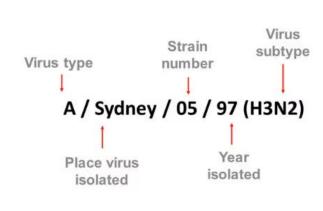




#### Influenza virus

- Four types of influenza virus: A, B, C and D
- Seasonal epidemics: A (pandemics) and B







#### 2024 influenza vaccine recommendations

- Australian Technical Advisory Group on Immunisation (ATAGI)
  - Recommended for all people aged 6 months and over
- QLD in 2024
  - Also funded for all people aged 6 months and over

Table 1. Seasonal influenza vaccines registered and available for use in Australia in 2024, by age

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

Ticks indicate the age at which a vaccine is registered and available. Crosses indicate that the vaccine is not available for that age group. White boxes indicate availability for free under the NIP.



<sup>\*</sup> NIP funding only for Aboriginal and Torres Strait Islander people, pregnant women and people who have certain medical conditions.

### 2024 circulating influenza strains vs vaccine

Influenza strains included in the 2024 Southern Hemisphere seasonal influenza vaccines

Egg-based influenza vaccines	Cell-based influenza vaccines		
A/Victoria/4897/2022 (H1N1)pdm09-like virus	A/Wisconsin/67/2022 (H1N1)pdm09-like virus		
A/Thailand/8/2022 (H3N2)-like virus	A/Massachusetts/18/2022 (H3N2)-like virus		
B/Austria/1359417/2021 (B/Victoria lineage)-like virus	B/Austria/1359417/2021 (B/Victoria lineage)-like virus		
B/Phuket/3073/2013 (B/Yamagata lineage)-like virus	B/Phuket/3073/2013 (B/Yamagata lineage)-like virus		

## Summary of QLD influenza virus positive samples with sequenced HA gene from 04/07/2024 to 17/08/2024

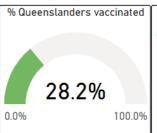
Influenza virus type	Influenza virus subtype	Count year to date	% year to date
Type A	H1N1	112	36%
Type A	H3N2	176	57%
Type B	-	19	6%
Total		307	

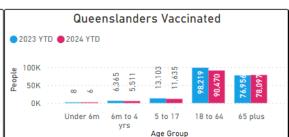
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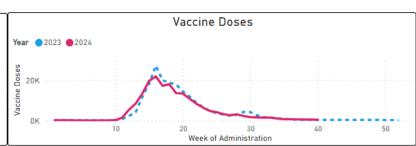


### 2024 GC influenza immunisation coverage

#### All ages

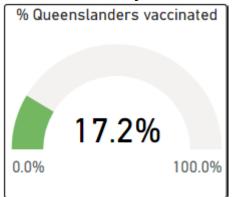






This year:
185,719 people had 187,252 doses
End of same week last year:
194,651 people had 196,481 doses

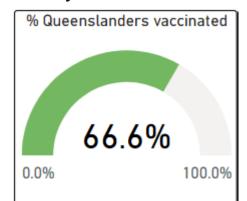
#### Under 5 years



This year:
5,517 people
had 6,547 doses

End of same week last year:
6,373 people
had 7,669 doses

#### 65 years and over



This year: **78,097** people had **78,342** doses

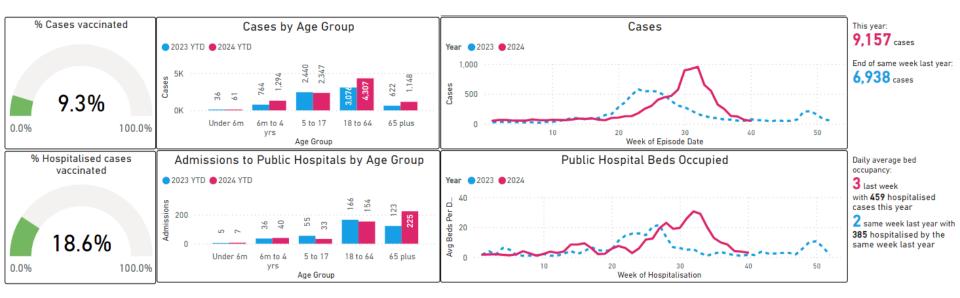
End of same week last year:

