

Acute Respiratory Infections in Queensland

2025 Surveillance Report

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Published by the State of Queensland (Queensland Health), August 2026



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Acknowledgements

Queensland Health respectfully acknowledges the Traditional and Cultural Custodians of the lands, waters and seas across Queensland and pays our respects to Elders past and present. We value the culture, traditions and contributions First Nations peoples have made to our communities and recognise our collective responsibility as government, communities and individuals to ensure equitable recognition and advancement of First Nations peoples in Queensland.

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Summary

Influenza

Queensland recorded its highest number of influenza notifications since influenza became notifiable in 2001, with 99,984 notifications reported in 2025, 25% more than in 2024. Influenza A accounted for 76% of notifications, followed by influenza B (23%). Notification rates were highest among children aged under 5 years and those aged 5–17 years. Overall, 10% of cases were hospitalised, with adults aged 65 years and over representing nearly half of all influenza related hospital admissions.

Respiratory Syncytial Virus (RSV)

RSV activity in Queensland remained low and stable in 2025, with 34,677 RSV notifications reported, 19% fewer than in 2024. Notification rates were highest among infants aged 6–23 months, and activity peaked earlier in tropical regions than sub-tropical regions. Children aged under 2 years accounted for 25% of notifications, with 12% of the total cases hospitalised. Since the commencement of the Queensland Paediatric RSV Prevention Program in April 2024, there have been 1,152 fewer RSV hospitalisations among infants aged under 6 months by the end of 2025, indicating a substantial and sustained reduction in severe disease in this high-risk age group.

COVID-19

COVID-19 activity in Queensland remained low and stable in 2025, with 38,240 notifications reported, 48% fewer than in 2024. Notifications rates were highest among adults aged 75 years and over, who accounted for 23% of all cases. Overall, 18% of notified cases were hospitalised, highlighting the ongoing impact of COVID-19 among older adults, who continued to experience the highest burden of severe illness.

Introduction

Acute respiratory infections (ARIs) are among the most commonly reported vaccine preventable communicable diseases in Queensland. Notifiable ARIs include influenza, COVID-19 and RSV. These infections occur frequently, spread easily within communities, and can cause severe illness, particularly among young children, older adults, and people with underlying health conditions.

Public health surveillance of ARIs aims to monitor disease trends, identify circulating pathogens, detect outbreaks early, and inform timely public health action. Surveillance draws on multiple data sources, including notifiable disease notifications, laboratory testing, hospital admissions data, sentinel primary care networks, and syndromic surveillance systems. Together, these systems provide a comprehensive picture of ARIs activity, severity, and population impacts, supporting prevention, control measures, and public health decision-making. This report is based on laboratory confirmed notifications to Queensland's Notifiable Conditions Register through electronic laboratory notifications.

Queensland's prevention and response activities for ARIs focus on reducing transmission, protecting vulnerable populations, and minimising severe illness. Key measures include vaccination programs, health promotion activities that encourage good respiratory hygiene and staying home when unwell, and infection prevention and control practices such as isolation, use of personal protective equipment, and environmental cleaning. Public health units manage outbreaks through case investigation, contact management where appropriate, and enhanced surveillance activities. These efforts are guided by a series of Queensland and national policy frameworks and guidelines (see: Further information).

This report summarises ARI activity in Queensland during 2025, including laboratory-confirmed notifications, hospitalisations, demographic patterns, and geographical distribution. Data are presented by week and year, providing insights into disease activity, severity, and populations most affected. The report aims to support situational awareness and inform public health decision-making, prevention strategies, and health system preparedness.

Results

Influenza was the most commonly notified ARI in Queensland during 2025, followed by COVID-19 and RSV (Table 1). However, COVID-19 resulted in the highest proportion of hospitalisations among notified cases. Among subtyped influenza notifications, influenza A (H1N1) virus was the predominant subtype reported throughout the year (Table 2).

Table 1: Summary of influenza, RSV and COVID-19 notifications in Queensland, and hospital admissions to Queensland Public hospitals

Conditions	Notifications	Hospital admissions	
	N	N	%
Influenza	99,984	9,688	10%
RSV	34,677	4,113	12%
COVID-19	38,240	7,001	18%

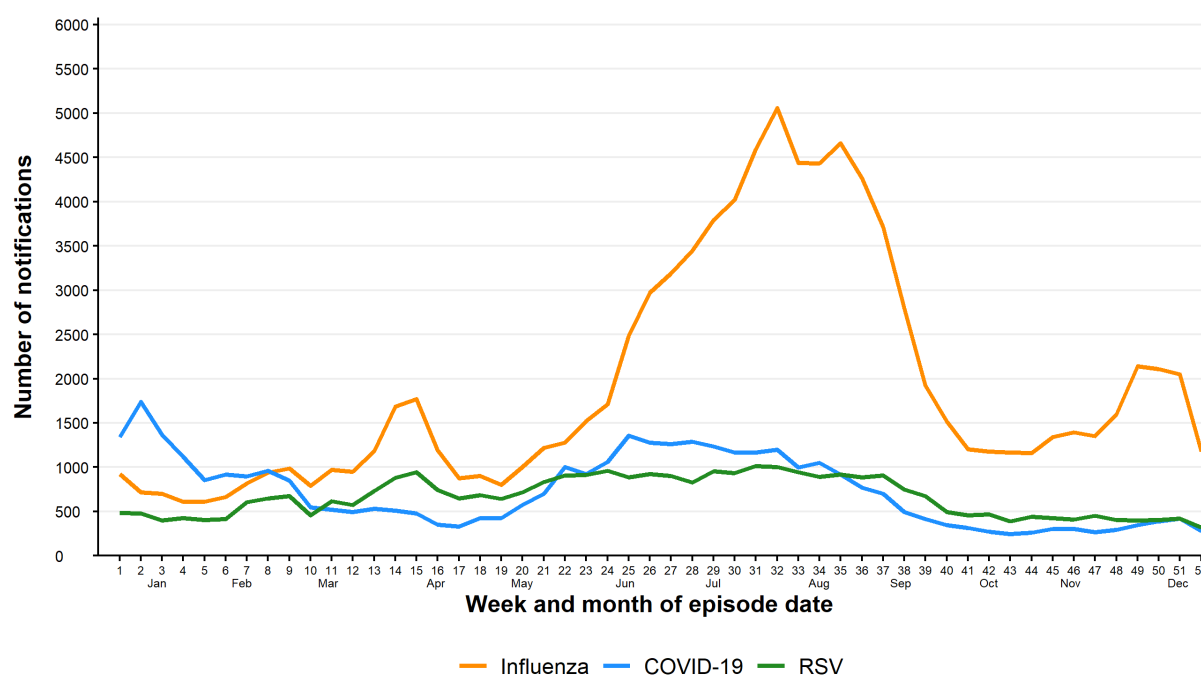
Table 2: Summary of influenza virus type, Queensland, 2022–2025

	2025	2024	2023	2022
Influenza A:	75,689	77,836	44,482	44,000
A (H1N1)	3,163	1,885	2,568	802
A (H3N2)	1,536	2,278	753	2,970
Subtype unavailable	70,990	73,673	41,161	40,228
Influenza B:	22,505	1,506	28,533	170
Victoria	451	91	1,391	9
Lineage unavailable	22,054	1,415	27,142	161
Co-infection of A & B	907	423	1,266	236
Type unavailable	883	1	7	15

Trends in case notifications

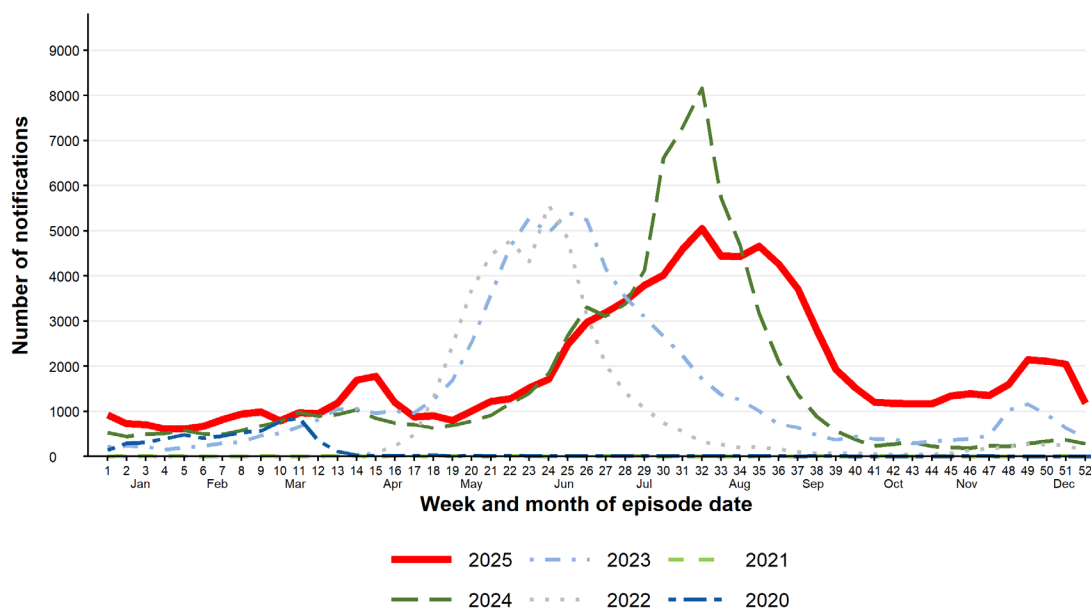
Influenza activity was substantially higher than both COVID-19 and RSV activity (Figure 1). Multiple distinct peaks in influenza activity were observed throughout the year, while COVID-19 activity remained relatively stable, with no clear seasonal pattern. RSV activity peaked earlier than influenza, but at a lower level.

