

Immunisation: Measles, influenza and RSV

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EMPHN Practice Nurse Education Day, 30 April 2026

Acknowledgement of Country

NEPHU acknowledges the Traditional Custodians of the land on which we work, live and play on. We pay our deepest respects to their Elders, past and present. We recognise and honour the enduring connection that Aboriginal and Torres Strait Islander peoples have to this land, water and Community.



Artwork: The Gathering
Artist: Rubii Red

Local public health units in Victoria

Loddon Mallee

- Loddon Mallee covers the most amount of area across the state out of all LPHUs.
- Population: 330,490
- Area: 57,426km²

Grampians

- The region consists of relatively remote farming communities.
- Population: 246,000
- Area: 47,457km²

Barwon

- Barwon PHU was the first of nine LPHUs to be stood up in June 2020.
- Population: 459,390
- Area: 31,835km²

WPHU

- This region has the greatest number of functions to consider following integration which include Ports of entry, Melbourne Airport, Vaccination centres and testing.
- Population: 1,344,100
- Area: 1,419km²

NEPHU

- One of the most culturally and linguistically diverse regions in Australia.
- Population: 1,856,440
- Area: 4,443 km²

Goulburn Valley

- Goulburn Valley initiated Victoria's first mobile vaccine hub, named 'Jabba the Bus'.
- The Goulburn Valley catchment spans across 22,710km² serving over 195,000 people across its communities

Ovens Murray

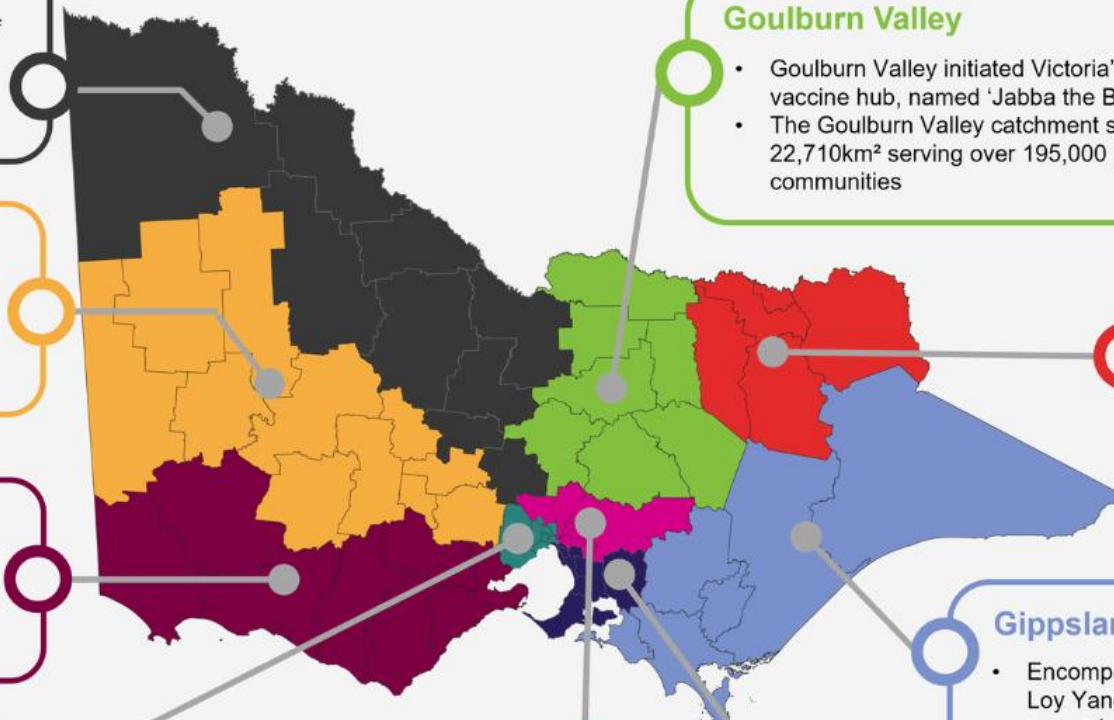
- Formally known as Albury Wodonga PHU.
- Resides on the border with services spanning across 17 sites across North-East Victoria and Southern New South Wales.
- Population: 108,690
- Area: 17,582km²

