



10 Nov 2023

See Distribution List

SEASONAL INFLUENZA VACCINATION FOR THE 2023-24 NORTHERN HEMISPHERE INFLUENZA SEASON

1. This circular informs all healthcare institutions/establishments and educational institutions on the recommendations for the use of 2023-24 northern hemisphere (NH) seasonal influenza vaccine.

Recommendations on the use of seasonal influenza vaccine

Recommended groups

2. The MOH's Expert Committee on Immunisation (ECI) recommends that the following groups be vaccinated against influenza:

- i) Persons at increased risk of influenza-related complications;
- ii) Persons receiving intermediate and long-term care (ILTC) services in institutional settings; and
- iii) All healthcare workers and staff in healthcare institutions and establishments.

3. Influenza vaccination is also recommended for persons working or living in close-living environments to reduce the risk of influenza transmission in these settings. These groups include:

- i) Foreign workers living in all forms of dormitories and private residential premises. In particular, those working in construction, marine, and processes sectors; and
- ii) Staff working in custodial and residential facilities (e.g. homes and shelters), communal living facilities, hostels or cruises/ferries.

4. Detailed information on the population groups recommended for influenza vaccination is available in **Annex A**.

Vaccine recommendations for 2023-24 NH (current season)

5. The World Health Organization (WHO)'s recommended composition for the 2023-24 NH^{1,2} seasonal influenza vaccine is different from the earlier 2023 southern hemisphere (SH) seasonal influenza vaccine. Due to changes in influenza A(H1N1)pdm09 component of the vaccine³, the following persons in the recommended groups should be vaccinated with the 2023-24 NH seasonal influenza vaccine:

- i) persons who previously received the 2023 SH seasonal influenza vaccine (even if the vaccination was less than a year ago);
- ii) persons who last received influenza vaccine during or prior to the 2022-23 NH season; and
- iii) any other persons who have never been vaccinated.

6. Detailed information on the recommended composition of influenza vaccines for the current and the past two seasons, and the recommendations for vaccination are available in **Annex B**.

Vaccine recommendations for 2024 SH (next season)

7. For **advance** information, WHO has also released the seasonal influenza vaccine recommendations for the 2024 SH⁴. The composition of 2024 SH seasonal influenza vaccine is different from the 2023-24 NH seasonal influenza vaccine⁵. The following persons in the recommended groups should be vaccinated with the **2024 SH** seasonal influenza vaccine: i) persons who last received influenza vaccine during or prior to the 2023 SH season; and ii) any other persons who have never been

¹ WHO. Recommended composition of influenza virus vaccines for use in the 2023-24 northern hemisphere influenza season, 24 February 2023: Available at: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2023-2024-northern-hemisphere-influenza-season>

² The 2023-24 NH influenza season lasts from October 2023 through April 2024. Vaccination should commence as soon as flu vaccine stocks become available.

³ For the **influenza A(H1N1)pdm09** vaccine virus component for NH 2023-24 vaccine, **A/Victoria/4897/2022**-like virus and **A/Wisconsin/67/2022**-like virus replaced **A/Sydney/5/2021**-like viruses for egg- and cell-based production, respectively.

⁴ WHO. Recommended composition of influenza virus vaccines for use in the 2024 southern hemisphere influenza season. 29 September 2023. Available at: <https://www.who.int/publications/m/item/recommended-composition-of-influenza-virus-vaccines-for-use-in-the-2024-southern-hemisphere-influenza-season>

⁵ For the **influenza A(H3N2)** vaccine virus component for SH 2024 vaccine, the **A/Thailand/8/2022**-like virus will replace **A/Darwin/9/2021**-like virus for egg-based production, and the **A/Massachusetts/18/2022**-like virus will replace **A/Darwin/6/2021**-like for cell-based production.

vaccinated.