Figure 1: Influenza, RSV and COVID-19 notifications by week and month of episode date, Queensland, 1 January to 31 December 2025



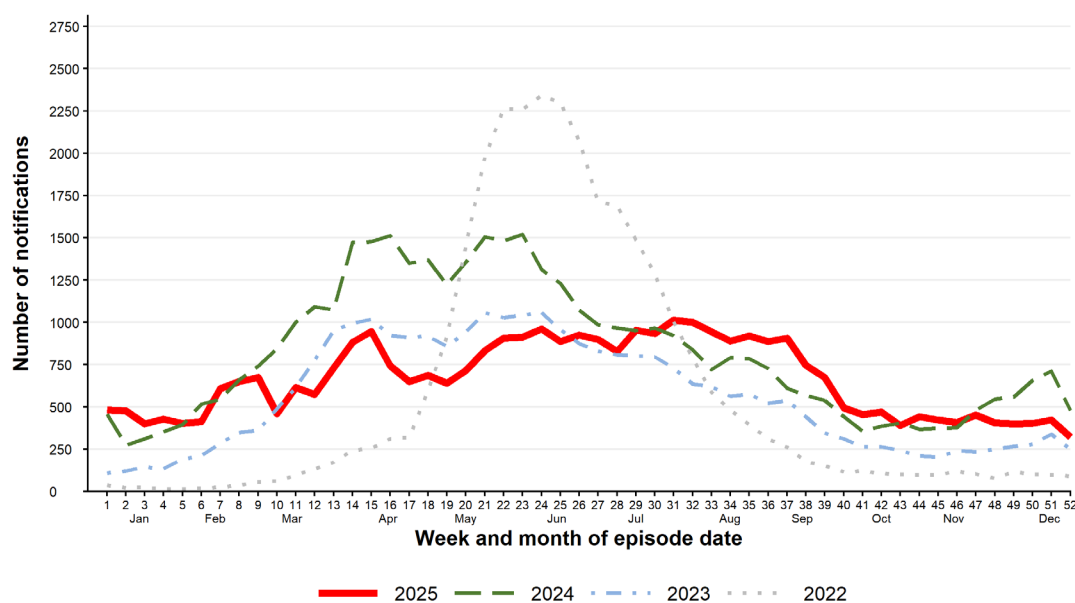
The 2025 influenza flu season was characterised by a prolonged peak and a slower decline than typically observed, with notifications peaking in early August (5,056 notifications) (Figure 2). Smaller increases in activity were also observed in April and December. These trends likely reflect a combination of circulating virus strains, environmental and behavioural factors, and population immunity.

Figure 2: Influenza notifications in Queensland, by week and month of episode date, 1 January 2019 to 31 December 2025



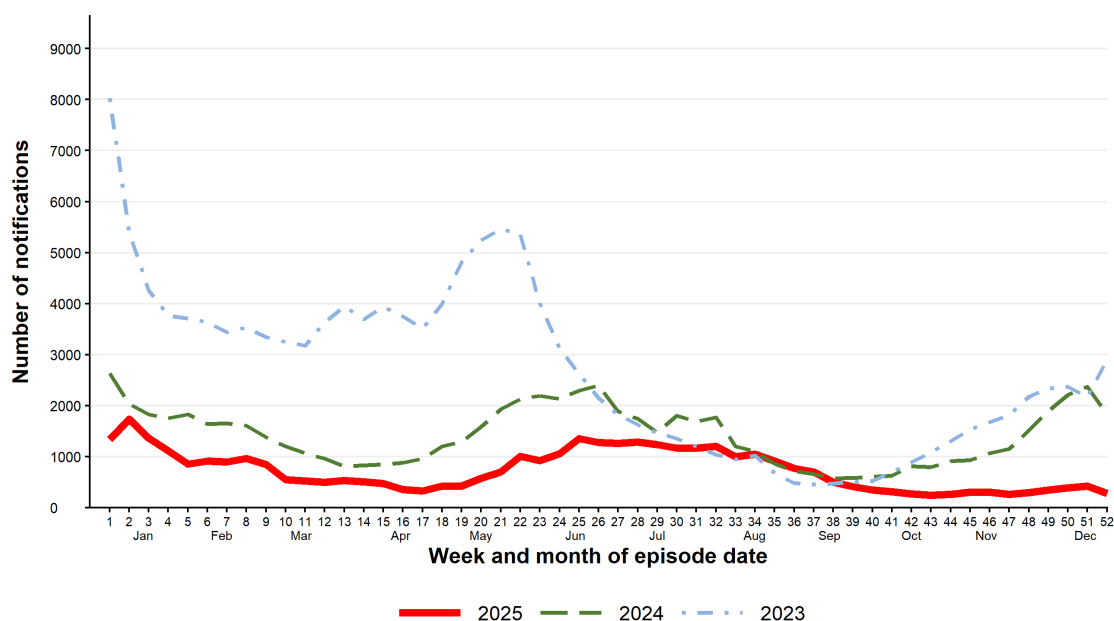
RSV activity in Queensland was lower in 2025 than in 2024 (Figure 3). Notifications peaked in early April, before declining and subsequently stabilising for the remainder of the year, indicating more moderate transmission than observed in 2024.

Figure 3: RSV notifications in Queensland, by week and month of episode date, 1 January 2022 to 31 December 2025



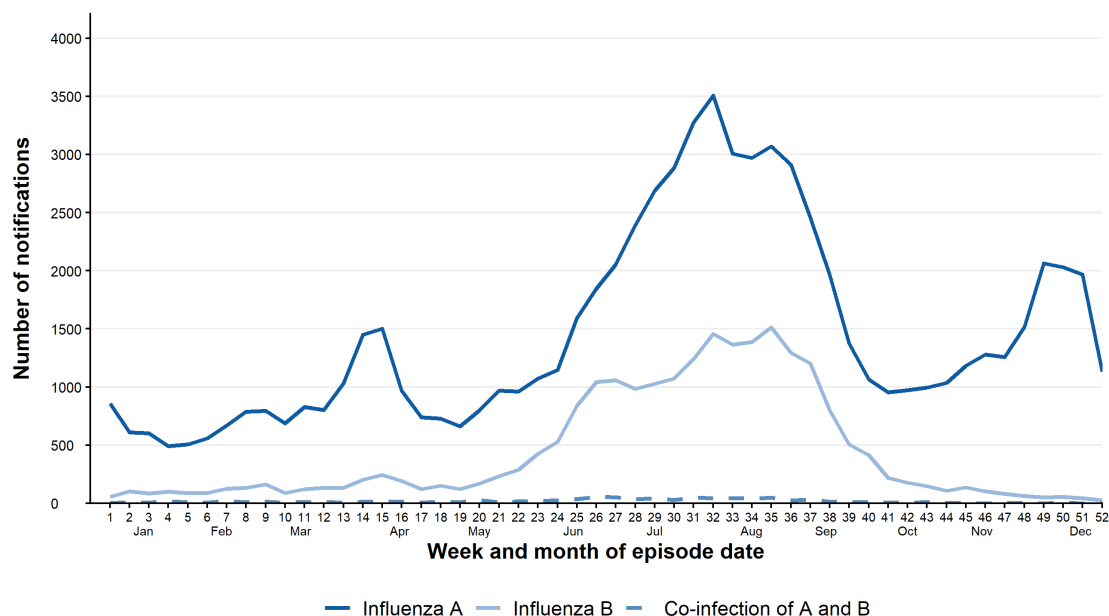
COVID-19 activity also remained relatively low compared with previous years (Figure 4). Notifications peaked in early January, followed by a gradual decline, with a smaller increase observed in June before activity decreased again from September onwards.

Figure 4: COVID-19 notifications in Queensland, by week and month of episode date, 1 January 2023 to 31 December 2025



Influenza A was the predominant virus subtype circulating in 2025, representing 76% of notifications, while influenza B accounted for 23% (Figure 5). Influenza A activity showed multiple peaks throughout the year, whereas influenza B activity increased primarily during the seasonal influenza period (early June), reflecting greater circulation during this time.

Figure 5: Queensland weekly influenza notifications by type, week and month of episode date, 1 January to 31 December 2025



Regional trends

Influenza and RSV activity showed distinct regional patterns consistent with Queensland's climatic zones (Figure 6 and 7). Activity in tropical regions occurred earlier and persisted later in the year, while subtropical regions experienced more defined seasonal peaks. In contrast, COVID-19 activity was broadly similar across tropical and sub-tropical regions (Figure 8), although higher activity was observed in sub-tropical regions during the winter months. These findings suggest that climate has a greater influence on the seasonal transmission of influenza and RSV than on COVID-19.