Gippsland

- Encompasses 14 national parks and the Loy Yang power station supplying approximately 30% of Vic power supply.
- Population 295,500
- Area: 41,512 km

SEPHU

- Encompasses the Southeast Suburbs and the Peninsula.
- Population: 1,811,620
- Area: 2,972 km²



Local public health units in Victoria



Banyule City Council

City of Boroondara

City of Darebin

Hume City Council

Knox City Council

Manningham Council

Maroondah City Council

Nillumbik Shire Council

Whitehorse City Council

City of Whittlesea

Yarra City Council

Yarra Ranges Council

- LPHU boundaries do not directly overlap with PHNs
- Measles immunisation content is general and still applicable to all Victorian primary care practices

- Some initiatives being promoted in other LPHU catchments will not apply in the NEPHU catchment



Response to measles outbreak: Adult measles immunisation program





Why is measles important?



What is measles?

Viral respiratory disease

Symptoms

- Fever
- Cough
- Coryza
- Conjunctivitis
- Koplik spots
- Rash: 3-5 days after onset, fever present, starts on head and descends, maculopapular non-itchy

Presentation is atypical if some prior immunity (“attenuated measles”)

There is no antiviral treatment for measles



Complications

About 1 in 4 will be hospitalised

<5yo and >20yo are at risk

Common: Ear infection, diarrhoea

Severe: pneumonia, encephalitis

Long term: subacute sclerosing panencephalitis

Death: 1-2 per 1,000

How is measles spread?

Mode of transmission – Airborne or on surfaces

One of the most contagious diseases (R_0 12-18)

Transmission can occur from just being in the same room as case as well as after case has left

Infectious period – 24 hours before symptom onset (or 4 days before rash onset if uncertain symptom onset) to 4 days after rash appeared

Incubation period – 7-18 days



2025 Victorian outbreak

Victorian outbreak - early 2025

- Multiple incursions, particularly from Vietnam and Thailand
- Undetected local transmission
- Greater spread than previously, likely due to lower herd immunity

News > Victoria

BREAKING

Measles alert for Chadstone Shopping Centre, metro trains

Chadstone Shopping Centre has become a measles exposure site after a confirmed case worked at a popular make-up store, and visited other shops, while infectious. [SEE THE FULL LIST.](#)

Sarah Booth [Follow](#)

@sarahbooth_14 2 min read May 23, 2025 - 3:44PM

Herald Sun



Current measles situation

- 23 cases in 2026
- Most overseas travel to India and Indonesia
- x1 local transmission from unknown source (same genotype as NSW case)

Measles 'likely' circulating in Sydney as outbreak grows



By Patrick Brischetto | 3:45pm Feb 28, 2026

Why the 'canary in the coalmine' of infectious diseases is on the rise in Australia

More than a decade after it was wiped out, one of the world's most contagious diseases is on the rise again in Australia.



Natalie Brown [Follow](#)

[@natalieisbrown](#) 4 min read February 28, 2026 - 3:52PM [news.com.au](#)