8. Notwithstanding the strain change between the 2024 SH and 2023-24 NH seasons, the ECI recommends that there is no need for persons who have received the 2023-24 NH seasonal influenza vaccine to be vaccinated with the 2024 SH influenza vaccine. For HCIs' information, MOH is currently reviewing the approach towards use of NH and SH vaccines. More details will be provided in the next influenza vaccination circular in 2024. In the meantime, healthcare professionals may inform relevant patients on the timing of their next influenza vaccination as recommended in Para 7.

Vaccination subsidy eligibility and use of MediSave

9. Government subsidies will be accorded to Singaporeans for influenza vaccines under the Subsidised Vaccine List (SVL), when administered in line with the nationally recommended schedules (NAIS and NCIS) as listed in **Annex A, Section 1**. Singaporean adults will receive means-tested subsidies and Singaporean children will receive full subsidies at any CHAS GP clinic or polyclinic. Any Singaporean who is enrolled to a Healthier SG GP clinic or polyclinic will also receive full subsidies at their enrolled Healthier SG provider.

10. Persons recommended for influenza vaccination under the NAIS and NCIS may use MediSave to pay for the remaining out-of-pocket cost of outpatient influenza vaccinations, under the MediSave500/700 scheme. Persons aged 60 and above can also tap on Flexi-MediSave. The use of MediSave is subject to the prevailing MediSave500/700 and Flexi-MediSave limits.

11. Please refer to MOH FCM No. 40/2020 or MOH FCM No. 41/2020, MOH FCM No. 42/2020, and MOH FCM No. 53/2020 (Addendum to MOH FCM No. 41/2020) for more information on subsidy and MediSave use for recommended vaccinations. For information on subsidy use in intermediate and long-term care (ILTC) services, please refer to the separate circular sent to institutions and providers offering ILTC services.

Proactive recommendation of influenza vaccination to recommended groups

12. We seek all healthcare professionals' support to encourage the take-up of influenza vaccination by proactively offering it to patients who are in the recommended groups under the national immunisation schedules, as well as persons who fall under other recommended groups for influenza vaccination (i.e. healthcare workers and staff, and persons working or living in close-living environments).

13. Please disseminate this circular to the relevant staff for their attention. For clarification on this circular, please email moh_info@moh.gov.sg.



PROF KENNETH MAK
DIRECTOR-GENERAL OF HEALTH
MINISTRY OF HEALTH

Distribution List:

CEOs of Clusters
CEOs & CMBs of Public Hospitals
CEOs of Polyclinics
Directors of National Speciality Centres
CEOs, GMs & MDs of Private Hospitals
All Licensees of Healthcare Establishments

Dean, Yong Loo Lin School of Medicine, NUS
Dean, Faculty of Dentistry, NUS
Dean, Duke-NUS Graduate Medical School
Dean, Lee Kong Chian School of Medicine, NTU-Imperial
Directors, School of Health Sciences, Nanyang and Ngee Ann Polytechnics
Director, School of Applied and Health Sciences, ITE College East
CEO, Parkway College Nursing and Allied Health
Cluster Director, Health and Social Sciences, Singapore Institute of Technology
Group CEO, HMI Institute of Health Sciences

Cc:

CEO, HPB
CEO, HSA
Chief of Medical Corps, MINDEF
Chief Medical Officer, Home Team
Chief Medical Officer, SPS

Group Director (Communicable Diseases Group), MOH
Director (Communicable Diseases Policy & Preparedness Division), MOH
Director (Successful Ageing Division), MOH
Director (Finance Policy), MOH
Director (Hospital Services), MOH
Director (Manpower Planning & Strategy), MOH
Director (Manpower Standards & Development), MOH
Director (Primary & Community Care), MOH
Director (Subsidy and Subvention), MOH

Director, Healthcare Manpower Division, MOHH
Director, HR and Talent Development, MOHH