Figure 6: Queensland influenza notification rate by tropical and sub-tropical regions, week and month of episode date, 1 January to 31 December 2025

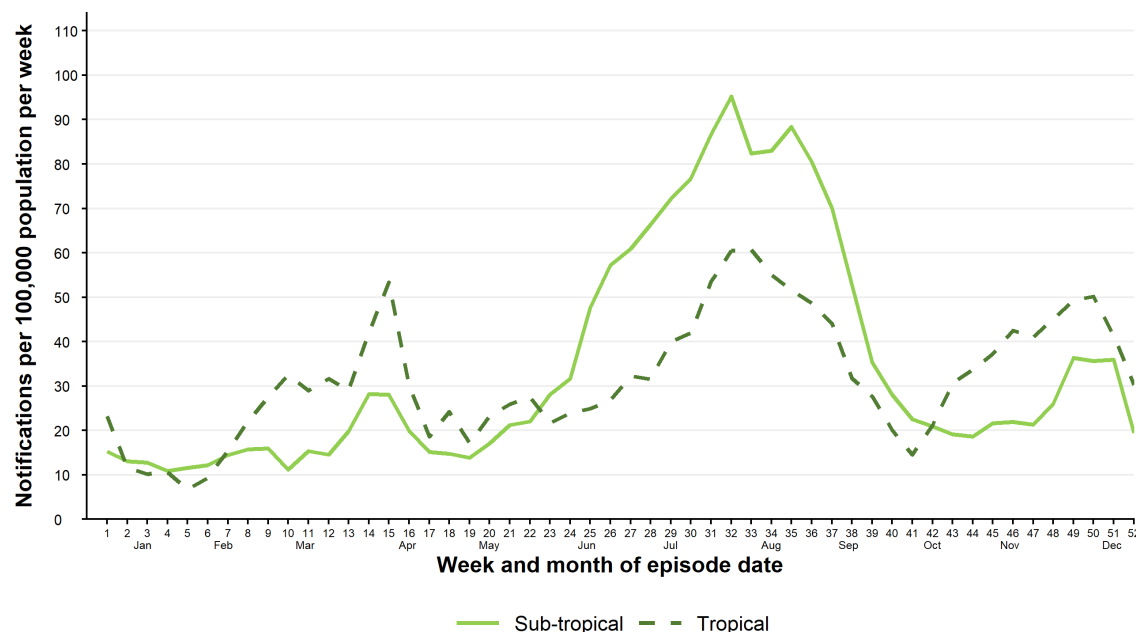


Figure 7: Queensland RSV notification rate by tropical and sub-tropical regions, week and month of episode date, 1 January to 31 December 2025

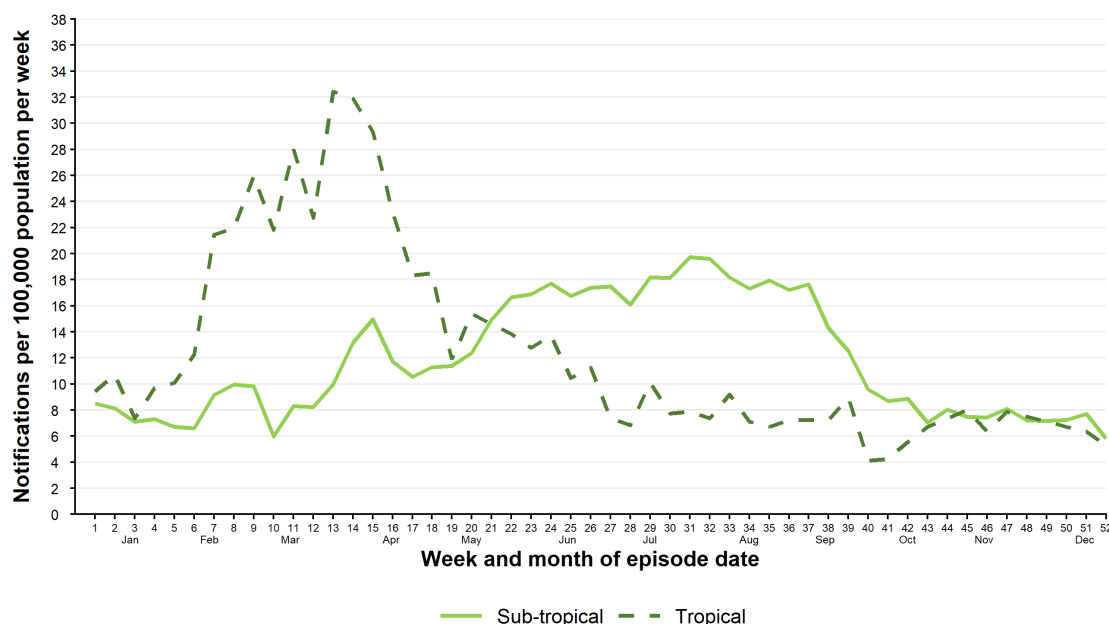
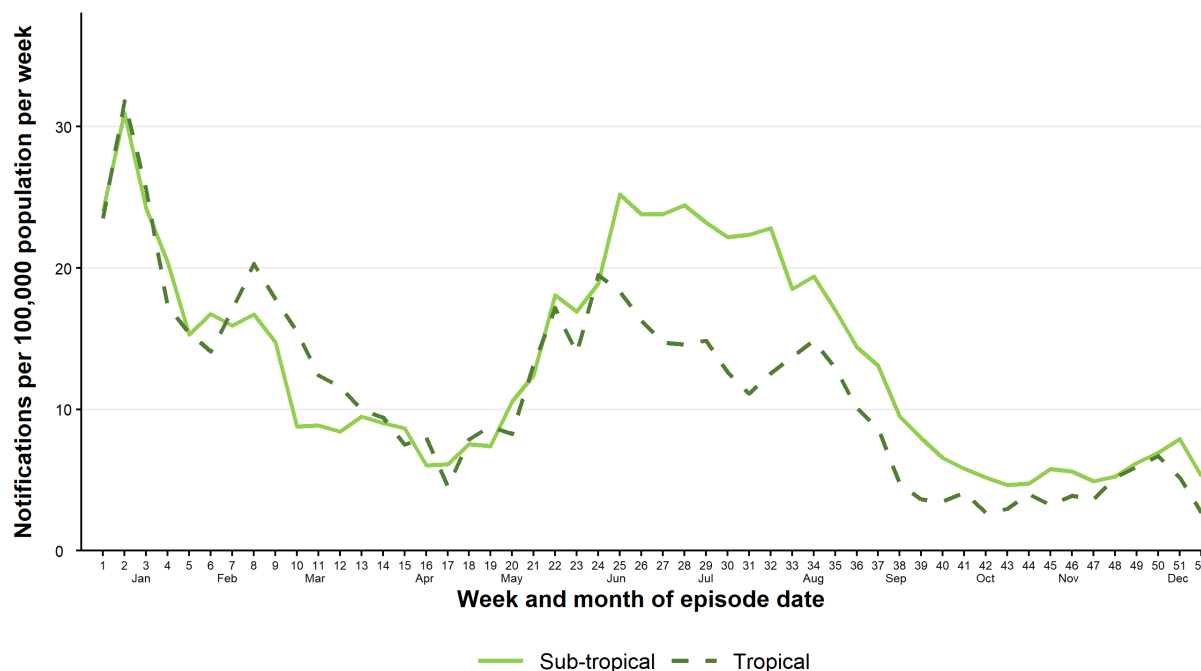


Figure 8: Queensland COVID-19 notification rate by tropical and sub-tropical regions, week and month of episode date, 1 January to 31 December 2025



Age and sex distribution

Influenza A was the predominant influenza type across all age groups in 2025. Influenza B notifications were highest among school-aged children (5–17 years) (Figure 9). Notifications by age group and sex are presented in Figures 10–12. Across all conditions females aged 18 years and older had higher numbers of notifications than males. These differences may reflect variations in health-seeking behaviour and testing practices across age and sex groups.