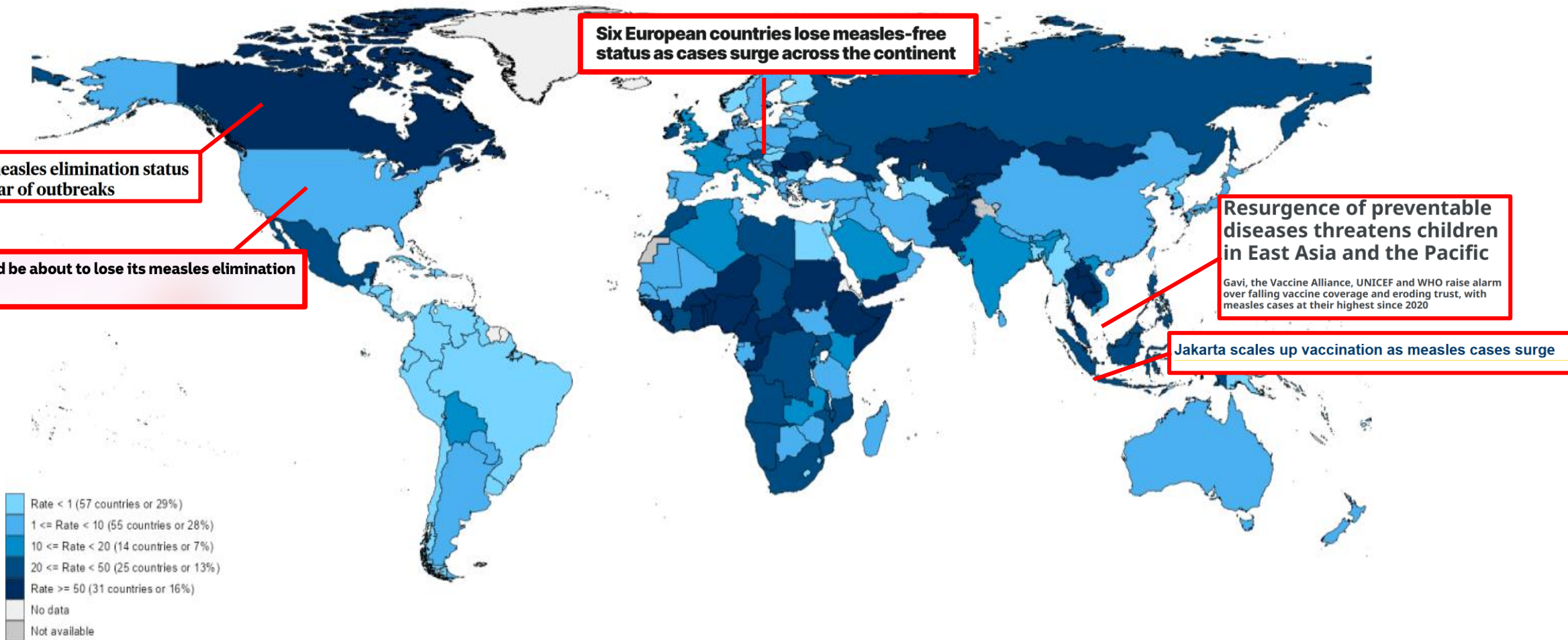
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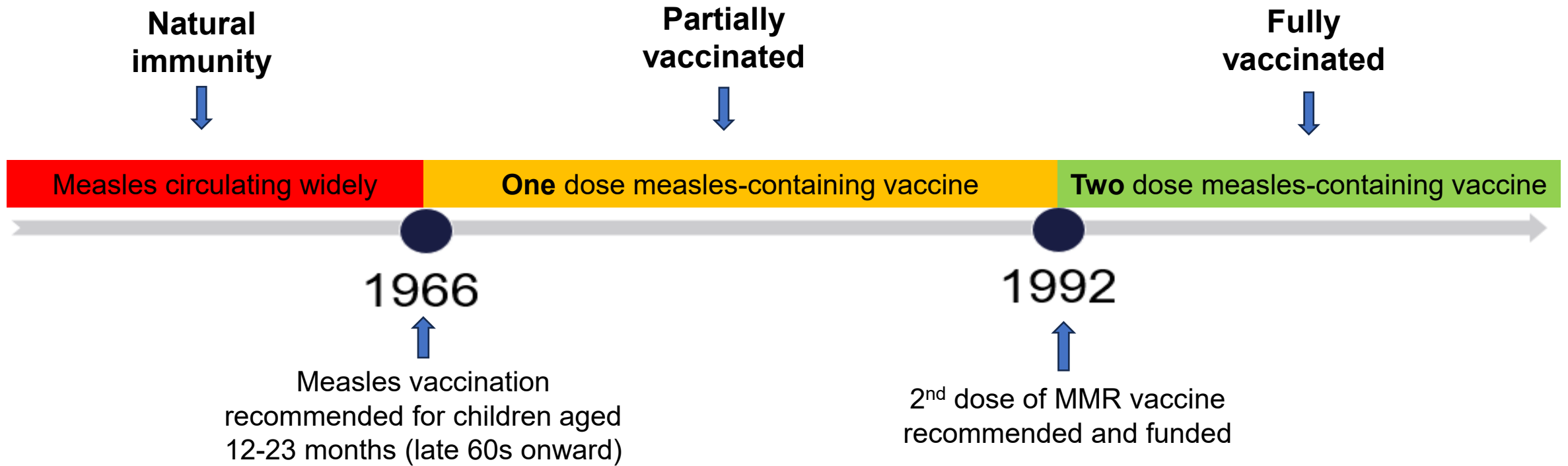
Why is measles a problem right now?