1) RECOMMENDED GROUPS FOR SEASONAL INFLUENZA VACCINATION⁶

- Persons at increased risk of influenza-related complications⁷:
 - Persons aged 65 years or older;
 - Children aged 6 months to under 5 years (i.e. 6 to 59 months);
 - Adults and children who have chronic pulmonary⁸ or cardiovascular⁹ disorders;
 - Adults and children who have required regular medical follow-up or hospitalisation due to chronic metabolic diseases¹⁰, renal¹¹, neurologic¹², hepatic¹³, or haematologic¹⁴ disorders;
 - Adults and children with immunosuppression¹⁵;
 - Children and adolescents aged 6 months to 18 years who are receiving

⁶ Recommended groups in this section, which are included in the NAIS and NCIS, are eligible for subsidies as described in this circular. MediSave use is also allowed as per prevailing rules in place today.

⁷ The examples of high-risk conditions listed in the footnotes are non-exhaustive. Persons with “non-inclusion” conditions (i.e. “does not include”) are ineligible for subsidy and MediSave use only. These conditions are **not** contraindications to receiving influenza vaccination.

⁸ **Chronic pulmonary disorders.** Examples include: asthma, chronic obstructive pulmonary disease (e.g. chronic bronchitis, emphysema), bronchiectasis, cystic fibrosis, interstitial lung disease, pneumoconiosis, bronchopulmonary dysplasia.

⁹ **Chronic cardiovascular disorders.** Examples include: ischemic heart disease, heart failure, valvular heart disease, congenital heart disease, cardiomyopathy. Does not include hypertension.

¹⁰ **Chronic metabolic diseases.** Examples include: diabetes mellitus, inherited metabolic disorder, mitochondrial disorders. Does not include: lipid disorders, pre-diabetes (e.g. impaired glucose tolerance, impaired fasting glucose).

¹¹ **Chronic renal disease.** Examples include: chronic kidney disease, end-stage renal failure, nephrotic syndrome.

¹² **Chronic neurologic disease.** Examples include: stroke, dementia, Parkinson’s disease, epilepsy, cerebral palsy, muscular dystrophy, motor neuron disease, intellectual disability, spinal cord injury. Does not include: major depression, schizophrenia, bipolar disorder, anxiety.

¹³ **Chronic hepatic disorders.** Examples include: chronic hepatitis, liver cirrhosis, biliary atresia.

¹⁴ **Chronic haematologic disorders.** Examples include: sickle cell disease, thalassemia major, leukaemia, lymphoma, Hodgkin’s disease, multiple myeloma.

¹⁵ **Immunosuppression.** Examples include: congenital or acquired immunodeficiencies, HIV infection, generalised malignancy, iatrogenic immunosuppression (e.g. radiation therapy, biologics or drugs such as chronic use of corticosteroid that suppresses the immune system), solid organ transplant.

long-term aspirin therapy and therefore might be at risk for developing Reye syndrome after influenza infection¹⁶;

- Women at **all** stages of pregnancy.
- Persons receiving intermediate and long term care (ILTC) services in institutional settings
 - Institutions providing ILTC services include community/chronic sick hospitals, nursing / welfare / sheltered homes, hospices, and ex-psychiatric facilities.

2) INFLUENZA VACCINATION FOR HEALTHCARE WORKERS/STAFF

- To prevent transmission to the recommended groups, influenza vaccination is also recommended for healthcare workers/staff in healthcare institutions and establishments. Vaccination is particularly important for those healthcare workers who come into contact with patients who may have influenza, and/or patient specimens which may contain the virus.

3) INFLUENZA VACCINATION FOR PERSONS WORKING OR LIVING IN CLOSE-LIVING ENVIRONMENTS

- Influenza vaccination is also recommended for persons working or living in close-living environments to reduce the risk of influenza transmission in these settings. These groups include:
 - Foreign workers living in all forms of dormitories and private residential premises. In particular, those working in construction, marine and processes sectors; and
 - Staff working in the following facilities;
 - Custodial and residential facilities, such as homes and shelters
 - Communal living facilities
 - Cruises, ferries
 - Hostels, such as boarding and guest houses.

