NT Immunisation Schedule

Influenza

Vaccines funded under the National Immunisation Program/NT Health

November 2026

Ph (08) 8922 8315

Immunisation program | NT Health

KEY All people | Aboriginal and Torres Strait Islander people | Specified medical risk conditions

Age		Brand/Route	NIP funded	Important information
6 months to less than 5 years		Vaxigrip® (IM) Flucelvax® (IM)	✓	Children aged 6 months to <2 years receiving influenza vaccine for the first time give 2 doses, 4 weeks apart
Pregnant women		Vaxigrip® (IM) Flucelvax® (IM)	✓	Every pregnancy, any trimester
5 years to less than 65 years	Aboriginal and Torres Strait Islander people		✓	Annually
	People with specified medical risk conditions		✓	Children with a medical risk condition aged 6 months to <9 years receiving influenza vaccine for the first time give 2 doses, 4 weeks apart
65 years and over		Fluad® (IM)	✓	Annually

2026 influenza vaccine important information

- When receiving influenza vaccine for the first time, **healthy children aged 6 months to <2 years** and **children with a medical risk condition aged 6 months to <9 years** should receive 2 doses, 4 weeks apart.
- **Fluad® is NIP funded from 65 years of age** but is available privately for adults aged 50 years and over.
- If a person has a 2025 influenza vaccine in late 2025 or early 2026, they are still recommended to receive a 2026 formulation of influenza vaccine when it becomes available. A minimal four-week interval is recommended between 2025 and 2026 influenza formulations.
- Allergy to eggs is NOT a contraindication to egg-based influenza vaccine. People with an egg allergy, including history of anaphylaxis, can safely receive all influenza vaccines.

Influenza vaccines are covered under the NIP for these medical risk conditions	
Cardiac disease	Congenital heart disease, congestive heart failure, coronary artery disease
Chronic respiratory condition	Suppurative lung disease, bronchiectasis, cystic fibrosis, chronic obstructive pulmonary disease, chronic emphysema, severe asthma (requiring frequent medical consultations or the use of multiple medications)
Immunocompromising conditions	HIV infection, malignancy, immunocompromise due to disease or treatment, asplenia or splenic dysfunction, solid organ transplant, haematopoietic stem cell transplant, CAR T-cell therapy
Haematological disorder	Sickle cell disease or other haemoglobinopathies
Chronic metabolic disorder	Type 1 or 2 diabetes, amino acid disorders, carbohydrate disorders, cholesterol biosynthesis disorders, fatty acid oxidation defects, lactic acidosis, mitochondrial disorders, organic acid disorders, urea cycle disorders, vitamin/cofactor disorders, porphyrias
Chronic kidney disease	Chronic renal impairment – eGFR <30 mL/min (stage 4 or 5 disease)
Chronic neurological condition	Hereditary and degenerative CNS diseases, seizure disorders, spinal cord injuries, neuromuscular disorders, other conditions which impair respiratory or airway function
Long-term aspirin therapy in children aged 5 to 10 years	These children are at increased risk of Reye's syndrome following influenza infection

For more information see ATAGI Statement on the administration of seasonal influenza vaccines in 2026 | Australian Government Department of Health, Disability and Ageing

This schedule is a summary. For more detailed information refer to The Australian Immunisation Handbook

NORTHERN TERRITORY GOVERNMENT