Measles is increasing globally

Measles Incidence Rate per Million (Last 12 months)



Vaccine schedule timeline – Australia



Measles-containing vaccines

- National vaccination programs vary widely between countries
- Many adults may have only one dose of measles-containing vaccine, or are unsure of their vaccination status

Country	Dose 1 introduced	Dose 2 introduced
China	1978	1986
New Zealand	1969	1992
Australia	1968	1992
Italy	1979	~1993
England	1968	1996
Sri Lanka	1984	2001
Iraq	~1985	~2001
Malaysia	1982	2004
Vietnam	1981	2006
India	1985	2010



820,000

The estimated number of adults potentially eligible for catch-up MMR vaccination within the NEPHU catchment

What could happen?

Best case

- Multiple incursions with low grade transmission within the community
- GP clinic and health service exposures

Worst case

- Imported case(s) with amplification in an unvaccinated group or large exposures leading to widespread transmission
- Many infections during a protracted outbreak including severe illness and death
- Many GP clinic and health service exposures with significant impacts on service delivery
- Australia loses WHO measles elimination status

Increasing measles vaccination coverage



Victorian Enhanced Measles Response Program

Goal: Increase MMR coverage of adults

Born during or after 1966 without two doses of measles vaccine or unsure of vaccination status

- **State-funded program by Victorian Department of Health**
- **Programs to be developed and delivered via Local Public Health Units**
 - Will be differences but same goal to increase population immunity
- **Free MMR vaccine for eligible adults 20-59 years:**
 - Born during or after 1966 without two documented doses of measles containing vaccine
 - Unsure of vaccination status
- **Out of scope:** < 20yo who are eligible for catchup MMR under NIP

NEPHU Measles Immunisation Program

Partnering to promote the uptake of free MMR vaccine in **primary care settings and local councils** for under-immunised adult cohorts

- ✓ **Utilising existing pathways**
- ✓ **Opportunistic – Building immunity checks and measles vaccination into routine primary care touchpoints**
- ✓ **Equitable and sustainable**
- ✓ **Maximising long term impacts**

Priority Groups

- **Born between 1966 and 1992**
(i.e. aged 33-59 years)
Partially immunised as per schedule
- **Pre-travel overseas**
- **Born overseas with undocumented vaccination history**
- **Aboriginal and/or Torres Strait Islander People**

Targeted waves

**Born 1966-
1992
Nov 2025
onwards**

**Pre-travel
Dec 2025**

**Health checks
Feb-Apr 2026**

**Flu vaccination
Mar-Jun 2026**

**Measles
exposure
Timing as
needed**

Each phase has associated promotional materials, communications and messaging

Targeted engagement with priority groups. Translated resources are available

Promotional materials are available

Were you born between 1966 and 1992?

Even if you had your childhood vaccines, you might not be fully protected against measles.

Measles is circulating in our community. You need two doses of the measles vaccine to be fully protected. If you were born before 1992, you might have had only one dose as the second dose wasn't added to Australia's vaccine schedule until 1992. People born before 1966 are usually considered immune.

Lost your childhood vaccine record? **It's safe to get another dose if you're unsure about your history.**

Check your vaccination status and book your free measles vaccine with your GP today!



Were you born between 1966 and 1992?

A free measles vaccine may be available.

If you'd like, you can check your immunisation history or talk with a health worker about what you need.

Strong community starts with strong health



Getting a flu shot?

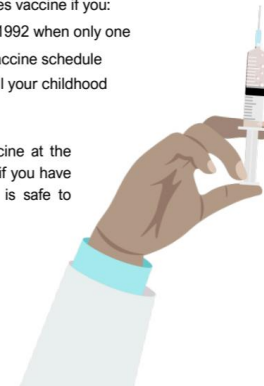
Ask your healthcare provider about a **measles** vaccine at the same time.

