



Flu vaccine 2026: What's new and what do parents know?

Poll 42, May 2026

Poll report



Report highlights

- More than one in three parents (37%) do not know the flu vaccine is recommended for all children aged 6 months and over.
- Misbeliefs about influenza and flu vaccination are common. A quarter of parents (29%) are unaware that healthy children can get seriously unwell with the flu and almost half (43%) misbelieve that children can get the flu from the flu vaccine.
- Two in five parents (38%) say it is difficult to get their child vaccinated against the flu due to a fear of needles.
- A majority of parents (83%) do not know that the intranasal flu vaccine is available throughout Australia this season for all children over two years, and free in many jurisdictions.
- Parents say that 29% of children who have not had the flu vaccine this year are more likely to be vaccinated if the intranasal vaccine is available.

About the flu vaccine

The seasonal influenza (flu) vaccine is recommended annually for all babies and children from 6 months of age. All children in Australia aged 6 months to under 5 years are eligible for a free flu vaccine given as a needle as part of the National Immunisation Program.

In late 2025, the Therapeutic Goods Authority (TGA) approved an intranasal flu vaccine, FluMist, for children aged 2 to 17 years. This vaccine became available to children aged 2 years and older in April 2026, with New South Wales, Queensland, Western Australia, and South Australia providing the vaccine for free for some children depending on their age (see Table 1).

Do parents plan to vaccinate their children against the flu in 2026?

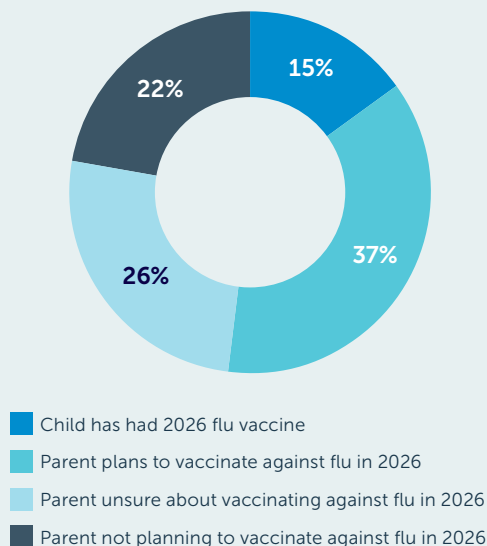
According to parents, 52% of children aged 6 months and older are likely to be vaccinated against the flu in 2026. This includes 15% of children who were already vaccinated at the time of the survey and 37% whose parents intend to get them vaccinated. Parents are undecided about vaccination for one in four (26%) children and say they will not get one in five (22%) vaccinated against the flu (see Figure 1).

Parents say they are slightly more likely to plan on vaccinating younger children: 60% of children aged 6 months to 5 years, 51% of those aged 6 to 11 years, and 49% of those aged 12 to 17 years.

Parents reported that 62% of children had received a flu vaccine at least once before 2026 and indicate that 76% of these will be vaccinated again in 2026. According to parents, only 12% of those children who have never received a flu vaccine will be vaccinated this year.

Vaccination intention varied across demographic groups. Parents without a regular general practitioner (GP) were less likely to vaccinate (40%) than those who had a regular GP (57%). Parents with lower levels of education (Certificate I to IV or Year 12 only) were also less likely to vaccinate (47% and 49%, respectively) than those with a university degree (59%). There was little difference in vaccination intention between parents living in regional (51%) and metropolitan areas (56%), and between parents born in Australia (53%) and those born overseas (58%).

Flu vaccine 2026 parents' plans for their children



Percentage of children (n = 3,317)

Note: All proportions are weighted by sex, age, regionality, socio-economic status (SES), number of children in household and state.