Interval between influenza and COVID-19 vaccines

A person can be vaccinated with COVID-19 vaccine, even if the person had received a non-COVID-19 vaccine (e.g. influenza vaccine) within 14 days of the COVID-19 vaccination. An interval of at least 14 days before or after a non-COVID-19 vaccine is encouraged.

¹⁶ Kawasaki disease or other condition for which a person is on **long-term aspirin or salicylate therapy**.

**SEASONAL INFLUENZA VACCINE COMPOSITION AND RECOMMENDATIONS FOR VACCINATION:
2023-24 NORTHERN HEMISPHERE INFLUENZA SEASON (OCTOBER 2023 – APRIL 2024)**

Applicable period	Influenza season	Recommended vaccine composition	Recommendations for vaccination
October 2023 – April 2024	2023-24 NH influenza season	<p><u>Egg-based Vaccines</u></p> <ul style="list-style-type: none"> • an A/Victoria/4897/2022 (H1N1)pdm09-like virus*; • an A/Darwin/9/2021 (H3N2)-like virus; • a B/Austria/1359417/2021(B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. <p><u>Cell- or Recombinant-based Vaccines</u></p> <ul style="list-style-type: none"> • an A/Wisconsin/67/2022 (H1N1)pdm09-like virus*; • an A/Darwin/6/2021 (H3N2)-like virus; • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. 	<p>The following persons should receive the 2023-24 NH seasonal influenza vaccine:</p> <ul style="list-style-type: none"> i) Persons who last received influenza vaccine during or prior to the 2023 SH season; ii) Persons who last received influenza vaccine during or prior to the 2022-23 NH season; and iii) Any other persons who have never been vaccinated.

Vaccine composition of previous seasons (for reference only)

May – September 2023	2023 SH influenza season	<p><u>Egg-based Vaccines</u></p> <ul style="list-style-type: none"> • an A/Sydney/5/2021 (H1N1)pdm09-like virus**; • an A/Darwin/9/2021 (H3N2)-like virus; • a B/Austria/1359417/2021(B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. <p><u>Cell- or Recombinant-based Vaccines</u></p> <ul style="list-style-type: none"> • an A/Sydney/5/2021 (H1N1)pdm09-like virus**; • an A/Darwin/6/2021 (H3N2)-like virus; • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. 	<i>Not applicable</i>
----------------------	--------------------------	---	-----------------------



Applicable period	Influenza season	Recommended vaccine composition	Recommendations for vaccination
October 2022 – April 2023	2022-23 NH influenza season	<p><u>Egg-based Vaccines</u>***</p> <ul style="list-style-type: none"> • an A/Victoria/2570/2019 (H1N1)pdm09-like virus; • an A/Darwin/9/2021 (H3N2)-like virus; • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. <p><u>Cell- or Recombinant-based Vaccines</u>***</p> <ul style="list-style-type: none"> • an A/Wisconsin/588/2019 (H1N1)pdm09-like virus; • an A/Darwin/6/2021 (H3N2)-like virus; • a B/Austria/1359417/2021 (B/Victoria lineage)-like virus; and • a B/Phuket/3073/2013 (B/Yamagata lineage)-like virus. 	<i>Not applicable</i>

Explanatory notes on changes to vaccine composition:

* **Influenza A(H1N1)pdm09:** *A/Victoria/4897/2022-like virus in 2023-24 NH vaccine and A/Wisconsin/67/2022-like virus in 2023-24 NH vaccine replaced A/Sydney/5/2021-like viruses in 2023 SH vaccine for egg- and cell-based production, respectively.*

** **Influenza A(H1N1)pdm09:** *A/Sydney/5/2021-like virus in 2023 SH vaccine replaced A/Victoria/2570/2019-like virus for egg-based production, and A/Wisconsin/588/2019-like virus for cell culture-based production in 2022-23 NH vaccine.*

*** *The recommended composition for the 2022-23 NH vaccine was the same as that of 2022 SH vaccine.*