- You may need a catch up measles vaccine if you:
- were born between 1966 to 1992 when only one dose was on the childhood vaccine schedule
 - missed or did not complete all your childhood vaccinations

It is safe to get a measles vaccine at the same time as your flu shot, and if you have lost your vaccination record, it is safe to get an additional dose.



Learn more about measles



Here for your child?

Don't forget about **your** health too

If you were born before 1992, you might have had only one dose as the second dose wasn't added to Australia's vaccine schedule until 1992. People born before 1966 are usually considered immune.

Measles is circulating in our community. You need **two doses** of the measles vaccine to be fully protected.

If you are unsure of your vaccination history, it is safe to request an additional measles-mumps-rubella (MMR) vaccination.

The MMR vaccine is a live vaccine and **cannot** be given during pregnancy

Ask to confirm availability and if there are any out of pocket administration costs.

Book in a **measles** vaccine at your GP now!



Free resources can be printed and mailed to practices located in NEPHU catchment

Translated resources are now available.

Order at: nephu.org.au/news-and-events/new-measles-immunisation-program/

Key messages

Measles is increasing globally

Victoria's Enhanced Measles Vaccination program aims to increase the measles vaccination coverage in adults

Primary care practices are encouraged to offer free state-funded catchup measles vaccine to all adults born on or after 1966 who are missing two documented doses of measles-containing vaccine or are unsure of vaccination status

➤ Many adults born between 1966 and 1992 have only had one dose but are not aware of this

Call to Action

- Offer catch-up MMR vaccination to eligible adults
- Add state-funded MMR vaccine to your next fortnightly OneLink order
- Download or order promotional resources here:
nephu.org.au/news-and-events/new-measles-immunisation-program/
- Record in AIR: select **Other** under Vaccine Type



Monitoring and evaluation

- Monitor MMR administration and ordering uptake
- Updates in NEPHU and PHN newsletters

Questions and feedback can be emailed at any time to
healthprotection.nephu@austin.org.au



Questions?



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Influenza immunisation

Influenza immunisation

- Unusual extended “triple season” in 2026
- Annual vaccination is the most important measure to prevent influenza and its complications
- Should ideally occur before the onset of each influenza season when it becomes available, usually in April
- Highest level of protection occurs in the first 3-4 months after vaccination
- Vaccination should continue to be offered as long as influenza viruses are circulating

Influenza immunisation

Vaccination is recommended for all people \geq 6 months

Funded by National Immunisation Program for:



all children aged 6 months to less than 5 years of age



all Aboriginal and Torres Strait Islander people aged 6 months and over



people aged 65 years and over



pregnant women



all individuals aged 5 years and over with medical risk conditions



Influenza vaccines

Different influenza vaccines are registered for use in different age groups; ensure right vaccine, right dose

Vaccine	Vaxigrip 0.5 mL (Sanofi)	Flucelvax 0.5 mL (CSL Seqirus)	Fluzone 0.5 mL (Sanofi)	Influvac 0.5 mL (Viatris)	Fluad 0.5 mL (CSL Seqirus)	Fluzone High- Dose 0.7 mL (Sanofi)	Flumist 0.2 mL (AstraZeneca)
Registered age group							
6 months to <2 years	✓	✓	✓	✓	X	X	X
≥2 to <5 years	✓	✓	✓	✓	X	X	✓
≥5 to <18 years	✓*	✓*	✓	✓	X	X	✓
≥18 to <50 years	✓*	✓*	✓	✓	X	X	X
≥50 to <60 years	✓*	✓*	✓	✓	✓	X	X
≥60 to <65 years	✓*	✓*	✓	✓	✓	✓	X
≥65 years	✓	✓	✓	✓	✓	✓	X

White: funded
 Tick: approved for age group
 * Listed medical conditions, pregnant women, Aboriginal and Torres Strait Islander people
 Influenza vaccines must be notified to AIR