Figure 9: Influenza notifications by age group and type, 1 January to 31 December 2025

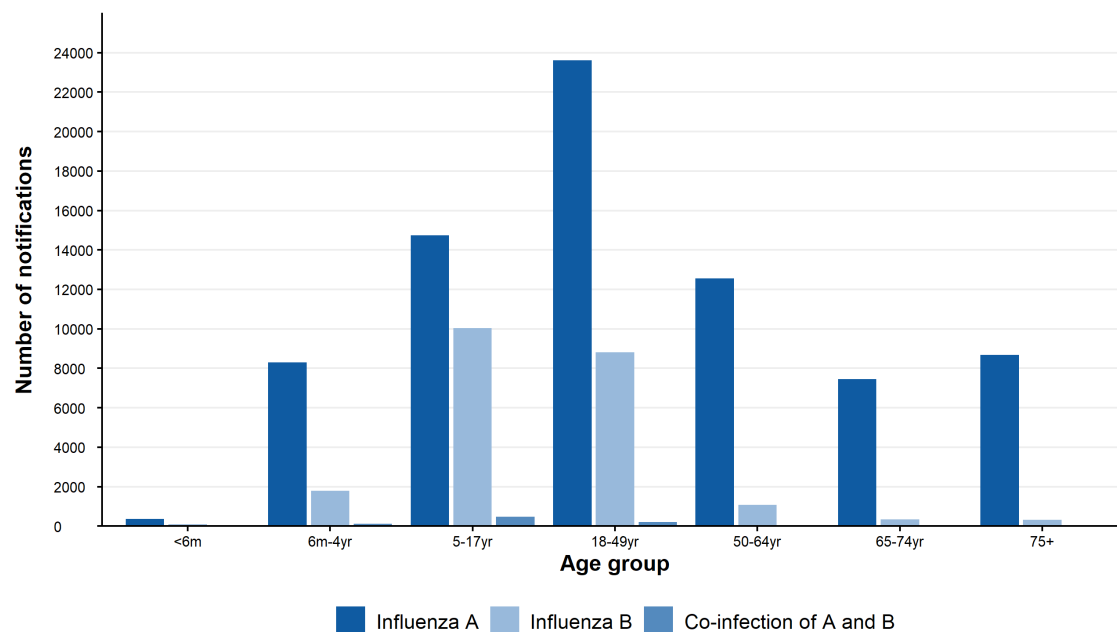


Figure 10: Influenza notifications by age group and sex, 1 January to 31 December 2025

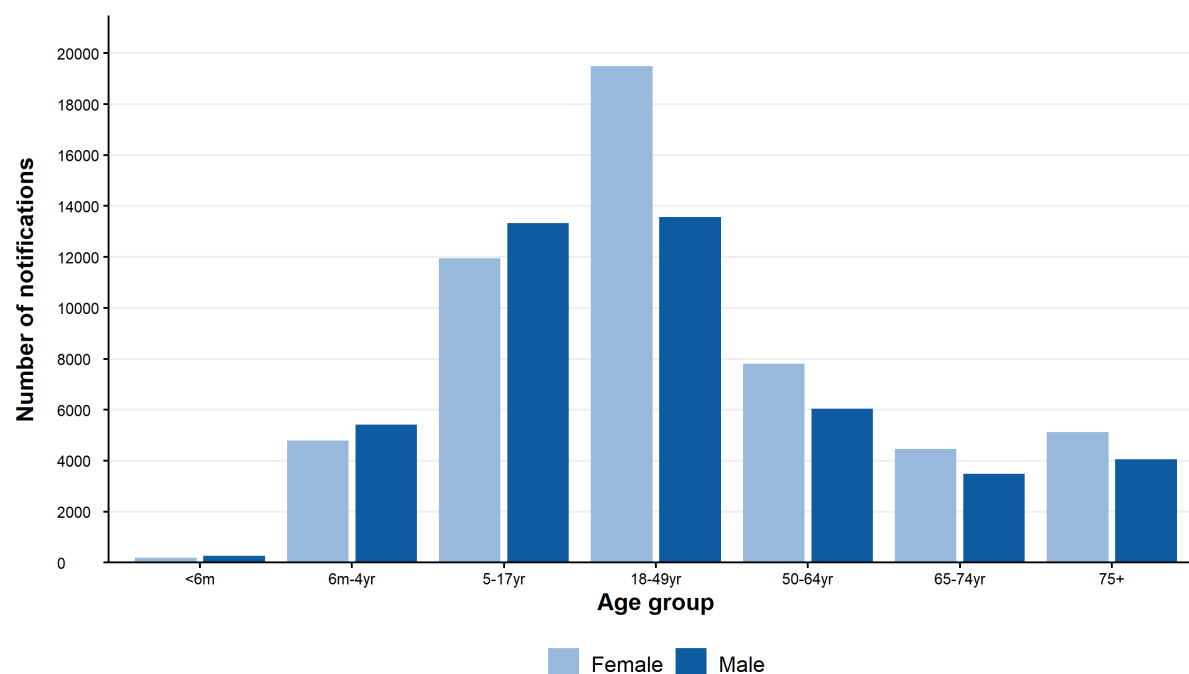


Figure 11: RSV notifications by age group and sex, 1 January to 31 December 2025

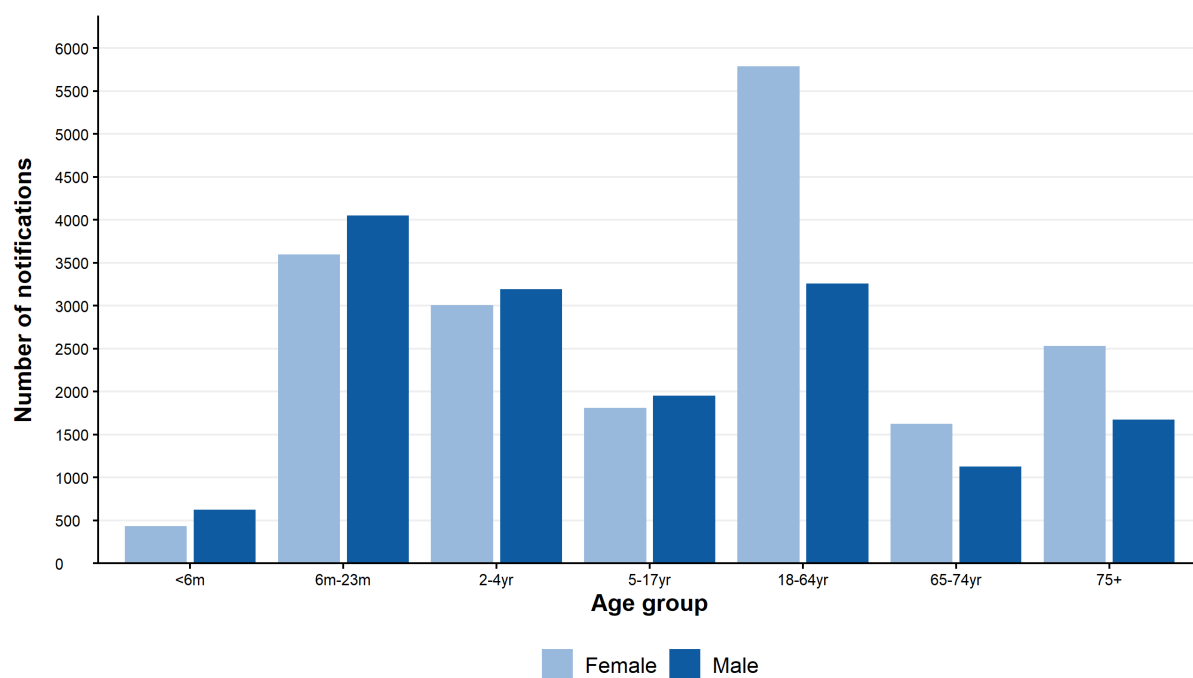
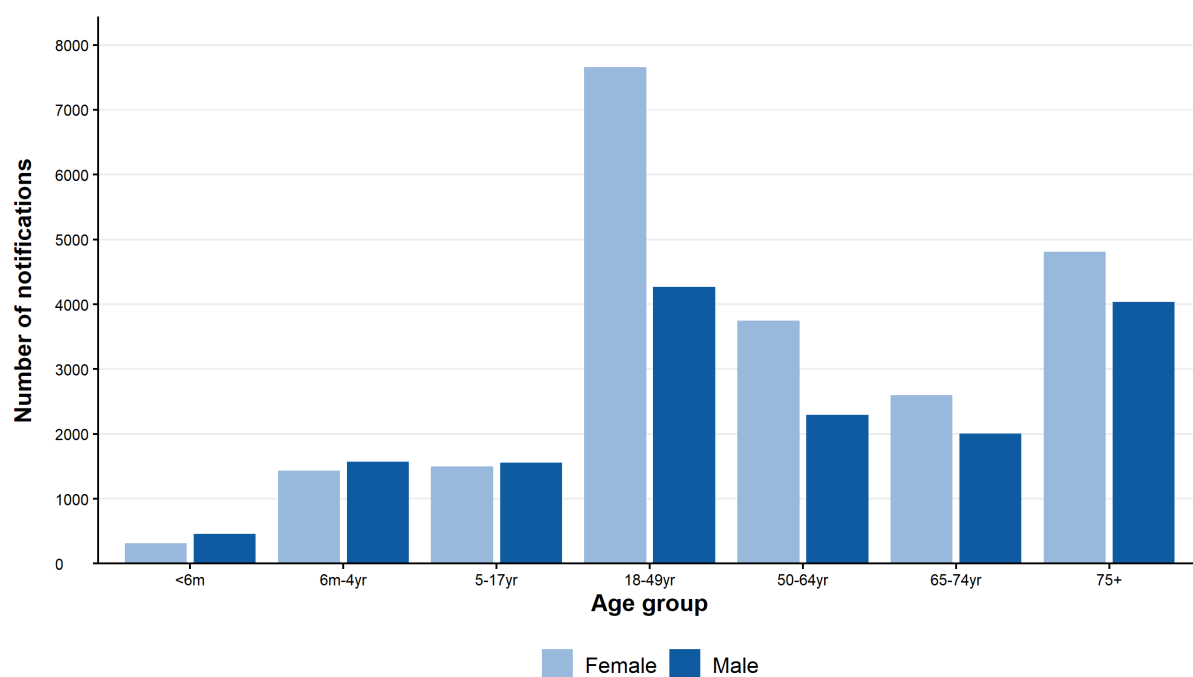


Figure 12: COVID-19 notifications by age group and sex, 1 January to 31 December 2025



Trends in notification rates by age group

Notification rates varied by age groups and ARIs in 2025. Influenza notification rates were highest among children under 5 years, with elevated rates also observed among school-aged children and older adults (Figure 13). Notifications among school-aged children declined during school holiday periods, reflecting reduced transmission opportunities.

