

2026 WA Influenza Nasal Spray Vaccination Program for children – Provider fact sheet

The 2026 WA Influenza Nasal Spray Vaccination Program provides eligible children a free intranasally-administered live attenuated influenza vaccine (LAIV).

LAIV can protect children from serious influenza-related illness and help mitigate the spread of influenza virus in the community.

The weakened viruses in LAIVs are adapted to grow only in cold temperatures. This means they can replicate at the lower temperatures found in the nose but cannot grow well at the warmer temperatures in the rest of the body and cannot cause influenza disease.

In 2025, more than 3 of every 10 reported influenza infections occurred in children under 12 years of age. Hospitalisation rates for influenza are highest in children under 5 years and in older adults. Most children who develop severe influenza illness were previously healthy.

Fewer than 2 in 10 children aged 2 to 11 years in WA were vaccinated in 2025. Annual vaccination is the most important way to prevent influenza and its complications.

The importance of annual influenza vaccination should be reinforced. A recommendation from a healthcare provider is the strongest predictor of whether a person decides to vaccinate themselves or their child.

Program details and eligibility

The 2026 WA program provides a free influenza nasal spray vaccine (FluMist®) for eligible children aged 2 to 11 years, giving parents and caregivers a needle-free option for the influenza vaccination. Offering a nasal spray option may be particularly attractive for children who are very needle-averse and is expected to increase vaccination uptake in children aged 2 to 11 years.

LAIV is approved for use in children aged 2 to 17 years in Australia. The 2 to 11-year age group has been selected for government funding because younger children have a higher risk of influenza complications and readily transmit influenza to others. LAIV can be purchased privately for people aged 12 to 17 years.

LAIV has similar effectiveness to inactivated influenza vaccines in preventing severe influenza in children.

Inactivated influenza vaccines (IIV) remain available for children who:

- are not age-eligible for the nasal spray influenza vaccine
- prefer an injectable vaccine
- have contraindications for receiving a LAIV intranasal vaccine.

Administering LAIV

LAIV is intranasally-administered and must not be injected. Each 0.2 mL dose is given by quickly spraying approximately half of the contents of the sprayer into each nostril.

LAIV can be given at the same time as, or at any interval before or after, other currently used vaccines, including live vaccines.

Refer to the [Australian Immunisation Handbook \(AIH\)](#) influenza chapter for more details.



Who should not receive LAIV, or receive it with caution?

Intranasal LAIV is contraindicated for people who:

- had anaphylaxis after receiving a previous dose of any influenza vaccine
- had anaphylaxis after receiving any component of an influenza vaccine (for example, gentamicin present as a trace residual in the LAIV)
- are [moderately or severely immunocompromised](#)
- are taking oral salicylate therapy (for example, aspirin)
- Pregnant women should receive inactivated influenza vaccines, rather than LAIV.

The following people should receive LAIV with caution (noting it is only registered for children aged 2 to 17 years):

- close contacts of people who are severely immunocompromised should avoid direct contact for 1 to 2 weeks after receiving LAIV or receive an IIV instead
- individuals with a history of Guillain-Barre syndrome where the first episode occurred within 6 weeks of receiving an influenza vaccination
- individuals receiving more than one immune checkpoint inhibitor for cancer treatment
- if a child has severe asthma requiring intensive care or a recent episode of wheezing, delay LAIV until symptoms have improved and the child's condition is stable – or use an IIV instead
- Intranasal LAIV should be deferred if a child has a runny or blocked nose, as this may hinder absorption of the vaccine. In such cases, IIV should be considered instead.

A child with asthma or wheeze can receive LAIV. Data confirms that LAIV and IIV are equally safe for children with asthma or recurrent wheeze. A child receiving low-dose systemic or inhaled corticosteroids may receive intranasal LAIV at the same time. If the child's parent or guardian cannot identify the current dosage of oral or inhaled steroid, an IIV can be offered. If the child has severe asthma requiring intensive care admission or has had a recent wheezing episode, vaccination should be delayed until the symptoms have improved and the child's condition is stable, or an IIV can be offered instead.

Most people only require one annual dose of LAIV. However, people including children aged 2 to less than 9 years with a medical at-risk condition (if not contraindicated for LAIV) receiving LAIV for the first time may need 2 doses (4 weeks apart) during the influenza season. People who require 2 doses of influenza vaccine within a single season may receive different vaccines for each dose, provided both doses are an age-appropriate vaccine that is not contraindicated.