Influenza vaccine safety

Surveillance of 2025 influenza vaccination

199,279 respondents Australia wide

Survey response rate 42.7%



82.0% of respondents reported no adverse event

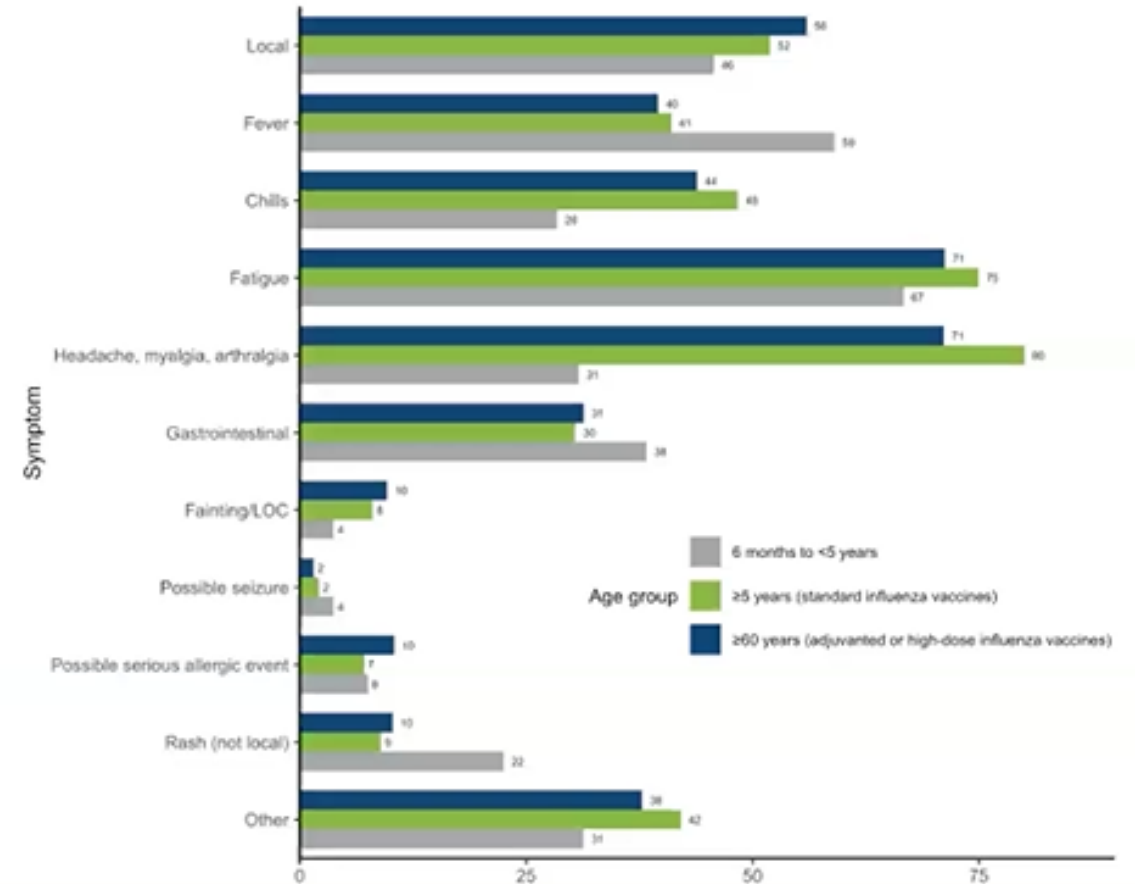


18.0% of respondents reported any adverse event



0.3% of respondents reported visiting a doctor or emergency department

Source: AusVaxSafety - Surveillance of seasonal influenza vaccinations from 31 March 2025 to 31 August 2025



Changes for 2026

- Intranasally administered live attenuated influenza vaccine (LAIV; FluMist[®]) is now available for children aged 2–17 years
- Reduced age for two dose recommendation when receiving influenza vaccine for the **first** time
 - Healthy children aged 6 months to <2 years
 - Children with a medical risk condition aged 6 months to <9 years
- Adjuvanted influenza vaccine (Fluad[®]) now available to \geq 50 year olds
 - Fluad is NIP funded for \geq 65 year old
 - 50 - 64 year old can access privately
- All influenza vaccines in 2026 are trivalent. The B Yamagata lineage virus is no longer included