RSV notification rates were highest among infants aged 6 months to under 2 years, while lower rates among infants under 6 months may reflect the impact of the Queensland Paediatric RSV prevention program (Figure 14).

COVID-19 notification rates were highest among adults aged 75 years and over, with substantially lower rates in younger age groups, highlighting the ongoing burden of disease among older Queenslanders (Figure 15).

Figure 13: Influenza notification rate by age group (years), week and month of episode date, 1 January to 31 December 2025

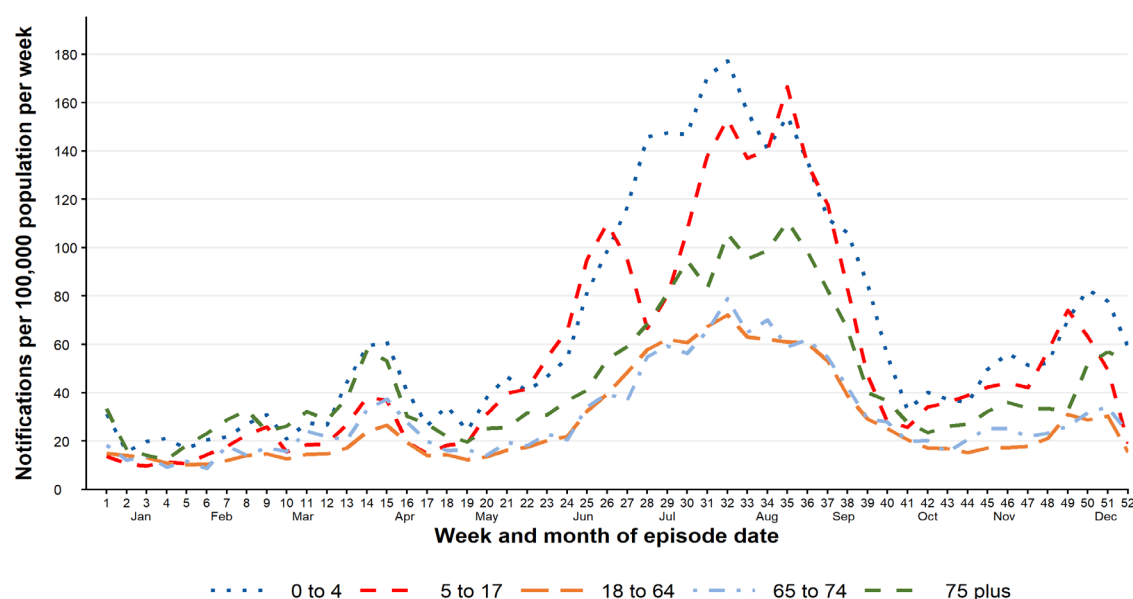


Figure 14: RSV notification rate by age group, week and month of episode date, 1 January to 31 December 2025

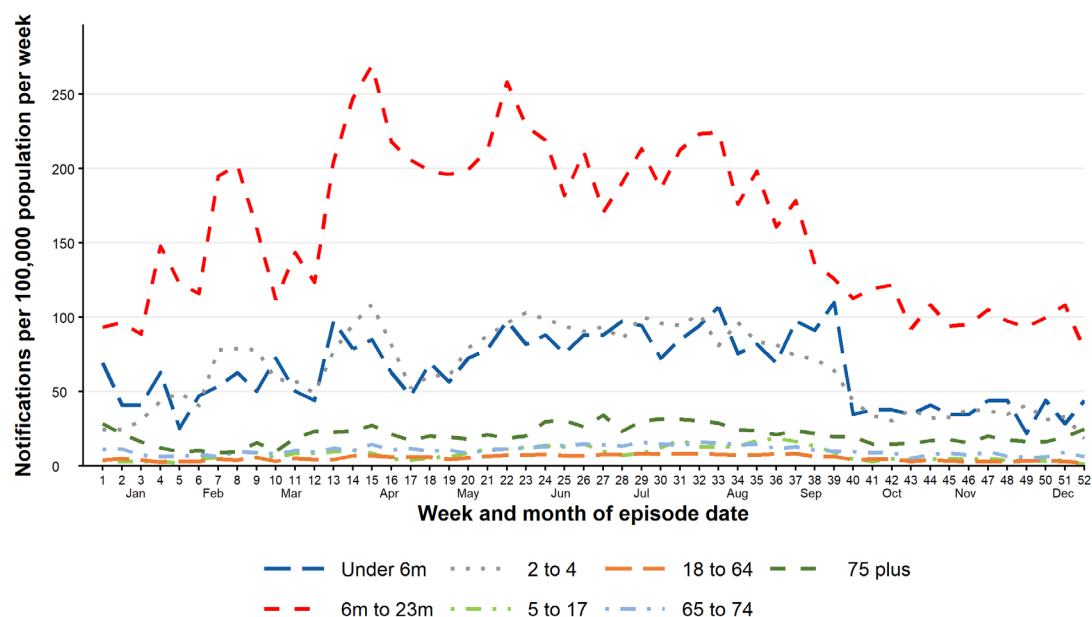
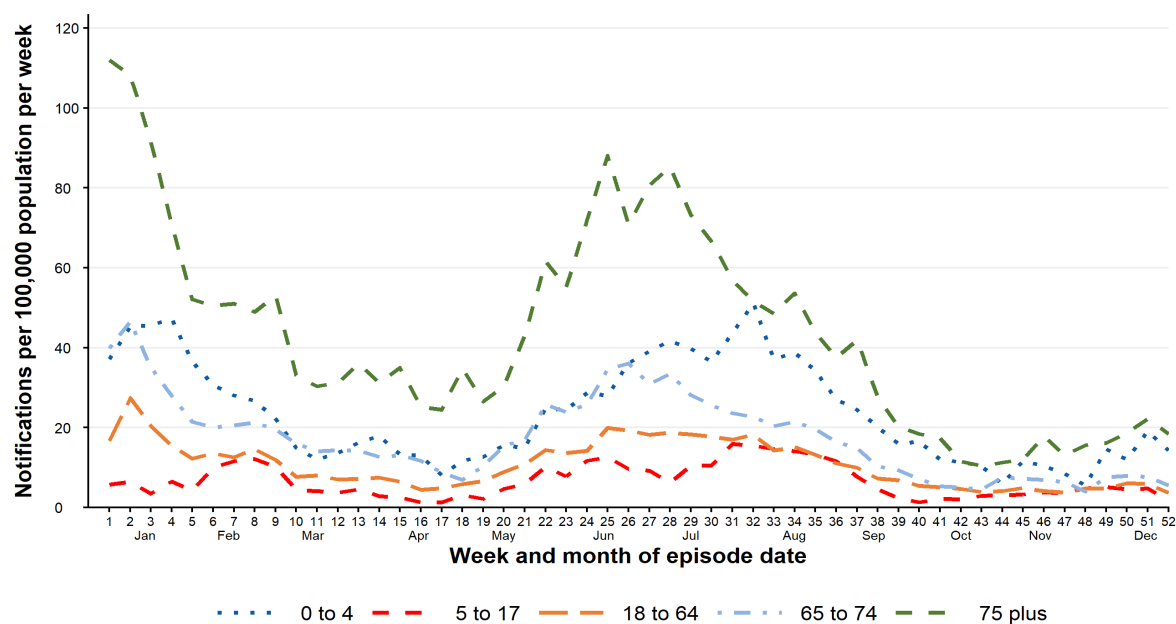


Figure 15: COVID-19 notification rate by age group (years), week and month of episode date, 1 January to 31 December 2025



Geographical distribution

In 2025, the highest numbers of influenza, RSV, and COVID-19 notifications were reported in Metro North and Metro South HHS (Table 3–5). Influenza notification rates were highest in North West, followed by Torres and Cape and Gold Coast HHSs. RSV notification rates were highest in South West, followed by Mackay, and Torres and Cape HHSs, although RSV activity was lower across most HHSs than in 2024. COVID-19 notifications and notification rates decreased across all HHSs, with the highest rates reported in North West, followed by West Moreton and South West HHSs.