LAIV is absorbed rapidly in the nose. The dose does not need to be repeated if a child sneezes, blows their nose or experiences nasal dripping after receiving it.

If LAIV is inadvertently given into only one nostril or only half dose is delivered (that is, 0.1 mL), it is not necessary to repeat the dose of vaccine as this contains enough attenuated viral particles to induce an immune response.

Possible adverse events after LAIV

As LAIV is administered intranasally, it can cause upper respiratory and nasal symptoms, like runny nose, nasal congestion or sore throat. Data from large clinical trials show that children who received LAIV have increased odds of experiencing nasal symptoms relative to children who received IIV. These side effects usually begin soon after vaccination and are mild and short-lived.

There is no difference in potential serious adverse events for LAIV and inactivated influenza vaccines.

Training requirements

Information on intranasal influenza vaccines is included in the WA Department of Health [Influenza Update module](#).

Completion of the free [online education module](#) is mandatory for WA immunisation providers working under Structured Administration and Supply Arrangements (SASA).

Further training information and resources are available at [Immunisation Education](#) on the WA Health website.

Reporting to the Australian Immunisation Register (AIR)

Under the *Australian Immunisation Register Act 2015* ([AIR Act](#)), all vaccinations given under the National Immunisation Program (NIP) must be reported to the [AIR](#). Reporting state-funded vaccinations to the AIR is a condition of holding a OneLink Australia vaccine order account.

Accurate and timely reporting helps ensure individuals have complete and up-to-date immunisation records and healthcare providers can easily identify a person's vaccination status and determine their future needs.

WA providers can access a [detailed guide](#) on how to report to the AIR.

Managing illness

Vaccinations should generally be postponed for anyone with a moderate or severe acute illness, as symptoms of the illness may be confused with vaccine-related reactions.

Reporting adverse events

Report adverse events online at [SAFEVAC](#) or call WAVSS on 6456 0208 (9 am to 5 pm, Monday to Friday).

Vaccine ordering and management

To order government-funded vaccines, providers must:

- have an active Onelink Australia account, with current email address
- ensure email contact details are up to date so they receive Department of Health updates about the program and vaccine availability.

Nasal spray vaccine (LAIV) storage requirements

- store between +2°C and +8°C
- protect from light
- do not freeze
- keep in the original packaging until use
- LAIV has a 15-week expiry from the date of manufacture. The expiry date is printed on the package.

Cold chain requirements

All WA immunisation service providers and stakeholders involved in transporting, storing, and/or using government-funded vaccines must:

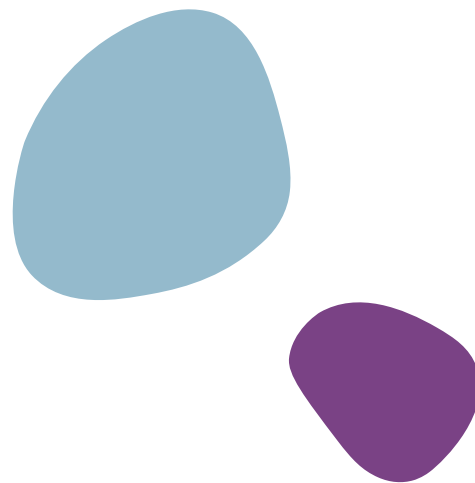
- adhere to the [National Vaccine Storage Guidelines: Strive for 5](#)
- follow [WA Health Cold Chain Management resources](#)
- complete the [Cold Chain Management Training Module](#).

Additional resources

Influenza immunization resources are updated regularly, including throughout the influenza season. For the latest WA Influenza Nasal Spray Vaccination Program guidance and advice visit:

- WA Health [Vaccine Updates](#) e-newsletter – subscribe for program updates
- [Influenza immunisation](#) – provider website and resources (WA Health)
- [Influenza – statutory notification and alerts](#) (WA Health)
- [Influenza vaccine FAQs National Centre for Immunisation Research and Surveillance \(NCIRS\)](#)
- [Information for consumers – influenza vaccine](#).

For more information about the LAIV visit [AstraZeneca Australia](#). Providers must enter their AHPRA number to access restricted AstraZeneca content.



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