**76,956** people had **77,217** doses

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\* 2024 data up to week 40

#### 2024 GC influenza notifications – all ages

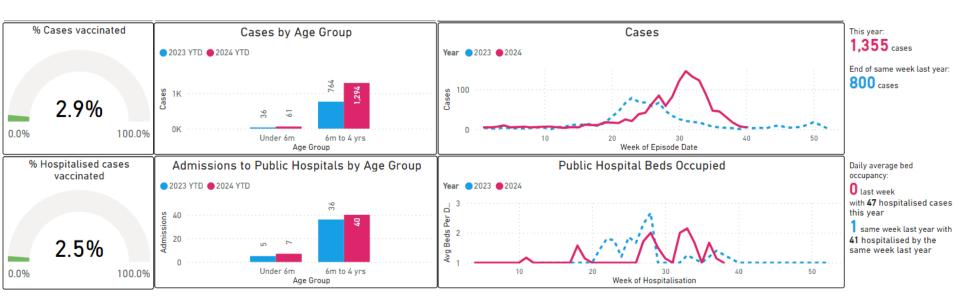


\* 2024 data up to week 40





#### 2024 GC influenza notifications – under 5

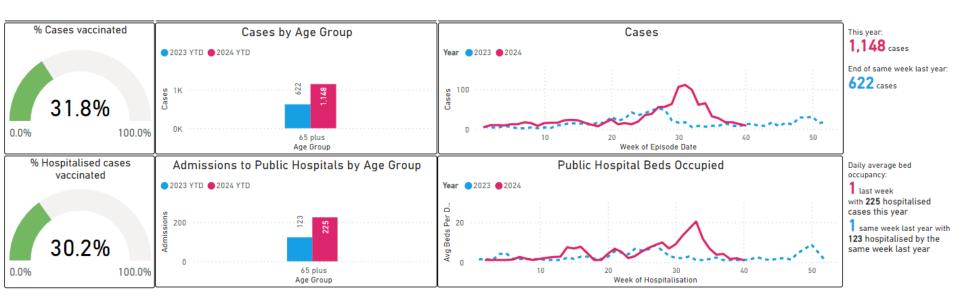


\* 2024 data up to week 40



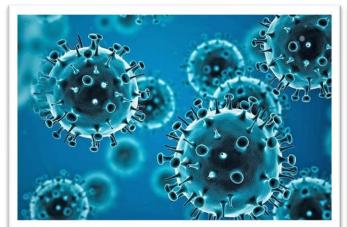


### 2024 GC influenza notifications – 65 years +



<sup>\* 2024</sup> data up to week 40







#### COVID-19





#### COVID-19

- Caused by SARS-CoV-2 (virus)
- Wide range of symptoms and severity with millions of cases and deaths globally since pandemic declared on 12 March 2020
- SARS-CoV-2 evolved over time, emerging variants with differing symptoms, severity and transmission characteristics
- Current dominant lineage: KP.3.1.1 (41% QLD) > XEC (23%) > KP.3 (14%)

#### SARS-CoV-2 Whole Genome Sequencing

#### Results

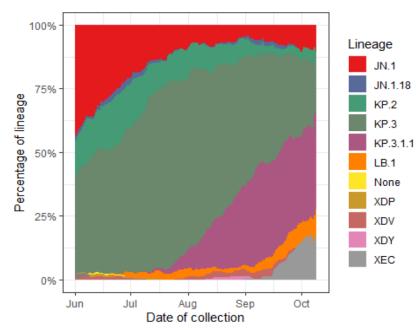
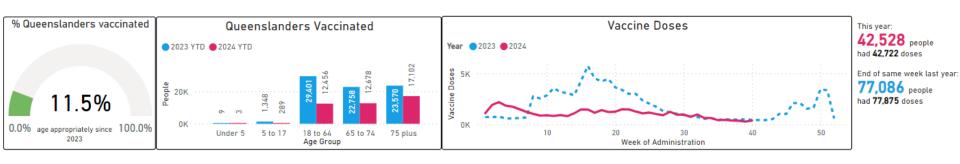


Figure 1: Proportion of Omicron lineages recently sequenced in Queensland for the reporting period [2024-06-01,2024-10-09].

Recent data to be interpreted with caution due to sequencing lag.