Table 3: Influenza notifications and notification rates by Hospital & Health Service of residence, 1 January to 31 December 2025

	Notification numbers				Notification rate (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	638	590	952	496	2,422	2,240	3,645	1,917
Cairns and Hinterland	3,345	3,013	3,150	1,530	1,218	1,098	1,164	576
North West	871	322	763	575	3,028	1,119	2,646	1,997
Townsville	4,560	3,996	3,689	2,044	1,811	1,587	1,486	835
Mackay	3,391	2,844	2,826	1,217	1,763	1,479	1,490	654
Central Queensland	3,098	2,549	3,336	1,382	1,331	1,095	1,453	611
Central West	169	162	119	107	1,567	1,502	1,110	1,005
Wide Bay	3,725	3,020	3,135	984	1,519	1,231	1,306	419
Sunshine Coast	7,404	5,475	4,961	2,407	1,505	1,113	1,033	514
Metro North	19,554	14,649	14,452	10,442	1,709	1,280	1,294	963
Metro South	25,102	19,991	18,458	11,083	1,914	1,524	1,447	896
Darling Downs	5,535	5,214	4,424	2,942	1,815	1,709	1,469	993
West Moreton	7,067	7,434	5,344	3,404	2,042	2,148	1,592	1,047
South West	482	620	463	417	1,967	2,530	1,902	1,725
Gold Coast	14,710	9,651	7,986	5,311	2,107	1,383	1,170	801
Overseas resident	333	236	230	80	-	-	-	-
Total	99,984	79,766	74,288	44,421	1,791	1,429	1,361	8,35

Table 4: RSV notifications and notification rates by Hospital & Health Service of residence, 1 January to 31 December 2025

	Notification numbers				Notification rate (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	228	209	133	83	865	793	509	321
Cairns and Hinterland	1,020	1,367	1,107	580	372	498	409	218
North West	158	217	148	395	549	754	513	1,372
Townsville	1,773	1,994	1,406	1,438	704	792	566	588
Mackay	1,799	1,190	1,181	948	936	619	623	509
Central Queensland	1,054	1,753	1,115	1,100	453	753	486	487
Central West	48	60	34	101	445	556	317	949
Wide Bay	1,327	1,798	1,351	928	541	733	563	396
Sunshine Coast	2,315	3,082	1,731	1,967	471	627	360	420
Metro North	6,864	8,194	5,970	6,350	600	716	535	586
Metro South	8,317	10,482	6,689	7,148	634	799	524	578
Darling Downs	2,311	2,838	2,164	2,259	758	930	718	762
West Moreton	2,803	3,720	2,359	2,648	810	1,075	703	814
South West	292	270	266	212	1,192	1,102	1,093	877
Gold Coast	4,323	5,432	3,171	3,507	619	778	465	529
Overseas resident	45	57	48	35	-	-	-	-
Total	34,677	42,663	28,873	29,699	621	764	529	558

Table 5: COVID-19 notifications and notification rates by Hospital & Health Service of residence, 1 January to 31 December 2025

	Notification numbers				Notification rate (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	183	320	408	8,240	695	1,215	1,562	31,849
Cairns and Hinterland	1,218	2,355	5,700	76,626	444	858	2,107	28,828
North West	261	343	527	7,965	907	1,192	1,827	27,660
Townsville	1,708	3,273	5,738	76,507	678	1,300	2,311	31,257
Mackay	1,181	2,380	4,033	51,597	614	1,238	2,127	27,710
Central Queensland	1,252	2,227	5,753	64,815	538	957	2,505	28,676
Central West	78	131	161	2,778	723	1,214	1,502	26,090
Wide Bay	1,918	3,213	6,497	61,286	782	1,310	2,706	26,124
Sunshine Coast	2,635	5,065	11,152	122,914	536	1,030	2,322	26,250
Metro North	7,549	16,533	32,923	344,251	660	1,445	2,949	31,751
Metro South	9,792	18,830	36,002	374,111	747	1,436	2,822	30,250
Darling Downs	2,345	4,682	7,260	76,147	769	1,535	2,410	25,697
West Moreton	2,888	5,420	8,980	100,999	835	1,566	2,676	31,056
South West	202	456	595	6,285	824	1,861	2,444	26,004
Gold Coast	4,968	8,432	13,381	188,605	712	1,208	1,961	28,434
Overseas resident	62	185	229	1,107	-	-	-	-
Total	38,240	73,845	139,339	1,564,233	685	1,323	2,552	29,398

Hospital admissions

In 2025, influenza accounted for the highest number of hospital admissions among notifiable ARIs, with admissions peaking in line with increased influenza activity (Figure 16). Overall, the highest numbers of ARI related hospital admissions were reported in Metro North and Metro South HHSs (Tables 6-8).

Influenza-related hospitalisations rates were highest in North West HHS, followed by Torres and Cape and South West HHSs. Both the number and rate of influenza related hospitalisations increased across all HHSs compared with 2024 (Table 6).

In contrast, RSV-related hospitalisation rates declined across most HHSs, although rates remained highest in Torres and Cape HHS, followed by South West and North West HHSs (Table 7).

COVID-19 hospitalisations and hospitalisation rates also decreased across all HHSs compared with previous years (Table 8).

Figure 16: Influenza, RSV and COVID-19 admissions to Queensland public hospitals by week and month of episode date, 1 January to 31 December 2025

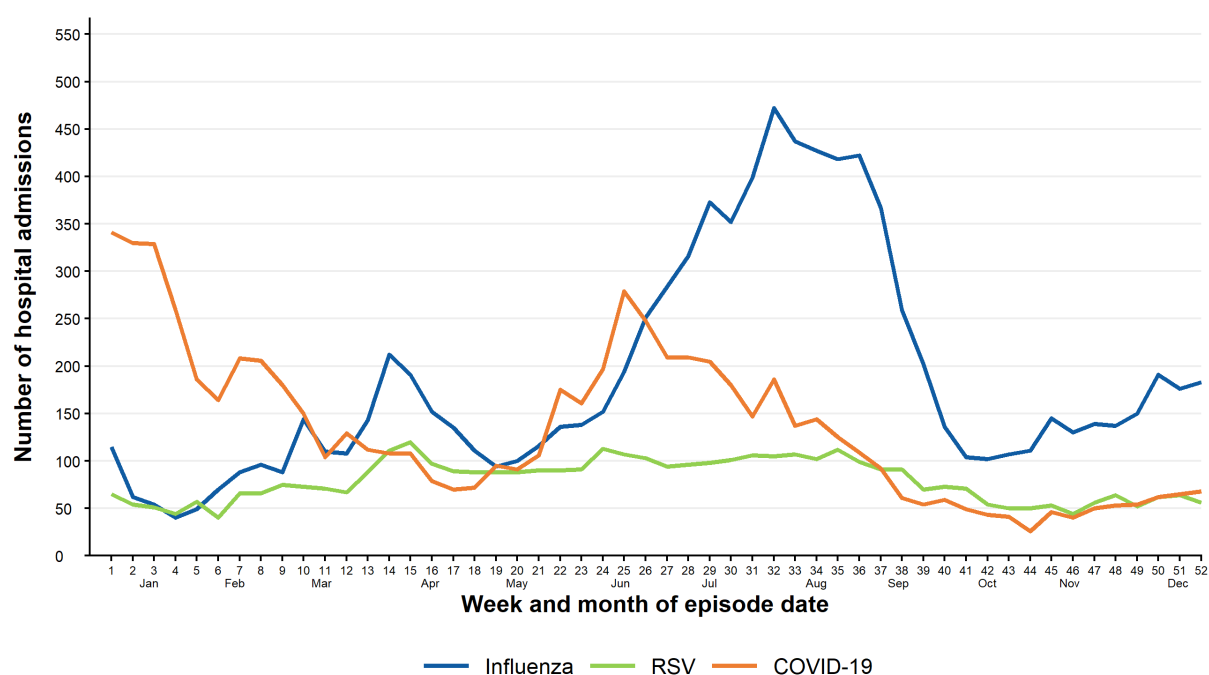


Table 6: Influenza hospital admissions summary by Hospital & Health Service of residence, 1 January to 31 December 2025

	Number of hospital admissions				Rate of hospital admissions (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	95	75	139	70	361	285	532	271
Cairns and Hinterland	693	589	556	401	252	215	206	151
North West	134	46	145	87	466	160	503	302
Townsville	584	465	404	187	232	185	163	76
Mackay	373	272	270	145	194	141	142	78
Central Queensland	450	362	368	131	193	156	160	58
Central West	23	26	18	19	213	241	168	178
Wide Bay	627	445	404	112	256	181	168	48
Sunshine Coast	717	526	484	214	146	107	101	46
Metro North	1,687	1,161	1,060	676	147	102	95	62
Metro South	1,916	1,347	1,278	860	146	103	100	70
Darling Downs	686	442	425	242	225	145	141	82
West Moreton	603	569	463	386	174	164	138	119
South West	65	64	48	37	265	261	197	153
Gold Coast	944	584	621	362	135	84	91	55
Overseas resident	91	44	35	19	-	-	-	-
Queensland	9,688	7,017	6,718	3,948	174	126	123	74