Intranasal LAIV

State/territory	Funded groups and availability
Australian Capital Territory	Available on private market for children and adolescents aged 2 to <18 years
New South Wales	Funded for children aged 2 to <5 years Available on private market for children and adolescents aged 2 to <18 years
Northern Territory	Available on private market for children and adolescents aged 2 to <18 years
Queensland	Funded for children aged 2 to 5 years (inclusive) Available on private market for children and adolescents aged 2 to <18 years
South Australia	Funded for children aged between 2 to <5 years Available on private market for children and adolescents aged 2 to <18 years
Tasmania	Available on private market for children and adolescents aged 2 to <18 years
Victoria	Available on private market for children and adolescents aged 2 to <18 years
Western Australia	Funded for children aged 2 to <12 years Available on private market for children and adolescents aged 2 to <18 years

- FluMist LAIV approved for children 2 to <18 years
- Equivalent effectiveness to inactivated influenza vaccines (IIV)
- One spray into each nostril
- Contraindicated in moderate or severe immunocompromise
- Funding differs by state and territory
- Can be given at the same time as other vaccines
- As safe as IIV:
 - Safely given to millions of children in northern hemisphere
 - Mild, short-lived and self-resolving side effects including runny or blocked nose, headache and tiredness

Link: [NCIRS influenza vaccine FAQs](#)



Questions?

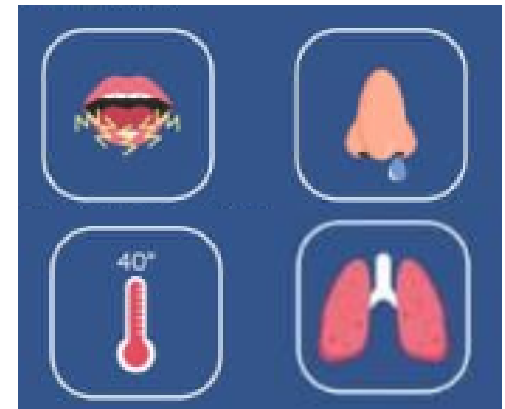


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RSV immunisation

RSV immunisation

- Seasonal highly contagious respiratory viral infection
- Severe infection in very young and older people
 - RSV is leading cause of hospitalisation in infants and severe RSV is linked to ongoing respiratory issues
 - Older people have weakening immune system and RSV infection leads to severe illness or worsens other conditions
- Immunisation can protect babies and older persons
 - RSV Mother & Infant Protection Program (RSV-MIPP) reduces risk of hospitalisation by 70-80%
 - Maternal vaccination (Abrysvo)
 - Infant immunisation (Beyfortus/nirsevimab)
 - In people aged 60 years and older, RSV vaccination reduces the risk of lung and lower airway infection by >80%
 - Arexvy or Abrysvo



Maternal vaccination (Abrysvo)



- Recommended at 28-36w gestation for every pregnancy
- Mothers develop and pass protective antibodies to baby
- Protection lasts for up to 6 months after birth
- Can be administered with other vaccines (i.e. whooping cough, flu)
- Safe and effective
 - Local side effects (i.e. a sore arm) are common but generally mild.
 - More severe side effects are very rare.
 - In data from other countries, pregnancy-related complications including premature birth occurred at the same rate in Abrysvo recipients as those not vaccinated.
 - Ongoing safety is being monitored
- Year-round vaccination

Infant immunisation (Beyfortus/nirsevimab)



- Recommended if mother did not received RSV vaccine at least 2 weeks before birth
- Long-acting RSV-specific antibodies
- Lasts up to 6-12 months
- Can be administered with other vaccines
- Safe and effective
 - Local side effects (i.e. a sore leg at injection site) are common but generally mild.
 - Australian experience over last two years has confirmed safety.
 - Ongoing safety is being monitored
- Seasonal program to cover winter: mid-March to 30 Sept

Older people

- Arexvy or Abrysvo
- A single dose offers protection for at least two years
- Arexvy now funded after 15 May 2026 for
 - Adults $\geq 75y$
 - Aboriginal and Torres Strait Islander people $\geq 60y$
- Recommended but not funded for
 - Adults 60-74y with medical risk
- Funded for Victorian residents $\geq 60yo$ in public aged care services
- Typical cost \$300-\$325
- Common side effects
 - injection site pain, fatigue, muscle aches, headache, and stiffness in the joints.



Further information

Lily's email:

Lily.buch5@austin.org.au

NEPHU website:

<https://nephu.org.au/news-and-events/measles-immunisation-program-launched/>



Questions?



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