## 2024 GC COVID-19 immunisation coverage – all ages

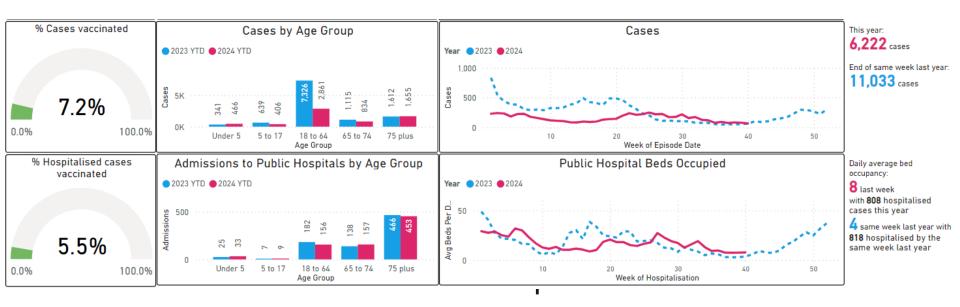


\* 2024 data up to week 40





#### 2024 GC COVID-19 notifications – all ages



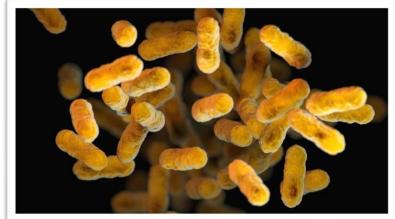
<sup>\* 2024</sup> data up to week 40 Source: Public Health Intelligence Branch. Acute Respiratory Infections Executive Summary dashboard. Queensland Health, 2024 [accessed 9 Oct 2024]





#### **Pertussis**



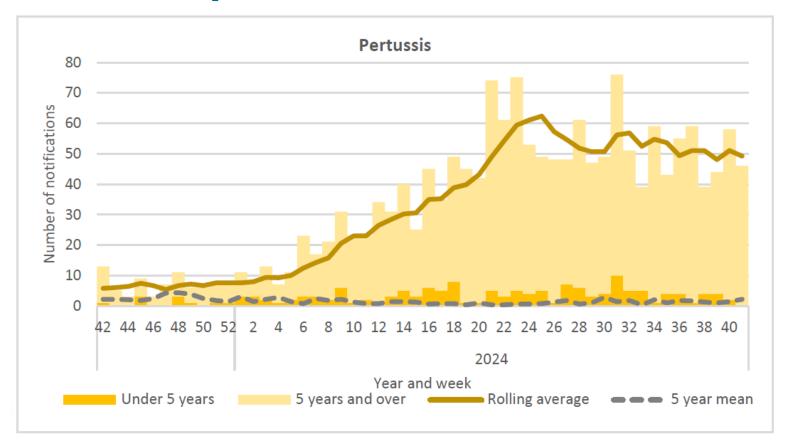


### Pertussis (whooping cough)

- Caused by bacterium Bordetella pertussis
- Affects any age, highest risk of severe disease in babies and young children
- Most hospitalisations and deaths in babies <6</li> months
- Epidemics occur every 3 4 years in Australia
- Prevention: Vaccination esp. to protect babies 6 months (incl. antenatal vaccination)



#### 2024 GC pertussis notifications





#### **Pertussis vaccination**

- Funded via the NIP:
  - Infants aged 2 months, 4 months, 6 months
  - Children at 18 months
  - Children at 4 years
  - Year 7 booster dose (School Immunisation Program)
  - Each pregnancy at 20 to 32 weeks
- Booster dose recommended (not funded) for any adult without a pertussis booster in last 10 years, especially people living with or caring for babies under six months

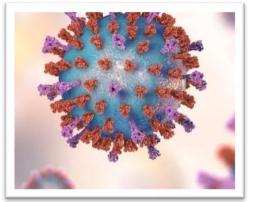
#### **Practice points**

- School aged child needs tetanus booster → give dTpa (Boostrix) rather than dT (ADT booster)
- Reminder: 15 19 year olds due for adolescent vaccines won't flag on AIR as overdue, but they are still due!



## Respiratory Syncytial Virus (RSV)



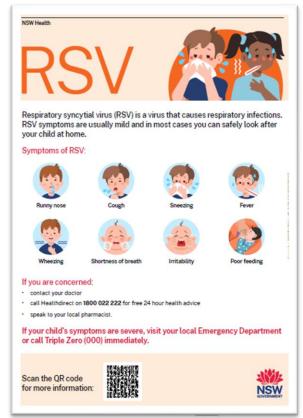




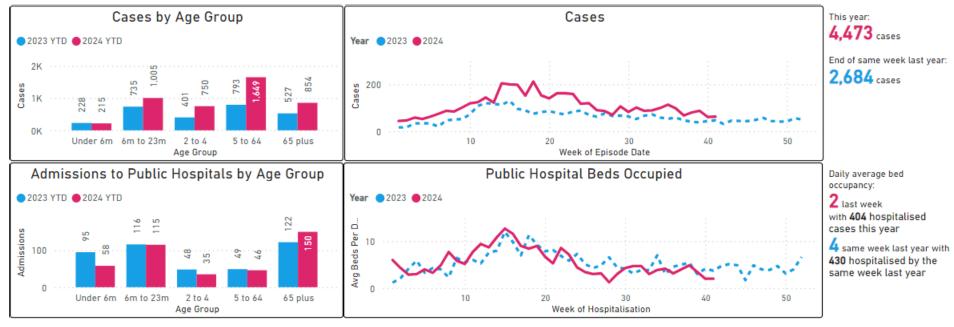
### Respiratory Syncytial Virus (RSV)