**Table 7: RSV hospital admissions summary by Hospital & Health Service of residence,
1 January to 31 December 2025**

	Number of hospital admissions				Rate of hospital admissions (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	53	40	41	39	201	152	157	151
Cairns and Hinterland	214	322	324	142	78	117	120	53
North West	33	51	36	48	115	177	125	167
Townsville	252	306	282	166	100	122	114	68
Mackay	203	179	176	107	106	93	93	58
Central Queensland	180	347	257	164	77	149	112	73
Central West	8	15	5	15	74	139	47	141
Wide Bay	234	333	275	133	95	136	115	57
Sunshine Coast	312	410	350	199	63	83	73	43
Metro North	771	922	988	521	67	81	89	48
Metro South	844	1,097	1,112	561	64	84	87	45
Darling Downs	270	333	367	214	89	109	122	72
West Moreton	276	389	424	200	80	112	126	62
South West	32	28	43	24	131	114	177	99
Gold Coast	417	504	508	200	60	72	74	30
Overseas resident	14	15	13	18	-	-	-	-
Queensland	4,113	5,291	5,201	2,751	74	95	95	52

Table 8: COVID-19 hospital admissions summary by Hospital & Health Service of residence, 1 January to 31 December 2025

	Number of hospital admissions				Rate of hospital admissions (per 100,000 population)			
	2025	2024	2023	2022	2025	2024	2023	2022
Torres and Cape	40	70	56	186	152	266	214	719
Cairns and Hinterland	359	696	737	1,062	131	254	272	400
North West	83	94	88	191	289	327	305	663
Townsville	389	719	741	1,397	154	285	298	571
Mackay	189	559	537	998	98	291	283	536
Central Queensland	336	672	686	963	144	289	299	426
Central West	20	38	34	77	185	352	317	723
Wide Bay	617	1,174	1,096	1,897	252	479	456	809
Sunshine Coast	637	1,387	1,416	2,472	129	282	295	528
Metro North	1,357	3,399	4,032	5,695	119	297	361	525
Metro South	1,259	3,064	3,278	4,263	96	234	257	345
Darling Downs	474	1,033	1,009	1,656	155	339	335	559
West Moreton	537	1,052	1,180	1,804	155	304	352	555
South West	36	83	67	142	147	339	275	588
Gold Coast	638	1,357	1,425	3,267	91	194	209	493
Overseas resident	30	88	99	70	-	-	-	-
Queensland	7,001	15,485	16,481	26,140	125	277	302	491

Hospital admissions by age group

Across all three respiratory diseases, the proportion of hospitalisations was highest among adults aged 65 years and over highlighting their increased risk of severe illness (Figure 17–18, Figure 20). Influenza-related hospitalisations were also elevated among children aged under 5 years (Figure 17). For RSV, the highest proportion of hospitalisations occurred among infants aged under 6 months, followed by older adults, reflecting the vulnerability of these groups (Figure 18). Since the commencement of the Queensland Paediatric RSV Prevention Program in April 2024, RSV hospitalisations among infants aged under 6 months have declined substantially, with 1,152 fewer hospitalisations recorded by the end of the year (Figure 19). COVID-19 hospitalisation rates remained highest among older adults, while infants and young children also had higher rates of severity compared with other age groups (Figure 20). This pattern reinforces the importance of maintaining protection among populations at greatest risk.

Figure 17: Influenza hospitalisations as a percentage of total notifications by age group (years), week and month of episode date, 1 January to 31 December 2025

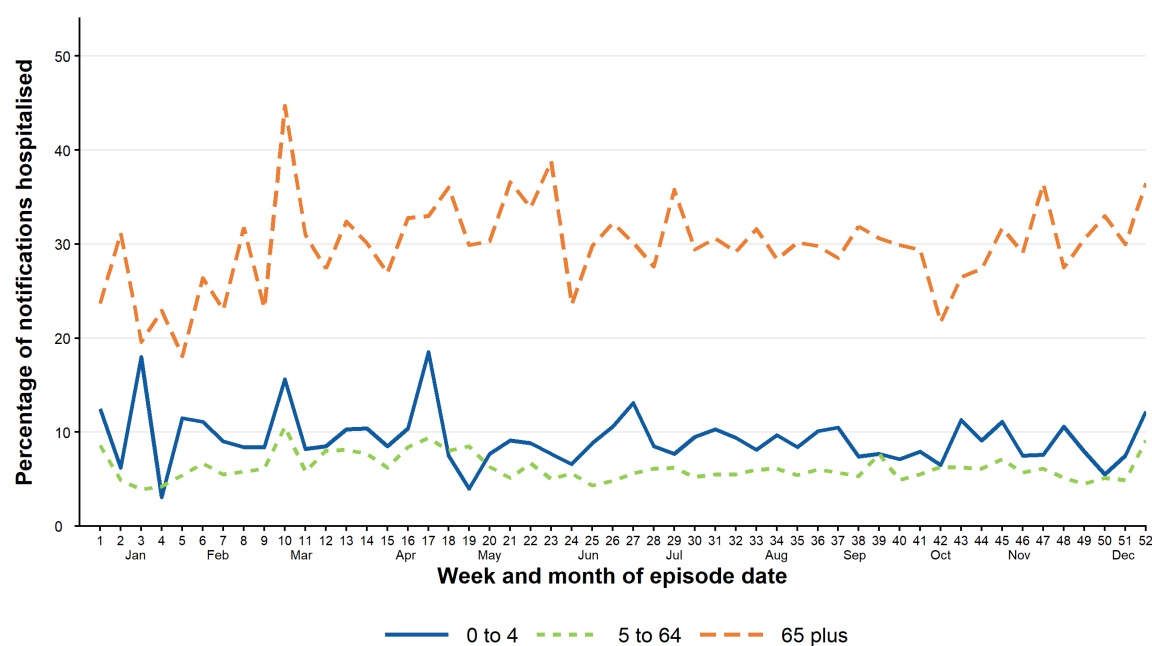


Figure 18: RSV hospitalisations as a percentage of total notifications by age group, week and month of episode date, 1 January to 31 December 2025

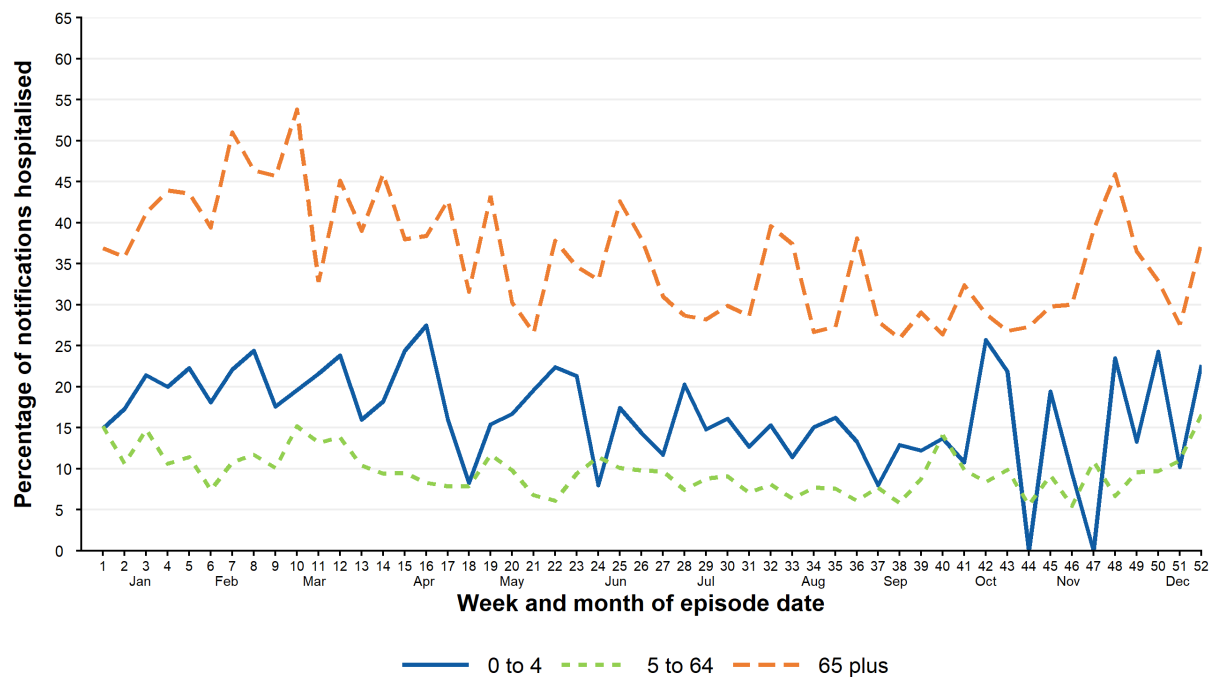


Figure 19: Cumulative RSV hospitalisations among infants aged <6months, Queensland, 1 Jan 2023 to 31 December 2025