Figure 1

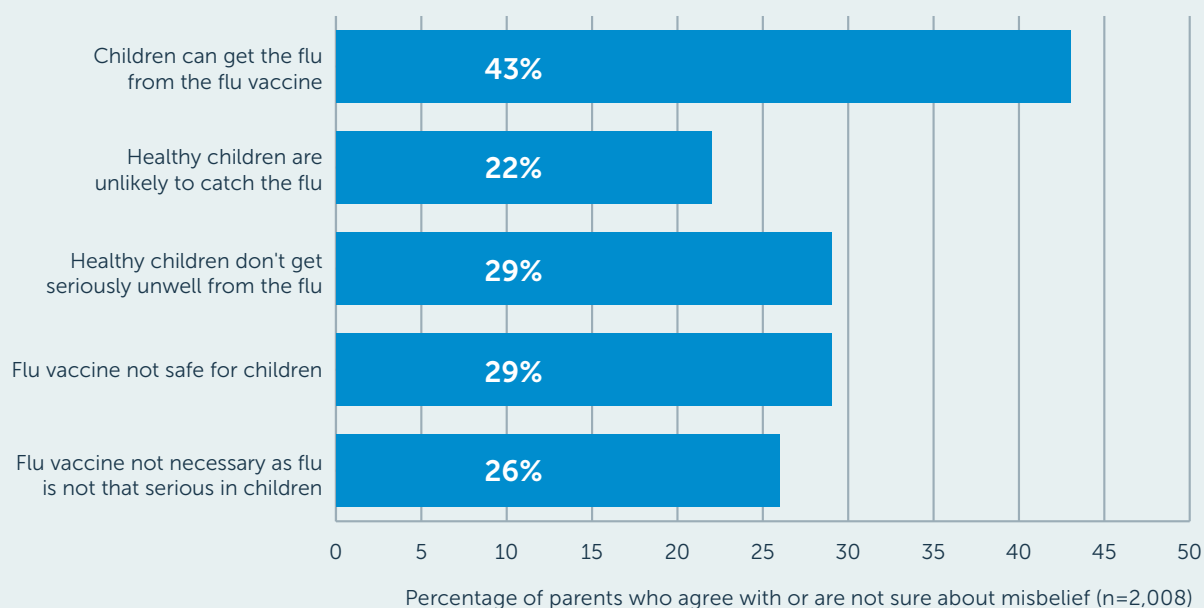
Flu vaccine: Parent knowledge and concerns

Flu and flu vaccine recommendations

Parents hold a range of beliefs and concerns about the flu vaccine. Overall, more than one in four parents (29%) are unaware that healthy children can become seriously unwell from the flu, and 22% of parents believe that healthy children are unlikely to catch the flu. One in four parents (26%) do not think the flu vaccine is necessary because flu is not that serious in children. One in three parents (37%) do not know that the flu vaccine is recommended for all children aged 6 months or older, and two in five (43%) think that children can get the flu from the flu vaccine (see Figure 2).

Differences exist between vaccine hesitant parents and those intending to vaccinate in their understanding of flu vaccine recommendations. More parents who intend to vaccinate are aware that healthy children can become seriously unwell from the flu (82%) compared to parents not intending to vaccinate (59%). Among those parents intending to vaccinate their children, 78% knew that the flu vaccine was recommended for all children aged 6 months and over, compared to 46% of those not intending to vaccinate. Seventy per cent of parents not

Flu and flu vaccine parent misbeliefs



Note: All proportions are weighted by sex, age, regionality, number of children in household, socio-economic status (SES) and state.

Figure 2

intending to vaccinate believe the flu vaccine may not work well enough to be worth having, compared to 20% of parents intending to vaccinate.

Safety and side effects

More than one in three parents (38%) are worried about flu vaccine side effects, 13% of parents believe that the vaccine is not safe for children and 16% are unsure. Hesitant parents are considerably more likely to have concerns about flu vaccination, with 58% saying they are worried about side effects, compared with 22% of parents who intend to vaccinate (see Figure 2).

Practical considerations and access

One in five parents (20%) report that it is too inconvenient to get their child vaccinated against the flu, with more vaccine hesitant parents (28%) reporting this concern than those intending to vaccinate (14%). Sixteen per cent of parents said they would like to vaccinate their children but were unable to pay for it.

Another barrier to flu vaccination is fear of needles. Two in five (38%) parents said it would be hard to get at least one of their children vaccinated against the flu because their child is scared of needles.

29% of parents do not know healthy children can get seriously unwell from the flu



Intranasal flu vaccine (FluMist)

The intranasal flu vaccine is sold under the name FluMist. It works as well as a traditional vaccine given as a needle in the arm or leg¹. FluMist is given as a nasal spray into both nostrils and is quickly absorbed. This makes it convenient for children aged 2 years and over who may prefer to avoid needles. It was approved for use in Australia for children aged 2-17 years for the first time in late 2025.

Intranasal vaccine: awareness, availability

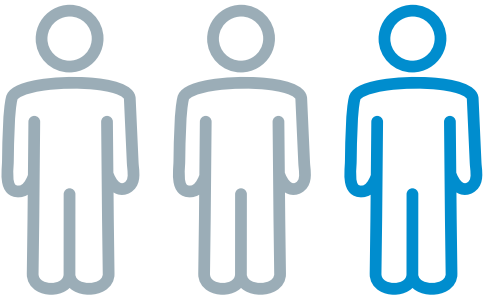
The intranasal flu vaccine is available in all Australian states and territories; it is free of charge for children aged 2 to 17 years in many jurisdictions². Awareness of the intranasal vaccine is low nationally, with only one in three (33%) parents having heard of it. The majority of parents (83%) do not know whether the intranasal vaccine is available for their child in their jurisdiction.

Among parents living in states where the vaccine is free for their child, 64% have not heard of it, compared with 73% in states where it is only available for a fee. Only one in five (20%) parents whose child is eligible for a free vaccine are aware of this; the majority (77%) are unsure, and 3% mistakenly believe they have to pay or that it is not available.