- Common cause of respiratory illness
- Affects all ages but children < 3 years, older</li> adults with cardiac, respiratory or immune problems at risk of serious illness
- Babies < 6 months at risk of bronchiolitis or</li> pneumonia
- One of most common causes of hospitalisation in infants and young children
- Outbreaks occur in childcare and residential care

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#### 2024 GC RSV notifications



<sup>\* 2024</sup> data up to week 40





#### **QLD Paediatric RSV Prevention Program**

- Nirsevimab (Beyfortus®): long-acting monoclonal antibody
- Protects infants and young children against RSV for at least 5 months
- Up to 80% effective in decreasing infant RSV hospitalisations
- Eligibility: Infants born on or after 1 Feb 2024, First Nations infants < 8 months and infants with certain complex medical conditions from birth to <8 months
- Young children 8 months to <20 months with certain complex medical conditions eligible until 31 Oct 2024





## Future seasons: Horizon scanning



## What's on the horizon for RSV vaccines – infants

- Nirsevimab (Beyfortus, Sanofi-Aventis, long-acting mAb): Newborns/infants and children up to 24 months with risk conditions
  - TGA approved 2023, not recommended for NIP funding by PBAC
  - State and territory funded programs (ACT, NSW, NT, QLD, Tas, WA)
- Abrysvo (Pfizer, protein subunit vaccine): infants from birth to 6 months of age through active immunisation of pregnant women (28
  - 36 weeks gestation)
    - TGA approved Mar 2024, not on NIP (PBAC recommended, dependent on price reduction for current indication) watch this space!
    - Private market supply



#### What's on the horizon for RSV vaccines ≥ 60 years

- **Abrysvo** (Pfizer; protein subunit vaccine): Recommended in all adults ≥ 75 years, with risk conditions and First Nations ≥ 60 years
  - TGA approved Mar 2024
  - PBAC assessment (?NIP) in Nov 2024 watch this space!
  - Private market supply available
- Arexvy (GSK, protein subunit vaccine with adjuvant): Recommended in all adults ≥ 75 years, with risk conditions and First Nations ≥ 60 years
  - TGA approved Mar 2024
  - Not recommended for NIP funding by PBAC
  - Private market supply available
- mRESVIA (Moderna RSV mRNA-1345 vaccine): Submitted to TGA for adults ≥ 60 years – watch this space!

#### **Combined COVID and flu vaccines**

- Under development and being trialled
- Clinical trial at the Mater in Brisbane: protein-based combined influenza and COVID-19 vaccine

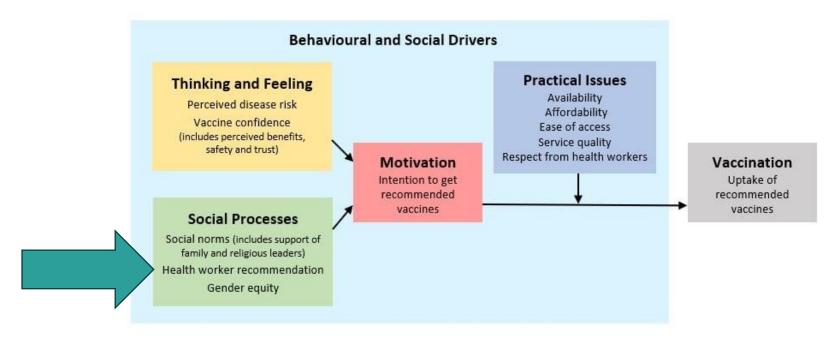




#### Immunisation post COVID-19 pandemic



#### What can you do?





#### Take home points

- Immunisation protects our most vulnerable against severe disease and hospitalisations for COVID-19, influenza, RSV and pertussis
- Declining immunisation uptake: recommendations by a HCW are highly influential
- Adolescents: Tetanus booster → give dTpa (Boostrix) rather than dT (ADT booster)
- 15–19 year olds due for school aged vaccines (despite AIR showing up to date)
- Immunisation = ever changing landscape!



## Thank you