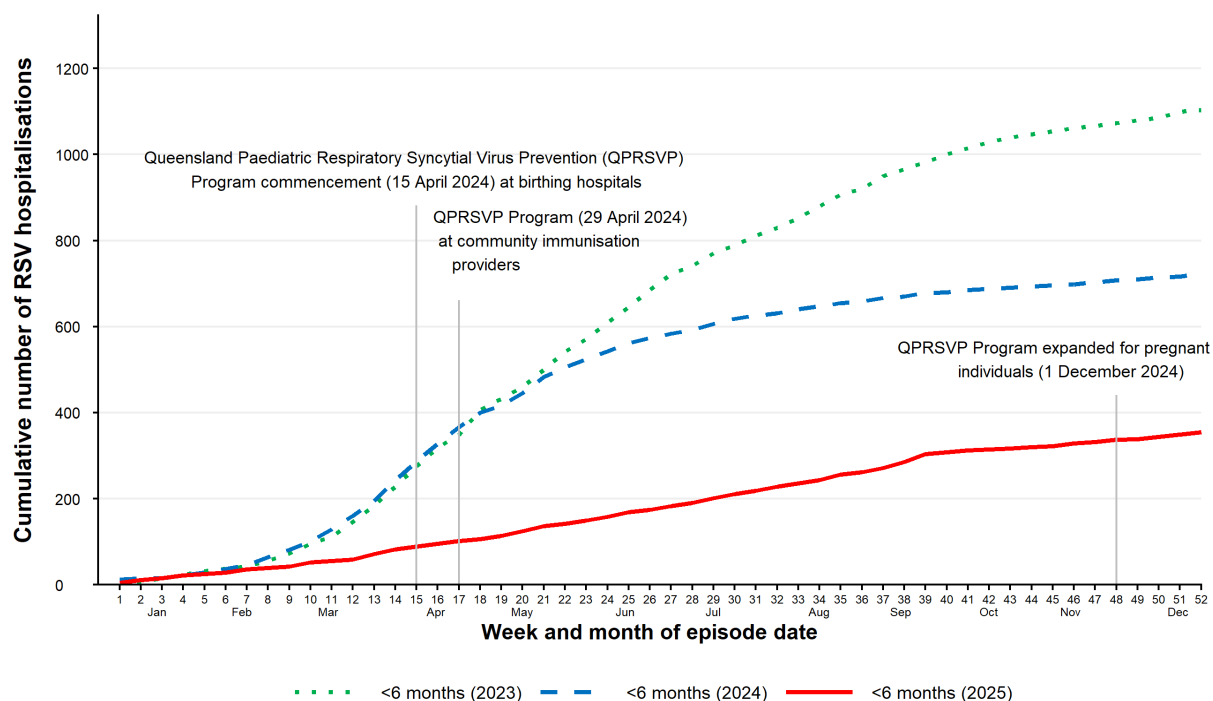
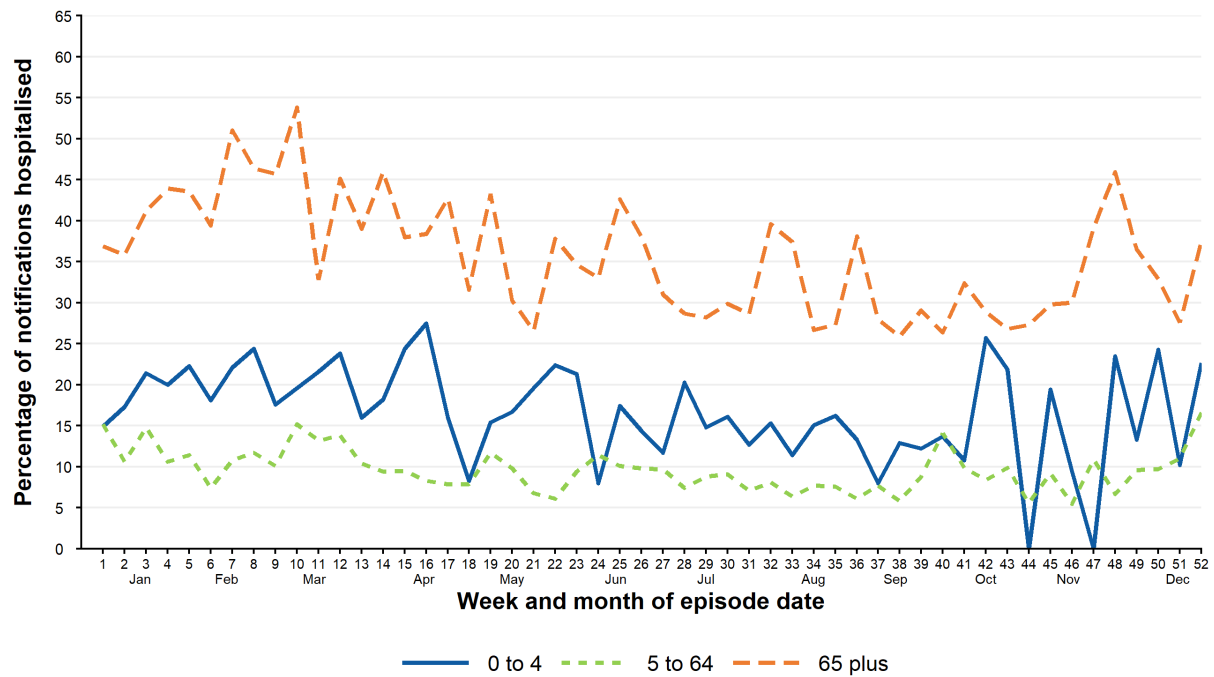


Figure 20: COVID-19 hospitalisations as a percentage of total notifications by age group (years), week and month of episode date, 1 January to 31 December 2025



Further Information

Acute respiratory infection surveillance reporting

[Acute respiratory infection surveillance reporting](#)

Includes regular updates on notifications, bed occupancy, and genomics.

Acute Respiratory Infection – Infection Prevention and Control

[Acute Respiratory Infection – Infection Prevention and Control](#)

Communicable disease control guidance

[Influenza \(the flu\) | Communicable disease control guidance](#)

[Respiratory syncytial virus \(RSV\) | Communicable disease control guidance](#)

[COVID-19 | Communicable disease control guidance](#)

[Acute respiratory infections \(ARIs\) in residential care facilities](#)

Queensland Health Pandemic Sub-plan

[Pandemic Sub-plan](#)

National Surveillance Reports

[Australian Respiratory Surveillance Reports | Australian Centre for Disease Control](#)

National Outbreak Management Guideline for Acute Respiratory Infection

[National Outbreak Management Guideline for Acute Respiratory Infection \(including COVID-19, influenza and RSV\) in Residential Aged Care Homes](#)

Australian Health Management Plan for Pandemic Influenza

[Australian Health Management Plan for Pandemic Influenza \(AHMPPI\) | Australian Government Department of Health, Disability and Ageing](#)

Appendices

Data sources, definitions and methods

- **Data sources:**
 - **Notifiable Conditions System (NoCS):** fulfills the role of the Notifiable Conditions Register, legislated under the Public Health Act (2005).
 - **ePADT:** is the enterprise Patients, Admission and Discharges and Transfers database used in Queensland to record and manage public hospitalisation data.
- **Weekly counts:** The start date for this report is 1 January 2025. Where data for 2025 only is presented in a graph, weekly counts are shown by ISO week (international standard ISO 8601). The first ISO week comprises data from 1 January onwards. The week date is calculated using the Notifiable Conditions System (NoCS) episode date, which is the earliest of date of specimen collection and date of onset.
- **Year comparisons:** Figures 1, 2 and 3 show counts of influenza, RSV and COVID-19 notifications for the current year in comparison to historical data. RSV became notifiable on 1 July 2021 so complete year data prior to 2022 cannot be shown.
- **Overseas and interstate residents:** This report includes notifications for Queensland and overseas residents diagnosed with influenza, RSV or COVID-19 in Queensland. Interstate residents diagnosed in Queensland are excluded from this report.
- **Hospital admissions:** the number of patients admitted to a Queensland Health public hospital, during a defined time interval, with an episode date of influenza, RSV or COVID-19 either 14 days before their admission, or with an episode date while in hospital but up to 14 days following their admission. Data source: ePADT linked to NoCS.
- **Hospital and Health Services (HHSs):** Queensland Health includes 16 HHSs, comprising 15 geographical areas and 1 statewide service (Children's Health Queensland). HHS of residence for notified cases of influenza, RSV or COVID-19 may not be the same as their HHS of hospital admission(s). A map of HHS is available [here](#). Data source: NoCS, ePADT.
- **Tropical and Subtropical Regions:** are based on aggregating HHS of residence:
 - **Tropical:** Torres and Cape, Cairns and Hinterland, North West, Townsville and Mackay
 - **Subtropical:** Central Queensland, Central West, Wide Bay, Sunshine Coast, Metro North, Metro South, Darling Downs, West Moreton, South West, Gold Coast

Vaccines

2025 influenza vaccine

The Australian Technical Advisory Group on Immunisation (ATAGI) recommends that the following viruses be used for influenza vaccines in the 2024 southern hemisphere influenza season:

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

The WHO have recommended that the B/Yamagata lineage component is no longer warranted in seasonal influenza vaccines and thus no longer updating the quadrivalent B/Yamagata lineage component. This is because the Yamagata lineage of the influenza B virus has not circulated for several years

Arexvy vaccine for RSV and Nirsevimab

The Queensland Paediatric Respiratory Syncytial Virus Prevention (QPRSVP) Program provide free Respiratory Syncytial Virus (RSV) immunisation to eligible Queensland infants and young children.

[The Queensland Paediatric Respiratory Syncytial Virus Prevention Program](#)

COVID-19 vaccines

The ATAGI developed [advice for immunisation providers](#) regarding the administration of COVID-19 vaccines in 2024.