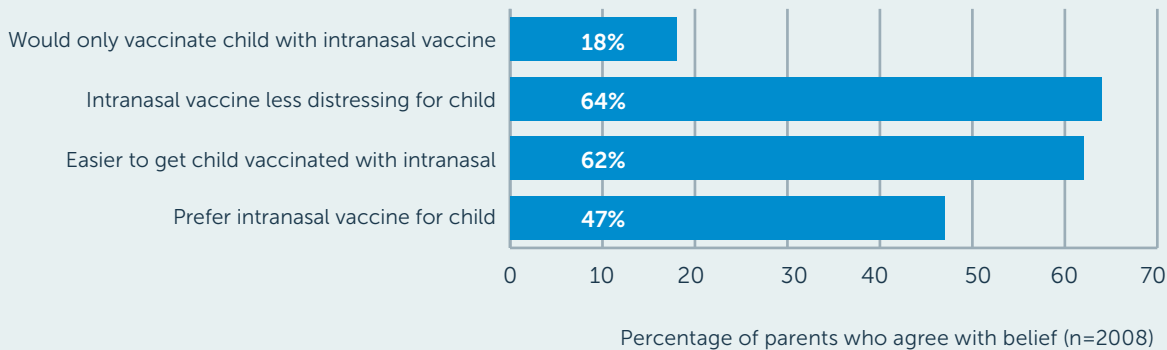
Knowledge and preferences

Most parents of children less than 18 years report limited knowledge of the intranasal vaccine. Four in five parents (81%) say they do not know enough about it, and one in ten do not believe it works as well as the needle vaccine and 53% are unsure. One in three parents (37%) are worried about side effects, and one in five (21%) are unsure.

Only one in three parents have heard of the intranasal flu vaccine



Parent beliefs: intranasal flu vaccine for children



Notes: Parents of children less than 18 years of age.
All proportions are weighted by sex, age, regionality, number of children in household, socio-economic status (SES) and state.

Figure 3

Despite these concerns, many parents perceive benefits. Two in three parents (64%) believe their child would find the intranasal vaccine less distressing than a needle, and 62% say the intranasal option would make it easier to get their child vaccinated. Sixteen percent are unsure. Almost half of parents (47%) would prefer their child had the intranasal vaccine over a needle, while 28% are unsure. One in five (18%) say they would only vaccinate their child with the intranasal vaccine, even if they had to pay for it. However, 26% say they would only vaccinate if the vaccine was free – regardless of if it is intranasal or given as a needle. Twelve per cent are unsure (see Figure 3).

Impact of the intranasal vaccine on vaccination intentions

All parents of children aged 2 to 17 years who had not yet received the flu vaccine in 2026 (unvaccinated children) were shown information about the intranasal vaccine and asked whether its availability would influence their 2026 vaccination plans. Twenty nine per cent said they would be more likely to vaccinate their child if the intranasal vaccine were available, and 22% were unsure. One in three (31%) said they would vaccinate their child regardless of whether the vaccine was given intranasally or by needle, suggesting it does not change their intentions (see Figure 3).

Among parents of children aged 2 to 17 years who were flu vaccine-hesitant (said they did not plan to vaccinate their child against flu this season or were undecided), 31% said they would be more likely to vaccinate their child using the intranasal vaccine after reading information about it. This shift was seen among parents of children of all ages, but particularly those of younger children: 36% of parents of 2 to 5 year olds, compared with 32% of parents of 6 to 11 year olds, and 29% of parents of 12 to 17 year olds.

Of parents who reported difficulty vaccinating their children due to fear of needles and whose child had not yet received the flu vaccine, 43% said they would be

more likely to vaccinate if the intranasal flu vaccine was available. Two in five (41%) parents who said it was too inconvenient to get their children vaccinated said the intranasal option would make them more likely to vaccinate.

Implications

Influenza (the flu) is a very contagious respiratory virus that is more common during the winter months in Australia. Anyone can catch the flu; it is spread by body fluids from infected people. Common symptoms include fever, body aches, a runny nose, and sore throat, but it can also affect other parts of the body. Yearly vaccinations are recommended for everyone aged 6 months or more and are the best way to prevent severe infections, hospitalisations, and death due to flu^{3,4}.

Seasonal flu is a major public health problem which affects thousands of people worldwide and causes deaths in Australia every year⁵. There are several different strains of the flu, and each year the predominant strains change. This is why the flu vaccine is recommended for all children 6 months and over annually. Proven public health measures such as vaccination substantially reduce the impact of flu on children and their families. It is important children are vaccinated before the peak of the flu season to optimise protection⁶. Keeping children free of the flu helps ensure they do not miss out on attending school and social activities.

This Poll found that parents intend to vaccinate just over half of children against the flu in 2026 – a decline from previous years⁷. Many parents remain unsure about vaccinating or say they will not vaccinate their child (hesitant to vaccinate). Hesitant parents are less likely to know that otherwise healthy children can become seriously unwell from the flu, or that annual flu vaccination is recommended for all children aged six months and older. Public health campaigns should target these knowledge gaps by providing clear,

	Number of parents (number of children)	Proportion of parents aware of vaccine (%)	Age: eligibility for free intranasal flu vaccine*†	Parents' awareness of child's eligibility for free intranasal flu vaccine (%)
New South Wales	629 (1,060)	36	2 to < 5 years	27
Queensland	361 (615)	36	2 to < 6 years	24
South Australia	170 (282)	27	2 to < 5 years	11
Western Australia	218 (363)	43	2 to < 12 years	15
Victoria	470 (774)	27	No	Not applicable
Northern Territory, Tasmania and Australian Capital Territory	160 (254)	28	No	Not applicable

Table 1. Awareness of intranasal flu vaccine and its free eligibility by state for parents of children aged 2 to 17 years.*

Note: All proportions are weighted by sex, age, regionality, number of children in household, socio-economic status (SES) and state.

* Eligibility criteria during data collection period between 23 April to 5 May 2026. See addendum on page 7 for updated eligibility.

† NCIRS. State and territory funding for the intranasal flu vaccine in 2026. National Centre for Immunisation Research and Surveillance.

accessible information that empowers parents to make informed decisions about vaccination.

Parents without a regular GP are less likely to vaccinate their child. GPs play a vital role in providing trusted advice and reliable health information for the whole family. In addition, parents need support in identifying trustworthy online sources about vaccination.

The availability of the intranasal vaccine presents an excellent opportunity to improve historically low flu vaccination rates among children and thus prevent many cases of flu and serious illness⁸. The finding that parental awareness of the intranasal flu vaccine remains extremely low – even in states where some children are eligible to receive it free of charge – is concerning and has important implications for public health efforts. Low awareness represents a missed opportunity, particularly given the intranasal vaccine helps address two commonly reported barriers to vaccination: children’s fear of needles and parents’ perceptions of inconvenience. Once parents in our study who had not intended to vaccinate their child against flu this season were made aware of the intranasal flu vaccine, a significant proportion signaled they now intend to

vaccinate their child. Most parents said they would like to know more about the intranasal vaccine, suggesting an openness to education and the possibility of vaccination. These findings suggest that efforts to improve current communication strategies about the intranasal vaccine – especially in jurisdictions where the intranasal vaccine is available for free – could improve vaccination uptake. Clear, targeted messaging delivered through schools, healthcare providers, community organisations, and digital platforms could help parents understand both the availability and benefits of flu vaccination, as well as the intranasal option. Governments that do not currently offer free influenza vaccination to children should review the evidence demonstrating the benefits of universal free vaccination, particularly where cost–benefit analyses indicate favorable returns on investment and act accordingly^{9,10}. As winter approaches, healthcare providers should actively promote flu vaccination and the intranasal vaccine. Families who are unsure or have not vaccinated in the past should be targeted, as increased uptake of the intranasal vaccine in these groups can significantly increase protection, and reduce illness and complications from the flu.

Data and methods



The influenza (flu) vaccine is recommended for babies and children every year, from the time they are 6 months old. It is free in Australia for all children aged 6 months to under 5 years. The 2026 seasonal flu vaccine has been available for children in Australia since April this year. During April and May 2026, we surveyed a nationally representative sample (by age, sex, and state of residence) of Australian parents about whether they intended to get their child aged between 6 months and 17 years vaccinated against flu this season, and whether eligible children had ever received the flu vaccine. All parents provided information about their knowledge of the flu and flu vaccine by rating their level of agreement with statements about the flu and the need, efficacy and safety of the flu vaccine. Parents also reported on whether they had heard of the intranasal (FluMist) vaccine and if that changed their intentions to get one or more of their children vaccinated.

This report presents findings from a nationally representative household survey conducted exclusively by the Online Research Unit for The Royal Children’s Hospital, Melbourne. Data were collected from a sample of 2008 parents on 3,348 children aged between 1 month and 17 years. The survey was administered from 23 April to 5 May to a randomly selected, stratified nationally representative sample of adults aged 18 and older. All respondents were parents or caregivers to children aged between one month and less than 18 years. The sample was subsequently weighted to reflect Australian population figures from the Australian Bureau of Statistics. Among Online Research Unit panel members contacted to participate, the completion rate was 88%.

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Addendum

This report is based on data collected between 23 April and 5 May 2026. This report was finalised on 26 May 2026. The authors note the announcement made by the New South Wales Government to extend eligibility of the free intranasal flu vaccine to all children aged 2 years to 17 years on 27 May 2026.